

# Personal & Financial Organizer For Your Estate Plan

**1**

## General Information

Date \_\_\_\_\_

Marital Status:

Married

Single

Divorced

Widowed

Your Full Legal Name \_\_\_\_\_  
First Middle Last

Spouse's Full Legal Name \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Do you plan to move in the near future? Yes No

Home Phone \_\_\_\_\_

Your Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Work Phone \_\_\_\_\_

**You      Your Spouse**

Date of Birth		
Social Security Number		
Are you a U.S. Citizen?	Yes No	Yes No
Do you have a Will or Trust now?	Yes No	Yes No
Are you expecting to receive a gift or inheritance?	Yes No	Yes No
Previous marriages?	Yes No	Yes No

**2**

## About Your Children

1. Legal Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Natural  Legally Adopted  Married  Needs Special Care *Related to:*  You Only  Both  Spouse Only

2. Legal Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Natural  Legally Adopted  Married  Needs Special Care *Related to:*  You Only  Both  Spouse Only

3. Legal Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Natural  Legally Adopted  Married  Needs Special Care *Related to:*  You Only  Both  Spouse Only

4. Legal Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Natural  Legally Adopted  Married  Needs Special Care *Related to:*  You Only  Both  Spouse Only

How many grandchildren do you have? \_\_\_\_\_ Yours only \_\_\_\_\_ Your Spouse's Only \_\_\_\_\_ Both \_\_\_\_\_

**3**

## Your Estate "Team"

**Trustee(s)**-Manages your trust now; usually you, your spouse, and/or a trust company. (Complete both if you are naming co-trustees)

Legal Name \_\_\_\_\_ Address \_\_\_\_\_

Legal Name \_\_\_\_\_ Address \_\_\_\_\_

### 3. Your Estate "Team" (Continued)

**Back-up Trustee(s)**-Steps in at your disability or death. Can be adult children, trusted friends, and/or a trust company acting alone or together. If you have a Will, this will be your executor(s).

#1 Choice:  Act Alone  Act together

Legal Name \_\_\_\_\_ Address \_\_\_\_\_

#2 Choice:  Act Alone  Act together

Legal Name \_\_\_\_\_ Address \_\_\_\_\_

#3 Choice:  Act Alone  Act together

Legal Name \_\_\_\_\_ Address \_\_\_\_\_

**Guardians For Minor Children** – Responsible adult who will raise your children if something happens to you.

#1 Choice: Legal Name \_\_\_\_\_ Address \_\_\_\_\_

#2 Choice: Legal Name \_\_\_\_\_ Address \_\_\_\_\_

## 4 Beneficiaries

1. **Special Gifts:** Are there any specific items you wish to give to an individual, charity, or religious organization? (For example: family heirloom to a daughter; a collection to a museum; an investment to your church.)

Legal Name of Person/Organization	Address	Description of Gifts

2. **Beneficiaries:** Who do you want to receive the rest of your assets after your special gifts have been distributed? You can designate dollar amount or percentage. Do not repeat addresses you have already written.

Legal Name of Person/Organization	Address	Amount/Percentage

3. **Inheriting instructions:** Do you want your beneficiaries to receive their inheritances in installments, at certain ages, or all at once?

\_\_\_\_\_

4. **Do you provide for someone who requires special care?** Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits?

\_\_\_\_\_

5. **Alternate Beneficiaries:** Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Legal Name of Person/Organization	Address	Amount/Percentage

6. Are there any relatives you specifically do not want to receive anything from your estate?

\_\_\_\_\_

## Financial Information

*Note: It's important to list all titled assets you and your spouse own to make sure titles are properly changed, and so proper planning can be done to reduce any estate tax liability and eliminate probate. If you are married, please note if anything you own is **not** community property.*

1. Do you own a **home** or any other **real estate**?

Description and Location	Purchase Price	Current Value	Mortgage	Value
			– =	
			– =	
			– =	
			– =	
			– =	

2. Do you own any **other titled property** such as a car, boat, etc.?

Description	Value

3. Do you have any **cash or cash equivalent accounts**? (Savings, CDs, money market, etc.)

Name of Institution	Type of Account	Account Number	Value

4. Do you own any **stocks, bonds, or mutual funds**?

# of Shares	Description and Location	Acct. No.	Value

5. Do you have any **profit-sharing, IRAs or pension plans**?

Type	Acct. No.	Name of Institution	Owner (Husband or Wife)	Value

6. Do you have any life insurance policies, long-term care insurance, annuities, or umbrella coverage? *\*Term, whole life, or annuity*

Name of Company	Policy #	Type*	Beneficiary(ies)	Value

7. Do you own a **business** or have any **partnership interests**?

Description	Value

8. Does anyone **owe you** money?

Name	Address	Description	Value

9. Do you have any **special items of value** such as **coin collections, antiques, jewelry, etc.?**

Description	Value	Description	Value

10. What is the approximate total value of all your remaining **personal property**? (i.e., whatever you own that has not been listed above, such as household furnishings and furniture, etc.) \$ \_\_\_\_\_

11. Do you have large debts other than mortgage(s) above, such as personal/bank loans, etc.?

Description	Amount	

12. Total value of everything you (and your spouse) **own** (sum totals of questions 1-10 above) .... \$ \_\_\_\_\_

13. Total amount you and your spouse **owe** (total from question 11 above) ..... \$ \_\_\_\_\_

14. Subtract line 13 from line 12..... **Total Net Estate Value =** \$ \_\_\_\_\_

15. **Safe Deposit Box** location \_\_\_\_\_ How Titled \_\_\_\_\_

Who has access to it? \_\_\_\_\_

## 6 Special Instructions for Physical/Mental Incapacity

1. **Medical Care:** Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about life support, etc.? You \_\_\_\_\_

Your Spouse \_\_\_\_\_

2. **Advance Health Care Directive:**

This document lets you (not the courts) choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself. You can choose anyone you trust: your spouse, friend, or other relative. List your choices below:

		Legal Name	Address
<b>You</b>	#1 Choice		
	#2 Choice		
<b>Your Spouse</b>	#1 Choice		
	#2 Choice		

## 7 Special Instructions For Funeral/Burial

1. If you have a cemetery lot, where is it located? Do you want cremation or burial? Where? List any special wishes.

You \_\_\_\_\_ Your Spouse \_\_\_\_\_

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 \_\_\_\_\_  
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## 8 Questions To Ask Your Attorney About Your Estate Plan

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