

*Law Offices of Robert D. Schwartz, P.A.
2240 Woolbright Road, Suite 411
Boynton Beach, Florida 33426
(561) 736-3440 or Toll Free 1-888-615-8641
www.schwartzpa.com*

PERSONAL INFORMATION

Important People to Contact

Name of accountant: _____

Address, telephone number, contact information: _____

Name of attorney: _____

Address, telephone number, contact information: _____

Name of financial advisor: _____

Address, telephone number, contact information: _____

Name of insurance broker: _____

Address, telephone number, contact information: _____

Other important contact information: _____

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Location of original estate planning documents: _____

Personal Bill Payments

Utilities:

Website: _____
(Optional) Account number: _____
Login/Username: _____
Password: _____

Cable:

Website: _____
(Optional) Account number: _____
Login/Username: _____
Password: _____

Water:

Website: _____
(Optional) Account number: _____
Login/Username: _____
Password: _____

Cell Phone:

Website: _____
(Optional) Account number: _____
Login/Username: _____
Password: _____

Lawn Service:

Website: _____
(Optional) Account number: _____
Login/Username: _____
Password: _____

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Other Services:

Website: _____

(Optional) Account number: _____

Login/Username: _____

Password: _____

Homeowner's Insurance

Name of company: _____

Address, telephone number and contact information: _____

(Optional) Policy number: _____

Type of coverage: _____

Amount of coverage: _____

Car Insurance

Name of company: _____

Address, telephone number and contact information: _____

(Optional) Policy number: _____

Type of coverage: _____

Amount of coverage: _____

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Credit Cards

Name of bank: _____

Name on credit card: _____

Address, telephone number and contact information: _____

(Optional) Account number: _____

Approximate amount owed: _____

Name of bank: _____

Name on credit card: _____

Address, telephone number and contact information: _____

(Optional) Account number: _____

Approximate amount owed: _____

Name of bank: _____

Name on credit card: _____

Address, telephone number and contact information: _____

(Optional) Account number: _____

Approximate amount owed: _____

Personal Loans

Name of lender: _____

Address, telephone number, contact information: _____

Amount owed: _____

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(Optional) **Passwords and Login Information**

Website: _____

Login/Username: _____

Password: _____

Website: _____

Login/Username: _____

Password: _____

Website: _____

Login/Username: _____

Password: _____

Website: _____

Login/Username: _____

Password: _____

