



Lock & Key

Financial and Estate Planning Organizer



101 Lindenwood Drive, Suite 225, Malvern, PA 19355
484.875.3072
www.PlumTreeFinancialPlanning.com

Financial & Estate Planning Organizer

A well-thought-out financial and estate plan is one of the most personal and caring gifts you can give your family and loved ones.

After proper estate plan documents are drafted, reviewed, adjusted and signed, it's important that you place them, together with your other financial and estate plan documents, in a fireproof place.

Check your financial and estate plan annually or anytime there are major changes in your family situation. Make copies of year-end statements and place them in the proper file in the Organizer.

Share these documents with your family and loved ones regularly and encourage them to do the same.

I/we completed this document on:

Print Name:

Print Name:

Sign Name:

Sign Name:

Copies of this document were delivered to:

Please Note: This document is not intended to replace my will or other estate planning documents signed by me. However, each family member, Power Holder, Executor, Trustee and Guardian can use this and the other documents signed by me in making any discretionary decisions for me and my family.



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IMPORTANT CONTACTS

Attorney

Name:

Address:

Phone Number:

Email:

Financial Planner

Name:

Address:

Phone Number:

Email:

Accountant

Name:

Address:

Phone Number:

Email:



IMPORTANT CONTACTS

Insurance Agent

Name:

Address:

Phone Number:

Email:

Primary Care Doctor

Name:

Address:

Phone Number:

Email:

Additional Primary Care Doctor

Name:

Address:

Phone Number:

Email:



IMPORTANT CONTACTS

Power of Attorney – Finance

Name:

Address:

Phone Number:

Email:

Power of Attorney - Healthcare

Name:

Address:

Phone Number:

Email:

Executor

Name:

Address:

Phone Number:

Email:



IMPORTANT CONTACTS

Trust Officer

Name:

Address:

Phone Number:

Email:

Employer

Name:

Address:

Phone Number:

Email:

Emergency Contact

Name:

Address:

Phone Number:

Email:



IMPORTANT CONTACTS

Additional Contact

Name:

Address:

Phone Number:

Email:

Additional Contact

Name:

Address:

Phone Number:

Email:

Additional Contact

Name:

Address:

Phone Number:

Email:



ASSETS

Investment Company:

Type of Account:

Account #: Approx. Value:

Contact: Phone Number:

Username: Password:

Investment Company:

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Contact: Phone Number:

Username: Password:



ASSETS

Money Owed to Me By:

Amount:

Expected Payment Method/Timeframe:

Address:

Phone:

Email:

My Home:

Owned By:

Value:

Vacation Property/Real Estate:

Owned By:

Value:

Current Renters/Management Co:

Income:

Phone:



ASSETS

List additional assets you'd like to keep track of, like, cars, RVs, jewelry, collectibles...

Additional Assets:

Value:

Location:

Additional Assets:

Value:

Location:

Additional Assets:

Value:

Location:

Additional Assets:

Value:

Location:

ASSETS

Sources of Income

Payor	Amount	Frequency	Notes

Enter income from Employers, Pensions, Social Security, Veteran's Benefits, Annuities and any other expected income.

LIABILITIES

Mortgage on:

Amount Remaining: Payment:

Company:

Account Number:

Mortgage on:

Amount Remaining: Payment:

Company:

Account Number:

Mortgage/HELOC on:

Amount Remaining: Payment:

Company:

Account Number:

LIABILITIES

Car Loan:

Amount Remaining: Payment:

Company:

Account Number:

Car Loan:

Amount Remaining: Payment:

Company:

Account Number:

Student Loan:

Amount Remaining: Payment:

Company:

Account Number:

LIABILITIES

Additional Liability:

Amount Remaining: Payment:

Company:

Account Number:

Additional Liability:

Amount Remaining: Payment:

Company:

Account Number:

Additional Liability:

Amount Remaining: Payment:

Company:

Account Number:

LIABILITIES

Credit Cards

Credit Card	Account Number	Amount Owed	Location of Recent Bill



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INSURANCE

Life Insurance Company:

Policy Number:

Face Amount:

Owner:

Beneficiaries:

Loans:

Cash Value:

Life Insurance Company:

Policy Number:

Face Amount:

Owner:

Beneficiaries:

Loans:

Cash Value:

Life Insurance Company:

Policy Number:

Face Amount:

Owner:

Beneficiaries:

Loans:

Cash Value:

INSURANCE

Life Insurance Company:

Policy Number: Face Amount:

Owner: Beneficiaries:

Loans: Cash Value:

Disability Insurance Company:

Policy Number:

Owner:

Disability Insurance Company:

Policy Number:

Owner:

INSURANCE

Long-term Care Insurance Company:

Policy Number:

Owner:

Long-term Care Insurance Company:

Policy Number:

Owner:

Health Insurance Company:

Policy Number:

Owner:

Health Insurance Company:

Policy Number:

Owner:



INSURANCE

Homeowners Insurance Company:

Policy Number:

Home Covered:

Homeowners Insurance Company:

Policy Number:

Home Covered:

Auto Insurance Company:

Policy Number:

Umbrella Insurance Company:

Policy Number:

INSURANCE

Other Insurance Company:

Policy Number:

Name of Insured:

Other Insurance Company:

Policy Number:

Name of Insured:

* If I become disabled, please make sure to pay the premiums on the policies which will provide me or my family benefits if the policy requires continued premium payments.

*If I am disabled, my life insurance policy

allows does not allow for pre-payment of death benefits to support me.

*If I am disabled, my life insurance policy

allows does not allow you to stop making premium payments.

*If I am disabled, my disability insurance policy

allows does not allow you to stop making premium payments.



LOCATION OF IMPORTANT ITEMS

Description	Last Updated/Reviewed	Location
Will		
Living Will		
Letter of Intention		
Power(s) of Attorney		
Trust Agreements		
Burial Instructions		
Burial Agreement		
LTC Facility Agreement		
Cemetery Plot Deed		
Safe Combination/Keys		
Safe Deposit Box Keys		
Special Medications		
Mortgage 1 Agreement		
Mortgage 2 Agreement		
HELOC Agreement		
Car Loan(s) Agreement		
Student Loan Agreement		
Investment Records		
Records for Tax Basis		
Tax Returns		



LOCATION OF IMPORTANT ITEMS

Deeds		
Titles		
Health Insurance		
Homeowners/Renters Ins		
Auto Insurance		
Life/Disability Insurance		
LTC Insurance		
Birth Certificates		
Marriage Certificates		
Adoption Papers		
Social Security Cards		
Citizenship Papers		
Medical Files		
Passport		
Divorce Decree		
Military Discharge Papers		
Pre-Nuptial Agreement		
Post-Nuptial Agreement		
Other:		
Other:		
Other:		

