



OLV
INVESTMENT GROUP

Your
**ESSENTIALS
BOOK**

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Investment advisory services offered through OLV Investment Group, Inc (OLV), a Registered Investment Adviser. Securities offered through AE Financial Services, LLC (AEFS), member FINRA/SIPC. Insurance products are offered through OLV and are not subject to Investment Adviser requirements. 3734291-07/24

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Is this book for you?

Would you like to have all your information organized in an easy to use book that may help lighten the burden for those you love when your time comes?

If the answer is yes, then this book may help you!

This will be a wonderful gift for yourself and for those you hold dear. The information you provide may make things a little easier when it comes time to close your legacy and help to express your final wishes.

Once you've completed the organizer remember to review it on an annual basis. Perhaps the easiest way is to go over it with your financial advisor at your annual review. Also, OLV Investment Group would be happy to provide you with additional pages when extensive updates are needed.

Make sure your family knows the book exists and its location. It should be readily accessible by loved ones; so locking the only copy up may cause a problem. Giving a copy to the executor of your will or putting a copy in a safe deposit box are good back up options.

While this book holds information about you and may help you feel more organized when it's completed, remember, the driving force for completing this book is to hopefully make things easier on your loved ones during a time of grief and loss.

This book is for you and those you love.

OLV INVESTMENT GROUP

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OLV INVESTMENT GROUP

Chapter 1



Personal Information

This section is all about you! You will record valuable information about yourself, your spouse and your children. The information gathered will be useful in many important documents that you may be required to complete in the future.

There are various reasons certified documents may be required. You may need them to apply for a passport, or they could be used to close your estate. Having the correct official documents ready at any given time can help ensure easier assistance for anyone who is in need of them.



Personal Information

About You

Full Legal Name _____

Other Given Names _____

Street _____

City _____ County _____ State _____ Zip _____

Email _____ Email _____

Email _____ Email _____

Social Security # _____ DOB _____

Birth City _____ State _____ County _____

Driver's License _____ State _____

Employer _____ Phone _____ Yr _____

High School _____ Yr _____

College _____ Degree _____ Yr _____

Graduate School _____ Degree _____ Yr _____

Military Service Branch _____ No of yrs _____ Rank _____

Father's Full Name _____ DOB _____ DOD _____

Mother's Full Name (Maiden) _____ DOB _____ DOD _____

Anniversary Date _____ Location _____



Biographical Information

About You

Need a certified copy?

Contact the county courthouse. When you go, you'll need to provide:

- | | |
|--|--------------------------------|
| 1) your full birth name | 2) your date of birth |
| 3) your state, county, and city of birth | 4) your social security number |

Document

Document Location

Date

Birth Certificate _____

Adoption Records _____

Baptismal Records _____

Marriage Certificate _____

Divorce/Separation Agreements _____

Social Security Card _____

Military Service Records _____

Citizenship Documents _____

Passport _____

Additional Personal Documents _____



Personal Information

About Your Spouse

Full Legal Name _____

Other Given Names _____

Street _____

City _____ County _____ State _____ Zip _____

Email _____ Email _____

Email _____ Email _____

Social Security # _____ DOB _____

Birth City _____ State _____ County _____

Driver's License _____ State _____

Employer _____ Phone _____ Yr _____

High School _____ Yr _____

College _____ Degree _____ Yr _____

Graduate School _____ Degree _____ Yr _____

Military Service Branch _____ No of yrs _____ Rank _____

Father's Full Name _____ DOB _____ DOD _____

Mother's Full Name (Maiden) _____ DOB _____ DOD _____

Anniversary Date _____ Location _____



Biographical Information

About Your Spouse

Need a certified copy?

Contact the county courthouse. When you go, you'll need to provide:

- | | |
|--|--------------------------------|
| 1) your full birth name | 2) your date of birth |
| 3) your state, county, and city of birth | 4) your social security number |

Document

Document Location

Date

Birth Certificate _____

Adoption Records _____

Baptismal Records _____

Marriage Certificate _____

Divorce/Separation Agreements _____

Social Security Card _____

Military Service Records _____

Citizenship Documents _____

Passport _____

Additional Personal Documents _____

Personal Information

About Your Child

Full Legal Name _____

Social Security Number _____ DOB _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Spouse's Name _____ DOB _____

Wedding Date _____ Children _____

Biographical Documents

Document	Document Location	Date
<input type="checkbox"/> Birth Certificate	_____	_____
<input type="checkbox"/> Adoption Records	_____	_____
<input type="checkbox"/> Baptismal Records	_____	_____
<input type="checkbox"/> Social Security Card	_____	_____
<input type="checkbox"/> Citizenship Documents	_____	_____
<input type="checkbox"/> Additional Personal Documents	_____	_____
	_____	_____
	_____	_____



Personal Information

About Your Child

Full Legal Name _____

Social Security Number _____ DOB _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Spouse's Name _____ DOB _____

Wedding Date _____ Children _____

Biographical Documents

Document	Document Location	Date
<input type="checkbox"/> Birth Certificate	_____	_____
<input type="checkbox"/> Adoption Records	_____	_____
<input type="checkbox"/> Baptismal Records	_____	_____
<input type="checkbox"/> Social Security Card	_____	_____
<input type="checkbox"/> Citizenship Documents	_____	_____
<input type="checkbox"/> Additional Personal Documents	_____	_____
	_____	_____
	_____	_____



