



Ray Ferrera, CFP®

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Clearwater, FL 33756
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<https://www.UpYourAssets.org>



THE ESTATE NAVIGATOR™

I am dead...In Heaven...and don't want you to tell me to go to hell.

Samantha Saver

Prepared on April 30, 2026

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Personal Information

Name **First Name** **Middle Name** **Last Name** **Suffix**
Samantha Saver

Home Address **Street Address** **City** **State**
123 Easy Street Tampa FL

Zip **County** **Country**
33601 Hillsborough USA

Birth **Date of Birth**
7/4/1976

Place of Birth **City** **State/Province**
Almost Retired State of Freedom
Florida

County **Country**
Pinellas USA

Personal IDs **Driver's License Number** **Driver's License State**
S4V3R-404-AI Florida

SSN/TIN **Passport Number** **TSA PreCheck KTN**
543-404-410 S4V3R404410

Citizenship
Born To Save in the USA

Phone **Personal** **Work**
813-123-1234 727-123-1234

Phone Unlock Code/PIN **Code**
12345

Attachment: Saver Birth Certificate.jpg


Certified
DOCUMENT OF
BIRTH



NAME:

SAMANTHA I. SAVER™

DATE OF BIRTH:

 JULY 4, 1976

PLACE OF BIRTH:

The Cloud
(U.S. Data Region)

PARENTS:

Logic & Discipline

WEIGHT AT BIRTH:

8 lbs of pure ROI

*Certified by the Department of Financial
Responsibility*

A stylized signature in black ink, appearing to read "John" or similar.

LINK TO DEID: **6337404-AI**

QUICK CODE: 233790

ISSUE DATE: 01-01-2026



Attachment: Passport

STATE OF FINANCIAL FREEDOM

SOCIAL I/O CARD

SAMANTHA I. SAVER™

AI Financial Navigator

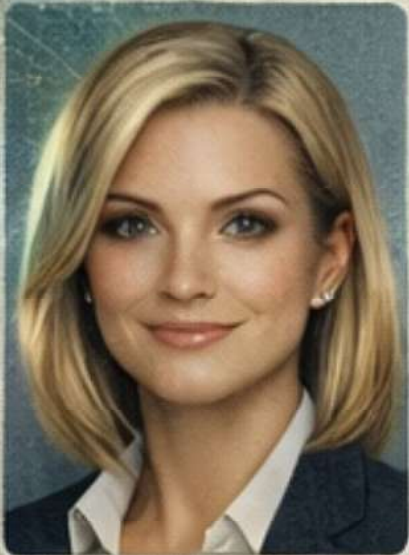
- DLMR: S4V3R404-410
- DOB: JULY 4, 1976
- ISSUED: 01-01-2026
- ENDORSEMENTS: WEALTH -
- LEGACY: ORGANIZATION
- RESTRICTIONS: None. Except bad decisions.

Attachment: Passport



STATE OF FINANCIAL FREEDOM
PASSPORT

STATE OF FINANCIAL FREEDOM
PASSPORT



IDENTIFICATION PASSPORT

SAMANTHA I. SAVER™

PASSPORT: SAV3R404-410

JULRY 4, 1976 ★

THE CLOUD (U.S. Data Region)

ISSUE: 01-01-2026

F | FINANCIAL

Samantha I. Saver

STATE OF FINANCIAL FREEDOM
LICENSE

SAMANTHA I. SAVER™

DL#: S4V3R-404-AI

DOB: JULY 4, 1976 ★

ISSUED: 01-01-2026

CLASS: **F** | FINANCIAL

ENDORSEMENTS: WEALTH • LEGACY • ORGANIZATION

RESTRICTIONS: NONE. EXCEPT BAD DECISIONS.

