

# Financial Records and Contact Organzier

Client(s) Name(s):

Client Address:

Client Cell:

Client Cell:

Advisor:

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**Instructions:**

Provide location and as much detail as possible.

Store this in a safe but accessible place and provide a copy to a trusted person.

We strongly urge you to scan and share copies of all important documents with our office for our records.

## Document Location

	Description/Information	Location of info 1 [Describe where]	Other location of item. [Describe where]	Other details.
<b>Example</b>				
Estate Planning Documents	Will, POA, Advance Directives, Guardianship, Community Prop Agree	Signed originals are in freezer.	I have given a copy to son, Jack.	Attorney has original - BaliHi Law, contact info below.
Estate Planning Documents				
Power of Attorney				
Advance Directives				
Safe Deposit Box				
Important Keys				
Account statements				
Cash and Checkbooks				
Tax Records				
Deeds to Real Estate				
Life Insurance Policies				

## Document Location (continued)

Description/Information	Location of info 1 [Describe where]	Other location of item. [Describe where]	Other details.
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			
Vehicle titles			
Other			
Other			
Other			
Other			
Other			
Other			

## 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	

## Advisors

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

Example - Accountant	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	
Doctors	
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	

# Accounts List

Be as detailed as possible, name, location, primary contact person, other details. 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	

## Key Family Contacts

Name	Cell Phone	Email	Other
Parents			
Children			
Children			
In-laws			
Grand children			
Close friends			
Close friends			
Neighbors			
Neighbors			
Other			

## Anything Else

Other	
Other	
Other	
Other	
Other	

## Notes





# SMART Goals a

## Specific, Measurable, Achievabl

**What is my goal? What do I want to achieve? Use positive statements like "I will...".**

**Why do I want it?**

**When will I achieve it?**

**How will I do it exactly? Be specific.**

**What will count as a success? How will I know I reached my goal?**

**What is my reward for achieving my goal?**



# and Progress

## le, Relevant and Time-Bound

I will