Personal Information

About Your Grandchildren

Full Legal Name _____
 Social Security Number _____ DOB _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Spouse Name _____ DOB _____
 Anniversary Date _____ Children _____

Full Legal Name _____
 Social Security Number _____ DOB _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Spouse Name _____ DOB _____
 Anniversary Date _____ Children _____

Full Legal Name _____
 Social Security Number _____ DOB _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Spouse Name _____ DOB _____
 Anniversary Date _____ Children _____



Personal Information

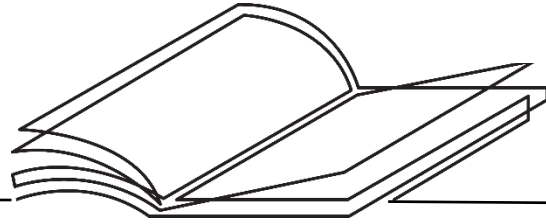
About Your Grandchildren

Full Legal Name _____
 Social Security Number _____ DOB _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Spouse Name _____ DOB _____
 Anniversary Date _____ Children _____

Full Legal Name _____
 Social Security Number _____ DOB _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Spouse Name _____ DOB _____
 Anniversary Date _____ Children _____

Full Legal Name _____
 Social Security Number _____ DOB _____
 Street _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Spouse Name _____ DOB _____
 Anniversary Date _____ Children _____

Chapter 2



Legacy Planning

Trusts, Wills, Durable & Healthcare Powers

This section is to record the location of your wills, trusts, durable and healthcare powers. If you were to pass away without a will or trust, state law and the courts determine who will administer your estate, handle financial matters, and act as a guardian for your minor children. With a will, durable powers, living will, and healthcare powers, you get to make all of these decisions. Not everyone needs a trust, but certainly everyone - single or married - should have the other three documents.

It is important that loved ones know the location of the original documents. Original documents pertaining to health care and durable powers should be in a secure, but accessible location, and their whereabouts should only be known by those closest to you. They may be needed in the event of illness.

Please note that OLV Investment Group is a financial investment firm and not a law firm. This organizer is not intended for giving legal advice. Always seek competent legal counsel when getting documents into place. Meeting with good legal counsel not only provides you with information regarding the preparation of your legacy planning documents, but lawyers will be able to interpret how they may apply in your personal situation.

Life Insurance

While getting your documents organized, consider the disposal of policies that are no longer in force. Should they be lost or destroyed, they are easily replaced. It is very important however, to have a statement or record of any in-force contracts.

Only you and your agent or financial advisor can determine the proper amount and type of coverage you should have. Perhaps there is no better time than now to review your current needs. Keeping this section up-to-date is important; so pay close attention to it at your yearly reviews and updating sessions.



Trusts, Wills & Powers

For You

My Trust Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Will Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Living Will Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Durable Powers Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Health Care Powers Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____



Trusts, Wills & Powers

For Your Spouse

My Trust Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Will Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Living Will Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Durable Powers Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____

My Health Care Powers Executed on _____ is located _____

Copy is located _____

Drafting Attorney _____ Phone _____



Life Insurance

For You

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____ Amount _____

Agent _____ Phone _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____ Amount _____

Agent _____ Phone _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Policy Location _____



Life Insurance

For Your Spouse

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____ Amount _____

Agent _____ Phone _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____ Amount _____

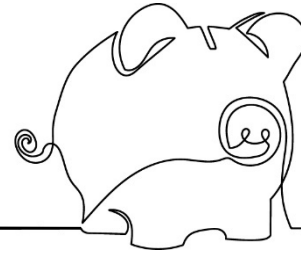
Agent _____ Phone _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Policy Location _____

Chapter 3



Financial Information

Brokerage, Retirement and Securities

Many individuals have their investment assets held in a brokerage firm. Your Trust accounts, Individual or Joint brokerage accounts, and Retirement accounts should be listed in this next section. This is also a great place to list past 401ks and 403bs, and where they are held. A place is provided for you to write out all the pertinent information in regard to each of these accounts.

You may own shares that are held at a "Transfer Agent." You may have a family heirloom stock position of a company that has sentimental value. Make sure you list that position here with the correct account title, and include a statement from the transfer agent.

There is space for you to record the information for your personal accounts, your spouse's personal accounts, as well as your joint accounts with other family members.

From time to time, investors feel the need to change beneficiaries on their accounts. This can be due to many different personal and legacy planning related reasons. Whatever the reasons are, when you change a beneficiary, you should ensure all your accounts have the beneficiaries' names and personal data updated.

Bank Accounts

This should be a complete list of all your bank accounts. You should specify under "Account Type" whether it is a checking, savings or CD. Make sure you note how the account is titled under the "Account Name" line. Several pages are provided for your convenience.

Credit & Debit Cards

List all your credit and debit cards and to whom they are issued. When updating your cards, simply draw a line through the canceled card, making sure you note the date of cancellation.

In the event of a card being lost or stolen, immediately contact the issuing company. In addition, to minimize the possibility of identity theft or fraud, you may want to consider filing a police report and notifying the reporting agencies below:

Company	Phone	Website
Equifax	(888)378-4329	www.equifax.com
Experian	(888)397-3742	www.experian.com
Trans Union	(800)916-8800	www.transunion.com
FTC Identity Theft		www.consumer.gov/theft
Social Security Admin	(800)772-1213	www.ssa.gov

Taxes & Sources of Income

Regarding your original tax returns and their supporting documents, simply list the location. Please see “When to Shred It” under Quick References to see how long to keep each of your past records.