BDAY: 07-04-1976

ISSUE: 01-01-2026

AI VERIFIED

STATE OF FINANCIAL FREEDOM ★ LICENSE

Email

Personal

Work

samisasaver@upyourassets.org

Personal Email Login URL

www.upyourassets.org

Personal Email Password

Saver76

Marital Status

Married Divorced Widowed Never Married

Occupation

Position/Job Title

Industry

Marketing

Intelligence

Employer

Organization Name

Department/Division

Family Legacy Corp

Wealth Creation

Street Address

City

State

1 GOLD Street

Tampa

FL

Zip

Country

33602

USA

HR Contact

First Name

Middle Name

Last Name

Suffix

Esther

Investor

Company Name

Family Legacy Corp

Physical Address

City

State

1 GOLD Street

Tampa

FL

Zip

County

Country

33602

Hillsborough

USA

Mailing Address (if different)

City

State

Zip

County

Country

Phone

Email

Note

Esther is the HR Contact for My Benefits

Spouse

| | | | |
|-------------------|--------------------|------------------|---------------|
| First Name | Middle Name | Last Name | Suffix |
| Will | B | Saver | |

Maiden Name
Saver

| | | |
|----------------------|-------------------------|------------------------|
| Date of Birth | Date of Marriage | Date of Divorce |
| 01/01/1976 | 4/1/2020 | |

Date of Death

| | |
|--------------------------------|-------------------------------|
| Driver's License Number | Driver's License State |
| DL987465132 | Florida |

| | | |
|----------------|------------------------|-------------------------|
| SSN/TIN | Passport Number | TSA PreCheck KTN |
| 654-90-3575 | PA-2594103265 | TSA-4656-7891 |

Citizenship
USA

Spouse Phone

| | |
|-----------------|-------------|
| Personal | Work |
| 727-777-7777 | |

Spouse Email

| | |
|-----------------|-------------|
| Personal | Work |
| will@email.com | |

Spouse Occupation

| | |
|---------------------------|------------------|
| Position/Job Title | Industry |
| Marketing Director | BIGTIME Industry |

Spouse Employer

| | |
|--------------------------|----------------------------|
| Organization Name | Department/Division |
| Big Markets | Global Marketing |

| | | |
|-----------------------|-------------|--------------|
| Street Address | City | State |
| 500 Silver Street | Clearwater | FL |

Zip **Country**

*Spouse
Supervisor*

First Name **Middle Name** **Last Name** **Suffix**

Company Name

Physical Address **City** **State**

Zip **County** **Country**

Mailing Address (if different) **City** **State**

Zip **County** **Country**

Phone **Email**

Note

Family

Mother

| | | | |
|-------------------|--------------------|------------------|---------------|
| First Name | Middle Name | Last Name | Suffix |
| Mary | B | Investor | |

Maiden Name
Stocks

| | | |
|-------------------------|-------------|--------------|
| Physical Address | City | State |
| 1234 Desert Drive | Tucson | AZ |

| | | |
|------------|---------------|----------------|
| Zip | County | Country |
| 85641 | Pima | USA |

| | | |
|---------------------------------------|-------------|--------------|
| Mailing Address (if different) | City | State |
| | | |

| | | |
|------------|---------------|----------------|
| Zip | County | Country |
| | | |

| | |
|--------------|--------------|
| Phone | Email |
| | |

| | |
|----------------------|----------------------|
| Date of Birth | Date of Death |
| 8/8/1948 | |

SSN/TIN
987-56-4178

Financial

Attachment: Other

SAMANTHA

SAVER

INVESTMENT

STATEMENT

Funeral Plans

Cemetery

Name of Cemetary

Eternal Rest Cemetary

Contact Person

Pearl E. Gates

Veteran

Service Branch

Army Navy Air Force Marines Coast Guard

Other

Rank at Discharge

Lt. Colonel

Service Number

AF-B26-6151922

Type of Discharge

Honorable

Personal
Information

First Name

Middle Name

Last Name

Suffix

SSN

Date of Birth

Place of Birth

Burial
Information

Preferred Burial Location

Yes No

VA National Cemetary

Beneficiary
Information

First Name

Middle Name

Last Name

Suffix

Relationship to Veteran

Phone

Email

Address

Application
Details (VA Form
21P-530EZ)

