HAVERFORD

QUALITY INVESTING

THE HAVERFORD TRUST COMPANY

Estate and Financial Record Organizer

At The Haverford Trust Company, we recognize the importance of planning ahead and value the peace of mind that comes from being prepared for the future.

This planning guide may be used to help you and your loved ones organize and quickly access essential information relating to your estate, assets, important contacts and documents, as well as your final wishes. While it may be difficult to have conversations with your loved ones about sensitive matters, it is important to share this information. This organizer can help ease the burden on your family and friends, while ensuring that your final wishes are effectively communicated. Remember to regularly review the information contained in this organizer so that it reflects your latest thoughts and wishes.

Make sure to share the location of this organizer with the family and/or friends that will be responsible for your end-of-life care. Keep this organizer in a secure location—but make sure it is accessible to those who need to know so that your wishes can be carried out in due time. (For example, if this organizer is kept in a safe deposit box, your survivors may not be able to access it until after your interment.) Conversely, you can provide copies of this document to trusted loved ones in a sealed envelope with instructions to open only in case of medical emergency.

This Estate Organizer is intended to provide you with a tool to help assemble your personal estate planning information. It should not be used as your exclusive tool for this purpose, and your personal circumstances may require additional information not captured or stored by this tool. It is not a legal document and in no way is meant to replace a Will.

Contents

For additional questions, please contact one of Haverford's Trust Team members below.

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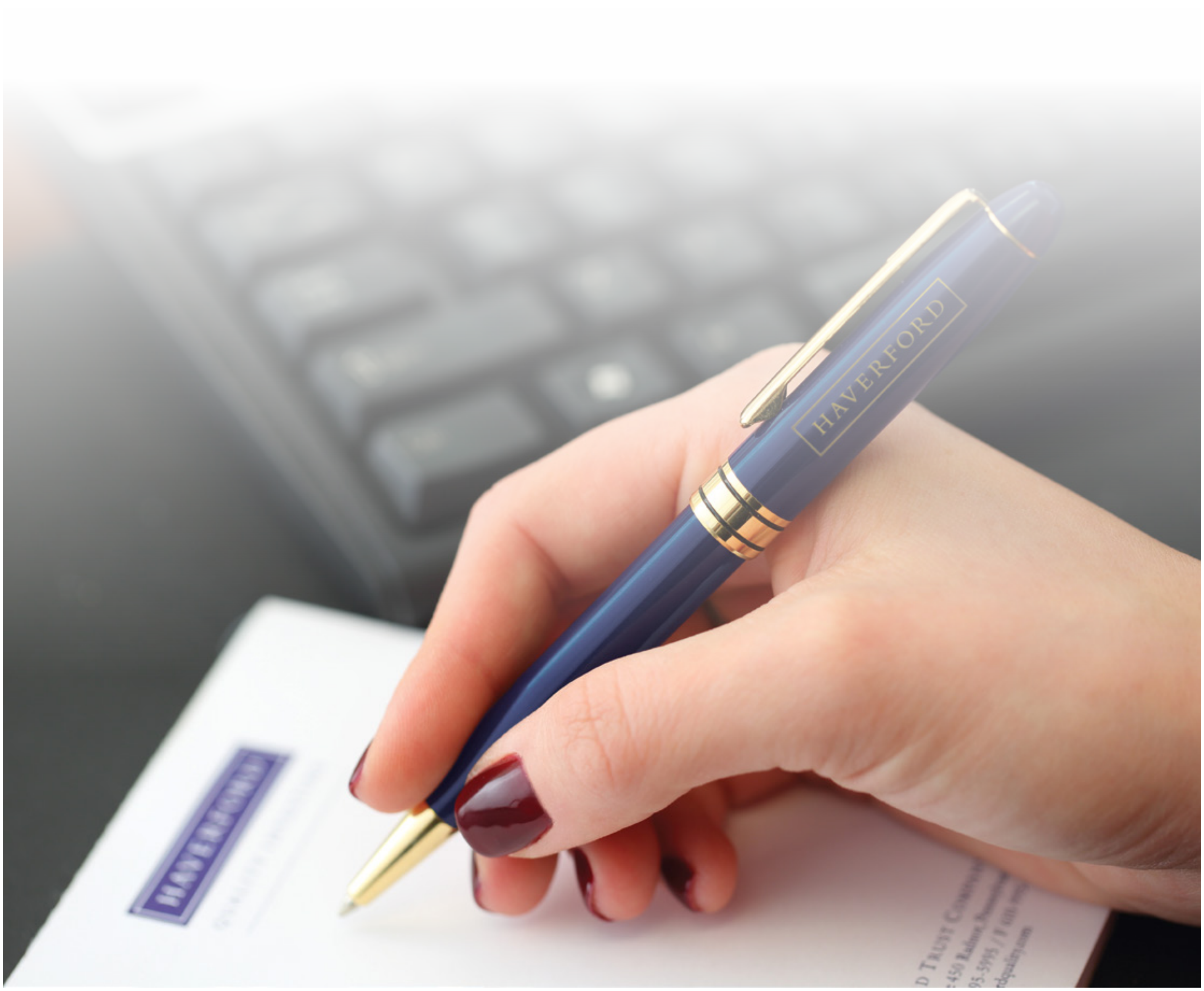
Final Instructions and Checklists



Services, Funeral, and Burial Wishes

Complete this section to help your loved ones better understand your final wishes.

Please remember that this section in no way replaces the value of a legal Last Will and Testament. If you don't already have a Will you should speak with an estate attorney about drafting one.