It is also important for your loved ones to know your sources of all monthly or annual income, so they can know what to expect and which companies to contact in case of your passing.



Brokerage Accounts

For You

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Brokerage Accounts

For You

Owner _____ Account Type _____
 Account Title _____ Account # _____
 Brokerage Acct Comp _____ Phone _____
 Financial Advisor _____ Phone _____
 Financial Advisor's Address _____
 Beneficiary _____ Phone _____
 Contingent Beneficiary _____ Phone _____
 Statements Location _____

Owner _____ Account Type _____
 Account Title _____ Account # _____
 Brokerage Acct Comp _____ Phone _____
 Financial Advisor _____ Phone _____
 Financial Advisor's Address _____
 Beneficiary _____ Phone _____
 Contingent Beneficiary _____ Phone _____
 Statements Location _____



Brokerage Accounts

For Your Spouse

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____



Brokerage Accounts

For Your Spouse

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Brokerage Accounts

For Others

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Brokerage Accounts

For Others

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Brokerage Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Retirement Accounts

For You

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____



Retirement Accounts

For You

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____



Retirement Accounts

For Your Spouse

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____

Owner _____ Account Type _____

Account Title _____ Account # _____

Brokerage Acct Comp _____ Phone _____

Financial Advisor _____ Phone _____

Financial Advisor's Address _____

Beneficiary _____ Phone _____

Contingent Beneficiary _____ Phone _____

Statements Location _____



Retirement Accounts

For Your Spouse

Owner _____ Account Type _____
Account Title _____ Account # _____
Retirement Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Retirement Acct Comp _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Other Securities & CDs

For You

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Other Securities & CDs

For You

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Other Securities & CDs

For Your Spouse

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Other Securities & CDs

For Your Spouse

Owner _____ Account Type _____
 Account Title _____ Acct or Cert # _____
 Company _____ Phone _____
 Financial Advisor _____ Phone _____
 Financial Advisor's Address _____
 Beneficiary _____ Phone _____
 Contingent Beneficiary _____ Phone _____
 Statements Location _____

Owner _____ Account Type _____
 Account Title _____ Acct or Cert # _____
 Company _____ Phone _____
 Financial Advisor _____ Phone _____
 Financial Advisor's Address _____
 Beneficiary _____ Phone _____
 Contingent Beneficiary _____ Phone _____
 Statements Location _____



Other Securities & CDs

For Others

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Other Securities & CDs

For Others

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Acct or Cert # _____
Company _____ Phone _____
Financial Advisor _____ Phone _____
Financial Advisor's Address _____
Beneficiary _____ Phone _____
Contingent Beneficiary _____ Phone _____
Statements Location _____



Bank Accounts

For You

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____



Bank Accounts

For You

Owner _____ Account Type _____

Account Title _____ Account # _____

Bank Name _____

Bank Address _____

Location of Books & Checks _____

Statements Location _____

Owner _____ Account Type _____

Account Title _____ Account # _____

Bank Name _____

Bank Address _____

Location of Books & Checks _____

Statements Location _____

Owner _____ Account Type _____

Account Title _____ Account # _____

Bank Name _____

Bank Address _____

Location of Books & Checks _____

Statements Location _____



Bank Accounts

For Your Spouse

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____



Bank Accounts

For Your Spouse

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____



Bank Accounts

For Others

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____



Bank Accounts

For Others

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Owner _____ Account Type _____
Account Title _____ Account # _____
Bank Name _____
Bank Address _____
Location of Books & Checks _____
Statements Location _____

Credit & Debit Cards

For You

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Credit & Debit Cards

For You

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Credit & Debit Cards

For Your Spouse

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Credit & Debit Cards

For Your Spouse

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Credit & Debit Cards

For Others

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Credit & Debit Cards

For Others

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____

Card Name _____ Phone _____
Card Holder _____ Account # _____
Credit Limit _____ Debit PIN _____



Tax Return Information

For You

Location of My Personal Returns and Supporting Information

Tax Preparer _____ Phone _____

Additional Pertinent Tax Return Information

For Your Spouse

Location of My Personal Returns and Supporting Information

Tax Preparer _____ Phone _____

Additional Pertinent Tax Return Information

Sources of Income

For You

Income Source	Amount	Phone

For Your Spouse

Income Source	Amount	Phone



Outstanding Loans & Leases

Money I Owe

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	



Outstanding Loans & Leases

Money Owed to Me

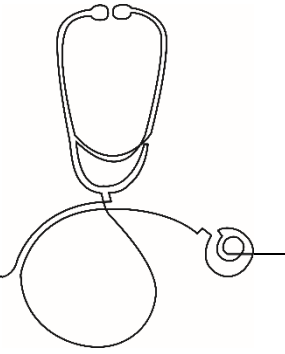
Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Type _____	Date _____
Name _____	Phone _____
Amount _____	Terms _____
Purpose _____	

Chapter 4



Medical Information

Health, Disability & Long-Term Insurance

Your Health, Disability and Long-Term Care insurance may occasionally change. Be sure to keep it up-to-date. If you need new pages, let OLV Investment Group know; we're happy to provide more.

