

A photograph of a family of five walking away from the camera on a grassy path. From left to right: a woman in a light blue top and white pants, a man in a light blue shirt and dark pants, a young boy in a white shirt and dark pants, a man in a grey shirt and light pants, a woman in a white top and tan pants, and a young girl in a purple top and light pants. A small white dog is on a leash to the right. The background is a bright, sunny outdoor setting with trees and a clear sky. The text is overlaid on the upper portion of the image.

*Personal*  
[ FAMILY DOCUMENTS ]  
— Important checklist of your family records! —



**Central Investment  
Advisors**

BELONGS TO

## PURPOSE OF THIS DOCUMENT

The loss of a significant other, parent or family member can bring complicated financial topics to the forefront – including insurance policies, estates and wills. Tackling these issues while grieving for loved ones can be incredibly difficult. However, when a family member passes away, important matters must be carried out by the surviving family. Funeral arrangements, insurance claims, estate settlement, among other duties, must be completed.

During an emotionally difficult time, surviving family members may struggle to put together necessary resources. This booklet helps to ease the transition for surviving family members by having access to all of your important documents in one location. By completing the following pages as fully and accurately as possible, your family and trusted acquaintances will have access to the information they need to assist with the settlement of your financial and non-financial affairs.

The information contained in this booklet is personal and confidential. Please be careful who has access to these documents. Consider providing the completed copies of these documents to your attorney, trust officer, insurance agent and other trusted advisors who can help your family. You can also tell a trusted friend where to find this completed document, so they have access to it if needed. Keep all original forms with your important documents; only copies should be given to others.

The accuracy of your information will play a significant role in how smoothly these important matters are handled. This document is not intended to replace or supersede any will, trust or other estate planning documents. However, it is our hope that this information will be helpful to your family, beneficiaries and advisors.

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SIGNED

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DATE

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SIGNED

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DATE



## OUR PROMISE TO YOU

**At Central Investment Advisors, getting to know you and understanding your short and long-term goals is our top priority.** We are here to help you sort through the many investment options available to create a unique and thriving investment strategy. Our advisors will provide you and your family with exceptional client service and knowledgeable portfolio advice every step of the way.

### Central Investment Advisors Solutions

- Wealth Management
- Retirement Planning
- Business Strategies
- Investment Planning
- Small business strategies
- Estate planning
- Insurance
- Education planning
- Risk management
- Tax efficient investing

## PREPARING FOR LIFE'S UNFORESEEN EVENTS

Who do I call?

What documents do I need?

Where do I find everything?

You're never ready for an emergency.

You can be prepared.

**We can help.**

**Make sure a loved one or trusted advisor has easy access to this document in case of an emergency.**

*Prepared by* \_\_\_\_\_

*Date prepared* \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Military Service Number \_\_\_\_\_

Veterans Administration Claims Number \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Personal Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEMBER OF THE FOLLOWING ORGANIZATIONS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## PETS

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Name \_\_\_\_\_ Type of animal \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_

Phone number \_\_\_\_\_

# OUR FAMILY

## OUR CHILDREN

| Name | Spouse's Name | City/State |
|------|---------------|------------|
|      |               |            |
|      |               |            |
|      |               |            |
|      |               |            |
|      |               |            |
|      |               |            |
|      |               |            |
|      |               |            |

## OUR GRANDCHILDREN

| Name | Date of Birth | Parents' Names |
|------|---------------|----------------|
|      |               |                |
|      |               |                |
|      |               |                |
|      |               |                |
|      |               |                |
|      |               |                |
|      |               |                |
|      |               |                |

## OUR GREAT GRANDCHILDREN

| Name | Date of Birth | Parents' Names |
|------|---------------|----------------|
|      |               |                |
|      |               |                |
|      |               |                |
|      |               |                |

## CONTACT INFORMATION

| CLERGY         |
|----------------|
| Name           |
| Address        |
| City/State/Zip |
| Primary Phone  |
| Email          |

| ATTORNEY       |
|----------------|
| Name           |
| Address        |
| City/State/Zip |
| Primary Phone  |
| Email          |

| DOCTOR         |
|----------------|
| Name           |
| Address        |
| City/State/Zip |
| Primary Phone  |
| Email          |

| DOCTOR         |
|----------------|
| Name           |
| Address        |
| City/State/Zip |
| Primary Phone  |
| Email          |

| ACCOUNTANT     |
|----------------|
| Name           |
| Address        |
| City/State/Zip |
| Primary Phone  |
| Email          |

| BANKER         |
|----------------|
| Name           |
| Address        |
| City/State/Zip |
| Primary Phone  |
| Email          |

| FINANCIAL ADVISOR |
|-------------------|
| Name              |
| Address           |
| City/State/Zip    |
| Primary Phone     |
| Email             |

| TRUST OFFICER/SUCCESSOR TRUSTEE |
|---------------------------------|
| Name                            |
| Address                         |
| City/State/Zip                  |
| Primary Phone                   |
| Email                           |

| LIFE INSURANCE AGENT |
|----------------------|
| Name                 |
| Address              |
| City/State/Zip       |
| Primary Phone        |
| Email                |

| HOME/AUTO INSURANCE AGENT |
|---------------------------|
| Name                      |
| Address                   |
| City/State/Zip            |
| Primary Phone             |
| Email                     |

