



# PERSONAL FINANCIAL ORGANIZER

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*This document contains useful forms intended to help you organize your financial and personal matters and to assist with financial and estate planning. It can provide your loved ones with valuable details upon your passing.*

## **WHAT'S INSIDE:**

- Personal Identification Details**
- Estate Planning Information**
- Important Document Locator**
- Emergency & Professional Contacts**
- Health & Medication Overview**
- Account Information**
- Funeral & Burial Wishes**
- Additional Personal Information**

# Personal Information



The following worksheets are designed to help your family capture and understand important information that is relevant to your financial situation. Completing the included documents will also help your loved ones should something happen to you. Keep these files in a safe and secure place. Make sure trusted loved ones know the associated location and necessary access details.

## PERSONAL INFORMATION

You			Your Spouse		
Full Name			Full Name		
Date of Birth	Place of Birth	Social Security Number	Date of Birth	Place of Birth	Social Security Number
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed			Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed		
Employer Name			Employer Name		
Occupation or Title			Occupation or Title		
Work Phone		Home Phone or Cell	Work Phone		Home Phone or Cell
Home Address			Home Address		
Mailing Address (if applicable)			Mailing Address (if applicable)		

## ID INFORMATION

Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State Identification <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID	Issued By or State	Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State Identification <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID	Issued By or State
Identification Number	Expiration Date	Identification Number	Expiration Date

## CHILDREN

How many children do you have? (Please list)

Name DOB	Name DOB
Name DOB	Name DOB
Name DOB	Name DOB
Name DOB	Name DOB
Name DOB	Name DOB
Name DOB	Name DOB
Are they legally yours (naturally or legally adopted)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they legally yours (naturally or legally adopted)? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SAFE DEPOSIT**

Do you have a safe deposit box?

You	Your Spouse
Institution Name #1	Institution Name #1
Address	Address
Titled in whose name?	Titled in whose name?
Location of key	Location of key
Institution Name #2	Institution Name #2
Address	Address
Titled in whose name?	Titled in whose name?
Location of key	Location of key
Institution Name #3	Institution Name #3
Address	Address
Titled in whose name?	Titled in whose name?
Location of key	Location of key

**IMPORTANT RESIDENCE & STATE INFORMATION**

State of Primary Residence	State of Primary Residence
Which state issues your driver's license?	Which state issues your driver's license?
In which state is your car registered?	In which state is your car registered?
In which state(s) do you own real estate?	In which state(s) do you own real estate?
Vacation home address	Vacation home address
Do you pay state income tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay state income tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
In which state do you plan to retire/live permanently?	In which state do you plan to retire/live permanently?
Have you ever lived in a community property state? <input type="checkbox"/> Yes <input type="checkbox"/> No (AZ, CA, ID, LA, NV, NM, TX, WA, WI or PR)	Have you ever lived in a community property state? <input type="checkbox"/> Yes <input type="checkbox"/> No (AZ, CA, ID, LA, NV, NM, TX, WA, WI or PR)
Do you have a prenuptial or post-nuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a prenuptial or post-nuptial agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a divorce decree affecting your pension or other property right? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a divorce decree affecting your pension or other property right? <input type="checkbox"/> Yes <input type="checkbox"/> No



# Estate Planning Information



The following questions and your associated answers will help with the Estate Planning process.

	You	Your Spouse
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review		
Location of document		
In which state was your will written?		
Name of executor/personal representative		
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review		
Location of document		
Name of trustee		
Trustee phone		
Name of first successor trustee		
Phone Number of first successor trustee		
Name of second successor trustee		
Phone Number of second successor trustee		
Do you have a durable power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review		
Location of document		
Name of POA Agent		
Phone Number of POA Agent		
Do you have a health care directive/living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review		
Location of document		
Name of POA Agent		
Phone Number of POA Agent		

**INHERITANCE**

How do you want your heirs to receive any inheritance?	<input type="checkbox"/> Lump sum	<input type="checkbox"/> In installments	<input type="checkbox"/> At a certain age
If a child dies, do you want <input type="checkbox"/> That child's share to go to that child's children (your grandchildren), or <input type="checkbox"/> That child's share to be divided among your other living children?			

	You	Your Spouse
Do you want to ensure that your children from a previous marriage receive a share of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?		
Please define specifics here with names and details		

**ESTATE PLANNING QUESTIONS FOR CONSIDERATION - Lifetime**

What changes in your life or goals have occurred that might impact your plan? (marriage, divorce, birth of child, etc.)
Do you have any dependents (children or parents) who will need to be taken care of should something happen to you? <span style="float: right;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</span>
Do you have beneficiaries with unique circumstances?
When was the last time you reviewed the beneficiaries on your accounts?

