

CASSADAY & COMPANY, INC.

WHAT MY FAMILY SHOULD KNOW

I. IMPORTANT BUSINESS AND PERSONAL CONTACTS			
Contact	Name	Phone Number	Address
Personal Physician			
Estate Planning Attorney			
Accountant			
Financial Planner			
Insurance Agent			
Additional Contacts	Name	Phone Number	Address

Name: _____ Updated on: _____

If you would like an electronic copy of this document, please email info@cassaday.com.

WHAT MY FAMILY SHOULD KNOW

II. LOCATION OF IMPORTANT DOCUMENTS	
Document	Location
Birth Certificate(s)	
Health Care or Advanced Medical Directives	
Will/Power(s) of Attorney	
Trust Agreements	
Last Income Tax Return	
Marriage License	
Social Security Card	
Vehicle Title(s)	
Mortgage and Loan Papers	
Real Estate Deed(s)	
Log-in and Password Information for Online Accounts	
Business Papers (e.g., trademarks, patents)	
Important Keys	
Military/Survivor Benefit (e.g. DD Form 214, VA benefit forms)	
Other	

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III. PERSONAL FINANCE INFORMATION - BANKING ACCOUNTS				
Bank (Name and Address)	Account Type(s) & Number(s)	Account(s) Title	Contact (if applicable)	Log-in/Password (optional)
<i>Example: U.S. Bank 1234 Sample St. Town, VA 22102</i>	<i>Checking - 123456 Savings - 123456</i>	<i>John and Jane Smith, JT TEN Jane Smith, TOD</i>	<i>Jonathan Doe (703) 123-4567</i>	

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IV. PERSONAL FINANCE INFORMATION - SAFETY DEPOSIT BOX

Bank	Safety Deposit Box #	Address of Bank/Branch	Access Granted By: (ex. key, password, name)

V. PERSONAL FINANCE INFORMATION - INVESTMENT ACCOUNTS

Institution/Advisor	Account Type/Number	Contact Information	Log-in/Password (optional)
<i>Example: Cassaday & Company, Inc./Stephan Cassaday</i>	<i>IRA/023456789</i>	<i>703-506-8200 steve@cassaday.com</i>	

WHAT MY FAMILY SHOULD KNOW

VI. PENSION AND RETIREMENT ANNUITY INFORMATION				
Payee	Payor/Contact Information	Form of Payment	Amount/As Of	Survivor Benefit? (Y/N) Amount
<i>Example: Steve Smith</i>	<i>Federal Government/ Department of Defense - H.R. 202-555-5555</i>	<i>Direct Deposit, U.S. Bank Checking</i>	<i>\$60,000 annual 1/1/2010</i>	<i>Yes - \$30,000 a year for 10 years</i>

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VIII. REAL ESTATE INFORMATION

Property Address/Plat #	Title (Ownership)	Mortgage held by (See Section VIII)	Monthly Payments	Balance on Loan
<i>Example: 1234 Greensboro Drive, Mclean, VA</i>	<i>JTWROS</i>	<i>U.S. Bank</i>	<i>\$2,000</i>	<i>\$100,000</i>

V. AUTOMOBILE INFORMATION

Make/Model/Year	V.I.N. or License Plate #/State	Registered To and Status of Ownership	Insurance Provider and Policy Number (See Section XI)
<i>Example: Honda Accord 2008</i>	<i>VA ABC-123</i>	<i>Leased to John Smith</i>	<i>American Auto-Insurance- #0020123</i>

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X. INSURANCE				
Type of Coverage	Insurance Carrier/ Contact Information	Benefit Amount	Owner/Insured	Beneficiaries
<i>Example: Life, Long Term Care, Disability, Health, Auto, Property and Casualty</i>	<i>State Farm Joe Blitz - (703) 555-1212 joe@blitz.com</i>	<i>\$500,000 Death Benefit</i>	<i>John Smith/John Smith</i>	<i>Jane Smith</i>

XI. OTHER ASSETS/COLLECTIBLES				
Type	Location	Insured (Y/N)	If Insured, location of policy	Company/Policy #
<i>Example: Stamps, Jewelry, Coins, Art, Planes, Boats, Chinese Ceramics</i>	<i>Safe Deposit Box, U.S. Bank</i>	<i>Yes</i>	<i>Lawyer's Office</i>	<i>USAA/ #567832951</i>

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FINAL INSTRUCTIONS

(ex. Burial Plot, Headstone, etc.)

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OBITUARY

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WHAT MY FAMILY SHOULD KNOW

NOTES

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Name: _____ Updated on: _____



8180 GREENSBORO DR. SUITE 1180, MCLEAN, VA 22102
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