# CONTACT INFORMATION

|                 |                      |
|-----------------|----------------------|
| <b>FAMILY</b>   | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                 |                      |
|-----------------|----------------------|
| <b>FAMILY</b>   | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                 |                      |
|-----------------|----------------------|
| <b>FAMILY</b>   | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                 |                      |
|-----------------|----------------------|
| <b>FAMILY</b>   | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                     |                      |
|---------------------|----------------------|
| <b>CLOSE FRIEND</b> | <input type="text"/> |
| Address             |                      |
| City/State/Zip      |                      |
| Primary Phone       |                      |
| Secondary Phone     |                      |
| Email               |                      |

|                     |                      |
|---------------------|----------------------|
| <b>CLOSE FRIEND</b> | <input type="text"/> |
| Address             |                      |
| City/State/Zip      |                      |
| Primary Phone       |                      |
| Secondary Phone     |                      |
| Email               |                      |

|                 |                      |
|-----------------|----------------------|
| <b>NEIGHBOR</b> | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                 |                      |
|-----------------|----------------------|
| <b>NEIGHBOR</b> | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                 |                      |
|-----------------|----------------------|
| <b>OTHER</b>    | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

|                 |                      |
|-----------------|----------------------|
| <b>OTHER</b>    | <input type="text"/> |
| Address         |                      |
| City/State/Zip  |                      |
| Primary Phone   |                      |
| Secondary Phone |                      |
| Email           |                      |

# PERSONAL DOCUMENTS

## LOCATION OF

- Birth Certificate \_\_\_\_\_
- Social Security Card \_\_\_\_\_
- Marriage License \_\_\_\_\_
- Military Service Records/Discharge \_\_\_\_\_
- Last seven years of tax documents \_\_\_\_\_
- Last Will & Testament \_\_\_\_\_
- Trust Agreement \_\_\_\_\_
- Power of Attorney \_\_\_\_\_
- Health Care Power of Attorney \_\_\_\_\_
- Passport \_\_\_\_\_
- Life Insurance Policies \_\_\_\_\_
- Medicare Card \_\_\_\_\_
- Vehicle Titles and Registration \_\_\_\_\_
- Deeds to real estate \_\_\_\_\_
- Deed to Cemetery Plot \_\_\_\_\_
- Adoption Papers \_\_\_\_\_
- Naturalization Papers \_\_\_\_\_
- Prenuptial Agreement \_\_\_\_\_
- Divorce Decree \_\_\_\_\_

## COMPUTER & TECHNOLOGY PASSWORDS

| FOR                  | _____ |
|----------------------|-------|
| Website Address      | _____ |
| Username/ID          | _____ |
| Password             | _____ |
| Security Question(s) | _____ |
| Answers/Notes        | _____ |

| FOR                  | _____ |
|----------------------|-------|
| Website Address      | _____ |
| Username/ID          | _____ |
| Password             | _____ |
| Security Question(s) | _____ |
| Answers/Notes        | _____ |



# COMPUTER & TECHNOLOGY PASSWORDS

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

# COMPUTER & TECHNOLOGY PASSWORDS

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

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|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

|                      |  |
|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

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|----------------------|--|
| <b>FOR</b>           |  |
| Website Address      |  |
| Username/ID          |  |
| Password             |  |
| Security Question(s) |  |
| Answers/Notes        |  |

# HOUSEHOLD INFORMATION

## LOCATION OF

Spare house key \_\_\_\_\_

Spare car key \_\_\_\_\_

Safe Deposit box key \_\_\_\_\_

Location of house safe \_\_\_\_\_

Combination to house safe \_\_\_\_\_

Combination to garage door \_\_\_\_\_

## MONTHLY SERVICE PROVIDERS

Automatic  
Bill Payment?

