



Survivor's Workbook

An estate planning guide for your family.



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Introduction

Developing and maintaining a personal estate plan is essential to achieving your financial security. Gathering this information into one document will provide a centralized place where your financial planning information can be maintained.

In the event of an emergency or death, this type of information can be extremely important. Having everything listed in an organized manner will make things simpler for you and your family. When you have completed the information, place this guide in a safe location. Make sure its location is known by at least two other family members or close friends. It is recommended that you do not place this in a safe deposit box because of the limited access to it in the time of need.

Completion of this guide is for informational and planning purposes only and it will not change the records of any identified account custodian/trustee, company-sponsored retirement plan administrators, life insurance policy providers, or annuity policy providers.



Personal Information

Date: _____

Self

Full legal name _____

Address _____

Cell phone _____ Home phone _____

Email _____

Social Security number _____ Birthdate _____

Driver's license _____ Passport _____

Employer work phone _____

Address _____

Supervisor name and phone _____

Spouse/Partner

Full legal name _____

Address _____

Cell phone _____ Home phone _____

Email _____

Social Security number _____ Birthdate _____

Driver's license _____ Passport _____

Employer work phone _____

Address _____

Supervisor name and phone _____



Children

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____



Parents/Guardians, Siblings, or Other Relatives

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

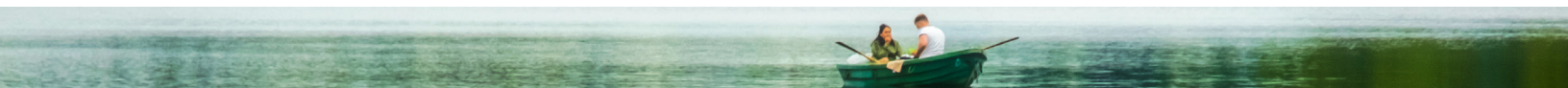
Phone _____ Email _____

Name _____ Social Security number _____

Birthdate _____ Relationship status _____

Address _____

Phone _____ Email _____



Pets

Name _____ Species and coloring _____

Veterinarian information _____

Food/other care _____

Name _____ Species and coloring _____

Veterinarian information _____

Food/other care _____

Name _____ Species and coloring _____

Veterinarian information _____

Food/other care _____

Name _____ Species and coloring _____

Veterinarian information _____

Food/other care _____

Name _____ Species and coloring _____

Veterinarian information _____

Food/other care _____



Important Contacts

Date: _____

Financial Professional

Name _____

Address _____

Phone _____ Email _____

Attorney

Name _____

Address _____

Phone _____ Email _____

Employer

Name _____

Address _____

Phone _____ Email _____

Accountant

Name _____

Address _____

Phone _____ Email _____

Physician

Name _____

Address _____

Phone _____ Email _____



Clergy

Name _____

Address _____

Phone _____ Email _____

Other (Dentist, Medical Specialist, etc.)

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Property Insurance

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____



Medical Insurance

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____

Life Insurance

Name _____

Address _____

Phone _____ Email _____

Name _____

Address _____

Phone _____ Email _____



Personal Finances

Date: _____

Financial Institutions

Bank/credit union _____

Address _____

Phone _____

Checking # _____

Savings # _____

ATM card # _____

Safe deposit box # _____

Certificates of Deposit _____

Amount _____

Interest rate _____

Maturity _____

Financial Institutions

Bank/credit union _____

Address _____

Phone _____

Checking # _____

Savings # _____

ATM card # _____

Safe deposit box # _____

Certificates of Deposit _____

Amount _____

Interest rate _____

Maturity _____

Loans and Credit

Mortgage holder _____

Account # _____ Phone _____

Address _____

Second Mortgage holder _____

Account # _____ Phone _____

Address _____

Home equity loan holder _____

Account # _____ Phone _____

Address _____



Car loan _____
Holder _____
Account # _____ Phone _____
Address _____

Car loan _____
Holder _____
Account # _____ Phone _____
Address _____

Miscellaneous loan _____
Holder _____
Account # _____ Phone _____
Address _____

Credit card _____
Holder _____
Account # _____ Phone _____
Address _____

Credit card _____
Holder _____
Account # _____ Phone _____
Address _____

Credit card _____
Holder _____
Account # _____ Phone _____
Address _____



Document Checklist

Insurance

Declaration/cover page of:

