

INFORMATION TO SHARE WITH YOUR LOVED ONES

Below is a list of my/our advisors who can assist you.

ADVISORS:

Attorney:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Insurance Advisor:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Accountant:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Financial Planner:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Stock Broker:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Investment Company:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Pension Benefits Contact:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Mortgage Holder:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Employer:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Other:

Name: _____
Firm: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

Below is a list of my/our investments, including IRAs, 401(k) plans, stocks and bonds, and other property, as well as the person to contact who can assist you. I have / have not attached a financial statement.

ASSETS:

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Firm: _____
Phone: _____
Documents are located: _____

Residence:

Address: _____

Real Property Description: _____

Mortgage Co: _____

Loan Number: _____

Copy of Deed attached? Yes / No

Vacation Home/Property/Time Share:

Address: _____

Real Property Description: _____

Mortgage Co: _____

Loan Number: _____

Copy of Deed attached? Yes / No

Investment Property:

Address: _____

Real Property Description: _____

Mortgage Co: _____

Loan Number: _____

Copy of Deed attached? Yes / No

Investment Property:

Address: _____

Real Property Description: _____

Mortgage Co: _____

Loan Number: _____

Copy of Deed attached? Yes / No

Royalty Interests:

Description: _____

Production Co: _____

Contact: _____

Phone: _____

Account Number: _____

Vehicles:

Make: _____

Model: _____

Year: _____

V.I.N.: _____

Finance Co: _____

Phone : _____

Account No.: _____

Title attached? Yes / No

Vehicles:

Make: _____

Model: _____

Year: _____

V.I.N.: _____

Finance Co: _____

Phone : _____

Account No.: _____

Title attached? Yes / No

Vehicles:

Make: _____

Model: _____

Year: _____

V.I.N.: _____

Finance Co: _____

Phone : _____

Account No.: _____

Title attached? Yes / No

Vehicles/RVs/Trailers:

Make: _____

Model: _____

Year: _____

V.I.N.: _____

Finance Co: _____

Phone : _____

Account No.: _____

Title attached? Yes / No

Boats/Planes:

Make: _____

Model: _____

Year: _____

V.I.N./License: _____

Finance Co: _____

Account No.: _____

Promissory Note/Money owed to us:

Name: _____
Address: _____
Phone: _____
Email: _____
Amount: _____
Copy of note attached? Yes / No

Promissory Note/Money owed to us:

Name: _____
Address: _____
Phone: _____
Email: _____
Amount: _____
Copy of note attached? Yes / No

Checking Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Checking Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Checking Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Checking Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Savings Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Savings Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Money Market Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Money Market Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Money Market Accounts:

Bank/Institution: _____
Account No.: _____
POD/Right of Survivorship? Yes / No
Beneficiary: _____

Safe Deposit Box:

Bank/Institution: _____
Box No.: _____
Signers on box: _____
Location of key: _____

Safe Deposit Box:

Bank/Institution: _____
Box No.: _____
Signers on box: _____
Location of key: _____

****You may wish to attach an inventory of personal property, including jewelry, heirlooms, household furnishings and other personal effects.**

Below is a list of my/our liabilities, including the contact and phone number of each creditor, as well as the location of related documents.

LIABILITES:

Liability/Creditor: _____

Contact: _____

Phone: _____

Email: _____

Account No.: _____

It there a security interest? Yes / No

Documents are located: _____

Liability/Creditor: _____

Contact: _____

Phone: _____

Email: _____

Account No.: _____

It there a security interest? Yes / No

Documents are located: _____

Liability/Creditor: _____

Contact: _____

Phone: _____

Email: _____

Account No.: _____

It there a security interest? Yes / No

Documents are located: _____

Liability/Creditor: _____

Contact: _____

Phone: _____

Email: _____

Account No.: _____

It there a security interest? Yes / No

Documents are located: _____

Below is a list of legal documents that I/we have prepared, and where they are located:

LAST WILL AND TESTAMENT:

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

CODICIL TO WILL – IF ANY:

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

MEDICAL POWER OF ATTORNEY:

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

FINANCIAL POWER OF ATTORNEY:

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

DIRECTIVE TO PHYSICIANS
("LIVING WILL"):

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

DECLARATION OF GUARDIAN –
FOR ADULT:

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

DECLARATION OF GUARDIAN –
FOR CHILD(REN):

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

HIPAA AUTHORIZATION:

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

Of: _____

Document is located: _____

Prepared by: _____

Last reviewed: _____

MY/OUR PASSWORDS ARE
SAVED ON A STICK DRIVE:
Yes / No

Hint on where to find: _____