Burial or Cremation Wishes

☐ Burial ☐ Mausoleum ☐ Cremation

Cemetery / Mausoleum Name

Address

City | State / Zip

Plot Row Number | Lot Number

Casket / Urn Company

Company Phone

Prepaid Account Number *(if applicable)*

Wishes for Remains of Ashes *(if applicable)*

Specific Comments and/or Wishes

Services, Funeral, and Burial Wishes (Continued)

Funeral Wishes

☐ Funeral Services (with casket) ☐ Memorial Services (no casket)

Location and Description of Clothing and/or Jewelry for burial

Viewing Choice: ☐ Public ☐ Family Only ☐ None

Casket: ☐ Open ☐ Closed

Location of Special Photos

Special Requests

Funeral Home

Address

City State / Zip

Phone

Prepaid Account Number *(if applicable)*

Other Comments or Wishes

Services, Funeral, and Burial Wishes (Continued)

Service Wishes

Place of Worship or Service

Address

City

State / Zip

Phone

Preferred Clergy

Pallbearers

Flower Preference and Colors

Scripture(s) / Poems

Hymns / Songs *(Provide name and artist, if applicable)*

Singer(s)

Speaker(s)

Services, Funeral, and Burial Wishes (Continued)

Obituary, Donations, and Commemorations

I would like my obituary to appear in publications in the following areas:

My obituary should include the following:

I wish for donations to be made in my memory to:

People to Notify

Name	Address / Phone	Relationship

Survivor's Guide

Immediate Steps

- Locate last original Will
- Contact executor or someone who can assist you (for example, an attorney)
- Review wishes of deceased regarding burial given in this Estate Organizer
- Make funeral and burial arrangements
- Prepare obituary, if not already done

Secondary Steps

- Collect and assemble the following documents:
  - Certified death certificate—obtained from the funeral director
  - Life insurance policies
  - Bank account numbers
  - Marriage license
  - Birth certificate
  - Social Security number
  - Veteran's records
  - Tax returns for the last three years
- Contact attorney, if not already done, regarding estate settlement
- Notify insurance agents (life, home, auto)
- Notify all financial institutions and representative of death

Neither Haverford nor its representatives provide tax or legal advice.
Consult with your tax advisor or attorney regarding specific issues

Survivor's Guide (Continued)

Life, Home, Auto Insurance

- Contact local insurance agents or offices for claim forms on personal insurance
- Check employers for group life insurance benefits and claim forms
- If accidental death, check for double indemnity provision
- Check for Creditor's Life Insurance on all installment purchases
- Provide all insurance companies and employee benefit departments with completed claim forms and certified death certificate
- Note that life insurance benefits may be paid to survivors as:
  – one-time lump sum,
  – held at interest, or
  – periodic payment of principal and interest

Social Security

- Apply for burial benefit through funeral director
- Locate your local Social Security Office address and phone number at **https://www.ssa.gov** or **1-800-772-1213 (TTY 1-800-325-0778).** Representatives are available between 7 a.m. and 7 p.m., Monday through Friday, except Federal holidays.
- Apply at the nearest social security office in person, and present the following:
  – Social security number of the deceased
  – Certified death certificate
  – Proof of relationship to the deceased (for example, marriage license or birth certificate)

Veteran's Benefits

Read more about benefits for veterans of U.S. Armed Forces and find your local office at **http://www.va.gov** or **1-800-827-1000**.

- Survivors of veterans of the U.S. Armed Forces may qualify for:
  – GI or National Service Life Insurance, if policy is in force at time of death
  – Lump sum burial benefit of $300 (apply through funeral director)
  – Burial in national cemetery
  – Burial flag
- Apply in person at local Veterans Administration Office and present the following:
  – Birth certificate of the deceased
  – Social security number of the deceased
  – Certified death certificate

Executor's Duties

Locate and Read Will

- Expedite the stated services, funeral, obituary, and burial instructions and wishes
- Meet members of family and other involved parties
- Confer with attorney who drafted the Will and persons familiar with financial affairs

Safeguard Assets

- Take immediate protective measures as necessary to safeguard assets
- Consider insurance for protection of both real and personal property
- Update titles and consider opening an account in the name of the estate
- Secure knowledge of active business affairs; examine all books and files
- Give notice of death to banks, investment advisors, insurance companies, mortgage lenders, credit cards, and others

Consider Probating Will

- Obtain original Will
- Attempt to locate witnesses to the Will
- Probate Will:
  - For protection afforded by probate
  - Take into consideration size and complexity of estate
- Obtain necessary court orders for the administration of the estate
- Cancel any memberships (country clubs, gym, etc.)

Assemble and Inventory All Assets

- Take proper steps to collect insurance policies, secure tax waivers, and collect all cash
- Inventory and appraise all household goods and effects, safeguarding valuables
- Press all claims for amounts due—locate evidence and witnesses on contested claims
- Arrange proper supervision and management for active business interests
- Obtain custody of securities, collect all interest and dividends
- Review leases, tax filings, and mortgages of real estate and arrange for management
- Review escheat records of all locations in which decedent lived

Procure Qualified Appraisal of All Assets

- Gather complete and satisfactory evidence of the value of all assets at the time of death

Administer Estate

Administration is governed by the wishes expressed in Will, the requirements of estate and the local probate law.

- Give special study to valuable collections, determine method and time of sale for articles not gifted, make a careful estimate of amount of cash to be raised for tax payments, legacies, and expenses of administration, and estate distribution.
- Review business interest and determine continuance, liquidation, or sale, as expressed in Will and/or business succession plan.
- Review market conditions for each asset to decide which should be sold first, if necessary, to meet taxes, expenses, claims, and specific bequests and reduce large concentrations or reduce market risk.
- Investigate all real estate from the standpoint of earnings and, in case circumstances require its sale, market desirability.

Executor's Duties (Continued)

Prepare All Tax Returns

Preparing for taxes is an intricate and involved procedure in which particular forms of information and returns must be prepared and filed with each taxing body. Consider engaging a qualified tax professional to prepare tax returns.