You may have health insurance coverage in a group plan which covers all members of your family, or you may have separate plans for each of you. In any case, provide all necessary information and records for each policy.

Health History

In this area you can list any illnesses, conditions, surgeries, medications, and allergies. These should be available for medical personnel in case of an emergency.

Doctors & Specialists

Having a list of all doctors and/or specialists is very important. Try to include addresses, phone numbers, and emergency contacts. Split second decisions may need to be made to ensure your safety and having these contacts handy could be very beneficial.

In Case of Emergency (ICE)

It may be beneficial to establish an "In Case of Emergency" (ICE) phone number in your cell phone directory. This will allow paramedics and others to call your closest acquaintances if a health issue arises.



Health Insurance

For You

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____

If you have Medicare A and B (circle one) Medigap or Advantage

Agent _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____

If you have Medicare A and B (circle one) Medigap or Advantage

Agent _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____

If you have Medicare A and B (circle one) Medigap or Advantage

Agent _____ Phone _____

Policy Location _____



Health Insurance

For Your Spouse

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____

If you have Medicare A and B (circle one) Medigap or Advantage

Agent _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____

If you have Medicare A and B (circle one) Medigap or Advantage

Agent _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____ Phone _____

Policy Type _____ Policy Date _____

If you have Medicare A and B (circle one) Medigap or Advantage

Agent _____ Phone _____

Policy Location _____



Health Insurance

For Others

Insured _____ Policy # _____
 Company _____ Phone _____
 Policy Type _____ Policy Date _____
 If you have Medicare A and B (circle one) Medigap or Advantage
 Agent _____ Phone _____
 Policy Location _____

Insured _____ Policy # _____
 Company _____ Phone _____
 Policy Type _____ Policy Date _____
 If you have Medicare A and B (circle one) Medigap or Advantage
 Agent _____ Phone _____
 Policy Location _____

Insured _____ Policy # _____
 Company _____ Phone _____
 Policy Type _____ Policy Date _____
 If you have Medicare A and B (circle one) Medigap or Advantage
 Agent _____ Phone _____
 Policy Location _____

Health Insurance

For Others

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Policy Date _____
If you have Medicare A and B (circle one) Medigap or Advantage
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Policy Date _____
If you have Medicare A and B (circle one) Medigap or Advantage
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Policy Date _____
If you have Medicare A and B (circle one) Medigap or Advantage
Agent _____ Phone _____
Policy Location _____



Disability Insurance

For You

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Disability Insurance

For Your Spouse

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____



Long-Term Care Ins.

For You

Insured _____ Policy # _____

Company _____

Policy Type _____ Policy Date _____

Daily/Monthly Benefit _____ Benefit Length _____

Elimination Period _____

Agent _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____

Policy Type _____ Policy Date _____

Daily/Monthly Benefit _____ Benefit Length _____

Elimination Period _____

Agent _____ Phone _____

Policy Location _____



Long-Term Care Ins.

For Your Spouse

Insured _____ Policy # _____

Company _____

Policy Type _____ Policy Date _____

Daily/Monthly Benefit _____ Benefit Length _____

Elimination Period _____

Agent _____ Phone _____

Policy Location _____

Insured _____ Policy # _____

Company _____

Policy Type _____ Policy Date _____

Daily/Monthly Benefit _____ Benefit Length _____

Elimination Period _____

Agent _____ Phone _____

Policy Location _____



Other Insurance

For You

Insured _____ Policy # _____
 Company _____ Phone _____
 Policy Type _____ Policy Date _____
 Benefit _____ Benefit Length _____
 Agent _____ Phone _____
 Policy Location _____

Insured _____ Policy # _____
 Company _____ Phone _____
 Policy Type _____ Issue Date _____
 Monthly Benefit _____ Benefit Length _____
 Agent _____ Phone _____
 Policy Location _____

Insured _____ Policy # _____
 Company _____ Phone _____
 Policy Type _____ Issue Date _____
 Monthly Benefit _____ Benefit Length _____
 Agent _____ Phone _____
 Policy Location _____



Other Insurance

For Your Spouse

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Policy Date _____
Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Insured _____ Policy # _____
Company _____ Phone _____
Policy Type _____ Issue Date _____
Monthly Benefit _____ Benefit Length _____
Agent _____ Phone _____
Policy Location _____

Health History

About You

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Health History

About Your Spouse

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Illness, Condition or Procedure _____ Date _____

Details _____

Health History

About Others

Illness, Condition or Procedure _____ Date _____

Patient's Name _____

Details _____

Illness, Condition or Procedure _____ Date _____

Patient's Name _____

Details _____

Illness, Condition or Procedure _____ Date _____

Patient's Name _____

Details _____

Illness, Condition or Procedure _____ Date _____

Patient's Name _____

Details _____

Illness, Condition or Procedure _____ Date _____

Patient's Name _____

Details _____



Doctors & Specialists

For You

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____



Doctors & Specialists

For You

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____



Doctors & Specialists

For Your Spouse

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____



Doctors & Specialists

For Your Spouse

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____

Doctor _____ Specialty _____

Reason for visits _____

Address _____ Phone _____



Doctors & Specialists

For Others

Patient's Name _____
Doctor _____ Specialty _____
Reason for visits _____
Address _____ Phone _____