Electricity \_\_\_\_\_ Contact \_\_\_\_\_

Water \_\_\_\_\_ Contact \_\_\_\_\_

Gas \_\_\_\_\_ Contact \_\_\_\_\_

Cable \_\_\_\_\_ Contact \_\_\_\_\_

Internet \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Cell phone \_\_\_\_\_ Contact \_\_\_\_\_

Lawn care \_\_\_\_\_ Contact \_\_\_\_\_

Housekeeping \_\_\_\_\_ Contact \_\_\_\_\_

Newspaper \_\_\_\_\_ Contact \_\_\_\_\_

Alarm System \_\_\_\_\_ Contact \_\_\_\_\_

Other \_\_\_\_\_ Contact \_\_\_\_\_

Other \_\_\_\_\_ Contact \_\_\_\_\_

## ADDITIONAL INFORMATION REGARDING HOUSEHOLD

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# INCOME SOURCES

| INCOME SOURCE     | CONTACT |
|-------------------|---------|
| Employer          |         |
| Employer          |         |
| Pension           |         |
| Pension           |         |
| Pension           |         |
| Social Security   |         |
| Social Security   |         |
| IRA               |         |
| IRA               |         |
| 401(k)/403(b)/457 |         |
| 401(k)/403(b)/457 |         |
| Investments       |         |
| Investments       |         |
| Investments       |         |
| Other             |         |
| Other             |         |
| Other             |         |

## ADDITIONAL INFORMATION REGARDING INCOME SOURCES

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# FINANCIAL ACCOUNTS

## ACCOUNTS

| ACCOUNT               | ESTIMATED BALANCE | INSTITUTION |
|-----------------------|-------------------|-------------|
| Checking              |                   |             |
| Checking              |                   |             |
| Savings               |                   |             |
| Savings               |                   |             |
| CD                    |                   |             |
| CD                    |                   |             |
| Money Market          |                   |             |
| Money Market          |                   |             |
| Investment            |                   |             |
| Investment            |                   |             |
| Investment            |                   |             |
| Investment            |                   |             |
| 529 Education Account |                   |             |

## CREDIT CARDS

| CREDIT CARD INSTITUTION | ESTIMATED BALANCE | PHONE NUMBER |
|-------------------------|-------------------|--------------|
|                         |                   |              |
|                         |                   |              |
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Attach separate sheet if necessary.

# INSURANCE

## INSURANCE POLICIES

| TYPE OF INSURANCE | DESCRIPTION | POLICY # | INSTITUTION |
|-------------------|-------------|----------|-------------|
| Auto              |             |          |             |
| Auto              |             |          |             |
| Home              |             |          |             |
| Renter's          |             |          |             |
| Life              |             |          |             |
| Life              |             |          |             |
| Health            |             |          |             |
| Health            |             |          |             |
| Long-Term Care    |             |          |             |
| Long-Term Care    |             |          |             |
| Prescription Plan |             |          |             |
| Dental            |             |          |             |
| Umbrella Policy   |             |          |             |
| Personal Articles |             |          |             |
| Other             |             |          |             |
| Other             |             |          |             |
| Other             |             |          |             |

# TAXES

## TAX PROFESSIONAL

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# PERSONAL PROPERTY

| PROPERTY    | DESCRIPTION | LOCATION |
|-------------|-------------|----------|
| Vehicle     |             |          |
| Vehicle     |             |          |
| House       |             |          |
| House       |             |          |
| Boat        |             |          |
| Real estate |             |          |
| Other       |             |          |
| Other       |             |          |
| Other       |             |          |
| Other       |             |          |
| Other       |             |          |
| Other       |             |          |

## LOCATION OF SAFE DEPOSIT BOX(ES)

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## PROPERTY IS CURRENTLY BEING STORED AT THE FOLLOWING LOCATION

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Key to the storage facility is located \_\_\_\_\_

## ADDITIONAL INFORMATION REGARDING PROPERTY

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## DEBTS AND LIABILITIES

| TYPE OF DEBT   | SERVICER | ESTIMATED VALUE | PAYOFF DATE |
|----------------|----------|-----------------|-------------|
| Mortgage       |          |                 |             |
| Mortgage       |          |                 |             |
| Auto           |          |                 |             |
| Auto           |          |                 |             |
| Line of Credit |          |                 |             |
| Lease          |          |                 |             |
| Lease          |          |                 |             |
| Time Share     |          |                 |             |
| Other          |          |                 |             |
| Other          |          |                 |             |
| Other          |          |                 |             |
| Other          |          |                 |             |

### ADDITIONAL INFORMATION REGARDING DEBTS AND LIABILITIES

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# FAMILY HEIRLOOMS

## DETAILS

| ITEM | WHO SHOULD RECEIVE IT? | WHERE IT IS LOCATED |
|------|------------------------|---------------------|
|      |                        |                     |
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|      |                        |                     |
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# FUNERAL INSTRUCTIONS & ORGAN DONATION