**ESTATE PLANNING QUESTIONS FOR CONSIDERATION - After Death**

What concerns do you have about passing assets to heirs?
What special instructions or restrictions do you have for the management and use of these assets?
Who is best-suited to step in and care for your children should something happen to you?
Who is best-suited to step in and administer your estate should something happen to you?
Will this person or institution have the time, knowledge and experience to manage your financial affairs properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will this choice cause any conflicts or strains within your family? <input type="checkbox"/> Yes <input type="checkbox"/> No

# Important Documents & Safe Deposit Locator Sheet



Let your loved one know where you store important documents.

## LOCATION KEY

List the locations where you keep your documents (e.g., safe, file cabinet, safe-deposit box, etc.).

Location 1	Location 4
Location 2	Location 5
Location 3	Location 6

## IMPORTANT DOCUMENTS

Check the number that corresponds to the correct location listed above.

Adoption Papers	1	2	3	4	5	6	Insurance Policies - Property & Casualty	1	2	3	4	5	6
Antiques & Heirlooms	1	2	3	4	5	6	Investment Papers	1	2	3	4	5	6
Bank Account Records (Checking, Savings, CD)	1	2	3	4	5	6	Jewelry	1	2	3	4	5	6
Birth Certificate	1	2	3	4	5	6	Marriage Certificate	1	2	3	4	5	6
Business Papers	1	2	3	4	5	6	Military Papers	1	2	3	4	5	6
Cash	1	2	3	4	5	6	Mortgage & Loan Papers	1	2	3	4	5	6
Deeds	1	2	3	4	5	6	Proof of Citizenship	1	2	3	4	5	6
Divorce/Separation Papers	1	2	3	4	5	6	Retirement Account Papers	1	2	3	4	5	6
Durable Power of Attorney	1	2	3	4	5	6	Safe Deposit Box Keys	1	2	3	4	5	6
Funeral Instructions	1	2	3	4	5	6	Social Security Care	1	2	3	4	5	6
Healthcare Directives	1	2	3	4	5	6	Tax Returns	1	2	3	4	5	6
Important Keys	1	2	3	4	5	6	Trust Agreements	1	2	3	4	5	6
Insurance Policies - Health	1	2	3	4	5	6	Vehicle Titles	1	2	3	4	5	6
Insurance Policies - Home & Vehicles	1	2	3	4	5	6	Will	1	2	3	4	5	6
Insurance Policies - Life	1	2	3	4	5	6	Other	1	2	3	4	5	6

Is there anything else we should know regarding the location of important documents?



# Emergency Contacts



In the case that something were to happen to you, who should your loved ones contact immediately? Please provide all helpful details.

## EMERGENCY CONTACT #1

Full Name		Relationship to You
Firm Name		
Street		
City	State, Zip	Phone
Email		
Is there anything important to note?		

## EMERGENCY CONTACT #2

Full Name		Relationship to You
Firm Name		
Street		
City	State, Zip	Phone
Email		
Is there anything important to note?		

## EMERGENCY CONTACT #3

Full Name		Relationship to You
Firm Name		
Street		
City	State, Zip	Phone
Email		
Is there anything important to note?		

# Professional Contacts



Should something happen to you, please make sure your loved ones know which professional contacts you are working with and trust.

## ATTORNEY

 Yes No

Name	Phone
Firm Name	City
Street	State, Zip
Email	

## ESTATE-PLANNING ATTORNEY

 Yes No

Name	Phone
Firm Name	City
Street	State, Zip
Email	

## ACCOUNTANT/TAX PROFESSIONAL

 Yes No

Name	Phone
Firm Name	City
Street	State, Zip
Email	

## FINANCIAL ADVISOR(S) #1

 Yes No

Name	Phone
Firm Name	City
Street	State, Zip
Email	

## FINANCIAL ADVISOR(S) #2

 Yes No

Name	Phone
Firm Name	City
Street	State, Zip
Email	

# Health & Prescription Details



In certain circumstances, it's vital for your loved ones to know important health and prescription information. Please provide current information and use the additional space to note any other health information that is important to you.