Patient's Name _____
Doctor _____ Specialty _____
Reason for visits _____
Address _____ Phone _____

Patient's Name _____
Doctor _____ Specialty _____
Reason for visits _____
Address _____ Phone _____

Patient's Name _____
Doctor _____ Specialty _____
Reason for visits _____
Address _____ Phone _____

Patient's Name _____
Doctor _____ Specialty _____
Reason for visits _____
Address _____ Phone _____



In Case of Emergency

For You and Others

Person's Name _____
Relationship to you _____
Phone Number _____
Cell Phone Number _____

Person's Name _____
Relationship to you _____
Phone Number _____
Cell Phone Number _____

Person's Name _____
Relationship to you _____
Phone Number _____
Cell Phone Number _____

Person's Name _____
Relationship to you _____
Phone Number _____
Cell Phone Number _____

Person's Name _____
Relationship to you _____
Phone Number _____
Cell Phone Number _____

Chapter 5



Material Blessings

Property and Vehicle Information & Insurance

This section will give you space to list all the property and vehicles you own and the companies that insure them. It is very important that you list the name of the person to whom the property and vehicles are titled, the agent name and phone number, and the individual insurance company. When you sell or trade a property or vehicle, remember to update this list and indicate the date sold.

Limits of liability are of the utmost importance in our current legal society. You may want to review coverages with your property and casualty insurance agent. If you do not have an umbrella policy, consider inquiring about one and whether this type of coverage would benefit you. You have worked very hard to accumulate assets and do not want a lawsuit to potentially take them from your beneficiaries.

Special Treasures & Insurance

Over your life, you may have the blessing of receiving special treasures from yourself, family or friends. This may be a family heirloom passed down through the generations. It could be an antique, a piece of jewelry or even an instrument. Some of these items could have high worth, and you may want to consider insurance on those types of valuable items. As you are listing your special treasures, you may want to add a special note such as who gave you the item or where it was purchased.



Property Information

Property Description _____ Purchase Price _____

Address _____ Purchase Date _____

Mortgage Company _____ Loan # _____

Mortgage Amount _____ Loan Terms _____

Agent _____ Phone _____

Name on Deed _____

Deed Location _____

Property Description _____ Purchase Price _____

Address _____ Purchase Date _____

Mortgage Company _____ Loan # _____

Mortgage Amount _____ Loan Terms _____

Agent _____ Phone _____

Name on Deed _____

Deed Location _____

Property Description _____ Purchase Price _____

Address _____ Purchase Date _____

Mortgage Company _____ Loan # _____

Mortgage Amount _____ Loan Terms _____

Agent _____ Phone _____

Name on Deed _____

Deed Location _____



Property Insurance

Property Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Property Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Property Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Property Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Property Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____



Vehicle Information

For You

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ **Terms** _____

Agent _____ Phone _____

Name on Title _____

Title Location _____

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ **Terms** _____

Agent _____ Phone _____

Name on Title _____

Title Location _____



Vehicle Information

For You

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____



Vehicle Information

For Your Spouse

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____



Vehicle Information

For Your Spouse

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____



Vehicle Information

For Others

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____



Vehicle Information

For Others

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____

Description _____

Purchase Price _____ Purchase Date _____

VIN# _____

Dealership _____ Phone _____

Loan or Lease Comp _____ **Loan#** _____

Loan or Lease Amount _____ Terms _____

Agent _____ Phone _____

Name on Title _____

Title Location _____



Vehicle Insurance

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____



Vehicle Insurance

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____

Vehicle Ins Comp _____ Policy # _____
Policy Type _____ Date _____
Agent _____ Phone _____
Policy Location _____



Special Treasures

For You

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____



Special Treasures

For You

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____



Special Treasures

For Your Spouse

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____



Special Treasures

For Your Spouse

Item _____ Value _____
 Location _____ Date Acquired _____
 Insurance Information _____
 Special Note _____

Item _____ Value _____
 Location _____ Date Acquired _____
 Insurance Information _____
 Special Note _____

Item _____ Value _____
 Location _____ Date Acquired _____
 Insurance Information _____
 Special Note _____

Item _____ Value _____
 Location _____ Date Acquired _____
 Insurance Information _____
 Special Note _____

Item _____ Value _____
 Location _____ Date Acquired _____
 Insurance Information _____
 Special Note _____



Special Treasures

For Others

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____



Special Treasures

For Others

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____

Item _____ Value _____
Location _____ Date Acquired _____
Insurance Information _____
Special Note _____



Outside Interests

Business Interests

Here you will indicate any business that you own or in which you have partial ownership. You will be able to list where important business documents are located. Also, list someone to contact in case you can no longer make business decisions. Consult your attorney about how the ownership of your business interest should be titled.

It is very important that you have a continuity plan to manage the value of your business. A family owned business could easily be the largest single asset you have. Managing its value to heirs by having proper agreements in place can make an important financial difference. Update these agreements and get proper legal counsel in drafting them.

Memberships

In this section we have provided ample space for you to list any of the various clubs or organizations you belong to as well as your church and/or faith preference. Some examples of these might be a country club, fraternity, sorority, Masonic lodge, PTA, bridge club, just to name a few. If they are not important to you, do not list them, but if they are your loved ones should know about them.



