

PERSONAL AND FINANCIAL DATA FOR MY EXECUTOR/TRUSTEE

1. ASSETS

Real Property

	Address	Deed Location	Mortgage? (yes/no)	Comments
Primary Residence				
Secondary Residence				
Rental Property				
Rental Property				
Unimproved Land				

Cash Accounts (checking/savings/money market/certificate(s) of deposit)

Financial Institution	Type of Account	Account Number	Log-in Information (if no paper statements)

Taxable Investment Accounts (stocks/bonds/mutual funds)

Financial Institution	Type of Account	Account Number	Log-in Information (if no paper statements)

Vaughan, Fincher & Sotelo, PC

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602 S. King Street | Suite 201 | Leesburg, VA 20175
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Life Insurance Policies & Annuity Contracts

Company	Insured or Annuitant	Policy or Contract Number	Location of original policy/contract

Retirement Accounts (401k/IRA/TSP, etc.)

Financial Institution	Type of Account	Account Number	Log-in Information (if no paper statements)

Other Assets

Asset Description (savings bonds, stock options, deferred compensation, notes receivable, mineral rights, copyrights, etc.)	Account Number or Other Identifying Information	Location of important papers related to the asset or log-in information

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2. LIABILITIES & INSURANCE

Lender	Liability Type <i>(mortgage, home equity loan, car loan, credit card, etc.)</i>	Account Number	Log-in Information <i>(if no paper statements)</i>

Insurance Company	Insurance Type <i>(homeowners, renters, personal property, car, umbrella, etc.)</i>	Account Number	Log-in Information <i>(if no paper statements)</i>

3. BUSINESS INTERESTS

Business Name	Percentage Ownership <i>(Shares)</i>	Location of Business Documents	Contact Information for Important People
			Name: Phone: Email: Relation to business:
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4. SOURCES OF INCOME

<i>Income Type</i>	<i>Payor</i>	<i>Contact Information (phone #)</i>

5. FUNERAL AND BURIAL ARRANGEMENTS

- *Pre-arrangements made? Yes / No If yes, see contract attached.*
- *Document attached with specific requests and instructions. Yes / No*

6. ESTATE PLANNING DOCUMENTS

- *Will* Yes / No *Location of Original:* _____
- *Trust* Yes / No *Location of Original:* _____
- *Power of Attorney* Yes / No *Location of Original:* _____
- *Advanced Medical Directive* Yes / No *Location of Original:* _____
- *Other: _____* Yes / No *Location of Original:* _____

Safe Deposit Box Number: _____ *Bank Location:* _____
Co-owner(s): _____

Personal Safe Location: _____ *Code or Key Location* _____

7. TAXES

- *Prior Year Income Tax Returns (2 years)* *Location:* _____
- *Gift Tax Returns, Form 709 (all years)* *Location:* _____
- *Estate Tax Return, Form 706, for predeceased spouse* *Location:* _____

8. TANGIBLE PERSONAL PROPERTY

- *Document attached with specific instructions for distribution. Yes / No*
- *Original Car Titles* *Location:* _____

9. TRUSTEE GUIDANCE FOR ONGOING TRUSTS

- *Document attached with your thoughts and wishes regarding the administration. Yes / No*

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10. PROFESSIONAL ADVISORS**1. Accountant:**

Name: _____

Company Name: _____

Phone: _____

Email address: _____

2. Investment Advisor/Financial Planner:

Name: _____

Company Name: _____

Phone: _____

Email address: _____

3. Life Insurance Agent:

Name: _____

Company Name: _____

Phone: _____

Email address: _____

4. Other:

Name: _____

Company Name: _____

Phone: _____

Email address: _____

11. FIDUCIARY CONTACT INFORMATION

<i>Name</i>	<i>Mailing Address</i>	<i>Phone Number</i>	<i>Email</i>

12. BENEFICIARY CONTACT INFORMATION

<i>Name</i>	<i>Mailing Address</i>	<i>Phone Number & Email</i>	<i>Date of Birth</i>	<i>Country of Citizenship</i>

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13. IMPORTANT LOG-IN INFORMATION

Personal Computer Password: _____

Personal Email Address: _____ Password: _____

Smartphone Passcode: _____

<i>Website</i>	<i>User Name</i>	<i>Password</i>

14. IMPORTANT SUBSCRIPTIONS/MEMBERSHIPS

<i>Company Name</i>	<i>Account Number</i>	<i>Contact Information (website, email and/or phone)</i>

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