- Pay final income taxes:
  – Consider pre-payment of inheritance taxes for possible discounts
  – Attend to income tax for part of year prior to death
  – File return and pay tax for partial year after death
  – Make careful survey of all possible tax claims to see that no further liability exits upon review by the government
- Pay the balance due on all inheritance and estate taxes:
  – Ascertain and pay inheritance tax in state of residence and obtain waivers for transfer of securities
  – Arrange for necessary proceedings to release securities or property located in other states
  – File preliminary notice, prepare return, and pay both state inheritance and federal estate tax
  – Assess if a gift tax return is required

Settle All Proper Claims

- Publish notices to creditors, obtain all available evidence regarding propriety of each claim filed, resist all improper claims, pay all approved and allowed claims out of estate funds.

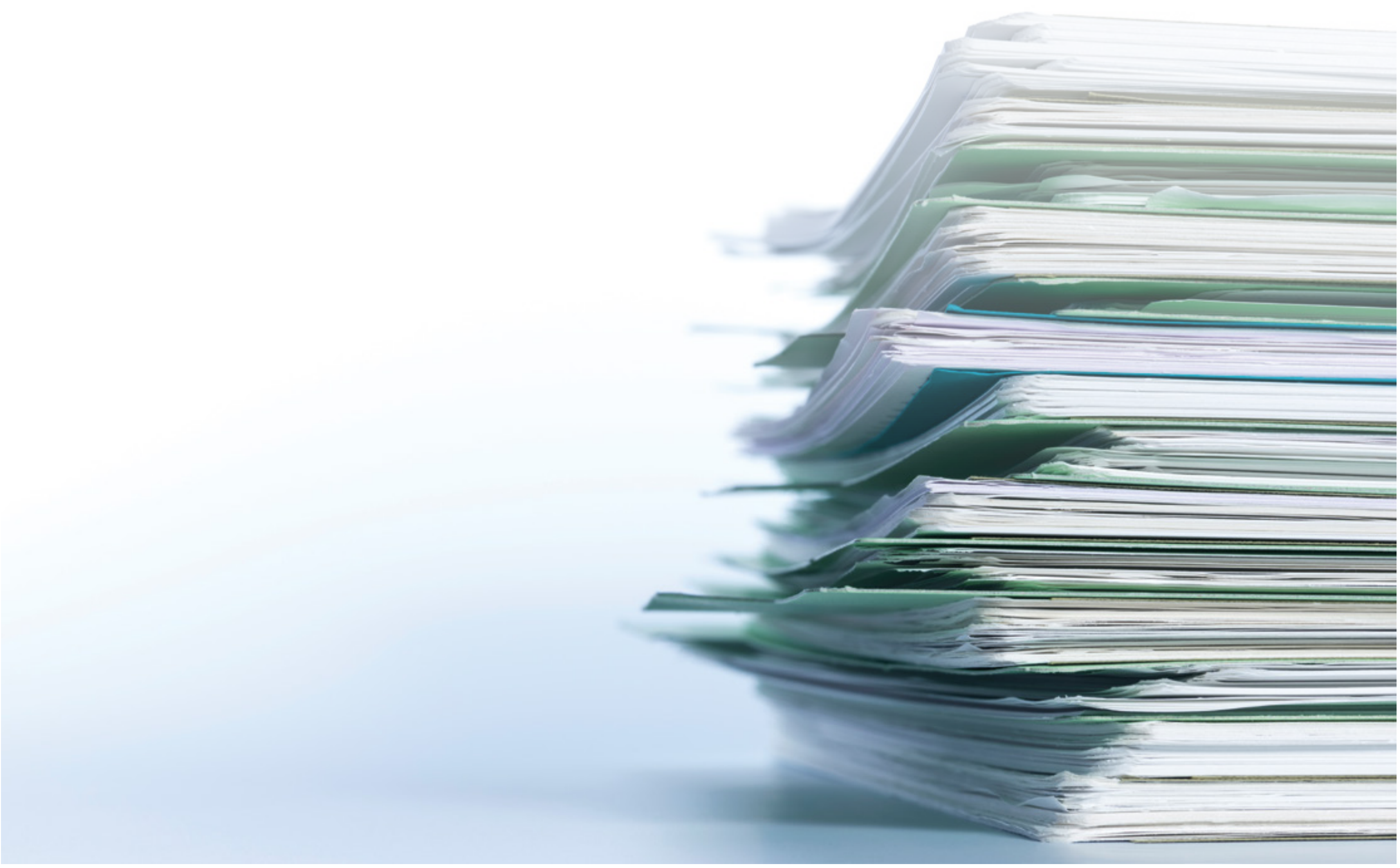
Distribute Probate Estate

- Prepare final account, as needed, showing in detail all receipts and disbursements. If necessary, notify interested persons of filing of the account and distribute remaining property as confirmed by the court.
- Complete all testamentary gifts or bequests
- Complete funding of any testamentary trusts
- Distribute all remaining assets as directed by the Will

Obtain Final Discharge

- After final payment and distribution to legatees and devises, the executor should obtain a closing letter from the IRS. The estate tax closing letter is evidence that the IRS has accepted the estate tax return as filed and that all federal estate tax liabilities have been satisfied. This letter allows the executor to close the estate administration. For all estate tax returns filed after June 1, 2015 the executor must request that an estate tax letter be issued from the IRS. This is done by calling the IRS at 866.699.4083. The following information must be provided when the executor calls.
  – Name of the Decedent
  – Decedent's social security number
  – Decedent's date of death
- The estate tax letter will only be issued to the executor at the address of record. For all estates with a zero tax liability the IRS directs that requests for an estate tax closing letter be made after waiting a minimum of four months for the date of filing the estate tax return. For all estates with a federal estate tax liability the IRS has indicated the request should be made after waiting a minimum of six to nine months from the filing date of the estate tax return. These timelines are general guidance and the actual time required for the IRS to issue the closing letter could be considerably longer.

