



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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