- Life insurance policies
- Disability insurance policies
- Medical and dental insurance policies
- Health/dental insurance membership cards
- Long-term care insurance policies
- Homeowners/renters insurance policies
- Auto insurance policies
- Umbrella liability insurance policies
- Other insurance policies
- Asset appraisals

Obtain copies of each of the following items and use the Document Location Guide to describe where they are stored.

Savings/Investment Accounts

- List and/or copies of savings bonds
- List and/or copies of stock and bond certificates

Property

- Business buy-sell agreement
- Copy of deed for home
- Copy of deed for car(s)
- Copy of deed for other real estate
- Mortgage/loan information and/or discharge paperwork
- Auto lease agreement



Retirement Plan

Primary and contingent beneficiary designation for:

- IRAs
- Retirement plans (401(k), 403(b), SEP, etc.)
- Annuities
- Life insurance policies
- Non-qualified deferred compensation plans
- Qualified pension plan
- Other employer-provided plans

Estate Planning

- Will(s)
- Durable power of attorney
- Health care proxy
- Trust document(s)
- Letter of specific bequests
- Ethical will
- Divorce agreement
- Prenuptial agreement

Personal Data

- Birth certificate
- Social Security card
- Marriage license
- Passport
- Summary of critical medical information *(including family history)*
- Cemetery plot information
- Funeral instructions
- Military discharge paperwork
- Organ donor card
- Adoption agreement
- Citizenship papers



Document Location Guide

Date: _____

Give a physical description of the various locations where you store your documents. Example: Location #1 - Insurance documents are in the first drawer of the file cabinet in the office.

Location Number and Location Description

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____



Online Access and Memberships

Social Media/Other Accounts

Website _____
Username _____ Password _____
Website _____
Username _____ Password _____
Website _____
Username _____ Password _____
Website _____
Username _____ Password _____
Website _____
Username _____ Password _____

Clubs and Memberships

Compile all membership details for easy transfer or cancellation.

Membership name _____
Details _____
Membership name _____
Details _____
Membership name _____
Details _____
Membership name _____
Details _____
Membership name _____
Details _____



Estate Planning

Will

Attorney name _____

Phone _____

Date of will _____

Location of will _____

Location of additional copies _____

Executor _____

Address _____

Phone _____

Trust

Attorney name _____

Phone _____

Name of trust _____

Date of trust _____

Location of trust documents _____

Location of additional copies _____

Trustee bank (if applicable) _____

Address _____

Phone _____

Contact person _____



Additional Contacts

Date: _____

Description _____
Name _____
Address _____
Phone _____ Email _____

Description _____
Name _____
Address _____
Phone _____ Email _____

Description _____
Name _____
Address _____
Phone _____ Email _____

Description _____
Name _____
Address _____
Phone _____ Email _____

Description _____
Name _____
Address _____
Phone _____ Email _____



Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

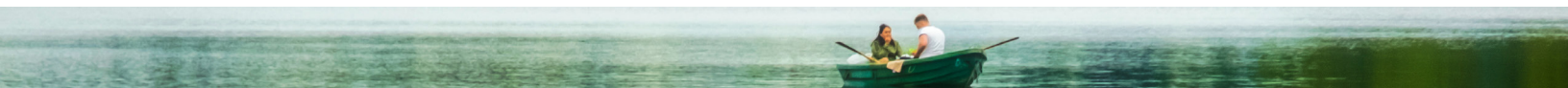
Address _____

Phone _____ Email _____



Additional Notes

Date: _____







There for you in every stage of life's journey.

It's never too early to start planning, contact us today.



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