

Client Name: _____
Client Address: _____
Client Cell1: _____
Client Cell2: _____
Advisor Contact: Angie Furubotten-LaRosee, Avea Financial Planning, LLC, 723 The Parkway, Richland, WA 99352 angie@aveafp.com, 509-402-2808, www.aveafp.com



Modify as needed. Provide as much detail as possible.
 Store in a safe but accessible place and provide a copy to a trusted person.

Provide as much detail as possible.

Documents	Locations	Description/Information	Location 1 [Describe where]	Location 2 [Describe where]	Location 3 [Describe where]	Location 4 [Describe where]
Example						
Estate Planning Documents		Will, POA, Advance Directives, Guardianship	I have a copy in my freezer.	I have given a copy to my friend...	A copy is at attorney - BaliHi Law, contact info below.	
Estate Planning Documents						
Power of Attorney						
Advance Directives						
Safe Deposit Box						
Keys						
Account statements						
Cash and Checkbooks						
Tax Records						
Deeds to Real Estate						
Life Insurance Policies						
Marriage Certificate						
Birth Certificates						
Death Certificates						
Divorce records						
Passports						
Passwords, where stored, how to access						
Safe combinations						

Location of contact phone numbers

Cell phone unlock pin

Other

Other

Other

Other

Other

Advisors

Be as detailed as you can. Company, first last name, phone, email, location if possible.

Example

My accountant is Lizbeth Taylor at BBB Accounting, LLC, 5555 W Clearwater, Kennewick WA 99336, 509-555-5555, liz@bbbaccounting.com

Accountant

Attorney for Estate Planning

Attorney for other matters

Home & Auto Insurance

Life Insurance agent

Bank/Credit Union

Mortgage Lender

Doctors

Other

Other

Other

Other

Key Family Contacts

Name

Cell Phone

Email

Address

Parents

Children

In-laws

In-laws

Grand children	
Close friends	
Neighbors	
Other	
Other	
Other	

Account/Assets/Debts List

Be as detailed as possible. Can include account numbers

Primary Bank/Credit Union	
Workplace retirement accounts	
Credit cards	
Other retirement accounts	
Brokerage accounts	
Pensions	
Life insurance policies	
Social Security	
Trust Accounts	
HSA Health Savings Accounts	
529 College Saving Plans	
Online Banks	
Online Paypal	
Online Apple/Google Pay	
Timeshare	
Mortgage	
Debt	
Other	
Other	

Other	
Other	
Other	
Other	

Medical History List what is important to know. Hereditary conditions, current illnesses, past surgeries, medications. Be detailed.

Individual 1 Name	
Individual 2 Name	
Individual 3 Name	
Individual 4 Name	

Digital Assets Be as detailed as possible. Can include username and password to access online social media and cloud based accounts.

Photos in the cloud	
Facebook, etc	
Other	
Other	

Anything Else

Other	
Other	
Other	
Other	
Other	
Other	
Other	

Notes

Other	
Other	
Other	