

재산 계획 통합 문서

이 소책자는 귀하의 개인 및 재정 정보를 명확하고 정확하게 기록합니다. 재산 계획을 준비하는 데 사용할 수 있으며 또한 소중한 사람을 위해 정보를 정리하는 편리한 방법입니다. 가족 구성원 및 유언 집행자에게 손실 방지를 위한 사본을 제공 할 수 있습니다.

매년 기록을 갱신하십시오. 정보를 변경하지 않더라도 책자를 둘러 볼 때마다 날짜를 입력해야 합니다. 이것은 현재 항목의 정확성을 독자에게 확신시켜 줄 것입니다.

이름 **Name** _____

수정 한 날짜 _____ 검토 한 날짜 _____

개인 정보 PERSONAL INFORMATION

Date of Birth _____

Birth Certificate No Yes Located _____

Citizenship — date/place of naturalization if not U.S. citizen by birth

Social Security # _____

Father's Full Name _____

Mother's Full Name _____

종교 **RELIGIOUS AFFILIATION** _____

Church _____

Address _____

결혼 상태 **MARITAL STATUS**

Single Married Widowed Divorced Separated

Spouse's Name _____

Date & State married _____

Certificate located _____

Previous marriage? Yes No

Date _____ Name _____

Marriage ended by Death Divorce

자녀 **CHILDREN**

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

병역 **MILITARY SERVICE** — Date(s) _____

Service Serial # _____

Discharge papers located _____

투자 INVESTMENTS

나는 여러 가지 주식과 채권을 소유하고 있다

주식/채권/상호 기금 **STOCKS/BONDS/MUTUAL FUNDS**

Company _____

Shares _____ Date Purchased _____ Cost Basis _____

Company _____

Shares _____ Date Purchased _____ Cost Basis _____

Company _____

Shares _____ Date Purchased _____ Cost Basis _____

Records of purchase and sale are located at _____

미국 저축금 **U.S. SAVINGS BONDS**

I own under the following ownership registrations:

My name alone Joint with _____

Type _____ Face Value _____

Issue Date _____ Maturity Date _____

Serial Number _____

Type _____ Face Value _____

Issue Date _____ Maturity Date _____

Serial Number _____

Certificates of Deposit _____

Amount _____ Date of Redemption _____

Certificates of Deposit _____

Amount _____ Date of Redemption _____

파트너십 **PARTNERSHIPS**

유서 & 장기 기증

나는 의료 및 치료에 대한 나의 소망을 진술하는 살아있는 유서를 가지고 있습니다. 해당 문서는 _____ 날짜로 _____에 보관되어 있습니다.

Individuals having copies:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

장기 기증에 동의했습니다 (기관):

Papers are located _____

변호사 POWER OF ATTORNEY

나는 다음 사람에게 나 자신을 위해 스스로 행동 할 수 없을 시 영향을 줄 수 있는 내구성 있는 위임장을 주었습니다:

Name _____ Phone _____

Address _____

마지막 유서와 유언 LAST WILL & TESTAMENT

Will written _____ Located _____

Executor of Will _____

Address _____

Attorney _____

Address _____

유언 간 신탁 _____

Trustee _____

Assets in Trust _____

Beneficiaries _____

유서에 나는 다음과 같은 자선 유산을 남겼습니다:

Charity _____

Bequest Amount _____

Charity _____

Bequest Amount _____

장례 & 매장 준비

나는 장례식에 관한 지시를 다음에 남겼습니다:

Will Letter Other

I own a Cemetery plot Cemetery vault None

Name _____

Location _____ Section # _____ Plot # _____

Location of Deed _____

Other funeral arrangements _____

은행 계좌 & 금고 예금 상자

BANK NAME _____

Checking Saving Account # _____

Joint Individual

BANK NAME _____

Checking Saving Account # _____

Joint Individual

BANK NAME _____

Checking Saving Account # _____

Joint Individual

금고 예금 상자 SAFE DEPOSIT BOX

Location _____

Box # _____ Key Location _____

은퇴 계좌 RETIREMENT ACCOUNTS

COMPANY NAME _____

Address _____

Account # _____

Beneficiary _____

Company Pension _____

SOCIAL SECURITY _____

INDIVIDUAL RETIREMENT ACCT _____

ANNUITIES _____

Beneficiary(ies) _____

OTHER RETIREMENT BENEFITS

Beneficiary(ies) _____

신탁 기금 TRUST FUNDS

자선 신탁 CHARITABLE REMAINDER TRUST

Testamentary Trust _____

Trustee _____

Assets in Trust _____

Charitable Beneficiaries _____

Income Recipients _____

Papers are located at _____

EXISTING TRUST

I have created a trust for the benefit of _____

I am a beneficiary under a Trust established by _____

Date Established _____

Trust Agreement located _____

Attorney who drafted the Trust Agreement _____

Firm _____

Address _____

개인 고용 PERSONAL EMPLOYMENT

고용주 EMPLOYER _____

Address _____

I participate in the following benefit plans _____

Other business interests _____

보험 INSURANCE

본인은 개인적으로 사고, 장애, 질병, 입원 및 기타 보험 형태 (본인의 고용주를 통해 제공되는 그러한 보험 또는 혜택에 추가)를 지니고 있습니다 Yes No

Company _____

Coverage _____

Insurance Agent _____

Phone _____ Policy # _____

Location of Policy _____

생명 보험 LIFE INSURANCE

본인 생명에 대한 보험 정책 소유

Insurance Company _____

Address _____

Insurance Agent _____

Phone _____

Policy # _____ Death Benefit _____

Location _____

Beneficiary(ies) _____

타인의 생명에 대한 보험 정책 소유

Insurance Company _____

Address _____

Insurance Agent _____

Phone _____

Policy # _____ Death Benefit _____

Location _____

Beneficiary(ies) _____

미납 된 보험금

Policy # _____ Amount Due _____

Policy # _____ Amount Due _____

본인 생명에 대한 다른 사람들 (자선 단체 포함)이 소유한 보험

유형적인 개인 재산

자동차 Automobile(s)

보석, 미술, 골동품, 수집품 _____

개인 재산의 전체 재고 목록은 다음에 있습니다:

개인 고문 PERSONAL ADVISORS

의사 **PHYSICIAN** _____

Address _____

Specialty _____ Phone _____

PHYSICIAN _____

Address _____

Specialty _____ Phone _____

목회자 **CLERGY PERSON** _____

Address _____

Phone _____

변호사 **ATTORNEY** _____

Address _____

Phone _____

회계사 **ACCOUNTANT** _____

Address _____

Phone _____

보험사 **INSURANCE AGENT** _____

Address _____

Phone _____

신탁자 **TRUST OFFICER** _____

Address _____

Phone _____

투자 관리자 **INVESTMENT BROKER** _____

Address _____

Phone _____

기타 **OTHER** _____

Address _____

Phone _____

자선 기부 CHARITABLE GIVING

지역 교회 **LOCAL CHURCHES**

Name _____

Address _____

Tax ID # _____

Name _____

Address _____

Tax ID # _____

교단 **NATIONAL CHURCH**

Name _____

Address _____

Tax ID # _____

기타 기관들 **OTHER PC(USA) ENTITIES** *(Board of Pensions, Presbyterian Foundation, retirement homes, seminaries, etc.)*

Name _____

Address _____

Tax ID # _____

Name _____

Address _____

Tax ID # _____

선교 기관 **MISSION ORGANIZATIONS**

Name _____

Address _____

Tax ID # _____

Name _____

Address _____

Tax ID # _____

기타 **OTHER**

Name _____

Address _____

Tax ID # _____

개인 채권자 PERSONAL CREDITORS

채권자 CREDITOR _____

Loan # _____

Amount of Loan _____

Date of Final Payment _____

채권자 CREDITOR _____

Loan # _____

Amount of Loan _____

Date of Final Payment _____

신용 카드 CREDIT CARD DEBT

Company _____

Account # _____

Phone _____

Company _____

Account # _____

Phone _____

개인 채무 PERSONAL DEBTORS

채무자 Name of Debtor

Address _____

Amount owed _____

Name of Debtor _____

Address _____

Amount owed _____

세금 관리 TAX RETURNS

Tax Preparer _____

Firm _____

Address _____

Phone _____

Copies of my income tax returns are located at:

소유 주택 RESIDENCE & OTHER REAL ESTATE

Residence Address

I own residence Yes No

Ownership title is held in

My name alone Joint with _____

Mortgage on property Yes No

Held by _____

Documents concerning this property are located at:

I own other real estate located at:

Homeowners insurance broker _____

Firm _____ Phone _____

Address _____

디지털 감사 DIGITAL AUDIT

Account Type _____

Company _____

Username _____

Password _____

Account Type _____

Company _____

Username _____

Password _____

Account Type _____

Company _____

Username _____

Password _____

Account Type _____

Company _____

Username _____

Password _____

이 책자의 추가 사본을 원하시면 아래로 연락하십시오:



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800-858-6127 presbyterianfoundation.org