Personal and Professional Contact Information and Document Inventory



Personal Information

On the following pages, please enter your personal information, as well as key contacts who play important roles in your life.

First Name ______________________ Middle Name ______________________

Last Name ______________________ Maiden Name ______________________

Father's Full Name ______________________

Mother's Full (Maiden) Name ______________________

Primary Address ______________________

City ______________________ State / Zip ______________________

Cell Phone ______________________ Home Phone ______________________

Fax ______________________ Email ______________________

Secondary Address ______________________

City ______________________ State / Zip ______________________

Other Address ______________________

City ______________________ State / Zip ______________________

Date of Birth ______________________ Place of Birth ______________________

Social Security Number ______________________ Passport Number ______________________

Driver's License ______________________ Organ donor: ☐ Yes ☐ No

Medical/ Medicare ______________________

Military Service ______________________

Family Information

Spouse or Partner

First Name	Middle Name
Last Name	Maiden Name
Primary Address	
City	State / Zip
Home Phone	Cell Phone
Email	
Date of Birth	Social Security Number
Date of Marriage	Location

Former Spouse or Partner

First Name	Middle Name
Last Name	Maiden Name
Primary Address	
City	State / Zip
Home Phone	Cell Phone
Email	
Date of Birth	Social Security Number
Date of Marriage	Location

Family Information (Continued)

Child #1

First Name | Middle Name

Last Name | Maiden Name

Primary Address

City | State / Zip

Phone | Email

Date of Birth | Social Security Number

☐ Biological ☐ Adopted ☐ Step ☐ Other (Please specify):

Child #2

First Name | Middle Name

Last Name | Maiden Name

Primary Address

City | State / Zip

Phone | Email

Date of Birth | Social Security Number

☐ Biological ☐ Adopted ☐ Step ☐ Other (Please specify):

Family Information (Continued)

Child #3

First Name | Middle Name

Last Name | Maiden Name

Primary Address

City | State / Zip

Phone | Email

Date of Birth | Social Security Number

☐ Biological ☐ Adopted ☐ Step ☐ Other (Please specify):

Child #4

First Name | Middle Name

Last Name | Maiden Name

Primary Address

City | State / Zip

Phone | Email

Date of Birth | Social Security Number

☐ Biological ☐ Adopted ☐ Step ☐ Other (Please specify):

Family Information (Continued)

Grandchild #1

Parents

First Name | Middle Name

Last Name | Maiden Name

Address

City | State / Zip

Phone | Email

Date of Birth

Grandchild #2

Parents

First Name | Middle Name

Last Name | Maiden Name

Address

City | State / Zip

Phone | Email

Date of Birth

Grandchild #3

Parents

First Name | Middle Name

Last Name | Maiden Name

Address

City | State / Zip

Phone | Email

Date of Birth

Family Information (Continued)

Grandchild #4

Parents

First Name | Middle Name

Last Name | Maiden Name

Address

City | State / Zip

Phone | Email

Date of Birth

Grandchild #5

Parents

First Name | Middle Name

Last Name | Maiden Name

Address

City | State / Zip

Phone | Email

Date of Birth

Grandchild #6

Parents

First Name | Middle Name

Last Name | Maiden Name

Address

City | State / Zip

Phone | Email

Date of Birth

Pets

Pet #1

Pet's Name

Type of Animal: ☐ Dog ☐ Cat ☐ Other (Please specify):

Insurance

Provisions provided in Trust? ☐ Yes ☐ No

Preferred guardian for pets

Pet #2

Pet's Name

Type of Animal: ☐ Dog ☐ Cat ☐ Other (Please specify):

Insurance

Provisions provided in Trust? ☐ Yes ☐ No

Preferred guardian for pets

Veterinary Information

Name

Address

City State / Zip

Phone Number

Professional Contacts

Complete this section to provide contact information for each of your trusted advisers.

Attorney

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Insurance Agent

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Financial Advisor

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Professional Contacts (Continued)

Complete this section to provide information about your executor(s) and your trustee(s), if applicable.

Executor(s)

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Professional Contacts (Continued)

Trustee(s)

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Professional Contacts (Continued)

Power of Attorney—Durable (A person designated to handle legal matters on your behalf.)

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Power of Attorney—Healthcare (If incapacitated, person designated to make medical decisions.)

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Do you have a healthcare living Will filed with this person? ☐ Yes ☐ No

Are you an Organ Donor? ☐ Yes ☐ No

Tax Advisor / CPA

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Professional Contacts (Continued)

Religious Advisor

Name

Address

City State / Zip

Office Phone Cell Phone

Email

Other Contacts

Profession / Competency

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Profession / Competency

Name

Company

Address

City State / Zip

Office Phone Cell Phone

Email

Healthcare Provider Information

Please provide your insurance information and list all doctors, dentists, specialists, etc. who oversee your care.

Primary Care Insurance

Insurer Phone

Policy Number

☐ Medical ☐ Dental ☐ Other (Please specify)

Secondary Care Insurance

Insurer Phone

Policy Number

☐ Medical ☐ Dental ☐ Other (Please specify)

Primary Care Physician

Name

Practice Name / Company

Address

City State / Zip

Office Phone Cell Phone

Email

Specialist

Name

Practice Name / Company

Address

City State / Zip

Office Phone Cell Phone

Email

Healthcare Provider Information (Continued)

Specialist

Name

Practice Name / Company

Address

City | State / Zip

Office Phone | Cell Phone

Email

Dentist

Name

Practice Name / Company

Address

City | State / Zip

Office Phone | Cell Phone

Email

Other

Name

Practice Name / Company

Address

City | State / Zip

Office Phone | Cell Phone

Email

Location of Important Documents

This section of the organizer is designed for you to indicate the location of your important legal and insurance papers, so they can be accessed quickly and easily.

