



Name: \_\_\_\_\_

## Key Contact Information

### 1. Attorney

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 2. Accountant

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 3. Investment Advisor

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 4. Insurance Agent

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 5. Executor

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### 6. Funeral Home

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Key Items/Documents

### 1. Safe Deposit Box

Location of Key: \_\_\_\_\_

Location of Box: \_\_\_\_\_

Contents: \_\_\_\_\_

### 2. Estate Planning Documents

Description (i.e. will, trust, power of attorney, living will): \_\_\_\_\_

Location: \_\_\_\_\_

### 3. Business Agreements

Description (i.e. partnership, LLC, buy-sell agreement): \_\_\_\_\_

Location: \_\_\_\_\_

### 4. Real Estate and Loan Documents

Description (i.e. deeds, mortgages, promissory notes): \_\_\_\_\_

Location: \_\_\_\_\_

### 5. Vehicle Titles

Description: \_\_\_\_\_

Location: \_\_\_\_\_

### 6. Burial Plot Deed/Title

Description: \_\_\_\_\_

Location: \_\_\_\_\_

## 7. Family Heirlooms

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

## Insurance Information

### 1. Life

#### Policy #1:

Location of Policy: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Benefit Amount: \_\_\_\_\_

#### Policy #2:

Location of Policy: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Benefit Amount: \_\_\_\_\_

#### Policy #3:

Location of Policy: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Benefit Amount: \_\_\_\_\_

### 2. Health

Location of Insurance Card: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Group/ID No: \_\_\_\_\_

### 3. Long Term Care

Location of Policy: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Benefit Amount: \_\_\_\_\_

## Retirement Assets

### 1. IRA #1

Name of Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### 2. IRA #2

Name of Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### 3. 401(k)

Name of Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### 4. 403(b)

Name of Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

### 5. Pension/Other

Name of Custodian: \_\_\_\_\_

Account Number: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

## Investment Assets/Bank Accounts/ Credit Cards

### 1. Investment Account #1

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

### 2. Investment Account #2

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

### 3. Checking Account

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

### 4. Savings Account

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

## 5. Credit Cards

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

## Trust Interests

### 1. Trust #1

Name of Trust: \_\_\_\_\_

Interest: \_\_\_\_\_

Name/Contact Information of Trustee(s):  
\_\_\_\_\_

### 2. Trust #2

Name of Trust: \_\_\_\_\_

Interest: \_\_\_\_\_

Name/Contact Information of Trustee(s):  
\_\_\_\_\_

## Passwords

Location of Password List: \_\_\_\_\_

and/or

Holder of Password List: \_\_\_\_\_

Date Prepared: \_\_\_\_\_



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