## FUNERAL INSTRUCTIONS

Service type \_\_\_\_\_

Clergy to perform service \_\_\_\_\_

Preferred place \_\_\_\_\_

Pallbearers \_\_\_\_\_

Music \_\_\_\_\_

Information to include in obituary \_\_\_\_\_

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### TOMBSTONE ENGRAVING

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### IN LIEU OF FLOWERS, PLEASE ASK FOR DONATIONS TO

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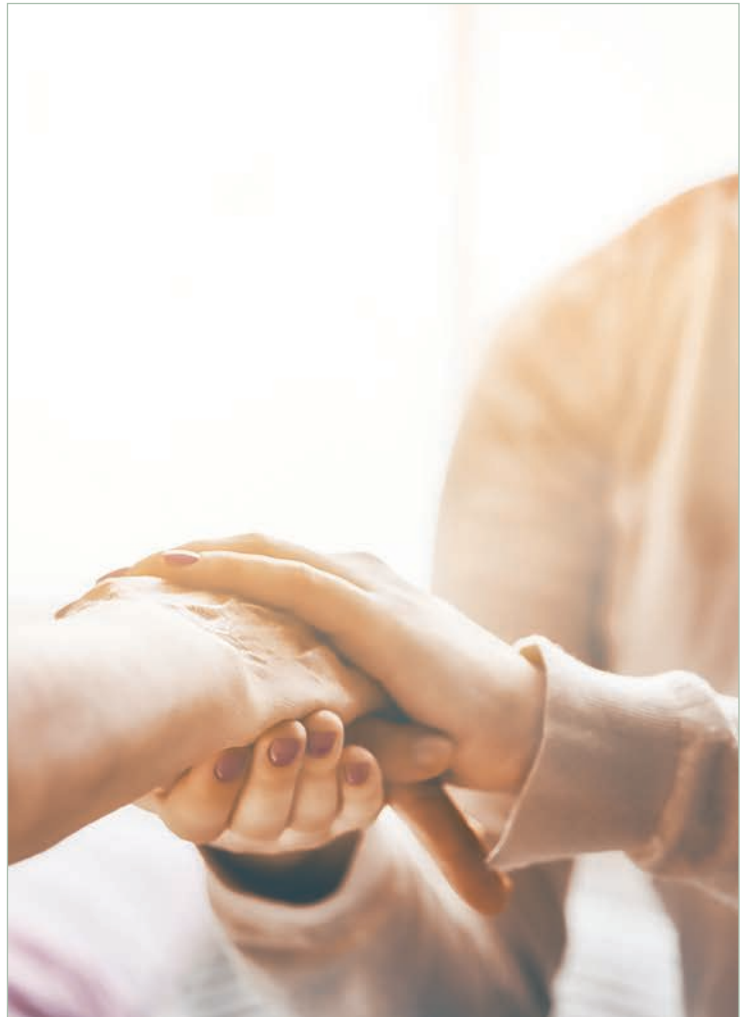
### ORGAN DONATION WISHES

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## PERSONAL WISHES & MEMORIES

THE MOST IMPORTANT THINGS IN LIFE ARE:

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THE MOST IMPORTANT THINGS WE HAVE DONE DURING OUR LIFE ARE:

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## PERSONAL WISHES & MEMORIES

WE HOPE THAT OUR FAMILY WILL USE ITS INHERITANCE TO ACCOMPLISH THE FOLLOWING:

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HOW WE WOULD LIKE TO BE REMEMBERED:

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WE HOPE OUR FAMILY HAS LEARNED THESE THINGS FROM OUR EXPERIENCES:

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# PERSONAL WISHES & MEMORIES

Personal Reflections \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My fondest memory \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My biggest dream \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My proudest moment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My biggest challenge \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My perfect day \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My first job \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My favorite indulgence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PERSONAL WISHES & MEMORIES

My favorite movies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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My inspiration \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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My life is \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_





## Central Investment Advisors

Securities and advisory services are offered through LPL Financial (LPL), a registered investment advisor and broker/dealer (member FINRA/SIPC). Insurance products are offered through LPL or its licensed affiliates. Central Bank and Central Investment Advisors **are not** registered as a broker/dealer or investment advisor. Registered representatives of LPL offer products and services using the name Central Investment Advisors, and may also be employees of Central Bank. These products and services are being offered through LPL or its affiliates, which are separate entities from and not affiliates of Central Bank or Central Investment Advisors. Securities and insurance offered through LPL or its affiliates are:

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**Not Bank  
Guaranteed**

**Not Bank Deposits  
or Obligations**

**May Lose Value**