

Estate Planning Organizer

This document will help you take inventory of your property and assets, and will guide our discussion of the best possible structures for your estate plan. If you use Adobe Acrobat Reader, you can type directly into this form on your computer. Or, simply print it out and fill out by hand. Be as complete as possible, using additional sheets as needed. If you're filling this out with your spouse, there is space to indicate assets held jointly or separately.

Contact Information:

Name: Mr. / Mrs. / Ms. / Dr. _____

Date of Birth (d/m/y): _____ / _____ / _____

Place of Birth: _____

Social Security Number: _____ - _____ - _____

If you have ever used another name, list and explain:

Citizenship: _____

U.S. Military Service? yes no

Mailing address: _____

Preferred phone: _____

- work cell home
 OK to leave you messages on this line?

Alternate phone: _____

- work cell home
 OK to leave you messages on this line?

Email: _____

Employer: _____

Work address: _____

Spouse:

Name: Mr. / Mrs. / Ms. / Dr. _____

Date of Birth (d/m/y): _____ / _____ / _____

Place of Birth: _____

Social Security Number: _____ - _____ - _____

If you have ever used another name, list and explain:

Citizenship: _____

U.S. Military Service? yes no

Mailing address: _____

Preferred phone: _____

- work cell home
 OK to leave you messages on this line?

Alternate phone: _____

- work cell home
 OK to leave you messages on this line?

Email: _____

Employer: _____

Work address: _____

Name: _____

Existing Estate Plan:

Please mark which of the following you have (if any):

- Last Will and Testament dated: _____
- Revocable Living Trust dated: _____
- Living Will dated: _____
- Health care power of attorney dated: _____
- Financial power of attorney dated: _____
- Other: _____ dated: _____

Marital Status: Single Married Divorced
 Separated Widowed

If married, date: _____ place: _____

Prior spouses

Name: _____

Divorced Deceased date: _____

Name: _____

Divorced Deceased date: _____

Name: _____

Divorced Deceased date: _____

Name: _____

Divorced Deceased date: _____

Advisors:

Accountant: _____

Phone: _____

Email: _____

May I discuss your estate with this person? yes no

Financial Planner: _____

Phone: _____

Email: _____

May I discuss your estate with this person? yes no

Insurance Advisor: _____

Phone: _____

Email: _____

May I discuss your estate with this person? yes no

Safety Deposit Box:

Bank name: _____ Box #: _____

Branch address: _____

Registered to (list all): _____

Spouse's name: _____

Existing Estate Plan:

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- Last Will and Testament dated: _____
- Revocable Living Trust dated: _____
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- Financial power of attorney dated: _____
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Phone: _____

Email: _____

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Phone: _____

Email: _____

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Safety Deposit Box:

Bank name: _____ Box #: _____

Branch address: _____

Registered to (list all): _____

Income and Assets

Your estate plan needs to be comprehensive. This document will help you compile a complete inventory of your estate. It will also help me identify the best methods for distributing your assets efficiently.

Cash Accounts:

1. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by: _____
2. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by: _____
3. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by: _____
4. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by: _____
5. **Financial institution:** _____ Current value: _____
Account number: _____ Type: *Checking* *Savings*
Owned by: _____
- TOTAL VALUE:** _____

Real Estate:

1. **Address & Description:** _____
 House *Condo* *Coop* Approx. current value: _____ Mortgage: _____
 Multi-unit residential *Commercial* Net equity: _____ Rental income (monthly): _____
Owned by: _____
2. **Address & Description:** _____
 House *Condo* *Coop* Approx. current value: _____ Mortgage: _____
 Multi-unit residential *Commercial* Net equity: _____ Rental income (monthly): _____
Owned by: _____
3. **Address & Description:** _____
 House *Condo* *Coop* Approx. current value: _____ Mortgage: _____
 Multi-unit residential *Commercial* Net equity: _____ Rental income (monthly): _____
Owned by: _____
- TOTAL VALUE:** In-state property: _____ Out-of-state property: _____

Retirement Accounts:

1. Financial institution: _____ Type of Plan: _____

Approx. current value: _____ Account number: _____

Beneficiaries: _____

Owned by: _____

2. Financial institution: _____ Type of Plan: _____

Approx. current value: _____ Account number: _____

Beneficiaries: _____

Owned by: _____

3. Financial institution: _____ Type of Plan: _____

Approx. current value: _____ Account number: _____

Beneficiaries: _____

Owned by: _____

4. Financial institution: _____ Type of Plan: _____

Approx. current value: _____ Account number: _____

Beneficiaries: _____

Owned by: _____

5. Financial institution: _____ Type of Plan: _____

Approx. current value: _____ Account number: _____

Beneficiaries: _____

Owned by: _____

TOTAL VALUE: _____

Life Insurance:

