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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 _____

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 _____

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 _____

Additional Contacts

Date: _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

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Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Description _____

Name _____

Address _____

Phone _____ Email _____

Beneficiary Information

Client Name:

Date:

Primary OR Contingent

Name:		Relationship to Account Owner:	
Date of Birth:	Social Security Number:	Phone Number:	
Address:			
Percentage of Share:			

Primary OR Contingent

Name:		Relationship to Account Owner:	
Date of Birth:	Social Security Number:	Phone Number:	
Address:			
Percentage of Share:			

Primary OR Contingent

Name:		Relationship to Account Owner:	
Date of Birth:	Social Security Number:	Phone Number:	
Address:			
Percentage of Share:			

What you need to feel secure.

Beneficiary Information

Primary OR Contingent

Name:		Relationship to Account Owner:	
Date of Birth:	Social Security Number:	Phone Number:	
Address:			
Percentage of Share:			

Primary OR Contingent

Name:		Relationship to Account Owner:	
Date of Birth:	Social Security Number:	Phone Number:	
Address:			
Percentage of Share:			

Primary OR Contingent

Name:		Relationship to Account Owner:	
Date of Birth:	Social Security Number:	Phone Number:	
Address:			
Percentage of Share:			

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What *you* need to feel secure.

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 _____

Document Checklist

Date: _____

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

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

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

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

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

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. _____

7. _____

8. _____

9. _____



Survivor's Guide

A tool to help you settle your loved one's estate

CWA
CONTE WEALTH ADVISORS

Introduction

When a loved one passes away, it is overwhelming to think about the logistics of settling an estate. You are responsible for notifying people, collecting records, completing paperwork, safeguarding assets, and addressing business concerns.

If you have recently lost a loved one, this brochure is designed to help you understand the issues involved with settling an estate. Ideally, your loved one has organized the majority of this information for you, but that is not always the case. Included is a checklist to guide you through this process, as well as important planning tips.

It is important to work through this process with your tax, legal, and financial professionals to ensure that each step is carried out completely by the person with the proper authority. We have attempted to address as many of the issues involved, but every situation is unique in its own way. Your financial professional can help you handle the complex issues involved.

Important Planning Tips

Before you begin working through this process, there are a few items of information to review.

Allocate Responsibilities

You should begin thinking about what needs to be done and who will do it. A lot of paperwork and necessary items need to be collected. Are there other family members or friends who can handle certain responsibilities? Utilizing these people to help with the work will save you money on attorney and accountant fees.

Assess Your Exposure to Transfer Costs

It is critical to determine early in the process if significant death costs are due, as you will want as much time as possible to gather liquid funds. Do you need to file federal estate or state death tax returns? Will federal or state death taxes be due? Ask your financial team for guidance since these tax payments are usually due nine months after death.

Consider Disclaimers

Heirs may want to disclaim assets left to them by the deceased to help reduce the death tax costs or to meet other planning objectives. Before accepting any inherited assets, ask your attorney if disclaimers are appropriate. These typically need to be done within nine months of the date of death.

Obtain Separate Counsel if Necessary

If conflicting interests arise, you may want to consider separate legal counsel for the estate and certain beneficiaries.

Getting Started

Notify Concerned Individuals

Take time in the beginning to call or write important individuals

- Family members and close friends
- Clergy
- Professionals such as an attorney, accountant, financial planner and life insurance representative
- Business associates, creditors, vendors, and major customers

Care for Dependents

Make temporary arrangements for children, elderly parents, pets, and other dependents of the deceased.

Arrange the Funeral

Take into account any arrangements or requests the deceased may have made regarding burial or cremation, memorial service and memorial gifts, the funeral service, and a prepaid funeral plan or burial plot. You should also discuss these arrangements, as well as expenses, with the funeral director.

Steps to Settling an Estate

1. Schedule a Meeting

Help set priorities and determine responsibilities by having a meeting with all of the deceased's heirs and tax, legal, and financial professionals. Elect one person to assume the key coordinating role for the estate. Before any action is taken to handle the deceased affairs, make sure the person(s) acting have the proper authority

2. Safeguard Property

Transferring assets to beneficiaries takes time, so you will want to make arrangements to protect valuable property from loss. For example, ensure that valuable personal property such as jewelry, cash, and art are safe, and that the deceased's home is properly secured.

