

ESTATE ORGANIZER

PERSONAL/FAMILY INFORMATION

Name: _____ DOB: _____

Spouse: _____ DOB: _____

CHILDREN:

Name: _____ DOB: _____ Contact: _____

Name: _____ DOB: _____ Contact: _____

Name: _____ DOB: _____ Contact: _____

Name: _____ DOB: _____ Contact: _____

Other Pertinent Family Information (prior marriages, deaths, other):

ADVISORS

Attorney: _____ Contact: _____

Accountant: _____ Contact: _____

Financial Advisor: _____ Contact: _____

Insurance Agent: _____ Contact: _____

Other: _____ Contact: _____

ESTATE PLAN

Last Will dated: _____

Name of Executor: _____

Revocable Living Trust dated: _____

Name of Successor Trustee: _____

Durable Power of Attorney for Finance dated: _____

Name of Agent under DPOA for Finance: _____

Health Care Directive dated: _____

Name of Healthcare Agent: _____

Other (describe): _____

Location of Original Estate Plan Docs: _____



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ASSETS

Approximate value of your total estate: _____

BANK ACCOUNTS:

1. Bank: _____ Account #: _____ Approx. Balance: _____

Account Titling (personal, joint, trust, etc.): _____

2. Bank: _____ Account #: _____ Approx. Balance: _____

Account Titling (personal, joint, trust, etc.): _____

INVESTMENT ACCOUNTS:

1. Firm Name: _____ Account #: _____ Approx. Balance: _____

Account Titling (personal, joint, trust, etc.): _____

2. Firm Name: _____ Account #: _____ Approx. Balance: _____

Account Titling (personal, joint, trust, etc.): _____

REAL ESTATE:

Primary Residence (if owned): _____ Date Purchased: _____

1. Rental Property: _____ Date Purchased: _____

Property Manager: _____ Tenant Name: _____

2. Rental Property: _____ Date Purchased: _____

Property Manager: _____ Tenant Name: _____

Other Real Estate (bare land, vacation, timeshare, etc.): _____

Do you have any outstanding mortgages? If yes, describe:

LIFE INSURANCE:

1. Insurance Company: _____ Owner: _____

Type of Policy (term, whole life, single premium, etc.) _____

Insured Party: _____ Beneficiary: _____

Death Benefit: _____ Cash Surrender Value: _____

Premium Amount/Frequency: _____ Location of Orig. Policy: _____

2. Insurance Company: _____ Owner: _____

Type of Policy (term, whole life, single premium, etc.) _____

Insured Party: _____ Beneficiary: _____

Death Benefit: _____ Cash Surrender Value: _____

Premium Amount/Frequency: _____ Location of Orig. Policy: _____

RETIREMENT ACCOUNTS:

1. Type: Traditional IRA Roth IRA Qualified Plan 403(b) Other: _____
Owner: _____ Name of Custodian: _____
Account #: _____ Approx. Balance: _____
Primary Beneficiaries: _____
Contingent Beneficiaries: _____

2. Type: Traditional IRA Roth IRA Qualified Plan 403(b) Other: _____
Owner: _____ Name of Custodian: _____
Account #: _____ Approx. Balance: _____
Primary Beneficiaries: _____
Contingent Beneficiaries: _____

ANNUITIES:

1. Owner: _____ Issuer: _____
Type of Contract (fixed, variable, etc.): _____
Cash Surrender Value: _____ Death Benefit: _____
Beneficiaries: _____

2. Owner: _____ Issuer: _____
Type of Contract (fixed, variable, etc.): _____
Cash Surrender Value: _____ Death Benefit: _____
Beneficiaries: _____

PERSONAL PROPERTY:

Do you have any unique/valuable personal property items (collectibles, antiques, etc.)? If yes, please describe:

Have items been appraised/insured? If yes, list location of appraisal and name of insurance provider:

Are specific gifts of personal property included in your estate plan? If yes, please describe:

OTHER ASSETS:

Do you own any other assets not listed above (oil, gas and mineral interests, royalties, note and deed of trust, digital assets, business interests, LLC, partnership, etc.)? If yes, please describe:

MISCELLANEOUS

Are you a beneficiary of a trust created by someone else? If yes, please describe (include name of trustee, value of trust/ your interest, disposition of assets upon your passing):

Do you have a safe deposit box? If yes, list location of box, key and contents:

Do you receive your account/asset statements electronically? If yes, consider providing location of passwords for access by your fiduciary if needed:

Have you pre-paid for funeral/burial services? If yes, please describe:

Have you gifted significantly during your lifetime, requiring the filing of IRS Form 709 (gift tax return)? If yes, please provide amount/year of gifts, and location of corresponding gift tax return:

Do you have any pets? If yes, have you designated a guardian in the event you are unable to care for them? Please describe:

Do you have a long-term care insurance policy? If yes, please describe:

Name of health insurance provider:

Name/contact for primary care physician:

Is there any other material information you would like to share with your fiduciary? Please list below:

Organizer prepared by: _____

Date: _____



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