

# Estate-Planning Organizer

This organizer is designed to help your team of estate-planning professionals and your survivors capture and understand important information relevant to the estate-planning process. This form may be referenced for years to come, so please answer as thoroughly as possible.

## Personal Information

Today's Date:

Your Full Name:

D.O.B.

SS#

Marital Status:  Married  Single  Widowed  Divorced  Separated or about to divorce

Employment Status:  Full time  Part time  Self-employed  Retired  Homemaker  Unemployed

Employer Name:

Occupation or Title:

Work phone:

Are you a U.S. citizen?  Yes  No

Spouse's full name:

D.O.B.

SS#

Maiden Name (if applicable):

Employment Status:  Full time  Part time  Self-employed  Retired  Homemaker  Unemployed

Employer Name:

Occupation or Title:

Work phone:

Is he/she a U.S. citizen?  Yes  No

Home address:

Mailing address:

Home phone:

## Personal Information Cont'd

	You	Your Spouse
How many living children do you have? (Please list)	Name: D.O.B.	Name: D.O.B.
	Name: D.O.B.	Name: D.O.B.
	Name: D.O.B.	Name: D.O.B.
	Name: D.O.B.	Name: D.O.B.
Are all your children legally yours (naturally or legally adopted)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many stepchildren do you have?		
Do you have a safe-deposit box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Name of institution:		
Address:		
Titled in whose name?		
Location of key:		
2. Name of institution:		
Address:		
Titled in whose name?		
Location of key:		
State of primary residence		
Which state issued your driver's license?		
In which state is your car registered?		
In which state(s) do you own real estate?		
Vacation home address		
Do you pay state income tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In which state?		
In which state do you plan to retire/live permanently?		
Have you ever lived in a community property state? (AZ, CA, ID, LA, NV, NM, TX, WA, WI or PR)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a prenuptial or postnuptial agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a divorce decree affecting your pension or other property rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		

## Professional Team Information

### Accountant/Tax Professional

Full name:

Firm name:

Phone:

Address:

City:

State/ZIP:

E-mail address:

### Estate-planning Attorney

Full name:

Firm name:

Phone:

Address:

City:

State/ZIP:

E-mail address:

### Financial Advisor(s)

Full name:

Firm name:

Phone:

Address:

City:

State/ZIP:

E-mail address:

### Financial Advisor(s)

Full name:

Firm name:

Phone:

Address:

City:

State/ZIP:

E-mail address:

## Estate-Planning Information

	You	Your Spouse
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review:		
Location of document:		
In which state was your will written?		
Name of executor/personal representative:	Phone:	Phone:
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Living <input type="checkbox"/> Testamentary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Living <input type="checkbox"/> Testamentary
Date of last review:		
Location of document:		
Name of trustee:		
Name of first successor trustee:	Phone:	Phone:
Name of second successor trustee:	Phone:	Phone:
Do you have a durable power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review:		
Location of document:		
Name of executor/personal representative:	Phone:	Phone:
Do you have a health care directive/living will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last review:		
Location of document:		
Name of personal representative:	Phone:	Phone:

## Other Important Information

	Location of Your Documents	Location of Your Spouse's Documents
<input type="checkbox"/> Adoption papers		
<input type="checkbox"/> Birth certificate		
<input type="checkbox"/> Marriage license		
<input type="checkbox"/> Divorce decree		
<input type="checkbox"/> Custody agreement		
<input type="checkbox"/> Education credentials		
<input type="checkbox"/> Military papers		
<input type="checkbox"/> Death certificates		
Name of deceased:		
Name of deceased:		
<input type="checkbox"/> Citizenship documents		
<input type="checkbox"/> Passport		
<input type="checkbox"/> Real estate deeds/purchase agreements		

## Financial Information

Do you own a home or any other real estate? (Indicate which is your primary residence/homestead)  Yes  No

Description & property location	Titled in whose name?	Market value	Mortgage	Equity
Total net value \$				

Do you have any rental property?  Yes  No

Monthly income: \$

Description & property location	Titled in whose name?	Market value	Mortgage	Equity
Total net value \$				

## Financial Information Cont'd

Do you own any other titled property such as a car, boat, etc.?  Yes  No

Description & property location	Titled in whose name?	Market value	Equity

Total value \$

Do you lease any vehicles or property?  Yes  No

Description	Location	Lease expiration date

Do you have any checking accounts?  Yes  No

Name of financial institution & account number	Titled in whose name?	Approx. balance

Total value \$

Do you have any interest-bearing accounts (savings, money market) and/or CDs?  Yes  No

Name of bank & account number	Titled in whose name?	Approx. balance

Total net value \$

Do you own any stocks, bonds or mutual funds (including company stock) outside a brokerage account?  Yes  No

No. of shares	Name of security	Titled in whose name?	Purchase price	Current value	Paper certificate?