## GENERAL CARE DOCTOR

Name	Phone
Practice Name	City
Street	State, Zip
Email	

## ADDITIONAL DOCTOR(S)

Name	Phone
Practice Name	City
Street	State, Zip
Email	

## ADDITIONAL DOCTOR(S)

Name	Phone
Practice Name	City
Street	State, Zip
Email	

## PREFERRED HOSPITAL

Name	
Phone	City
Street	State, Zip

## KNOWN MEDICAL CONDITIONS

Please list medical conditions:

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## KNOWN ALLERGIES

Please list food, medication, and/or environmental allergies:

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**INSURANCE INFORMATION**

Please provide your insurance information in the box provided and a copy of your insurance card, if available.

Primary Insurance	Policy Holder Name
Policy Number	Group Number
Secondary Insurance	Policy Holder Name
Policy Number	Group Number

**ADDITIONAL INFORMATION**

Are there any other health details you would like to share?

**MEDICATION RECORD**

Please list any medications or supplements and dosages that you are currently taking.

Medication/Supplement Name	How Much	How Often	Notes
#1			
#2			
#3			
#4			
#5			
#6			
#7			
#8			
#9			
#10			
#11			
#12			
#13			
#14			

# Special Instructions for Incompetency



Should something happen to you and special care is required, please provide the following details so that your loved ones can adhere to your wishes.

## KEEPING/SELLING ASSETS

If necessary to pay for your care, do you want certain assets sold first?

Yes

No

If yes, which assets?


Any other special instructions for management of your assets during your life?


## MEDICAL CARE

Do you **prefer** a certain hospital/nursing home?

Yes

No

Address/Identifier:

Name	
Phone	City
Street	State, Zip

Do you want to **avoid** a certain hospital/nursing home?

Yes

No

Address/Identifier:

Name	
Phone	City
Street	State, Zip

Is there anything else that your loved ones should consider should something happen to you and you require special care?


# Financial Information Overview



Please complete the following worksheets with as much accurate information as possible.

## PROPERTY

Do you own a home or any other real estate? Indicate which is your primary residence/homestead.  Yes  No

Description & Property Location	Titled in whose name?	Market Value	As of Date	Mortgage	Equity
#1					
#2					
#3					
#4					

Do you have any rental property?  Yes  No

Description & Property Location	Titled in whose name?	Market Value	As of Date	Mortgage	Equity
#1					
#2					
#3					
#4					

Do you own any other property such as a car, boat, etc.?  Yes  No

Description & Property Location	Titled in whose name?	Market Value	As of Date	Equity
#1				
#2				
#3				
#4				

Do you lease any vehicles or property?  Yes  No

Description	Location	Lease Expiration Date
#1		
#2		
#3		
#4		

**CHECKING & SAVINGS ACCOUNTS**

Do you have any checking accounts?

Yes

No

Name of financial institution	Account Number	Titled in whose name?	Approx. Balance
#1			\$
#2			\$
#3			\$
#4			\$
Total Value			\$

Do you have any interest-bearing accounts (savings, money market) and/or CDs?

Yes

No

Name of financial institution	Account Number	Titled in whose name?	Approx. Balance
#1			\$
#2			\$
#3			\$
#4			\$
Total Value			\$

# Financial Information Overview (continued)



## INVESTMENT ACCOUNTS

Please provide a list of investment assets including brokerage accounts, IRAs, ROTH IRAs, Trusts, etc.

Account Type #1	Taxable	Tax-Deferred	Tax Free	Type of Assets
Details				Value
Associated Beneficiary Info		Associated Financial Advisor		

Account Type #2	Taxable	Tax-Deferred	Tax Free	Type of Assets
Details				Value
Associated Beneficiary Info		Associated Financial Advisor		

Account Type #3	Taxable	Tax-Deferred	Tax Free	Type of Assets
Details				Value
Associated Beneficiary Info		Associated Financial Advisor		

Account Type #4	Taxable	Tax-Deferred	Tax Free	Type of Assets
Details				Value
Associated Beneficiary Info		Associated Financial Advisor		

Account Type #5	Taxable	Tax-Deferred	Tax Free	Type of Assets
Details				Value
Associated Beneficiary Info		Associated Financial Advisor		

Account Type #6	Taxable	Tax-Deferred	Tax Free	Type of Assets
Details				Value
Associated Beneficiary Info		Associated Financial Advisor		



**INSURANCE POLICIES**

Do you have any insurance policies?

Yes

No

Name of Company #1		Type of Policy		
Insured		Policy Owner		
1st Beneficiary		2nd Beneficiary		
Death Benefit	Surrender Value \$	Benefit Period	Premium \$	Cash Value \$

Name of Company #2		Type of Policy		
Insured		Policy Owner		
1st Beneficiary		2nd Beneficiary		
Death Benefit	Surrender Value \$	Benefit Period	Premium \$	Cash Value \$

Name of Company #3		Type of Policy		
Insured		Policy Owner		
1st Beneficiary		2nd Beneficiary		
Death Benefit	Surrender Value \$	Benefit Period	Premium \$	Cash Value \$

Do you have any long-term insurance policies?

