

IMPORTANT INFORMATION ORGANIZER

In an emergency, your family members need to be able to locate important information and documents quickly. This informational packet was designed to help you organize that information all in one place. Fill out each section, update regularly, and keep in a secure location, like a lockbox, home safe or safety deposit box. Be sure to let a loved one or the executor of your estate know where it is stored and how to access this document.

PERSONAL INFORMATION

Full Name:	
Address:	City, State, ZIP:
Date of Birth:	Place of Birth:
Social Security #	

CONTACT LIST

List your spouse, children/dependents, living parents, grandparents and other relatives or close friends you would like to receive a notification in the care of an emergency.

1) Full Name:
Phone Number:
Address:
Relationship to you:

2) Full Name:
Phone Number:
Address:
Relationship to you:

3) Full Name:
Phone Number:
Address:
Relationship to you:

4) Full Name:
Phone Number:
Address:
Relationship to you:

EMERGENCY INFORMATION

	Name	Location/Phone Number
Hospital of Choice		
Doctor		
Executor of Estate		
Health Care Power of Attorney		
Financial Power of Attorney		
Will		
Trust		
Health Insurance Policy Number		
Prepaid Funeral Arrangements		
Cemetery Plot and Number		
Funeral and Disposition Directions		
Special Instructions		
Church		
Preferred Clergyman/Family Advisor		
Preferred Charity (for contributions in lieu of flowers)		
Other Instructions		

FAMILY ADVISORS

Type of Advisor	Name	Phone Number/Address
Financial Planner/ Investment Advisor	GOLDEN STRATEGIES FINANCIAL GROUP	(412) 854-2329 2551 WASHINGTON ROAD, SUITE 820A PITTSBURGH, PA 15241
Accountant/Tax Preparer		
Attorney		
Broker		
Insurance Agent(s)		
Company Benefits Administrator		

VALUABLE PAPERS

Real Estate	Location
Deed(s) to real estate	
Property improvement records	
Mortgage papers/title	
Mortgage payment receipts	
Homeowners insurance policies	
Personal	Location
Certificates – birth	
Certificates – baptism/confirmation	
Certificates – marriage	
Certificates – adoption	
Certificates – divorce	
Certificates – death	
Naturalization papers/passports	
Diplomas	
Social Security cards	
Employment records	
Armed forces records	
Family health records	
Spouse’s will/trust	
Personal Property	Location
Savings accounts and certificates	
Insurance (life, health, home, auto)	
CDs/Stock certificates	
Savings bonds/bonds	
Brokerage account statements	
Safety deposit box/key	
Tax records	
Cancelled checks and stubs	
Household inventory	
Motor vehicle title(s)	

FINANCIAL SERVICES

Financial Firm’s Name/Address	Identification Number	In whose name
Checking Accounts		
Savings Accounts		

Certificates of Deposit	Identification Number	In whose name
Money Market		
Trust Accounts		
Safety Deposit Boxes		
Other		

**REAL ESTATE/BUSINESS
INTERESTS/MISCELLANEOUS PERSONAL PROPERTY**

Asset	Location (address)	Name(s) of Owner	Date Acquired	Purchase Price

SECURITIES/MUTUAL FUNDS

Upon request, Golden Strategies Financial Group can provide listing of assets under the management of GSFG for all clients.

Asset	Account Number	Date Purchased	Purchase Price	Other Information (name of owner, number of shares, maturity date)	Under GSFG Management? (Y/N)

RETIREMENT ACCOUNTS

Upon request, Golden Strategies Financial Group can provide listing of assets under the management of GSFG for all clients.

Account Type	Account Number	Financial Institution/ Trustee	Phone Number	Beneficiary Name(s)	Under GSFG Management? (Y/N)
Traditional IRAs					
Roth IRAs					
401(k), 403(b), or other Employer Sponsored Plan					
Deferred Compensation					
Keogh, SEP, or Simple					
Pension					
Other retirement investments					

EDUCATION ACCOUNTS

Upon request, Golden Strategies Financial Group can provide listing of assets under the management of GSFG for all clients.

Account Type	Account Number	Financial Institution/ Trustee	Phone Number	Beneficiary Name(s)	Under GSFG Management? (Y/N)
Education IRA/Coverdell ESA					
529 Qualified Tuition Plan					
Custodial Account(s)					

INSURANCE

Person Insured	Policy Name	Policy Number	Face Value/ Coverage Amount	Name of group or company providing insurance	Beneficiary Names (if applicable)

OUTSTANDING DEBT

Type	Creditor/company name	Creditor Phone/Address	Account Number
Home Equity Loans			
Mortgage			
Credit Card Debt			
Student Loans			
Other outstanding loans			

SECURITY CODES

Type	Security Code/Password
Personal Computer	
Laptop	
Tablet	
Cell phone	
Voicemail	
House Alarm	
Other	