1. Company: _____

Name insured: _____ Policy number: _____

Beneficiaries: _____ Death benefit: _____

2. Company: _____

Name insured: _____ Policy number: _____

Beneficiaries: _____ Death benefit: _____

Stocks, Bonds, Mutual Funds, etc:

1. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

2. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

3. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

4. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

5. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

6. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

7. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

8. Institution: _____ Account / Shares: _____

Approx. current value: _____ Owned by: _____

TOTAL VALUE: _____

US Government Bonds:

1. Issue Date: _____ Face value: _____ Current value: _____

Owned by: _____ Payable on death to: _____

2. Issue Date: _____ Face value: _____ Current value: _____

Owned by: _____ Payable on death to: _____

3. Issue Date: _____ Face value: _____ Current value: _____

Owned by: _____ Payable on death to: _____

Annuities and other financial assets:

1. Company: _____ Held by: _____

Description: _____ Beneficiaries: _____

Approx. contribution: _____ Approx. value: _____ Death benefit: _____

2. Company: _____ Held by: _____

Description: _____ Beneficiaries: _____

Approx. contribution: _____ Approx. value: _____ Death benefit: _____

3. Other: _____

Business or trust property:

Please list the details of any business or trust property here.

TOTAL VALUE: _____

Other property:

Please list automobiles, boats, antiques, family heirlooms, jewelry, or other material assets. Use a separate sheet if needed.

TOTAL VALUE: _____

Assets & Liabilities Summary Tables

Please list your name in the first column, and your spouse's name in the second column (if applicable). The third column is for assets owned jointly. Remember, each asset's value should appear in only one column.

Assets	Value		
<i>Owned by:</i>			Joint
Monthly income (salary, rental income, social security income, retirement income, bonuses, business, dividends, etc.)			
Cash accounts			
Real estate in-state			
Real estate out-of-state			
Retirement assets			
Stocks, Bonds, Mutual Funds, etc.			
U.S. Government bonds			
Annuities and other financial assets			
Notes (money owed to you in writing)			
Money owed to you (not evidenced in writing)			
Life insurance			
Business or trust property			
Automobiles			
Boats and other vehicles			
Furniture and furnishings			
Collectibles, art, antiques			
Jewelry			
Sporting or other recreational equipment			
Other assets			
TOTAL ASSETS:			

Liabilities	Value		
<i>Held by:</i>			Joint
Mortgages on real estate			
Other mortgages			
Credit card accounts			
Auto loans			
Bank loans			
Debts not evidenced by a note			
Judgments			
Other liabilities			
TOTAL LIABILITIES:			

Bequests, Powers of Attorney, and Other Planning Considerations

Prior Agreements

Mark a check next to any of the following agreements that apply to either you or your spouse:

- | | |
|---|---|
| <input type="checkbox"/> Pre- or Post-Marital Agreement | <input type="checkbox"/> Property Co-Ownership Agreement |
| <input type="checkbox"/> Family Trust Agreement | <input type="checkbox"/> Buy-Sell / Shareholder Agreement |
| <input type="checkbox"/> Divorce Settlement Agreement | <input type="checkbox"/> 529 College Savings Plan |

Comments:

**** Be sure to bring copies of these agreements with you to our initial meeting. ****

Monetary Gifts

Would you like to leave specific amounts of money, or percentages of your estate, to any specific people or charitable institutions? If so, please indicate these wishes here.

Personal Property

If you have any special gifts of property in mind, please list them here. These can include art, jewelry, antiques, furnishings, family heirlooms, vehicles, or other material items. It's fine if you're unsure which items you would like to give to specific people, or if you think you may want to modify these plans at a future date, just make a note of it.

Real Estate

Please consider how you would like each piece of real estate you own to be distributed upon your death. A property can be given to one person or several. It can also be sold, with the proceeds distributed as you wish, or it can be included in a trust for specific beneficiaries. We will discuss your options if you are unsure.

Residuary Estate

After the specific monetary and property bequests (listed on the previous page) have been satisfied, your “residuary estate” consists of your remaining assets. In this space, please note how your residuary estate should be divided and given. For example, it may go to one person or to several people and charitable entities, and in equal or unequal shares.

Pet Provision

If you have any pets (or may have them in the future), you may designate caretakers for your pets, as well as a monetary gift for use in care, feeding, and veterinary services for each pet.