Yes

No

Name of Company #1		Contact		
Phone		Email		
Cash Value \$	Premium	Total Benefit	Daily Benefit	
Additional Information/Rider Information				

Name of Company #2		Contact		
Phone		Email		
Cash Value \$	Premium	Total Benefit	Daily Benefit	
Additional Information/Rider Information				

# Financial Information Overview (continued)



Does anyone owe you money?

Yes  No

Description #1	Approximate Value
Description #2	Approximate Value
Description #3	Approximate Value

Are you expecting to receive property or money from someone?

Yes  No

Description #1	Source (gift, inheritance, etc.)	Reason	Approximate Value \$
Description #2	Source (gift, inheritance, etc.)	Reason	Approximate Value \$

Are you the beneficiary or trustee of a trust created by someone else?

Yes  No

Type of Trust	Name of Current Trustee	Name of Successor Trustee
Where are the assets held?	Address	

Do you have any special items of value such as jewelry, coin collections, antiques, etc.?

Yes  No

Description #1	Approximate Value \$
Description #2	Approximate Value \$
Description #3	Approximate Value \$
Description #4	Approximate Value \$
Description #5	Approximate Value \$

Do you have any credit cards?

Yes  No

Name #1	Approximate Value \$	As of Date
Name #2	Approximate Value \$	As of Date
Name #3	Approximate Value \$	As of Date
Name #4	Approximate Value \$	As of Date

# Financial Information Overview (continued)



## ANNUITIES

Do you have any annuities?

Yes

No

Type (variable, fixed, etc.) #1	<input type="checkbox"/> Qualified	<input type="checkbox"/> Non-Qualified	Company Name	
Annuitant			Annuity Owner	
Primary Beneficiary			Contingent Beneficiary	
Surrender Value \$	Additional Premium \$		Cash Value \$	Total Value \$

Type (variable, fixed, etc.) #2	<input type="checkbox"/> Qualified	<input type="checkbox"/> Non-Qualified	Company Name	
Annuitant			Annuity Owner	
Primary Beneficiary			Contingent Beneficiary	
Surrender Value \$	Additional Premium \$		Cash Value \$	Total Value \$

Type (variable, fixed, etc.) #3	<input type="checkbox"/> Qualified	<input type="checkbox"/> Non-Qualified	Company Name	
Annuitant			Annuity Owner	
Primary Beneficiary			Contingent Beneficiary	
Surrender Value \$	Additional Premium \$		Cash Value \$	Total Value \$

## BUSINESS INTERESTS

Name #1	Type of Business		
Ownership Structure	Estimate Value \$	% of Ownership	

Name #2	Type of Business		
Ownership Structure	Estimate Value \$	% of Ownership	

Name #3	Type of Business		
Ownership Structure	Estimate Value \$	% of Ownership	

Name #4	Type of Business		
Ownership Structure	Estimate Value \$	% of Ownership	

# Budgets, Recurring Expenses, and Cash Flow



To get a better understanding of your monthly and annual expenses, please complete the following sheet.

Net Income	Budgeted	Received
Employment Income		
Employment Income		
Pension		
Pension		
Social Security		
Social Security		
Rental		
Rental		
Dividends/Interest		
IRA/401k		
IRA/401k		
Other		
Other		
Other		
<b>Total Income</b>		

Medical/Health	Date	Budgeted	Spent
Prescriptions			
Vitamins			
Doctor Visits			
Dentist			
Optometrist			
Vision Needs			
Other			
<b>Total Medical/Health Expenses</b>			

House	Date	Budgeted	Spent
Mortgage/Rent			
Second Mortgage			
Property Tax			
Repairs/Maintenance			
Association Dues			
Electricity			
Gas			
Water			
Trash			
Phone			
Internet			
Cable			
Other			
Other			
<b>Total Housing Expenses</b>			

Insurance	Date	Budgeted	Spent
Auto			
Homeowners			
Riders			
Life			
Health			
Disability			
Long-Term Care			
Identity Theft			
<b>Total Insurance Expenses</b>			

Transportation	Date	Budgeted	Spent
Gas			
Oil			
Repairs and Tires			
Licensing			
Car Replacement			
Other			
<b>Total Transportation Expenses</b>			

Food	Date	Budgeted	Spent
Groceries			
Restaurants			
Meal Services			
<b>Total Food Expenses</b>			

