

# PERSONAL ESTATE DIRECTORY

LAST NAME HERE

The OneSource Personal Estate Directory is designed to ease the confusion that survivors often experience. You should carry a card with you indicating that this information is available in the event of an emergency. The OS Personal Estate Directory should be left with an adviser you trust.

When this form is being formally used, you will not be here to give your input.

## DIRECTIONS

1. Print legibly.
2. Complete the details in full.

If you need to update this form download a copy from [OneSourceRetirement.com](http://OneSourceRetirement.com) from the **Resource Access** page or call us. We will mail or email a copy to you.

## I. PERSONAL INFORMATION

### CLIENT 1

FULL NAME

DATE OF BIRTH / PLACE OF BIRTH

SOCIAL SECURITY NUMBER

CELL PHONE

### CLIENT 2

FULL NAME

DATE OF BIRTH / PLACE OF BIRTH

SOCIAL SECURITY NUMBER

MAIDEN NAME (IF APPLICABLE)

CELL PHONE

### HOME ADDRESS

STREET ADDRESS

CITY / STATE / ZIP CODE

HOME PHONE

EMAIL



**onesource**  
RETIREMENT ADVISORS™

CHESTER COUNTY COMMONS  
4 MYSTIC LANE  
MALVERN, PA 19355

**844.413.2986**

**ONESOURCERETIREMENT.COM**

## II. CHILDREN

### CHILD 1

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

### CHILD 2

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

### CHILD 3

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

### CHILD 4

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

### CHILD 5

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

### CHILD 6

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

DATE OF BIRTH

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

### III. FRIENDS, RELATIVES, NEIGHBORS, ETC.

#### CONTACT 1

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

RELATIONSHIP

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

#### CONTACT 2

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

RELATIONSHIP

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

#### CONTACT 3

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

RELATIONSHIP

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

#### CONTACT 4

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

RELATIONSHIP

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

#### CONTACT 5

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

RELATIONSHIP

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

#### CONTACT 6

\_\_\_ CONTACT IN CASE OF EMERGENCY

FULL NAME

RELATIONSHIP

STREET ADDRESS

CITY / STATE / ZIP CODE

CELL PHONE

HOME PHONE

## IV. ADVISERS TO CONSULT OR NOTIFY

**FINANCIAL ADVISOR**  
\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**MINISTER/PRIEST/RABBI/OTHER**  
\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**LAWYER**  
\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**DOCTOR 1**  
\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**DOCTOR 2**  
\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**INSURANCE AGENT**  
\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**ACCOUNTANT**

\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**BANKER**

\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**REALTOR**

\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**OTHER**

\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**OTHER**

\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

**OTHER**

\_\_\_ CONTACT IN CASE OF EMERGENCY

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
CELL PHONE

## V. LOCATION OF DOCUMENTS

Documents at Home are Located:

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SAFE

Location of Floor or Wall Safe:

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Location of Combination::

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---

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My Safety Deposit Box is Located:

BANK NAME

STREET ADDRESS

CITY / STATE / ZIP CODE

PHONE

Box # \_\_\_\_\_

Keys are Located:

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Document/Item	is located in my:	
	Home	Safety Deposit Box

Current Will	_____	_____
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Living Will	_____	_____
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Power of Attorney	_____	_____
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Income Tax Returns	_____	_____
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Automobile Titles	_____	_____
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Birth Certificates	_____	_____
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Insurance Policies	_____	_____
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## VI. LIFE INSURANCE

POLICY 1

COMPANY NAME

POLICY NUMBER

POLICY LOCATION

POLICY 2

COMPANY NAME

POLICY NUMBER

POLICY LOCATION

POLICY 3

COMPANY NAME

POLICY NUMBER

POLICY LOCATION

POLICY 4

COMPANY NAME

POLICY NUMBER

POLICY LOCATION

POLICY 5

COMPANY NAME

POLICY NUMBER

POLICY LOCATION

POLICY 6

COMPANY NAME

POLICY NUMBER

POLICY LOCATION

## VII. LONG-TERM CARE INSURANCE

### POLICY 1

COMPANY NAME

POLICY NUMBER

BENEFITS PROVIDED BY POLICY

### POLICY 2

COMPANY NAME

POLICY NUMBER

BENEFITS PROVIDED BY POLICY

## VIII. HEALTH INSURANCE

### MEDICAL 1

COMPANY NAME

POLICY NUMBER

### MEDICAL 2

COMPANY NAME

POLICY NUMBER

### MEDIGAP

COMPANY NAME

POLICY NUMBER

#### Check if:

Client 1 has elected Medicare Part B \_\_\_\_\_

Client 2 has elected Medicare Part B \_\_\_\_\_

## IX. OTHER INSURANCE

### HOMEOWNERS

COMPANY NAME

POLICY NUMBER

### AUTO 1

COMPANY NAME

POLICY NUMBER

### AUTO 2

COMPANY NAME

POLICY NUMBER

## X. BANK ACCOUNT INFORMATION

1

BANK NAME

BRANCH LOCATION

ACCOUNT NUMBER

2

BANK NAME

BRANCH LOCATION

ACCOUNT NUMBER

3

BANK NAME

BRANCH LOCATION

ACCOUNT NUMBER

4

BANK NAME

BRANCH LOCATION

ACCOUNT NUMBER