Pet: _____ Primary caretaker: _____

Gift amount: _____ Alternate caretakers: _____

Personal Representative

You need to identify someone, either specific people or an institution, to manage your estate and/or trust. You may choose a family member or close friend, a trust company, or professionals (such as a CPA or attorney) for this important duty.

Your name: _____

Executor: _____

First alternate: _____ Second alternate: _____

Trustee: _____

First alternate: _____ Second alternate: _____

Your name: _____

Executor: _____

First alternate: _____ Second alternate: _____

Trustee: _____

First alternate: _____ Second alternate: _____

Other thoughts

Any other thoughts, ideas, concerns, or questions? Please share with me here.

Financial Power of Attorney

Through a power of attorney, you can give another person the legal ability to conduct certain business and personal affairs in your name, during your life.

You may grant this power to another person immediately, or you may have it go into effect only upon certification by your doctor that you are unable to manage your affairs.

Your name: _____

Primary representative: _____ Effective: once signed on medical certification

Alternate: _____ Effective: once signed on medical certification

Second alternate: _____ Effective: once signed on medical certification

Your name: _____

Primary representative: _____ Effective: once signed on medical certification

Alternate: _____ Effective: once signed on medical certification

Second alternate: _____ Effective: once signed on medical certification

Health Care Advance Directives / Health Care Proxy & Living Will

Indicate here who you would like to be your health care representative if you are unable to speak for yourself. You may give this power to the same person who takes care of your finances, but this is a different role — your health care representative has the power to make medical decisions on your behalf.

Your name: _____ Primary Representative: _____

First alternate: _____ Second alternate: _____

In case of a terminal injury or illness, do you want extraordinary care to prolong your life artificially? If you are unsure, we will discuss your options in person:

Your name: _____ Primary Representative: _____

First alternate: _____ Second alternate: _____

In case of a terminal injury or illness, do you want extraordinary care to prolong your life artificially? If you are unsure, we will discuss your options in person:

Guardians for Children Under Age 18

Indicate here who you wish to care for your children if you die, or became unable to care for them.

Child's name(s): _____

Guardian: _____ (and Spouse): _____

If either the guardian or spouse dies or is otherwise unable, may either partner act as sole guardian? Yes No

If the couple separates or divorces, which (if either) should become guardian? _____

1st Alternate Guardian: _____ (and Spouse): _____

If one of a married couple dies or is otherwise unable, may either partner act as sole guardian? Yes No

If the couple separates or divorces, which (if either) should become guardian? _____

2nd Alternate Guardian: _____ (and Spouse): _____

If one of a married couple dies or is otherwise unable, may either partner act as sole guardian? Yes No

If the couple separates or divorces, which (if either) should become guardian? _____

May the acting Guardian(s) live in your primary residence, rent-free, for the duration of the Guardianship? Yes No

Comments: _____

Delayed Distributions

You can delay gifts to your children or other minors until they have reached an adequate level of maturity. We will discuss these options in person before finalizing the plan — please read, but you may leave blank if you are unsure.

Trustee(s): _____

Alternate Trustee(s): _____

- Delayed distribution options:
- In trust until maturity
The trustee can use any amount from the trust, at any time, to support the beneficiary while he or she is a minor. Once the beneficiary reaches a certain age, the trustee gives the entire trust balance to him or her, and the trust is closed. This is a very common option.
 - In trust until age-based distribution
Similar to the option above, the trustee may use funds for the support of the beneficiary until he or she reaches a certain age. The beneficiary then receives the funds in age-based installments.

Contact Information

List all of your children and all individuals you have mentioned so far, including beneficiaries, guardians, executors, trustees, and those to be granted power of attorney. If you are filling this out with your spouse, please indicate any people who are related only to one of you under "relationship" (e.g., John's brother; our son)

1. **Name:** _____ **Relationship:** _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

2. **Name:** _____ **Relationship:** _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

3. **Name:** _____ **Relationship:** _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

4. **Name:** _____ **Relationship:** _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

5. **Name:** _____ **Relationship:** _____

Age: _____ Spouse: _____ Number of children: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Email: _____

6. Name: _____ Relationship: _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

7. Name: _____ Relationship: _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

8. Name: _____ Relationship: _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

9. Name: _____ Relationship: _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

10. Name: _____ Relationship: _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

11. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

12. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

13. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

14. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____

15. Name: _____ **Relationship:** _____
Age: _____ Spouse: _____ Number of children: _____
Address: _____
Home phone: _____ Work: _____ Cell: _____
Email: _____