Clothing	Date	Budgeted	Spent
Adults			
Children			
Cleaning			
<b>Total Clothing Expenses</b>			

Recreation	Date	Budgeted	Spent
Entertainment			
Travel			
<b>Total Recreation Expenses</b>			

Charity	Date	Budgeted	Spent
Tithes			
Charity			
Charity			
<b>Total Charity Expenses</b>			

# Budgets, Recurring Expenses, and Cash Flow (continued)



Savings	Date	Budgeted	Spent
Emergency Fund			
Retirement Fund			
College Fund			
<b>Total Savings Expenses</b>			

Personal	Date	Budgeted	Spent
Child Care			
Toiletries/Cosmetics			
Personal Services			
School Expenses			
Organization Dues			
Pet Supplies			
Subscriptions			
Subscriptions			
Subscriptions			
Hobbies			
Technology			
Gifts			
Other			
Other			
Other			
Other			
<b>Total Personal Expenses</b>			

Debt	Date	Budgeted	Spent
Auto Loan 1			
Auto Loan 2			
Personal Loan			
Credit Card 1			
Credit Card 2			
Credit Card 3			
Credit Card 4			
Student Loan 1			
Student Loan 2			
Student Loan 3			
Student Loan 4			
Medical			
Other			
Other			
Other			
<b>Total Debt Expenses</b>			

Monthly Cash Flow	Recommended % of Take Home Pay	In Dollars
Total Income		
- Total Charity	10-15%	
- Total Savings	10-15%	
- Total Food	5-15%	
- Total Housing	30-45%	
- Total Insurance	10-25%	
- Total Transportation	10-15%	
- Total Medical	5-10%	
- Total Clothing	2 - 7%	
- Total Recreation	5-10%	
- Total Personal	5-10%	
- Total Debt	5-10%	
= Balance at End of Month (Should be zero. If balance remains, adjust savings or pay more on debt.)		

Paid Off Debt This Month	Date	Budgeted	Spent
<b>Total paid off debt this month</b>			

Account	Beginning Balance	End Balance
Checking		
Savings		

Notes

# Online Accounts & Passwords



Please enter your online and social media accounts website address and login information below. Of course, be sure to keep this information in a secure place.

<b>Website Address</b>	<b>Username</b>	<b>Password</b>

# Funeral & Burial Information



Although no one wants to consider funeral and burial information, defining your preferences is an important and helpful step for your remaining loved ones.

If you have a cemetery lot, where is it located?		Plot #
Name of Cemetery	Phone	How many open plots?
Person to conduct service name		
Address		Phone
Second choice name, if first is unavailable		
Address		Phone
Services to be held at		
Funeral home or mortuary name		
Address		Phone
Church, synagogue or mosque name		
Address		Phone
Type of service	<input type="checkbox"/> Family only <input type="checkbox"/> Include friends <input type="checkbox"/> Open to public	Final resting place <input type="checkbox"/> Cemetery <input type="checkbox"/> Mausoleum crypt <input type="checkbox"/> Columbarium
Already purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
If no, please indicate your preference: Name:		
Music:	<input type="checkbox"/> Organist name:	Phone:
	<input type="checkbox"/> Vocalist name:	Phone:
Disposition of body:	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation	If burial, casket viewing: <input type="checkbox"/> Open <input type="checkbox"/> Closed
If cremation is preferred, do you want your ashes scattered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
Do you want to donate your organs or body?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, to which institution or hospital? Name:		
Address		Phone
Do you want a certain type of flower at your service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which type?
Instead of flowers, please make donations to the following organization:		
Any other special requests? Such as type of casket, readings, specific clothing, etc.?		

# Special Gifts to Organizations & Individuals



Please let your loved ones know if you wish to provide special gifts to organizations or to individuals upon your passing.\*

## SPECIAL GIFTS TO ORGANIZATIONS

Do you want to make a gift (cash or item) to an organization?

Yes

No

1. Name of individual	Alternate Beneficiary
Description of gift	
2. Name of individual	Alternate Beneficiary
Description of gift	
3. Name of individual	Alternate Beneficiary
Description of gift	

## SPECIAL GIFTS TO INDIVIDUALS

Do you want to make a gift (cash or item) to an individual?

Yes

No

1. Name of individual	Alternate Beneficiary
Description of gift	
2. Name of individual	Alternate Beneficiary
Description of gift	
3. Name of individual	Alternate Beneficiary
Description of gift	

*\* This does not replace the provisions of a will or testament. Please consult your legal counsel.*