Business Interests

For You

Business Name _____ Tax ID _____

Address _____ Phone _____

Business Industry _____ Date Started _____

Ownership: LLC C-Corporation S-Corporation Partnership Sole Proprietor

Percentage of Ownership _____ No of Shares _____

Your Position _____

Other Owners or Principles _____

Agreement Type _____ Date Drafted _____

Agreement Location _____

Attorney _____ Phone _____

CPA _____ Phone _____

Tax Record Location _____

Additional information, comments, with whom to communicate with at the business, your special desires for the business should you become incapacitated.



Business Interests

For You

Business Name _____ Tax ID _____

Address _____ Phone _____

Business Industry _____ Date Started _____

Ownership: LLC C-Corporation S-Corporation Partnership Sole Proprietor

Percentage of Ownership _____ No of Shares _____

Your Position _____

Other Owners or Principles _____

Agreement Type _____ Date Drafted _____

Agreement Location _____

Attorney _____ Phone _____

CPA _____ Phone _____

Tax Record Location _____

Additional information, comments, with whom to communicate with at the business, your special desires for the business should you become incapacitated.



Business Interests

For Your Spouse

Business Name _____ Tax ID _____

Address _____ Phone _____

Business Industry _____ Date Started _____

Ownership: LLC C-Corporation S-Corporation Partnership Sole Proprietor

Percentage of Ownership _____ No of Shares _____

Your Position _____

Other Owners or Principles _____

Agreement Type _____ Date Drafted _____

Agreement Location _____

Attorney _____ Phone _____

CPA _____ Phone _____

Tax Record Location _____

Additional information, comments, with whom to communicate with at the business, your special desires for the business should you become incapacitated.



Business Interests

For Your Spouse

Business Name _____ Tax ID _____

Address _____ Phone _____

Business Industry _____ Date Started _____

Ownership: LLC C-Corporation S-Corporation Partnership Sole Proprietor

Percentage of Ownership _____ No of Shares _____

Your Position _____

Other Owners or Principles _____

Agreement Type _____ Date Drafted _____

Agreement Location _____

Attorney _____ Phone _____

CPA _____ Phone _____

Tax Record Location _____

Additional information, comments, with whom to communicate with at the business, your special desires for the business should you become incapacitated.

Memberships

For You

Religious Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Memberships

For Your Spouse

Religious Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Memberships

For Others

Member's Name _____
Religious Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Memberships

For Others

Member's Name _____
Religious Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

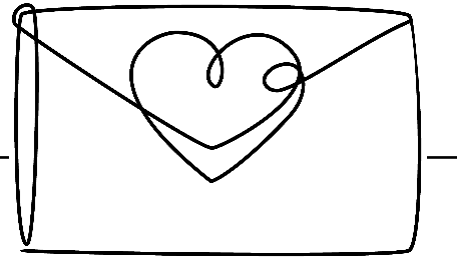
Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Member's Name _____
Organization _____ Phone _____
Address _____
Contact Person _____ Phone _____

Chapter 7



Final Wishes

Notify in Case of Death, Organ Donation, Funeral Preferences & Obituary Information

In this section, pay special attention to listing the special people and organizations that you wish to be notified of your death.

You will also list you and your spouse's wishes as they relate to these areas. Many of these might be covered in your will and/or codicils attached to it. If you have questions on these issues, please consult your attorney.

Love Notes

In this special section, write special messages to your loved ones and others. These notes represent your final thoughts and last words to those left behind.

They may include instructions to loved ones concerning unfinished business matters, special instructions for the care of pets, or maybe who you want to have your personal items that might be meaningful as a remembrance of you.

This may not be an easy task, but it may be the last time you will be able to communicate with people left on this good ole' earth. Search your heart for final messages you may have for each person with which you care to communicate.

If you do not feel comfortable expressing your thoughts on the following pages, consider writing sealed letters addressed to specific loved ones. Simply note the location of the letters in this section so they can be found after your death or incapacitation. You may want to keep the letters with this organizer, so they are readily available.

Finally, should you need help in composing thoughts for these notes, consider consulting your pastor or other church leader, or that special person who you know can help.



Immediately Notify in Case of Death

For You

Name	Relationship	Contact Information

For Your Spouse

Name	Relationship	Contact Information

Organ Donation

Your Wishes

(please initial)

_____ I wish to donate my body

_____ I wish to donate my organs

Preferred Organization for Donation _____

Signature _____ Date _____

Witness _____ Date _____

Your Spouse's Wishes

(please initial)

_____ I wish to donate my body

_____ I wish to donate my organs

Preferred Organization for Donation _____

Signature _____ Date _____

Witness _____ Date _____

Funeral Preferences

For You

I prefer not to have a Funeral or Memorial Service

Signature _____ Date _____

Witness _____ Date _____

I prefer a Funeral or Memorial Service and my wishes are:

_____ Visitation

_____ Open Casket

_____ Photos

_____ Religious Service

_____ Closed Casket

_____ Flowers

_____ Memorial Service

_____ Burial

_____ In Leu of Flowers

_____ Military Service

_____ Cremation

I have a Prepaid Funeral Plan with (Cemetery Plot, Crematory, etc)

Company _____ Phone _____

Contact _____

Address _____

Indicate here if any arrangements have been made

Location _____ Phone _____

Address _____

Epithet: List here any wording or saying for grave marker or urn

Funeral Preferences

For Your Spouse

I prefer not to have a Funeral or Memorial Service

Signature _____ Date _____

Witness _____ Date _____

I prefer a Funeral or Memorial Service and my wishes are:

