



Ortner, O'Brien & Ortner
ADVISORY GROUP, INC.

Personal Estate Directory

The purpose of this document is to help us assemble your personal information in a central location. This will help to assist your family and friends in the event of a life change for you or your spouse. Complete accuracy is essential. Please return this document to our office upon completion. All information is held in strictest confidence with Ortner, O'Brien & Ortner Advisor Group, Inc.

I. Personal Information:

Client's Full Name Date of Birth Place of Birth

Spouse's Full Name Date of Birth Place of Birth

Street Address City State Zip Code

Telephone _____ Email _____

Client's or Spouse's Maiden Name _____

Client's Social Security Number Spouse's Social Security Number

When you complete this form, use this section to include any notes below that you feel are pertinent.

All information is strictly confidential.

II. Children:

1. _____
Name Date of Birth Telephone

Street Address City State Zip Code

PLEASE CONTACT IN CASE OF AN EMERGENCY

2. _____
Name Date of Birth Telephone

Street Address City State Zip Code

PLEASE CONTACT IN CASE OF AN EMERGENCY

3. _____
Name Date of Birth Telephone

Street Address City State Zip Code

PLEASE CONTACT IN CASE OF AN EMERGENCY

4. _____
Name Date of Birth Telephone

Street Address City State Zip Code

PLEASE CONTACT IN CASE OF AN EMERGENCY

5. _____
Name Date of Birth Telephone

Street Address City State Zip Code

PLEASE CONTACT IN CASE OF AN EMERGENCY

6. _____
Name Date of Birth Telephone

Street Address City State Zip Code

PLEASE CONTACT IN CASE OF AN EMERGENCY

III. Friends, relatives, neighbors, etc. to be notified in case of emergency:

1.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
2.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
3.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
4.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
5.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
6.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code
7.	_____	_____	_____	
	Name	Date of Birth	Telephone	
	_____	_____	_____	_____
	Street Address	City	State	Zip Code

IV. Advisers to consult or notify:

	Name and Address	Telephone
My Key Adviser	<u>Ortner, O'Brien & Ortner Advisory Group</u> <u>4 Mystic Lane</u> <u>Frazer, PA 19355</u>	<u>610 251 9393</u>
Priest / Minister Rabbi / Other	_____	_____
Doctor	_____ _____ _____	_____
Lawyer	_____ _____ _____	_____
Investment Advisor	<u>Ortner, O'Brien & Ortner Advisory Group</u> <u>4 Mystic Lane</u> <u>Frazer, PA 19355</u>	<u>610-251-9393</u>
Insurance Agent	_____ _____ _____	_____
Accountant	<u>Frank Ortner, III</u> <u>4 Mystic Lane</u> <u>Frazer, PA 19355</u>	<u>610-251-9393</u>

Dentist

Other
()

Other
()

Other
()

V. Location of Documents:

Documents at home are located _____

My Safety Deposit Box is located at _____

In Box # _____ Keys are located _____

<u>Document / Item</u>	is located in my	<u>Home</u>	<u>Safety Deposit Box</u>	<u>Other</u>
Current Will		<input type="checkbox"/>	<input type="checkbox"/>	_____
Living Will		<input type="checkbox"/>	<input type="checkbox"/>	_____
Power of Attorney		<input type="checkbox"/>	<input type="checkbox"/>	_____
Income Tax Returns		<input type="checkbox"/>	<input type="checkbox"/>	_____
Automobile Titles		<input type="checkbox"/>	<input type="checkbox"/>	_____
Birth Certificates		<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance Policies		<input type="checkbox"/>	<input type="checkbox"/>	_____

Location of floor or wall safe _____

Combination Location _____

VI. Life Insurance Information:

Name of Company	Policy Number	Primary Beneficiary	Contingent Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. Long Term Care Insurance Information:

Name of Company	Policy Number	Benefits (\$/day, elimination pd., homecare, etc)
_____	_____	_____
_____	_____	_____

VIII. Other Insurance Information (Medical, Medigap, etc.):

Type	Name of Company	Policy #
_____	_____	_____
_____	_____	_____

Client has elected Medicare Part B. Spouse has elected Medicare Part B.

IX. Bank / Brokerage / Credit Card Account Information:

Type	Name of Bank	Account Number	Branch Location
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

X. Funeral Arrangements:

Prearranged?

Company or Person	Location	Telephone
_____	_____	_____

