
OUR INVESTMENT ORGANIZER

SENIOR SOLUTIONS OF AMERICA, INC.

www.TodaysSeniors.com

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ORGANIZING YOUR INVESTMENTS

Are your financial records in order? Are your ownership and account documents easy to find? Who are your professional advisors? What are their phone numbers?

What if you are in a serious accident tomorrow? Could someone step in and handle your daily affairs while you recovered? What if you should die tomorrow? Could your spouse or heirs easily settle your estate? Or, will they find a jumble of unorganized papers scattered throughout your house? At your attorney's or accountant's office? In your safe deposit box?

This Investment Organizer was designed to help you answer these questions. It will definitely make the job easier for anyone else who needs to manage or settle your affairs. But, more importantly, it will help you manage your own affairs more easily, with greater peace-of-mind. You'll reduce the chance of missing the maturity dates for your CDs, or the interest payment dates for your bonds.

This organizer is very comprehensive; not every page may apply to you. Don't try to complete it all at once. Relax and take your time. Remember to make changes as they occur. We recommend that you update everything at least once each year.

Attorney:

Name _____

Address _____

_____ Phone _____

Accountant or Tax Preparer:

Name _____

Address _____

_____ Phone _____

Financial Planner:

Name _____

Address _____

_____ Phone _____

Investment or Stock Broker:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Life:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Health:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Auto:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Home:

Name _____

Address _____

_____ Phone _____

Clergy - His:

Name _____

Address _____

_____ Phone _____

Clergy - Hers:

Name _____

Address _____

_____ Phone _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

CERTIFICATES OF DEPOSIT

Amount Invested	Date Purchased	Maturity Date	Interest Rate	How is Interest Paid or Reinvested	Certificate Number	Name and Address of Issuer	Owners
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	
\$						Phone	

This page was updated on _____

MUTUAL FUNDS AND MONEY MARKET FUNDS

Amount Invested*	Type of Fund	Purchase or Start Date	Name and Address of Issuer	Account Number	Owners
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		
\$			Phone		

*Including Commissions

This page was updated on _____

(Single Family Home or Duplex)

Address _____

Names of Owner(s) _____

Date of Purchase _____ Purchase Price: \$ _____

+ Title Insurance: _____

+ Recording Fees: _____

+ Attorney Fees: _____

+ Other Fees: _____

TOTAL PURCHASE PRICE: \$ _____

Most recent appraised value = \$ _____ Date of Appraisal _____

Mortgage Held By _____ Phone _____

Address _____

Date of Mortgage _____ Loan Number _____ Mortgage Period = _____ Years

Annual Interest Rate _____% Is this Interest Rate Variable? _____ If YES, explain _____

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

Paid Directly or paid in Escrow to the Mortgage Holder? _____

Monthly Payment: Principal & Interest: \$ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life/Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: \$ _____ due on the _____ of each Month

Real Estate Management Firm _____

Address _____

Manager's Name _____ Phone _____

RENTERS:

1. Name(s) _____ Home Phone _____

Renter's Employer _____ Work Phone _____

Address _____

MONTHLY RENT = \$ _____, DUE ON THE _____ DAY OF EACH MONTH

2. Name(s) _____ Home Phone _____

Renter's Employer _____ Work Phone _____

Address _____

MONTHLY RENT = \$ _____, DUE ON THE _____ DAY OF EACH MONTH

Business Name, Address and Phone	Type of Business	Price*/Value of Interest	Owner(s)	Percent of Ownership
		\$		
		\$		

OTHER INVESTMENTS

Include here real estate and other limited partnership interests, commodities and other types of investments not covered on other pages.

Description	Date Acquired	Price*/Value	Owner(s)
		\$	

*Including Commissions

Type (Copyright, Patent or Trademark) _____ Owner's Name _____
Registration or ID Number _____ Registration Date _____
Description _____
Are the rights licensed to someone else? _____ If YES, Name _____
Address _____ Phone _____
Royalties to be received from: Name _____
Address _____ Phone _____
Payable To _____
Payment Amount(s) Due \$ _____ Due Dates _____
Duration of Royalties _____ Are there Survivor Benefits? _____
If YES, Explain _____

Type (Copyright, Patent or Trademark) _____ Owner's Name _____
Registration or ID Number _____ Registration Date _____
Description _____
Are the rights licensed to someone else? _____ If YES, Name _____
Address _____ Phone _____
Royalties to be received from: Name _____
Address _____ Phone _____
Payable To _____
Payment Amount(s) Due \$ _____ Due Dates _____
Duration of Royalties _____ Are there Survivor Benefits? _____
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Payable To _____
Payment Amount(s) Due \$ _____ Due Dates _____
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If YES, Explain _____