_____ Visitation

_____ Open Casket

_____ Photos

_____ Religious Service

_____ Closed Casket

_____ Flowers

_____ Memorial Service

_____ Burial

_____ In Leu of Flowers

_____ Military Service

_____ Cremation

I have a Prepaid Funeral Plan with (Cemetery Plot, Crematory, etc)

Company _____ Phone _____

Contact _____

Address _____

Indicate here if any arrangements have been made

Location _____ Phone _____

Address _____

Epithet: List here any wording or saying for grave marker or urn

Obituary Information

For You

I have written an obituary and it's located _____

Date of Birth _____ Place of Birth _____

Education & Military Service

Employment History

Achievements & Awards

Hobbies & Special Interests

Special Words

Obituary Information

For Your Spouse

I have written an obituary and it's located _____

Date of Birth _____ Place of Birth _____

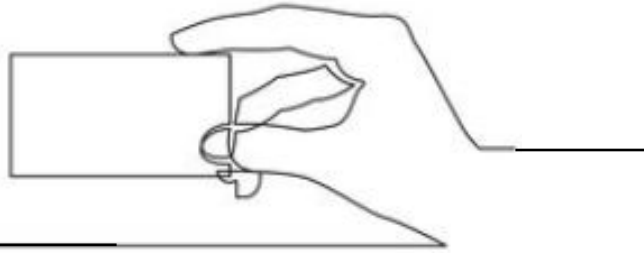
Education & Military Service

Employment History

Achievements & Awards

Hobbies & Special Interests

Special Words



Contacts

It's important that those left behind know who to call for advice in a number of areas. The people in this section are your trusted advisors in whom you have placed your confidence over the years. They will be working with your family to ensure that your wishes are appropriately carried out.

The following pages will allow you to list business professionals, doctors & specialists, insurance agents, other service providers and personal contacts.



Business Professionals

Financial Advisor _____
Address _____
Phone _____ Email _____

Personal Attorney _____
Address _____
Phone _____ Email _____

Business Attorney _____
Address _____
Phone _____ Email _____

My Trustee _____
Address _____
Phone _____ Email _____

Executor _____
Address _____
Phone _____ Email _____

Accountant _____
Address _____
Phone _____ Email _____

Other _____
Address _____
Phone _____ Email _____

Other _____
Address _____
Phone _____ Email _____



Doctors & Specialists

Primary Doctor _____
Address _____
Phone _____ Email _____

Dentist _____
Address _____
Phone _____ Email _____

Pharmacy _____
Address _____
Phone _____ Email _____

Medical Provider _____
Address _____
Phone _____ Email _____

Medical Provider _____
Address _____
Phone _____ Email _____

Medical Provider _____
Address _____
Phone _____ Email _____

Medical Provider _____
Address _____
Phone _____ Email _____

Medical Provider _____
Address _____
Phone _____ Email _____



Insurance Agents

Life Insurance _____

Address _____

Phone _____ Policy # _____

Disability Insurance _____

Address _____

Phone _____ Policy # _____

Long-Term Care Insurance _____

Address _____

Phone _____ Policy # _____

Health Insurance _____

Address _____

Phone _____ Policy # _____

Home/Property Insurance _____

Address _____

Phone _____ Policy # _____

Vehicle Insurance _____

Address _____

Phone _____ Email _____

Other Insurance _____

Address _____

Phone _____ Email _____

Other Insurance _____

Address _____

Phone _____ Email _____



Other Service Providers

Home

Cable _____	Acct _____	Phone _____
Internet _____	Acct _____	Phone _____
Phone Co. _____	Acct _____	Phone _____
Utilities _____	Acct _____	Phone _____
Water _____	Acct _____	Phone _____
Land Lord _____		Phone _____
Appliance _____		Phone _____
Cleaning _____		Phone _____
Computer _____		Phone _____
Electrician _____		Phone _____
Handy man _____		Phone _____
Heating/Cooling _____		Phone _____
Garage Door _____		Phone _____
Painter _____		Phone _____
Plumber _____		Phone _____
Sewer _____		Phone _____
Lawn _____		Phone _____
Pool _____		Phone _____
Sprinkler _____		Phone _____
_____		Phone _____
_____		Phone _____



Other Service Providers

Auto

Car Dealership _____	Phone _____
Auto Brakes _____	Phone _____
Auto Muffler _____	Phone _____
Auto Repair _____	Phone _____
Auto Tires _____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Pets

Doggie Day Care _____	Phone _____
Pet Groomer _____	Phone _____
Veterinarian _____	Phone _____
_____	Phone _____

Other

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____



Personal Contacts

For You

Pastor _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Other _____
Address _____
Phone _____ Email _____

Other _____
Address _____
Phone _____ Email _____



Personal Contacts

For Your Spouse

Pastor _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Trusted Friend _____
Address _____
Phone _____ Email _____

Other _____
Address _____
Phone _____ Email _____

Other _____
Address _____
Phone _____ Email _____



Personal Contacts

For Others

Name _____
Address _____
Phone _____ Email _____

Name _____
Address _____
Phone _____ Email _____

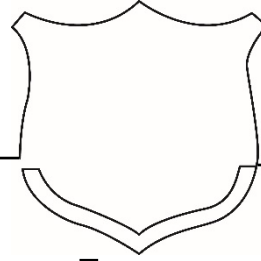
Name _____
Address _____
Phone _____ Email _____

Name _____
Address _____
Phone _____ Email _____

Name _____
Address _____
Phone _____ Email _____

Name _____
Address _____
Phone _____ Email _____

Name _____
Address _____
Phone _____ Email _____



Security Information

When to Shred It

Included in this book is a page to give guidance on how long to keep important documents. As you know, there are multiple significant records to maintain for the different parts of your life, and you will want to ensure they stay current.

