

Personal Information Organizer



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Note: This Personal Document Locator is offered as a guide. Please use it as you see fit to gather a detailed list of your important records and papers— along with their location—and to record who your primary advisors and contacts are. Be sure to keep this document, along with your other important documents, safe and secure. It is suggested that a trusted third party—family member, executor and/or your attorney for example—has a copy or knows where to find this document.

It is advisable to update this document annually to ensure its accuracy.

| Part A: Personal Information (Self) |
|--|
| Name: (First, Middle, Last): |
| Maiden Name: |
| Street Address: |
| City, State, Zip: |
| Social Security Number: |
| Date of Birth: |
| Place of Birth: |

| Personal Information (Spouse/Partner) |
|--|
| Name: (First, Middle, Last): |
| Maiden Name: |
| Street Address: |
| City, State, Zip: |
| Social Security Number: |
| Date of Birth: |
| Place of Birth: |

Personal Information (Child or Emergency Contact)

Name: (First, Middle, Last):

Address:

Phone & email Address:

Social Security Number:

Date of Birth:

Personal Information (Child or Emergency Contact)

Name: (First, Middle, Last):

Address:

Phone & email Address:

Social Security Number:

Date of Birth:

Personal Information (Child or Emergency Contact)

Name: (First, Middle, Last):

Address:

Phone & email Address:

Social Security Number:

Date of Birth:

Part B: Detailed Personal Information

Organ Donor: Yes No

Veteran: Yes No

If Veteran: Branch, Military Service Number, Date/Location of Discharge:

Health Insurance Plan(s) and Numbers: (including Medicare and Supplemental Policies)

Long Term Care Policy Information:

Part C: Medical Information

Blood Type:

Allergies:

Past Illnesses and Existing Conditions:

Surgeries (Type and Approximate Date):

Medications (Name, Dosage, Instructions—e.g.: time of day):

Part D: Important Contacts

| | |
|------------------|-------------------|
| Attorney: | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

| | |
|------------------------------------|-------------------|
| Accountant or Tax Preparer: | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

| | |
|-------------------------|-------------------|
| Insurance Agent: | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

| | |
|---------------------------|-------------------|
| Financial Advisor: | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

Part D: Important Contacts (Continued)

| | |
|--------------------------------|-------------------|
| Primary Care Physician: | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

| | |
|-------------------------|-------------------|
| Other (Specify): | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

| | |
|-------------------------|-------------------|
| Other (Specify): | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

| | |
|-------------------------|-------------------|
| Other (Specify): | |
| Name: | Firm Name: |
| Address: | City, State, Zip: |
| Phone Number(s): | Email: |

Part E: Important Documents/Information

| | Document Type: | Location: | Notes (e.g.: Company/Policy Numbers): |
|-----------------|----------------------------|-----------|---------------------------------------|
| Estate | Will | | |
| | Durable Power of Attorney: | | |
| | Health Care Directives: | | |
| | Trust Agreement(s): | | |
| Personal/Family | Birth Certificate(s): | | |
| | Proof of Citizenship: | | |
| | Family Death Certificates: | | |
| | Social Security Card: | | |
| | Driver's License: | | |
| | Marriage Certificate: | | |
| | Prenuptial Agreement: | | |
| | Military Papers: | | |
| | Adoption Papers: | | |
| | Divorce/Separation Papers: | | |
| | Passport: | | |
| | Important Keys: | | |

Part E: Important Documents/Information

| | Document Type: | Location: | Notes (e.g.: Company/Policy Numbers): |
|------------|-----------------------------|-----------|---------------------------------------|
| Property | Property Deed(s): | | |
| | Mortgage/Loan Papers: | | |
| | Vehicle Title(s): | | |
| | Other Titles (e.g.: Boat): | | |
| | Safe-Deposit Box Key(s): | | |
| | Safe/Combination: | | |
| Financial | Bank Account Records | | |
| | Tax Returns: | | |
| | Investments: Stocks | | |
| | Investments: Bonds/Funds | | |
| | Investments: Annuities | | |
| | Investments: CDs | | |
| | Investment Accounts: Other | | |
| | Credit Cards: | | |
| Retirement | Pension/Retirement Plan: | | |
| | 401K/Deferred Compensation: | | |
| | Profit Sharing Plan(s): | | |
| | IRA(s): | | |
| | Social Security: | | |

Part E: Important Documents/Information

| | Document Type: | Location: | Notes (e.g.: Company/Policy Numbers): |
|-----------|--------------------------------|-----------|---------------------------------------|
| Insurance | Insurance Policies: Home | | |
| | Insurance Policies: Auto | | |
| | Insurance Policies: P&C | | |
| | Insurance Policies: Life | | |
| | Insurance Policies: Disability | | |
| | Insurance Policies: Other | | |
| Valuables | Jewelry: | | |
| | Cash: | | |
| | Antiques & Heirlooms: | | |
| | Appraisals: | | |
| | Other Valuables/Inventories: | | |
| | Firearms: | | |
| Funeral | Funeral Instructions: | | |
| | Cemetery Plot Deed | | |
| | Funeral Home: | | |
| | Clergy: | | |
| Business | Business Agreements: | | |
| | Business Tax Documents: | | |