



**BLBB Advisors**  
FINANCIAL GUIDANCE SINCE 1964™

Name: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

BLBB Financial Advisor: \_\_\_\_\_

This document helps you organize your personal information. Your estate administrators (executor, power of attorney, trustee) and survivors can use this document in the event of your incapacitation or death to easily notify the appropriate individuals and locate information necessary for them to respond to this event as efficiently as possible and in accordance with your wishes.

The completed document will contain confidential information. It should be kept in a secured location where someone you trust can locate it.





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**PERSONAL INFORMATION**

Formal Name:	DOB:
Nickname (if applicable):	Place of Birth:
Primary Residence:	Social Security #:
City, State, Zip:	Marital Status: Married/Partner/Divorced/Single
Email address(es):	Home Phone:
	Cell Phone:

Emergency Contacts:	For Spouse/Partner:
Name:	Current Name:
Phone Number:	Maiden Name:
Email Address:	DOB:
Relationship to me:	Place of Birth:
*****	Living/Deceased
Name:	DOD:
Phone Number:	Place of Death:
Email Address:	
Relationship to me:	

Employment Status: Employed/Retired	Supervisor:
Employer:	Work Phone:
Location:	HR Contact:
Occupation:	

Veteran Status: Active/Inactive	Branch: Army/Navy/Air Force/Marine Corps/Coast Guard
Service Number/ID Code:	Years of Service:
Rank:	

Circle all that apply:	
Annuity	Health Savings Account (HSA)
Cafeteria Plan	Life Insurance
Company Stock/Stock Options	Long Term Care Insurance
Deferred Compensation Plan	Military Retirement Benefits
Disability Insurance	Military Survival Benefits
Flexible Spending Account (FSA)	Pension
	Retirement Plan Account(s)

**MEDICAL INFORMATION**

Primary Care Doctor:

Practice Name:

Location:

Phone Number:

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Specialists:

(1) Doctor Name:

Practice Name:

Location:

Phone Number:

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(2) Doctor Name:

Practice Name:

Location:

Phone Number:

Dentist:

Practice Name:

Location:

Phone Number:

\*\*\*\*\*

(3) Doctor Name:

Practice Name:

Location:

Phone Number:

\*\*\*\*\*

(4) Doctor Name:

Practice Name:

Location:

Phone Number:

Medications:

Name:

For what purpose:

\*\*\*\*\*

Name:

For what purpose:

\*\*\*\*\*

Name:

For what purpose:

Name:

For what purpose:

\*\*\*\*\*

Name:

For what purpose:

\*\*\*\*\*

Name:

For what purpose:

Allergies:

Organ Donor: Y/N  
Any restrictions:

Blood Type:

KEY CONTACTS	
Financial Advisor: Firm Name:	Phone Number: Email:
Attorney: Firm Name:	Phone Number: Email:
Accountant: Firm Name:	Phone Number: Email:
Insurance Representative: Company Name:	Phone Number: Email:
Pediatrician: Practice Name:	Phone Number: Email:
Guardian for Minor(s): Relationship to me:	Phone Number: Email:
Successor Guardian for Minor(s): Relationship to me:	Phone Number: Email:
Home Health Aide: Agency:	Phone Number: Email:
Executor: Relationship to me:	Phone Number: Email:
Emergency Contact Name: Relationship to me:	Phone Number: Email:
Neighbor's Name (1):	Number:
Neighbor's Name (2):	Number:

**DEPENDENTS**

<p>1. Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Marital Status: Married/Partner/Divorced/Single</p>	<p>DOB:</p> <p>Gender:</p> <p>School/Employer:</p> <p>Spouse/Partner Phone Number:</p>
<p>2. Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Marital Status: Married/Partner/Divorced/Single</p>	<p>DOB:</p> <p>Gender:</p> <p>School/Employer:</p> <p>Spouse/Partner Phone Number:</p>
<p>3. Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Marital Status: Married/Partner/Divorced/Single</p>	<p>DOB:</p> <p>Gender:</p> <p>School/Employer:</p> <p>Spouse/Partner Phone Number:</p>
<p>4. Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email Address:</p> <p>Marital Status: Married/Partner/Divorced/Single</p>	<p>DOB:</p> <p>Gender:</p> <p>School/Employer:</p> <p>Spouse Phone Number:</p>

FINANCIAL INFORMATION

Investment Accounts: (IRA, 401(k), 529, Donor advised funds, brokerage, etc.)