Do you own a retirement plan? [IRA, 401(k), pension, etc.]  Yes  No

Name of financial institution & account number	Titled in whose name?	Primary beneficiary	Contingent beneficiary	Approx. value

## Financial Information Cont'd

Do you have any insurance policies?  Yes  No

Name of company:		Type of policy:		
Insured:		Policy owner:		
1st beneficiary:		2nd beneficiary:		
Death benefit:	Surrender value \$	Benefit period:	Premium \$	Cash value \$
Name of company:		Type of policy:		
Insured:		Policy owner:		
1st beneficiary:		2nd beneficiary:		
Death benefit:	Surrender value \$	Benefit period:	Premium \$	Cash value \$
Name of company:		Type of policy:		
Insured:		Policy owner:		
1st beneficiary:		2nd beneficiary:		
Death benefit:	Surrender value \$	Benefit period:	Premium \$	Cash value \$

Do you have any annuities?  Yes  No

Type (variable, fixed, etc.):				
Company name:				
Annuitant:		Annuity owner:		
Primary beneficiary:		Contingent beneficiary:		
Surrender value \$	Additional premium: \$	Cash value \$	Total value \$	
Type (variable, fixed, etc.):				
Company name:				
Annuitant:		Annuity owner:		
Primary beneficiary:		Contingent beneficiary:		
Surrender value \$	Additional premium: \$	Cash value \$	Total value \$	
Type (variable, fixed, etc.):				
Company name:				
Annuitant:		Annuity owner:		
Primary beneficiary:		Contingent beneficiary:		
Surrender value \$	Additional premium: \$	Cash value \$	Total value \$	

## Financial Information Cont'd

### Business Interests

Name & type of business:

Ownership structure:

Estimated value \$

% of ownership:

Name & type of business:

Ownership structure:

Estimated value \$

% of ownership:

Name & type of business:

Ownership structure:

Estimated value \$

% of ownership:

Does anyone owe you money?  Yes  No

Description:

Approx. value \$

Description:

Approx. value \$

Are you expecting to receive property or money from someone?  Yes  No

Description:

Source (gift, inheritance, etc):

Reason:

Approx. value \$

Description:

Source (gift, inheritance, etc):

Reason:

Approx. value \$

Are you the beneficiary or trustee of a trust created by someone else?  Yes  No

Type of trust:

Name of current trustee:

Name of successor trustee:

Where are assets held?

Address:

Do you have any special items of value, such as coin collections, antiques, jewelry, etc.?  Yes  No

Description:

Approx. value \$

Description:

Approx. value \$

Description:

Approx. value \$

Total net value \$

Do you have any credit cards?  Yes  No

Name:

Amount owed \$

Name:

Amount owed \$

Name:

Amount owed \$

Name:

Amount owed \$



## Estate-Planning Goals

### Special Gifts to Organizations

Do you want to make a gift (cash or item) to an organization?

(charity, foundation, religious/fraternal organization, etc.)  Yes  No

Name of organization	Description of gift	Alternate beneficiary

### Special Gifts to Individuals

Do you want to give any items or cash to a specific individual?

(wedding ring to your daughter, coin collection to nephew, etc.)  Yes  No

Name	Description of gift	Alternate beneficiary

How do you want your heirs to receive their inheritance?  Lump sum  In installments  At a certain age

If a child dies, do you want  that child's share to go to that child's children (your grandchildren), or  
 that child's share to be divided among your other living children?

	You	Your Spouse
Do you want to ensure that your children from a previous marriage receive a share of your estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Special Instructions for Incompetency

#### Keeping/Selling Assets

If necessary to pay for your care, do you want certain assets sold first?  Yes  No

Which assets?

Any other special instructions for management of your assets during your life?

#### Medical Care

Do you prefer a certain hospital/nursing home?  Yes  No

Address/identifier:

Do you want to avoid a certain hospital/nursing home?  Yes  No

Address/identifier:

## Estate-Planning Goals Cont'd

### Funeral and Burial Information

If you have a cemetery lot, where is it located?

Plot #:

Name of cemetery:

Phone:

How many open plots?:

Person to conduct service: Name:

Address:

Phone:

Second choice, if first unavailable: Name:

Address:

Phone:

Prepaid funeral plan?  Yes  No

Number:

If yes, name of funeral home or mortuary:

Address:

Phone:

If no, list name of desired funeral home or mortuary:

Address:

Phone:

Services to be held at:

Funeral home or mortuary: Name

Address:

Phone:

Church, synagogue or mosque: Name

Address:

Phone:

Type of service:  Family only  Include friends  Open to public

Final resting place:  Cemetery Lot  Mausoleum Crypt  Columbarium

Already purchased?  Yes  No

If yes, where?

If no, please indicate your preference: Name:

Address:

Phone:

Music:  Organist name:

Phone:

Vocalist name:

Phone:

Disposition of body:  Burial  Cremation

If burial, casket viewing:  Open  Closed

If cremation is preferred, do you want your ashes scattered?  Yes  No

If yes, where?

Do you want to donate your organs or body?  Organs  Body

If yes, to which institution or hospital? Name:

Address:

Phone:

**Estate-Planning Goals Cont'd**

Instead of flowers, please make donations to the following organization(s):

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Other special requests, such as type of casket, readings, specific clothing:

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**During Lifetime**

What changes in your life or goals have occurred that might impact your plan? (marriage, divorce, birth of child, etc.)

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Do you have any dependents (children or parents) who will need to be taken care of should something happen to you?  
 Yes  No

If yes, please explain:

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Do you have beneficiaries with unique circumstances? (special needs, spendthrifts, etc.)  Yes  No

If yes, please explain:

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When was the last time you reviewed the beneficiaries on your accounts?

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**Estate-Planning Goals Cont'd**

**After Death**

What concerns do you have about passing assets to heirs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special instructions or restrictions do you have for the management and use of these assets?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is best-suited to step in and care for your children should something happen to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is best-suited to step in and administer your estate should something happen to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this person or institution have the time, knowledge and experience to manage your financial affairs properly?  Yes  No

Will this choice cause any conflicts or strains within your family?  Yes  No

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