3. Handle Pressing Business Affairs

If the deceased owned or was active in a business, determine if any issues need immediate attention, such as management transitions, business transactions, jobs, or projects currently underway.

4. Locate and Collect Records

This step will often take the most time and effort. It would be beneficial to ask other family members or heirs for support when collecting the following:

- Originals of all existing estate planning documents, including the will and trusts (ask your attorney about filing the will with the probate court)
- Certified copies of the death certificate (either you or the funeral home should contact the county Office of Vital Records to request enough copies for insurance companies and others who may require them)
- Pre- and post-marital agreements
- Divorce decrees and agreements
- Prior income tax and gift tax returns

- Relevant business and employment agreements or other business-related documents, such as shareholder and deferred compensation agreements
- Copies of any trusts that the deceased created or benefited from
- Safety deposit box keys and contents
- Evidence of:
 - Asset ownership and value including titles, deeds, stock certificates or bonds, account statements, and existing appraisals
 - Leases, contracts, notes and other debts or obligations

You can send a letter to all financial institutions requesting a date of death asset or liability value, separately listing any accrued interest or dividends at the date of death. Ask your financial team if any assets need to be appraised.

5. Manage Existing Obligations

In this step, you need to manage existing obligations, such as paying bills and maintaining or settling accounts. Review the structure of the estate plan to determine who should be responsible for these tasks.

Be sure to:

- Discuss bills with your financial team before you pay them
- Save all receipts
- Forward the deceased's mail appropriately
- Consider whether to cancel and request final statements or refunds for:
 - All ATM, credit, debit, and phone cards
 - Subscriptions, online accounts, and membership dues
 - Medical and disability insurance
 - Utilities and property and casualty insurance (maintain until all properties are sold or distributed)

6. Contact the Deceased's Employer

Contact the deceased's employer to identify any outstanding salary, bonus, or other payments due. You will also want to identify any group life insurance benefits, pension, or profit-sharing plans.

7. Contact Other Benefit Providers

Lastly, contact medical, disability, and life insurance providers, as well as organizations such as the Social Security Administration, Veterans Administration, unions, and credit unions. You will need to file for outstanding medical or disability claims, discontinue benefits to the deceased or apply for survivor's benefits, and apply for death benefits.

Moving Forward

We hope you have found this guide to be beneficial. The information you have gathered will help you and your financial team efficiently settle the estate of your loved one. In addition, ask your financial professional to provide sample letters that you can use as a guide when writing to financial and insurance organizations.



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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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 _____

Income Sources

Name: _____

Date: _____

This information is based on estimated income data provided by the client. Income amounts will be noted as (A) for Annual and (M) for Monthly and will be used to help the client document retirement income sources as part of retirement income planning.

SOURCES OF INCOME	CURRENT INCOME	RETIREMENT INCOME	SURVIVOR INCOME
Income Sources	\$	\$	\$
Salary & Wages	\$	\$	\$
Interest Income	\$	\$	\$
Annuity Income*	\$	\$	\$
Military Pension	\$	\$	\$
VA Disability Pension	\$	\$	\$
Pension Income (2)	\$	\$	\$
Social Security Income	\$	\$	\$
Income from Investments	\$	\$	\$
Other Income	\$	\$	\$
TOTAL CLIENT A	\$	\$	\$

SOURCES OF INCOME	CURRENT INCOME	RETIREMENT INCOME	SURVIVOR INCOME
Income Sources	\$	\$	\$
Salary & Wages	\$	\$	\$
Interest Income	\$	\$	\$
Annuity Income*	\$	\$	\$
Military Pension	\$	\$	\$
VA Disability Pension	\$	\$	\$
Pension Income (2)	\$	\$	\$
Social Security Income	\$	\$	\$
Income from Investments	\$	\$	\$
Other Income	\$	\$	\$
TOTAL CLIENT B	\$	\$	\$

*Guaranteed Annuity income is based on the claims-paying ability of the issuing company.

