



**MASTER RECORD FOR THE
AFFAIRS OF _____**

The following pages have been compiled for use in the event of my incapacity or death. This document constitutes a guide for administration of my affairs when I am no longer capable of such duties. Though I have compiled the following information to ease the burden that may be placed upon my loved ones at some point in the future, I urgently request that this document and its references be kept and maintained in strictest confidence until such time that I do, indeed, become incapacitated....

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ADVISORS

Here is a list of the professional advisors that are associated with my affairs. I have listed their names and telephone numbers, as well as relevant account numbers as appropriate.

I have have not attached business cards for each individual.

Lawyer [for my business affairs]

Name:
Address:

Phone:
Fax:
Email:

Lawyer [for my estate]

Name:
Address:

Phone:
Fax:
Email:

Investment Adviser

Name: *Arlene Neff / A. Neff Associates*
Address: 2400 Ardmore Blvd. Suite 304
Forest Hills, PA 15221
Phone: 412 261-4509
Fax: 412 371-4493
Email: arlene.neff@anefassociates.com

Accountant

Name:
Address:

Phone:
Fax:
Email:

Employer

[Departmental Contact]
Address:

Phone:
Fax:
Email:

Employer's Head of Human Resources

Name:
Address:

Phone:
Fax:
Email:

Stockbroker

Name:
Address:

Phone:
Fax:
Email:

Names of additional advisors are are not listed on the reverse of this page.



ASSETS

Here is a list of all my stocks, bonds, and other investments, including property.
I have listed a contact person and telephone number for each item, as well as the location of any relevant documents.

I have have not attached a financial statement.

Investment:

Contact:

Phone:

Documents are located:

Investment:

Contact:

Phone:

Documents are located:

Investment:

Contact:

Phone:

Documents are located:

Investment:

Contact:

Phone:

Documents are located:

Investment:

Contact:

Phone:

Documents are located:

Investment:

Contact:

Phone:

Documents are located:

Investment:

Contact:

Phone:

Documents are located:

A list of additional investments is is not listed on the reverse of this page.



DEPOSITS

I have have not made substantial deposits on certain accounts.
If applicable, the accounts and contacts for those accounts are

Money is owed to me by:

Name:
Address:

Phone:
Amount:

Money is owed to me by:

Name:
Address:

Phone:
Amount:

Money is owed to me by:

Name:
Address:

Phone:
Amount:

Money is owed to me by:

Name:
Address:

Phone:
Amount:

Money is owed to me by:

Name:
Address:

Phone:
Amount:

Money is owed to me by:

Name:
Address:

Phone:
Amount:

A list of additional deposit accounts / loans is is not listed on the reverse of this page.



LIABILITIES

Here is a list of my liabilities, including a contact name and phone number for each,
as well as the location of any related documents.

Liability:

Purpose/Reason:

Amount:

Contact:

Phone:

Documents are located:

Liability:

Purpose/Reason:

Amount:

Contact:

Phone:

Documents are located:

Liability:

Purpose/Reason:

Amount:

Contact:

Phone:

Documents are located:

Liability:

Purpose/Reason:

Amount:

Contact:

Phone:

Documents are located:

Liability:

Purpose/Reason:

Amount:

Contact:

Phone:

Documents are located:

Liability:

Purpose/Reason:

Amount:

Contact:

Phone:

Documents are located:

Liability:

Purpose/Reason:

Amount:

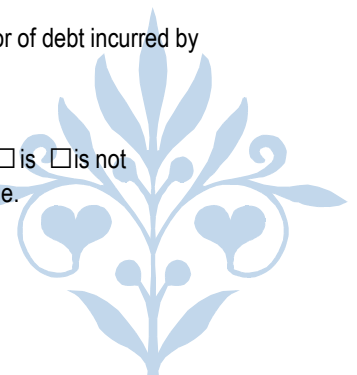
Contact:

Phone:

Documents are located:

I am am not the guarantor of debt incurred by others.

A list of all additional liabilities is is not listed on the reverse of this page.