Birth Certificate

Prenuptial Agreement

Marriage Certificate

Divorce Decree

Military Discharge

Original Estate Planning Documents

Will

Trust

Living Will

Power of Attorney—Durable

Power of Attorney—Healthcare

Burial Instructions (In addition this document)

Financial Records and Documents

Tax Records

Insurance Policies

Check Books

Deeds—House and property

Titles—Autos, boats, and other personal property

Securities Certificates

Other (Please specify)

Location of Important Documents (Continued)

Beneficiary Designation Forms

Individual Retirement Accounts (IRAs)

Defined-Contribution Accounts (401k plans)

Other Investment Accounts (Please specify)

Safe Deposit Box

Bank Name and Location

Location of Key

Box Key Number

Name(s) on Account

Authorized Signer(s)

Lock Box (Fire-proof boxes, safes, or other strongboxes in the home)

Lock Box Location

Lock Box Key Location or Passcode

Access

Home Key or Passcode

Auto Key or Passcode

Other Keys or Passcodes (Please specify)

Timeline for Keeping Documents

Documents	While in Use	While Owned	7 Years	Permanent	Storage
Credit Card Statements	While in Use				
Employee Benefit Documentation	While in Use				Copy in Safe Deposit
Insurance Policies	While in Use				Copy in Safe Deposit
Passports	While in Use				Copy in Safe Deposit
Pension Plan Records	While in Use				Copy in Safe Deposit
Automobile Documentation / Title		While Owned			Copy in Safe Deposit
Mortgage Papers		While Owned			Copy in Safe Deposit
Receipts		While Owned			
Securities		While Owned			Copy in Safe Deposit
Stock Certificates/Bonds		While Owned			Copy in Safe Deposit
Warranties		While Owned			
Bank Statements & Canceled Checks (Related to taxes, business expenses, mortgage interest and charitable contributions)			7 Years		
Adoption Papers				Permanent	Copy in Safe Deposit
Religious Papers				Permanent	Copy in Safe Deposit
Birth Certificates				Permanent	Copy in Safe Deposit
Business Agreement				Permanent	Copy in Safe Deposit
Citizenship Papers				Permanent	Copy in Safe Deposit
Death Certificates				Permanent	Copy in Safe Deposit
Deeds to Property				Permanent	Copy in Safe Deposit
Divorce Papers				Permanent	Copy in Safe Deposit
Educational Transcripts				Permanent	Copy in Safe Deposit
Health Records				Permanent	Copy in Safe Deposit
Funeral Instructions				Permanent	
Income Records				Permanent	Copy in Safe Deposit
Income Tax Returns				Permanent	
Marriage Certificates				Permanent	Copy in Safe Deposit
Military Service Records				Permanent	Copy in Safe Deposit
Securities				Permanent	Copy in Safe Deposit
Wills/Estate Plans				Permanent	
Home Cost Basis				Permanent	

Online Accounts, Memberships and Social Networking

Keeping a written record of complex, longer passwords is more secure than shorter, simpler passwords that you can remember. Using simple passwords or the same password across multiple accounts can compromise the security of your online accounts.

Email Accounts

Email Address	Password	Date Last Changed

Social Media

Social Network	Username	Password	Date Last Changed

Other Key Websites (Such as travel accounts, online shopping and payment sites)

Website	Username	Password	Date Last Changed	Membership Number, if applicable

Assets Held at the Bank

Bank Accounts

Include all institutions holding cash, cash deposits, checking, savings, money market, CDs, etc. Use additional pages, if needed.

Bank Account #1

Financial Institution

Account Representative

Phone Email

Name(s) on account

Ownership

Account Type

Account Number

ATM Card Number PIN

Website

User ID Password

Location of Statements

Location of Checkbook

Bank Accounts (Continued)

Bank Account #2

Financial Institution

Account Representative

Phone | Email

Name(s) on account

Ownership

Account Type

Account Number

ATM Card Number | PIN

Website

User ID | Password

Location of Statements

Location of Checkbook

Bank Accounts (Continued)

Bank Account #3

Financial Institution

Account Representative

Phone | Email

Name(s) on account

Ownership

Account Type

Account Number

ATM Card Number | PIN

Website

User ID | Password

Location of Statements

Location of Checkbook

Bank Accounts (Continued)

Bank Account #4

Financial Institution

Account Representative

Phone | Email

Name(s) on account

Ownership

Account Type

Account Number

ATM Card Number | PIN

Website

User ID | Password

Location of Statements

Location of Checkbook

For Safety Deposit Box Information, see page 30 under Location of Important Documents

Credit Cards

Credit Card #1

Credit Card Company ☐ Debit ☐ Credit

Card Number CCV Code

Expiration Date PIN

Website

User ID Password

Name on the Card

Ownership

Location of Card

Location of Statements

Credit Card #2

Credit Card Company ☐ Debit ☐ Credit

Card Number CCV Code

Expiration Date PIN

Website

User ID Password

Name on the Card

Ownership

Location of Card

Location of Statements

Credit Cards (Continued)

Credit Card #3

Credit Card Company ☐ Debit ☐ Credit

Card Number CCV Code

Expiration Date PIN

Website

User ID Password

Name on the Card

Ownership

Location of Card

Location of Statements

Credit Card #4

Credit Card Company ☐ Debit ☐ Credit

Card Number CCV Code

Expiration Date PIN

Website

User ID Password

Name on the Card

Ownership

Location of Card

Location of Statements

Credit Cards (Continued)

Credit Card #5

Credit Card Company ☐ Debit ☐ Credit

Card Number CCV Code

Expiration Date PIN

Website

User ID Password

Name on the Card

Ownership

Location of Card

Location of Statements

Credit Card #6

Credit Card Company ☐ Debit ☐ Credit

Card Number CCV Code

Expiration Date PIN

Website

User ID Password

Name on the Card

Ownership

Location of Card

Location of Statements

Bills on Autopay

List any bills that are automatically withdrawn from your bank account.