TOTAL HOUSEHOLD INCOME	\$	\$
-------------------------------	----	----

Balance Sheet

Name: _____

Date: _____

ASSETS

LIABILITIES

LIQUID ASSETS	
Checking	\$
Savings/Money Markets	\$
Cash Values	\$
	\$
	\$
	\$
	\$
	\$
TOTAL CURRENT	\$

CURRENT LIABILITIES	
Credit Cards	\$
Line of Credit	\$
Auto Loan	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL CURRENT	\$

FIXED ASSETS	
Home	\$
Personal Property	\$
Automobiles	\$
Investment Property	\$
Business Value	\$
	\$
	\$
	\$
TOTAL FIXED	\$

FIXED LIABILITIES	
Mortgage	\$
2nd Mortgage	\$
Home Equity	\$
Inv. Mortgage	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL FIXED	\$

RETIREMENT ASSETS	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL INVESTED	\$

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Budgeting Workbook

Helping you understand your expenses.



The Purpose of This Workbook

Sticking to a monthly budget can be difficult. Use this workbook to gain a clear understanding of your expenses and to help find additional income to save in your retirement plan.

Complete this workbook by indicating your required expenses (things you need), optional expenses (things you want), and total monthly income. If you'd prefer, you can reprint this workbook as many times as you want and update monthly or use a pencil when filling it out to allow for changes.

Monthly Expenses

Housing & Utilities	Required	Optional
Mortgage	\$	\$
Rent/Condo Fees	\$	\$
Property Tax	\$	\$
Homeowners/Renters Insurance	\$	\$
Electricity/Natural Gas	\$	\$
Water/Sewer	\$	\$
Sanitation	\$	\$
Telephone/Cable/Internet Fees	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Housing & Utilities	\$	\$

Personal	Required	Optional
Groceries	\$	\$
Personal Care (Health & Beauty)	\$	\$
Clothing	\$	\$
Laundry/Dry Cleaning	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Personal	\$	\$

Routine Transportation	Required	Optional
Auto Loan or Lease Payments	\$	\$
Auto Insurance	\$	\$
Excise Tax/Registration Fees	\$	\$
Routine Maintenance	\$	\$
Gasoline	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Routine Transportation	\$	\$

Monthly Expenses

Healthcare & Insurance	Required	Optional
Health Insurance Premiums	\$	\$
Prescriptions	\$	\$
Dental & Vision Care	\$	\$
Other (Co-payments, Deductibles, etc.)	\$	\$
Long-term Care Insurance Premiums	\$	\$
Life Insurance Premiums	\$	\$
Disability Insurance	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Healthcare & Insurance	\$	\$

Savings	Required	Optional
Retirement Savings Contributions	\$	\$
General Savings Contributions	\$	\$
College Savings Contributions	\$	\$
Other Investments	\$	\$
Childcare	\$	\$
Household Improvements and Maintenance	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Savings	\$	\$

Monthly Expenses

Obligations	Required	Optional
Credit Cards	\$	\$
Student Loans	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Obligations	\$	\$

Gifts	Required	Optional
Family/Friends	\$	\$
Charitable Donations	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Gifts	\$	\$

Recreation	Required	Optional
Travel & Vacations	\$	\$
Club Memberships	\$	\$
Hobbies	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Recreation	\$	\$

Entertainment	Required	Optional
Movies/Theater/Sporting Events	\$	\$
Dining Out	\$	\$
Other	\$	\$
Other	\$	\$
Subtotal Entertainment	\$	\$

Monthly Income

Salary	\$
Other	\$
Other	\$
Other	\$
Total Monthly Income	\$

Available to Save

$$\text{Total Income} - \text{Total Expenses} = \text{Total Remaining}$$

Budget Goals

Short-Term Goals (from now to 2 years from now):

Examples: Credit Card Debt, Pay overdue taxes, Fix the car, Moving Fund, Get a Will made, Medical Bills, Christmas Shopping, comuter, Business Investment, Furniture, Household repairs, etc.

Long-Term Goals (More than 2 years):

Examples: Buy another car, Buy a house, Remodel the house, Start a business, college expenses, wedding, travel, etc.



Today's a good day to start planning for your financial future.

Get a head start, contact us today.

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Insurance RMD Beneficiary Information



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What you need to feel secure.

Client Name:

Date:

's Life Insurance	Policy Number	Death Benefit	Cash Value	Issue Date	Premium	Beneficiaries

's Distributions/Beneficiaries	Account Number	Frequency	Amount	Primary Beneficiary	Contingent Beneficiary

's RMD	Account Number	RMD Amount	Date Distributed

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Contact

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Let your Financial Advisor or the CWA team know and we'll send you the virtual files or have additional versions printed for you to pick up in our office.

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