

BUSINESS DOCUMENTS

Partnership/LLC Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Corporate Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Inventory of Business Assets	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Buy Sell Documents	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Pension Plans	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Other Emp. Retirement Benefits (e.g., Nonqualified Deferred Comp.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

TAX RETURNS AND RECORDS

Income Tax Returns (last 3 years)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Records Re: Tax Basis of Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Gift Tax Returns	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

INSURANCE POLICIES

Health / Medical	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Life Insurance – Individual(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Life Insurance – Group	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Long Term Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Property/Casualty	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Umbrella Liability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Disability	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Annuities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

FINANCIAL PAPERS

Home Equity Line of Credit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Banking Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Credit Card Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Mortgage/Leases	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Retirement Plans (IRAs, 401(k))	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Investment Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Other Investment Accounts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION: SUCCESSOR:
Donor Advised Fund	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Equity Comp. (stock options, restricted stock)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:
Other - Loans or obligations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	LOCATION:

PROPERTY PAPERS

Mortgage(s) YES NO N/A LOCATION: _____

Combination to Personal Safe YES NO N/A LOCATION: _____

Bank Safe Deposit Box YES NO N/A LOCATION: _____

Vehicle Titles YES NO N/A LOCATION: _____

Original Deeds to Real Property YES NO N/A LOCATION: _____

Affidavits Re: Domicile YES NO N/A LOCATION: _____

Affidavits Re: Community Property YES NO N/A LOCATION: _____

Affidavits Re: Separate Property YES NO N/A LOCATION: _____

PROFESSIONAL RESOURCES

FINANCIAL ADVISOR NAME: _____
 PHONE: _____ EMAIL: _____

INSURANCE AGENT NAME: _____
 PHONE: _____ EMAIL: _____

ACCOUNTANT NAME: _____
 PHONE: _____ EMAIL: _____

TAX PREPARER NAME: _____
 PHONE: _____ EMAIL: _____

ATTORNEY NAME: _____
 PHONE: _____ EMAIL: _____

PRIMARY PHYSICIAN NAME: _____
 PHONE: _____ EMAIL: _____

CLERGY NAME: _____
 PHONE: _____ EMAIL: _____

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