Payee Frequency

Bank Account Used Approximate Amount

Website for Online Payment

User ID Password

Comments

Payee Frequency

Bank Account Used Approximate Amount

Website for Online Payment

User ID Password

Comments

Payee Frequency

Bank Account Used Approximate Amount

Website for Online Payment

User ID Password

Comments

Payee Frequency

Bank Account Used Approximate Amount

Website for Online Payment

User ID Password

Comments

Trust Information and Personal Property

Funded Trusts

Trust #1 (in effect now)

Name of Trust

Federal Tax ID #

Date of Trust ☐ Revocable ☐ Irrevocable

Location of Trust Document:

Who Created the Trust?

Trustee's Name

Address

City State / Zip

Phone

Trust Investment Manager *(if applicable)*

Manager Name

Address

City State / Zip

Phone

Approximate Value of Property and/or Assets: $

Was a Gift Tax Return filed? ☐ Yes ☐ No

Funded Trusts (Continued)

Trust #2 (in effect now)

Name of Trust

Federal Tax ID #

Date of Trust ☐ Revocable ☐ Irrevocable

Location of Trust Document:

Who Created the Trust?

Trustee's Name

Address

City State / Zip

Phone

Trust Investment Manager *(if applicable)*

Manager Name

Address

City State / Zip

Phone

Approximate Value of Property and/or Assets: $

Was a Gift Tax Return filed? ☐ Yes ☐ No

Other Trusts

Other Trusts (if in effect now)

Name of Trust

Federal Tax ID #

Date of Trust ☐ Revocable ☐ Irrevocable

Location of Trust Document:

Who Created the Trust?

Trustee's Name

Address

City State / Zip

Phone

Trust Investment Manager *(if applicable)*

Manager Name

Address

City State / Zip

Phone

Approximate Value of Property and/or Assets: $

Was a Gift Tax Return filed? ☐ Yes ☐ No

Gifts to Minors

Custodian Name

Custodian Address

Custodian Phone

Account Type: ☐ UTMA/UGMA ☐ 529 ☐ Trust ☐ Custodian Account ☐ Other

Account # Specified age of distributions

Custodian Name

Custodian Address

Custodian Phone

Account Type: ☐ UTMA/UGMA ☐ 529 ☐ Trust ☐ Custodian Account ☐ Other

Account # Specified age of distributions

Custodian Name

Custodian Address

Custodian Phone

Account Type: ☐ UTMA/UGMA ☐ 529 ☐ Trust ☐ Custodian Account ☐ Other

Account # Specified age of distributions

Custodian Name

Custodian Address

Custodian Phone

Account Type: ☐ UTMA/UGMA ☐ 529 ☐ Trust ☐ Custodian Account ☐ Other

Account # Specified age of distributions

Personal Property

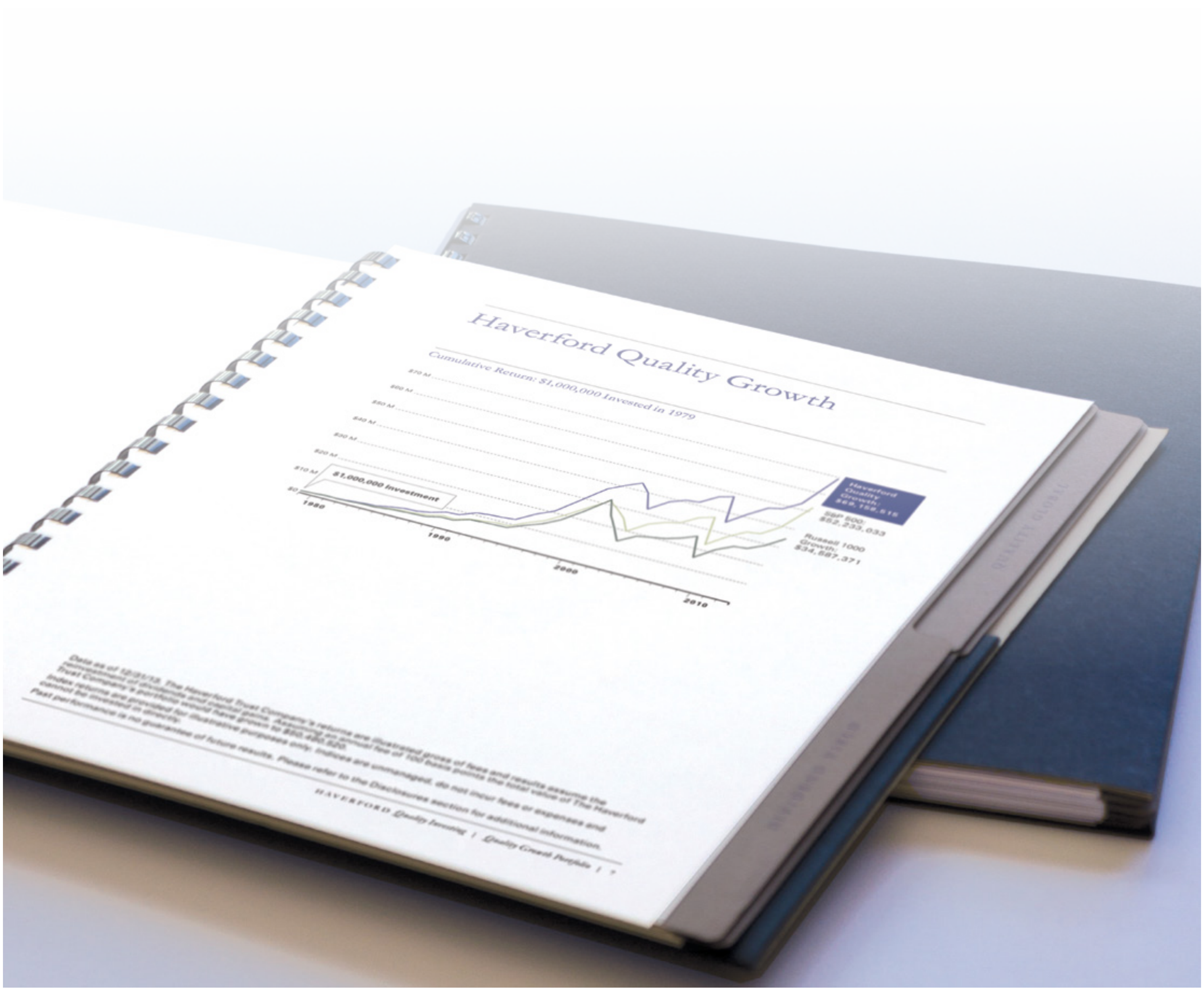
Include major purchases as well as irreplaceable items. For example: vehicles, jewelry and watches, home furnishings, electronics and personal property and serial numbers and use the enclosed USB flash drive to store the photos. Keep this USB and copies of all titles and