Financial Advisor: Firm Name: Phone Number: Email:	Assistant Name: Phone Number: Email:
Acct Name: Acct Type: Account #:	Held Where:
Acct Name: Acct Type: Account #:	Held Where:
Acct Name: Acct Type: Account #:	Held Where:
Acct Name: Acct Type: Account #:	Held Where:
Acct Name: Acct Type: Account #:	Held Where:
Acct Name: Acct Type: Account #:	Held Where:
Acct Name: Acct Type: Account #:	Held Where:



Assets (primary residence, rental property, vacation homes, boat, jewelry, heirlooms, etc)	
Description:	Phone Number:
Contact Name/Email:	Location:
Description:	Phone Number:
Contact Name/Email:	Location:
Description:	Phone Number:
Contact Name/Email:	Location:
Bank	
Name:	Savings Acct#: Held Jointly: Yes/No
Address:	Checking Acct#: Held Jointly: Yes/No
Phone Number:	
Name:	Savings Acct#: Held Jointly: yes/No
Address:	Checking Acct#: Held Jointly: Yes/No
Phone Number:	
Other Accounts: (PayPal, Venmo, etc)	
Acct Name:	Acct Name:
Acct Type:	Acct Type:
Account #:	Account #:
Acct Name:	Acct Name:
Acct Type:	Acct Type:
Account #:	Account #:
Acct Name:	Acct Name:
Acct Type:	Acct Type:
Account #:	Account #:

Credit Cards	
Credit Card (1): Account Number:	Phone Number: Authorized users:
Credit Card (2): Account Number:	Phone Number: Authorized users:
Credit Card (3): Account Number:	Phone Number: Authorized users:
Credit Card (4): Account Number:	Phone Number: Authorized users:
Credit Card (5): Account Number:	Phone Number: Authorized users:
Credit Card (6): Account Number:	Phone Number: Authorized users:
Credit Card (7): Account Number:	Phone Number: Authorized users:
Credit Card (8): Account Number:	Phone Number: Authorized users:

Loans	
<b><u>Owed to me:</u></b> Name: Item/Amt: Terms of Loan:	Contact info: Loaned for what purpose: Documented where:
Name: Item/Amt Owed: Terms of Loan:	Contact info: Loaned for what purpose: Documented where:
<b><u>I owe others:</u></b> Name: Item/Am Owed: Terms of Loan:	Contact info: Loaned for what purpose: Documented where:
Name: Item/Amt Owed: Terms of Loan:	Contact info: Loaned for what purpose: Documented where:
Mortgage Holder:	Phone Number: Policy Number:
Home Equity Line of Credit Holder:	Phone Number: Policy Number:
Business Loan Holder:	Phone Number: Policy Number:
Student Loan Holder (1): Student Loan Holder (2):	Phone Number: Policy Number:
Car Loan Holder:	Phone Number: Policy Number:

AutoPay Accounts

Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:
Name of Account:	Payment Schedule:
Type of Account:	Paid from what acct:

**PERSONAL PROPERTY MAINTENANCE**

**Primary Property**

General Contractor Name:	Phone Number:
Electrician:	Phone Number:
Gas Company:	Phone Number:
Lawn Care Service Provider:	Phone Number:
Plumber:	Phone Number:
HVAC Name:	Phone Number:
Electric Co:	Phone Number:
Internet Provider:	Phone Number:
Telephone Co:	Phone Number:
Water Co:	Phone Number:

**Secondary Property**

General Contractor Name:	Phone Number:
Electrician:	Phone Number:
Gas Company:	Phone Number:
Lawn Care Service Provider:	Phone Number:
Plumber:	Phone Number:
HVAC Name:	Phone Number:
Electric Co:	Phone Number:
Internet Provider:	Phone Number:
Telephone Co:	Phone Number:
Water Co:	Phone Number:

INSURANCE	
Life Insurance Co (individual):  Value:  Payment Schedule:	Policy Number:  Premium:  Beneficiary:
Life Insurance Co (group):  Value:  Payment Schedule:	Policy Number:  Premium:  Beneficiary:
Disability Insurance Co:  Policy #: Value: Premium: Payment Schedule:  If I am disabled, my disability insurance policy Does/Does not allow me to stop making premium payments.	
Health Insurance Co:  Payment Schedule:	Policy Number:  Premium:
Long Term Care Ins. Co:  Payment Schedule:	Policy Number:  Premium:
Automobile Ins. Co:  Car (1) covered: Driver's License State and Number: License Plate: VIN: Premium: Payment Schedule:	Policy Number:  Car (2) covered: Driver's License State and Number: License Plate: VIN: Premium: Payment Schedule:
Homeowners Ins. Co:  Property Address (1):	Policy Number:  Premium:  Payment Schedule:
Homeowners Ins. Co:  Property Address (2):	Policy Number:  Premium:  Payment Schedule:
Umbrella Ins. Co:  Premium:	Policy Number:  Payment Schedule:
Other:  Premium:	Policy Number:  Payment Schedule:

MY PETS

Name (1): Vet Name: Medical condition:	Type of Pet: Phone Number:
Name (2): Vet Name: Medical condition:	Type of Pet: Phone Number:
Name (3): Vet Name: Medical condition:	Type of Pet: Phone Number:
Name (4): Vet Name: Medical condition:	Type of Pet: Phone Number:
Name (5): Vet Name: Medical condition:	Type of Pet: Phone Number:

**DIGITAL PRESENCE** (financial accts, debit cards, credit cards, security system, social media, cell phone, medical records, etc.)

Computer Access Credentials:	
Username/Password:	
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/ Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:
Account:	Account:
Username/Password:	Username/Password:



Professional memberships/subscriptions (professional, swim, golf, country club, magazines, food, etc)

Name:	Phone Number:
Membership ID/#:	Email:
Name:	Phone Number:
Membership ID/#:	Email:
Name:	Phone Number:
Membership ID/#:	Email:
Name:	Phone Number:
Membership ID/#:	Email:
Name:	Phone Number:
Membership ID/#:	Email:
Name:	Phone Number:
Membership ID/#:	Email:
Name:	Phone Number:
Membership ID/#:	Email:

**FUNERAL ARRANGEMENTS**

Religion:  Place of Worship:  Address:	Name of Officiant:  Phone Number:
Funeral Home:  Address:	Have arrangements been pre-paid: Yes/No  Phone Number:
Cemetery Plot Already: Yes/No	If yes, location:
Burial: Yes/No	Cremation: Yes/No
If cremation, instructions for disposition of ashes:	
Headstone/Monument Company:	Adding to existing stone: Yes/No If yes, whose?  Phone Number:
Funeral Service: Yes/No	Memorial Service: Yes/No
Pallbearer requests, if applicable:	Music Preference:
Viewing: Yes/No	Casket: Yes/No      Casket: Open/Closed
Flowers: Yes/No	Donations in lieu of flowers to:
Embalming: Yes/No	Donate Body: Yes/No  If yes, to where:

DOCUMENT LOCATOR	
<u>Document</u>	<u>Location/Contact</u>
<b>PERSONAL/FAMILY DOCUMENTS:</b>	
Adoption Records	
Cemetery Plot	
Citizenship Papers	
Death Certificates (other family members)	
Divorce/Separation Papers	
Donor Records	
Family Birth Certificates	
Marriage Certificate	
Military Records/Discharge Papers	
Passport	
Prenuptial Agreement	
Social Security Card	
<b>ESTATE DOCUMENTS:</b>	
Financial Power of Attorney	
Healthcare Directive/Living Will	
Medical Power of Attorney	
Special Needs Trust	
Tax Returns (federal, state, gift tax)	
Trust Agreements	
Will	

<b>DOCUMENT LOCATOR (cont.)</b>	
<b><u>Document</u></b>	<b><u>Location/Contact</u></b>
<b>MEDICAL:</b>	
Vaccination Card(s)	
Insurance Card (s)	
Medicare Card (s)	
Insurance Policies	
<b>FINANCIAL:</b>	
Direct Purchase Plans	
Direct Registration Shares	
Stock Certificates	
<b>PERSONAL PROPERTY DOCUMENTS</b>	
Property and school tax records	
Property Deeds	
Vehicle Titles	
Mortgage Papers	
<b>STORAGE:</b>	
Safe and combination:	
Safety Deposit Box: Yes/No	Bank:
If yes, signatory:	Box #:
Safety Deposit Box Key/Code/Combination	
Storage Unit (and general contents?)	
Storage Unit Key/Code/Combination	

ADDITIONAL RESOURCES	
Social Security Administration 800-772-1213 <a href="https://www.ssa.gov/">https://www.ssa.gov/</a>	IRS 800-829-1040 <a href="https://www.irs.gov/">https://www.irs.gov/</a>
Unclaimed Property <a href="https://www.patreasury.gov/unclaimed-property/">https://www.patreasury.gov/unclaimed-property/</a>	Transunion Credit Reporting <a href="https://www.transunion.com/">https://www.transunion.com/</a>
Experian Credit Reporting <a href="https://www.experian.com/">https://www.experian.com/</a>	Equifax Credit Reporting <a href="https://www.equifax.com/">https://www.equifax.com/</a>

Other



Street address  
103 Montgomery Avenue  
Montgomeryville, PA 18936

Mailing address  
P.O. Box 1010  
Montgomeryville, PA 18936



215.643.9100