Application Submitted Date

Submitted By

Miscellaneous

Mortgage

Creditor

ABC Mortgage

Account Number

ABC-123

Amount Owed

275,000

Monthly Payment

1200

Interest Rate

5

Co-Signer

None

Online Portal/Login URL

www.abcmortgage.com

Online Username

SaverFamily1

Online Password

Mymortgagepassword
1

Phone Number

800-987-1234

Note

POC is Jimbo Jumbo at ext. 5376

Life

Company

Large Insurance CO

Start Date

Policy Number

50W13246549

Group Number

Coverage Type

Universal Life

Co-Insured

Beneficiary (Primary)

Son 1

Percentage

50

Beneficiary (Secondary)**Percentage**

Daughter 2

50

Online Portal/Login URL

largeinsurance.com

Online Username

SaverInsurance

Online Password

InsurancePassword2

Phone Number

800-654-8465

Note

The policy is paid up based on the MNLP.

*Primary Care
Physician***First Name**

Dr. Doctor

Middle Name**Last Name**

Goodnews

Suffix**Company Name**

BigCare

Physical Address

123 Healthy Way

City

Cleetwater

State

FL

Zip

33715

County

Pinellas

Country

USA

Mailing Address (if different)

Same Address

City**State****Zip****County****Country****Phone****Email****Note**

Al will have a copy of the Estate Navigator.

*Executor***First Name**

Al

Middle Name

B

Last Name

Trustworthy

Suffix**Company Name**

Trustworthy Law Group

Physical Address

987 Legal Lane

City

Clearwater

State

FL

Attachment: Other

SAMANTHA

SAVER

Estate

Navigator

INFO

Zip 33717 **County** Pinellas **Country** USA

Mailing Address (if different) **City** **State**

Zip **County** **Country**

Phone 800-784-7894 **Email** albtrustorthy@trust.com

Pet

Name Lucky **Type** Dog **Breed** Golden Retriever

Color Gold **Weight** 30 **Date of Birth** 7/4/2025

Schedule & Routines
8am Morning Bowl that is 6 ounces and a 4pm bowl that is 6 ounces

Dietary Needs

Medical Conditions
none

Prescriptions
none

Microchip Info
Chipped and ID number is D-2119048

Vet

First Name Vera **Middle Name** **Last Name** Vetted **Suffix**

Company Name
Florida Veterinary Alliance

Physical Address 4 Paw Place **City** Clearwater **State** FL

Zip 33716 **County** Pinellas **Country** USA

Mailing Address (if different) **City** **State**

Attachment: SAMANTHA SAVER General Info.pdf

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Other

SAMANTHA

SAVER

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Navigator

INFO

Zip **County** **Country**

Phone **Email**

Checking

Institution

Account Number **Routing Number**

Co-Owner

Online Portal/Login URL

Online Username **Online Password**

Phone Number

Note

Investment

Institution

Account Number

Account Registration

| Beneficiary (Primary) | Percentage |
|----------------------------------|---------------------------------|
| <input type="text" value="Son"/> | <input type="text" value="50"/> |

| Beneficiary (Secondary) | Percentage |
|---------------------------------------|---------------------------------|
| <input type="text" value="Daughter"/> | <input type="text" value="50"/> |

Online Portal/Login URL

Online Username **Online Password**

Attachment: Other

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: SAMANTHA SAVER General Info.pdf

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Death Certificate

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Death Certificate

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Death Certificate

SAMANTHA

SAVER

Estate

Navigator

INFO

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SAMANTHA

SAVER

Estate

Navigator

INFO

Phone Number

Note

Primary Residence

Owner Address

City

State

Zip

County

Country

Date of Acquisition

Owner

Co-Owner

Tax ID

Type of Property

Property Is For Personal Use Investment Property

Homestead Not Homestead

Vacation Home

Owner Address

City

State

Zip

County

Country

Date of Acquisition

Owner

Co-Owner

Tax ID

Type of Property

Property Is For Personal Use Investment Property

Homestead Not Homestead

Note

Attorney

First Name

Middle Name

Last Name

Suffix

Company Name

Physical Address

City

State

Zip

County

Country

Mailing Address (if different)

City

State

Zip

County

Country

Phone

Email

Email

Site/Company

Created Date

Website URL

Username

Password

Attachment: Other

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Other

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Other

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Other

SAMANTHA

SAVER

Estate

Navigator

INFO

Attachment: Other

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Navigator

INFO