Description	Model / Serial Number

computers, tools, antiques and heirlooms, etc. Keep all registration documents, titles, and receipts in a safe place. Take photos of your receipts for major items in a safe deposit box.

Original Cost	Current Value	Insurer	Receipt	Location of Records / Items
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	
$	$		☐ Yes	

Investments and Retirement Plans



Investments

List all types of investment accounts, including brokerage accounts, individual stocks and bonds, municipal bonds, long-term U.S. notes and bonds, limited partnerships, etc. Use additional pages, if needed.

Investment Account #1

Financial Institution

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Account

Ownership

Account Type

Account Value

Account Number | Security ID Number

PIN

Website

User ID | Password

Investments (Continued)

Investment Account #2

Financial Institution

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Account

Ownership

Account Type

Account Value

Account Number | Security ID Number

PIN

Website

User ID | Password

Securities in Certificate Form

Name of Corporation

Broker or Transfer Agent

Address of Broker or Transfer Agent

City | State / Zip

Account or Certificate Number

Name of Corporation

Broker or Transfer Agent

Address of Broker or Transfer Agent

City | State / Zip

Account or Certificate Number

Name of Corporation

Broker or Transfer Agent

Address of Broker or Transfer Agent

City | State / Zip

Account or Certificate Number

Name of Corporation

Broker or Transfer Agent

Address of Broker or Transfer Agent

City | State / Zip

Account or Certificate Number

Retirement Accounts

List all retirement accounts including pension plans, defined-contribution plans (401k plans), employee stock ownership plans (ESOP), individual retirement accounts (IRAs), ROTH IRA, profit sharing plans, stock options, deferred compensation, etc. Use additional pages, if needed.

Retirement Account #1

Name of Company

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Account

Ownership

Account Type

Account Number

Vested: ☐ Yes ☐ No | Current Value

Are you currently receiving distributions? ☐ Yes ☐ No

Primary Beneficiary | Secondary Beneficiary

Death Benefits

Account Website

User ID | Password

Retirement Accounts (Continued)

Retirement Account #2

Name of Company

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Account

Ownership

Account Type

Account Number

Vested: ☐ Yes ☐ No | Current Value

Are you currently receiving distributions? ☐ Yes ☐ No

Primary Beneficiary | Secondary Beneficiary

Death Benefits

Account Website

User ID | Password

Retirement Accounts (Continued)

