



# Survivor's Notebook



*An estate planning guide for your family*

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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 worksheet 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.



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

## Self

**Full legal name** \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's license # \_\_\_\_\_ Passport # \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor name and phone \_\_\_\_\_

## Spouse

**Full legal name** \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's license # \_\_\_\_\_ Passport # \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Address \_\_\_\_\_

Supervisor name and phone \_\_\_\_\_

## Children

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

## Parents, Siblings or Other Relatives

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Name** \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Marital status \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

## Financial Advisor

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Attorney

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Employer

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Accountant

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Physician

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Clergy

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Other (Dentist, Medical Specialist, etc.)

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

## Insurance Agent(s)

### Property

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Medical

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

### Life

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_



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

## Bank

<b>Bank name</b> _____	<b>Bank name</b> _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Safe deposit box # _____	Safe deposit box # _____
Certificates of Deposit _____	Certificates of Deposit _____
Amount _____	Amount _____
Interest rate _____	Interest rate _____
Maturity _____	Maturity _____

## Loans & Credit

<b>Mortgage holder</b> _____	<b>Second mortgage holder</b> _____	<b>Home equity loan holder</b> _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
 <b>Car loan</b> _____	 <b>Car loan</b> _____	 <b>Miscellaneous loan</b> _____
Holder _____	Holder _____	Holder _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____
 <b>Credit card</b> _____	 <b>Credit card</b> _____	 <b>Credit card</b> _____
Billing address _____	Billing address _____	Billing address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____

## 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
- ☐ Home owner's/rental 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 form 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

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 #	Location description
1	<div></div> <div></div>
2	<div></div> <div></div>
3	<div></div> <div></div>
4	<div></div> <div></div>
5	<div></div> <div></div>
6	<div></div> <div></div>
7	<div></div> <div></div>

## 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 \_\_\_\_\_

Trustees \_\_\_\_\_

Location of trust documents \_\_\_\_\_

Location of additional copies \_\_\_\_\_

Trustee bank (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact person \_\_\_\_\_



# Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Notes

Notes

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