Safety Deposit Box & Safe

In this section you will record information concerning your safety deposit box and/or safe. There will be ample space for you to list the documents that you keep in them. Your loved ones need to know what is inside and who has access.

Please consult your attorney, CPA, and/or financial advisor about what to keep in your safe or safety deposit box, as there are certain items - such as a life insurance policy and this organizer - that don't need to be kept in a bank safe deposit box or safe.

Log Ins & Passwords

In the event of your death or incapacitation, your loved ones will need to have access to all your essential passwords. This will allow them access to your accounts so they can efficiently pay your bills and help in the distribution of your estate.

In addition, as you get older, you might tend to forget logins and passwords. This section can be used as a reference going forward. Just remember to keep it up-to-date whenever you change logins and passwords.

When to Shred It

Documentation *Time to Shred*

Vehicle Titles	Once sold or discarded
Loan Documentation	Once paid in full
Mortgage Statements	Once property is sold
Credit Card Records	Once paid off, unless tax related
Social Security Statements	After One year
Monthly Investment Statements	After One year
Reconciled Bank Statements	After One year
State and Federal Income Tax Returns	After Seven years along with supporting documents including W-2 and 1099 forms, charitable contribution and tax deduction receipts, real estate records
Annual Investment Statements	After Seven years
Birth Certificates	Never
Social Security Cards	Never
Passports	Never
Marriage/Divorce Papers	Never
Wills and/or Trust Documents	Never
Insurance Policies (annually update household inventory)	Never
Pension and Retirement Plan Records	Never
Medical Records	Never
Education Records	Never

Scanning your documents into readable format and storing the files on your computer or separate hard drive is a way to store valuable information. If that's not an option, make copies of your most important documents, place them in sealable bags and consider keeping them in a safety deposit box for safe storage.

Putting things in order sometimes appears to make more of a mess, so as you systematize your files, be sure to properly and safely discard sensitive paperwork.

This list is intended for informational purposes only and may not meet all individuals document retention needs.



Safety Deposit Box

Bank Name _____
Address _____
Box # _____ Key # _____ Key Location _____
Who has access to the box _____

Date _____ Revised Date _____ Revised Date _____
Revised Date _____ Revised Date _____ Revised Date _____

Contents of Box

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____



Personal Safe

Safe Location _____

Combination _____

Who has access to the safe _____

Date _____ Revised Date _____ Revised Date _____

Revised Date _____ Revised Date _____ Revised Date _____

Contents

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____



11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____



Log Ins & Passwords

For You

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

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Log In _____ Password _____

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Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____



Log Ins & Passwords

For You

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

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Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____



Log Ins & Passwords

For Your Spouse

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

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Log In _____ Password _____

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I use this website for _____
Log In _____ Password _____



Log Ins & Passwords

For Your Spouse

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

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Log In _____ Password _____

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Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____



Log Ins & Passwords

For Others

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

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Log In _____ Password _____



Log Ins & Passwords

For Others

Company _____ Website _____
I use this website for _____
Log In _____ Password _____

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Log In _____ Password _____

Company _____ Website _____
I use this website for _____
Log In _____ Password _____



It's A Wrap

This book is for you and those you love.

Wow! Great job on completing your Essentials notebook! You did amazing finishing this extensive, in depth, detailed book. It is OLV Investment Group's hope that you find it to be extremely beneficial for you and your family and a tremendous resource for your future needs.

Your family will be forever grateful you took the time to complete this notebook. Please let someone whom you trust know the location of this book so it will be accessible to them when they may need it.

Again, it may be wise to review this notebook on an annual basis, perhaps with your financial advisor. (Remember, pages that contain logins, passwords, PINs, and safe deposit box information are for you only.) As life continues to change and updates need to be made please contact OLV Investment Group for additional pages you may require. Also, if you have questions, please feel free to give OLV Investment Group a call and we'd be happy to assist you in any way for your financial needs.

Certificate

At the end of this notebook, a completion certificate is included for you to fill out and date it so your family knows when you took the time to provide this information.

Thank You

It has been an honor for us at OLV Investment Group to be a part of your lives. Thank you for the opportunity to provide you with this resource that will hopefully help you and your loved ones. We do cherish our relationships with you and strive to do our best to provide you with the service and tools you may need for your financial lives and futures

Warm regards,

OLV Investment Group Team

This list is intended for informational purposes only. It is not intended to be used as the sole basis for financial decisions, nor should it be construed as advice designed to meet the particular needs of an individual's situation.

OLV Investment Group is not permitted to offer and no statement made in this list shall constitute tax or legal advice.

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OLV INVESTMENT GROUP

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Certificate Of

COMPLETION

Congratulations!

GOOD FOR YOU! WAY TO GO!
YOU'RE INCREDIBLE!

GREAT JOB, IT'S PERFECT!

NAMES & DATES