Retirement Account #3

Name of Company

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Account

Ownership

Account Type

Account Number

Vested: ☐ Yes ☐ No | Current Value

Are you currently receiving distributions? ☐ Yes ☐ No

Primary Beneficiary | Secondary Beneficiary

Death Benefits

Account Website

User ID | Password

Other Assets

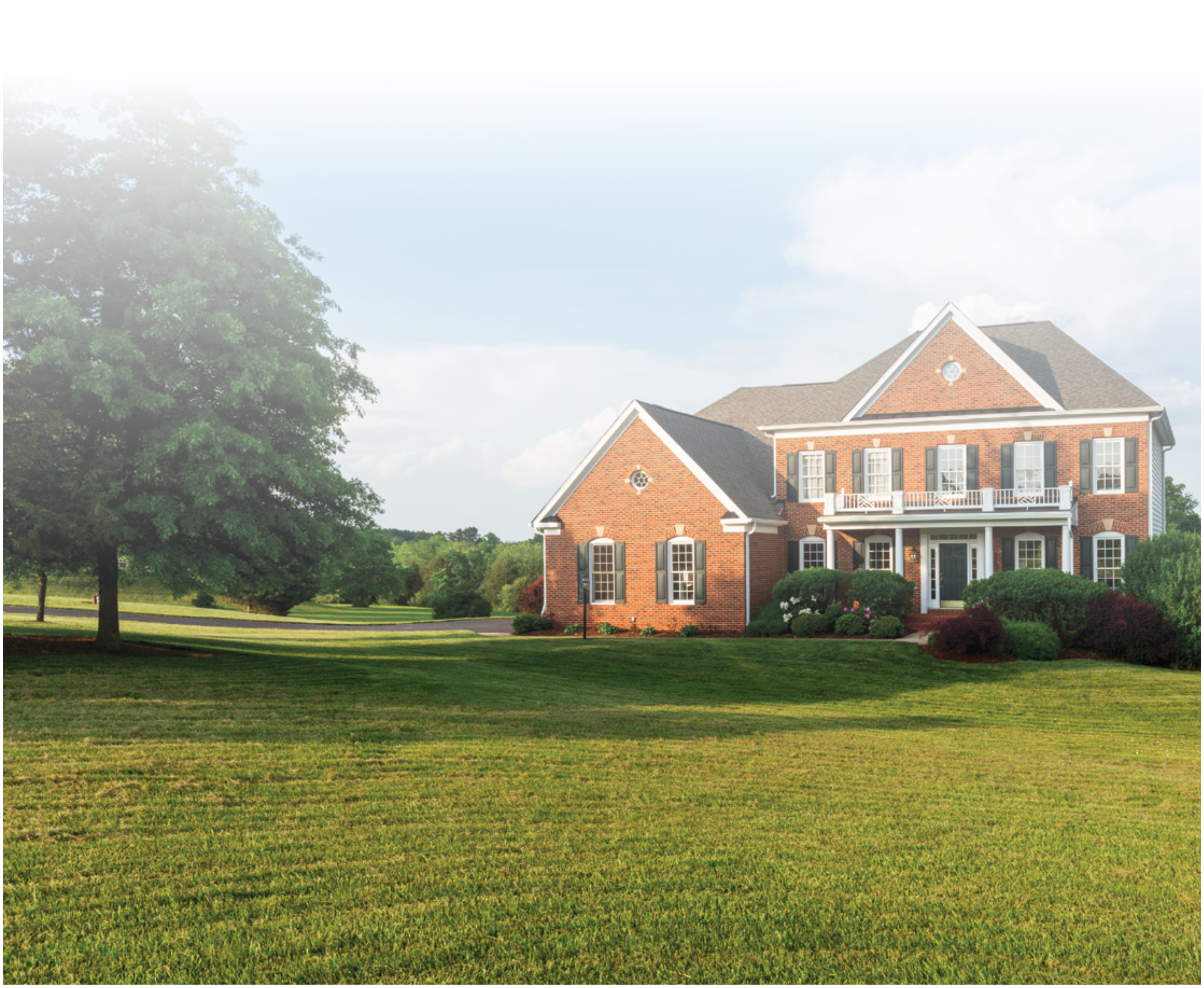
Government benefits

Business interests

Future inheritance

Copyrights or patents

Insurance, Annuities, Real Estate, and Loans



Life Insurance Policies / Tax Deferred Annuities

Include copies of the face pages of all insurance policies and annuities. Examples include life term, accidental death, mortgage, union, memberships, employer-provided, long-term disability, home warranty, annuities, etc. Use additional pages, if needed.

Insurance Policy #1

Company Name

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Policy

Account Number

Primary Beneficiaries | Contingent Beneficiaries

Cash Value $ | Loans *(if applicable)*

Website

User ID | Password

Location of Policy

Location of Statements

Life Insurance Policies / Tax Deferred Annuities (Continued)

Insurance Policy #2

Company Name

Account Representative

Phone | Email

Address

City | State / Zip

Name(s) on Policy

Account Number

Primary Beneficiaries | Contingent Beneficiaries

Cash Value $ | Loans *(if applicable)*

Website

User ID | Password

Location of Policy

Location of Statements

Real Estate

Primary Residence

Name on Deed

Address of Property

City | State / Zip

☐ Single Family ☐ Townhome ☐ Condo ☐ Apartment ☐ Land ☐ Other (Please specify)

Description

Cost $ | Appraised Value $

Fair Market Value $ | Mortgage Balance $

Mortgage Holder

Account Number

Account Representative

Phone | Email

Location of Title

Location of Deed

Location of Insurance

Location of Copies

Real Estate (Continued)

Secondary Residence

Name on Deed

Address of Property

City | State / Zip

☐ Single Family ☐ Townhome ☐ Condo ☐ Apartment ☐ Land ☐ Other (Please specify)

Description

Cost $ | Appraised Value $

Fair Market Value $ | Mortgage Balance $

Mortgage Holder

Account Number

Account Representative

Phone | Email

Location of Title

Location of Deed

Location of Insurance

Location of Copies

Real Estate (Continued)

Other Property

Name on Deed

Address of Property

City | State / Zip

☐ Single Family ☐ Townhome ☐ Condo ☐ Apartment ☐ Land ☐ Other (Please specify)

Description

Cost $ | Appraised Value $

Fair Market Value $ | Mortgage Balance $

Mortgage Holder

Account Number

Account Representative

Phone | Email

Location of Title

Location of Deed

Location of Insurance

Location of Copies

Promissory Notes or Loans to Others

Keep a copy of all promissory notes, advancements, or loans in which you are a creditor. Examples include loans to relatives' businesses, loans to family members, charities or religious organizations, etc. Use additional pages, if needed.

Borrower #1

Name of Borrower

Address

City | State / Zip

Phone | Email

Relationship to Lender

Account Number

Loan Amount

Term of Loan

Interest

Payment Due

Balance

Security for Debt

Location of Note

Notes / Comments

Promissory Notes or Loans to Others (Continued)

Borrower #2

Name of Borrower

Address

City State / Zip

Phone Email

Relationship to Lender

Account Number

Loan Amount

Term of Loan

Interest

Payment Due

Balance

Security for Debt

Location of Note

Notes / Comments

Outstanding Loans & Pledges

Keep copies of evidence of any business assets and business agreements listed below. Examples include partnership agreements, buy-sell agreements, close corporation stock certificates, etc. Use additional pages, if needed.

Outstanding Loan #1

Lender's Name

Lender's Address

City | State / Zip

Lender's Phone Number

Account Number | Loan Amount

Term of Loan | Interest

Outstanding Loan #2

Lender's Name

Lender's Address

City | State / Zip

Lender's Phone Number

Account Number | Loan Amount

Term of Loan | Interest

Charitable Pledges

Date of Agreement

Location

Recipient

Amount

Notes / To Do List

Date	Description	Done
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