

For Family
Records Only.
Do not submit
to Snodgrass.

Will: Y N (location/comments) _____

Executor of the Estate: _____

Life Insurance: Y N (company/policy info) _____

Attorney: Y N (name/phone) _____

Family Doctor: (name/phone) _____

Specialty Doctor: (name/phone) _____

Accountant: Y N (name/phone) _____

Other Financial Advisor: Y N (name/phone) _____

Safe Deposit Box: Y N (name/phone) _____

Real Estate Owned: _____

Banking Institution(s): _____

Investment/Other Financial Institution(s): _____

Stocks/Bonds Info: _____

Debts Owed: _____

Notes/Comments: _____

Date Completed: _____ Completed by: _____

Information Updates on: _____ ; _____ ; _____