INSURANCE COVERAGE

I have the following life insurance policies (including employer owned) on my life:

<i>Carrier & Type:</i>	<i>Owner:</i>	<i>Beneficiary(ies)</i>	<i>Face Amount</i>	<i>Existing Loans</i>	<i>Cash Value (\$)</i>

Any of the policies can be found at:

I have the following disability insurance policies:

<i>Carrier</i>	<i>Policy Located At:</i>

I have the following long term care policies:

<i>Carrier</i>	<i>Policy Located At:</i>



INSURANCE, Continued

I have the following health insurance policies:

<i>Carrier</i>	<i>Policy Located At:</i>
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I have the following other insurance policies:

<i>Type</i>	<i>Carrier & Agent/Broker</i>	<i>Description of Coverage</i>
<i>Auto</i>		
<i>Umbrella</i>		
<i>Home</i>		

If I become disabled, please make sure to pay the premiums on the policies that will provide benefits for my family or me.

If am disabled, my life insurance policy allows does not allow for pre-payment of death benefits to support me.

If am disabled, my life insurance policy allows does not allow you to stop making premium payments.

If I am disabled, my disability insurance policy allows does not allow you to stop making premium payments.



EMPLOYEE AND OTHER BENEFITS

I have the following employee, disability and/or death benefits where I work or worked (briefly describe):

Retirement Plan(s):
Life Insurance:
Health Insurance:
Long Term Care Insurance:
Disability Insurance:
Deferred Compensation:
Stock Ownership:
Stock Options:
Cafeteria Plan:
Other:

I am am not entitled to benefits that derive from military service.

Additional benefits are are not described on the reverse side of this page.



DOCUMENTS

I have executed each of the following documents and you can find them where noted:

<i>Document</i>	<i>Date Signed</i>	<i>Location</i>
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Will		
Living Will		
Medical Power of Attorney		
Medical Directive		
General Power of Attorney		
Living Trust		
Insurance Trust		
Charitable Trust		
Minor's Trust		
Custodial Account		
Organ Donation		
Pre-Nuptial Agreement		
Post-Nuptial Agreement		
Divorce Decree		
Citizenship Papers		
Burial Agreement		
Retirement Plan Beneficiary Designations		
Insurance Beneficiary Designations		
Documents Relating to Military Service		



GENERAL INFORMATION

I have appointed (in the documents referenced on the previous page) the following persons to act on my behalf if I become disabled:

	<i>1st Appointment</i>	<i>2nd Appointment</i>
Power of Attorney over my Assets:		
Power of Attorney for Medical Decisions:		
Guardian over my Property		
Guardian over my Person:		

It is is not my desire that the persons having the above power(s) of attorney act on my behalf rather than a guardian being appointed in the event of my being declared not competent to care for myself.

In the event of my incapacity, I do do not want to be kept home as long as possible, taking into account the cost.

I have do do not have a divorce decree which may require that certain payments be made in the event of my becoming disabled or after my death.

Upon my death, my heirs will will not receive a distribution or benefits from a trust of my creation. If yes, the trust instrument can be found:

I may receive an inheritance from:

I am am not currently the Trustee for a trust.

If I am a Trustee, the trust document is located at:



GENERAL INFORMATION, Continued

I do do not have a safe deposit box.

The safe deposit box is located _____ and the key is kept _____

The following people have signature authority on the box:

I do do not have a personal safe.

The combination is _____

The safe is located _____

I have have not attached a list of the persons I want to receive my personal property when I die.

My Social Security # is: _____

My Driver's License # is: _____

My passport # is: _____

The passport can be found: _____



GENERAL INFORMATION, Continued

I am am not entitled to other benefits. List the benefits:

I am a member of the following religious group:

I am a member of the following fraternal groups:

I presently carry the following credit cards:



FINAL INSTRUCTIONS

I have the following final instructions:

Funeral Home:

Cemetery:

Plot/Drawer #:

Certification of entitlement can be found at:

I have have not prepaid my burial costs for my burial plot/resting place. Information can be found:

I have have not prepaid my burial costs for my casket. Information can be found:

I have a deceased spouse parent child who is buried at:

I do do not have the right to be buried in a military cemetery.

I do do not want to be cremated. Crematory:

I do do not wish to have a memorial service. Religious or other official to perform Service:

Pallbearers:

Special Requests:

Obituary Reading:

Tombstone Engraving:

Organs for Donation:

In lieu of flowers please ask for donations to:

Other special requests:



ENDORSEMENT

Copies of this document have been delivered to:

I have signed this document this ____ day of _____, 2008.

This document is not intended to replace my will or other estate planning documents signed by me. However, it is my express desire that my family, my Executor, my Trustee and/or Guardian will use the information contained, here, and the other documents signed by me in making any discretionary decisions for me and my family.

Signature

Printed Name

