

**ESTATE PLANNING PERSONAL AND FINANCIAL ORGANIZER**

**SECTION 1 GENERAL INFORMATION**

**Home Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Marital Status:**  Married  Single  Divorced  Widowed

\_\_\_\_\_  
 Your Legal Name

\_\_\_\_\_  
 Spouse's Legal Name

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

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

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

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

\_\_\_\_\_  
 Your Occupation Work Phone

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Address

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

	You		Spouse	
Social Security #				
Date of Birth				
U.S. citizen?	Yes	No	Yes	No
Currently have Will or Trust? If so, give year & state in which prepared.	Yes Yr. _____ State _____	No	Yes Yr. _____ State _____	No
Expect to receive money or other assets from (circle all that apply):	Gift Inheritance Lawsuit Other		Gift Inheritance Lawsuit Other	
If so, approximately how much?	\$		\$	

**SECTION 2 ABOUT YOUR CHILDREN**

**1.** \_\_\_\_\_  Natural  Legally Adopted  Foster  
 Legal Name Date of Birth  
 \_\_\_\_\_  Married  Needs Special Care  Dependent  
 Address Social Security #  
 \_\_\_\_\_ *Related to:*  
 City State ZIP Telephone  You Only  Spouse Only  Both

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**2.** \_\_\_\_\_  Natural  Legally Adopted  Foster  
 Legal Name Date of Birth  
 \_\_\_\_\_  Married  Needs Special Care  Dependent  
 Address Social Security #  
 \_\_\_\_\_ *Related to:*  
 City State ZIP Telephone  You Only  Spouse Only  Both

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**3.** \_\_\_\_\_  Natural  Legally Adopted  Foster  
 Legal Name Date of Birth  
 \_\_\_\_\_  Married  Needs Special Care  Dependent  
 Address Social Security #  
 \_\_\_\_\_ *Related to:*  
 City State ZIP Telephone  You Only  Spouse Only  Both

How many grandchildren do you have? \_\_\_ Yours Only

\_\_\_ Your Spouse Only

\_\_\_ Both

**SECTION 3 FINANCIAL INFORMATION**

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

Description and Location	Titled in whose name	Purchase Price	Current Value	less Mortgage	= Equity

Total Net Value =

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

Description and Location	Titled in whose name	Current Value	less Loan	= Equity

Total Net Value =

3. Do you have any **checking accounts**?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

Total Value =

4. Do you have any **interest bearing accounts** (savings, money market) and / or **CDs**?

Name of Institution	Account Number	Titled in whose name	Approx. Balance

Total Value =

5. Do you own any **stocks, bonds or mutual funds** (including company stock)?

# of shares	Description	Account Number	Titled in whose name	Purchase Price	Current Value

Total Value =

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

Description / Location

Beneficiary

Current Value


Total Value =

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

Description	Type of Ownership	Purchase Price	Current Value

Total Value =

8. Do you have **life insurance** policies and / or **annuities**?

Name of Company	Policy Owner	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Benefit

Total Value =

9. Does anyone owe you any money?

Description	Approx. Value

Total Value =

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

Description	Approx. Value

Total Value =

11. What is the approximate total value of all your remaining **personal property** –whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ \_\_\_\_\_

12. Do you have any **debts** other than mortgage(s) and loan(s) listed above (credit cards, personal loans, etc.)?

	Amount Owed

Total Debt =

13. Total value of everything you (and your spouse) own (add totals of lines 1 thru 11 above) .....\$ \_\_\_\_\_  
**Less**

14. Total amount you (and your spouse) owe (total of line 12 above).....\$ \_\_\_\_\_

15. Subtract line 14 from line 13.

**YOUR NET ESTATE = \$**

16. Do you have a **safe deposit box**?

Location / Address

Titled in whose name

Location / Address	Titled in whose name

**SECTION 4 YOUR WILL AND / OR TRUST DECISION MAKERS**

1. **Executor** – May be an individual or a trust company; typically it is the spouse

Name	Address	Telephone

2. **Successor Executor** – Steps in if executor is unavailable or unable to act.

Name	Address	Telephone

3. **Trustee** – (For revocable living trust) – Manages your trust now; usually you and / or a Corporate Trustee.

Name	Address	Telephone

4. **Successor Trustee(s)**: (For revocable living trust), step in at your incapacity or death. Can be adult children, trusted friend, and / or a Corporate Trustee.

1 <sup>st</sup> Choice:	Name	Address	Telephone

2 <sup>nd</sup> Choice:	Name	Address	Telephone

3 <sup>rd</sup> Choice:	Name	Address	Telephone

5. **Guardian for Minor Children** – Responsible adult who will raise your minor children.

1 <sup>st</sup> Choice:	Name	Address	Telephone

2 <sup>nd</sup> Choice:	Name	Address	Telephone

6. **Trustees of Children’s Trust** – Manages inheritance. Can be the same person as Guardian, executor, another adult, and /or a corporate trustee.

1 <sup>st</sup> Choice:	Name	Address	Telephone

2 <sup>nd</sup> Choice:	Name	Address	Telephone

**SECTION 5 BENEFICIARIES**

1. **Special Gifts to Individuals** – Do you want to give any specific items to a family member or other individual? (For example: wedding ring, coin collection, antique, etc.)

Name of Person	Address	Description of Gift


**2. Special Gifts to Organizations** – Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name of Organization	Address	Description of Gift

**3. Beneficiaries** – Who should receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.

Name of Person/ Organization	Address	Amount/Percentage

**4. Inheriting Instructions** – Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, or all at once?

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**5. Do you provide for someone who needs special care?** – Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits? Is there someone else you want to provide for who is not related to you (significant other, special friend, pet)?

Name	Age	Relationship	Explanation

**6. Alternate Beneficiaries** – Who should receive your estate if you (and your spouse) outlive the Beneficiaries you have named above?

Name of Person/ Organization	Address	Amount/Percentage

**7. Disinheriting** – Are there any close or immediate relatives that you specifically do not want to receive anything from your estate?

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**SECTION 6 SPECIAL INSTRUCTION AT INCAPACITY**

**1. Keeping/Selling Assets:** (For **Trust** and/or **Durable Power of Attorney for Property**) If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain assets you prefer to sell first? Are there potential buyers you want contacted? Are there certain assets you prefer not to sell unless absolutely necessary?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.** Do you want a **Living Will**? This lets others know how you feel about life support treatment if you become terminally ill.....

<b>YOU</b>		<b>YOUR SPOUSE</b>	
Yes	No	Yes	No
Yes	No	Yes	No

**4.** Do you want a **Durable Power of Attorney for Health Care**?.....

This document lets you 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, keeping these personal decisions out of the courts. You can choose anyone you trust, friend or other relative, etc. List your choices below:

<p><b>You</b></p> <p><b>1<sup>st</sup> Choice:</b> Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p><b>2<sup>nd</sup> Choice:</b> Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p>	<p><b>Your Spouse</b></p> <p><b>1<sup>st</sup> Choice:</b> Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p><b>2<sup>nd</sup> Choice:</b> Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p>
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**SECTION 7 QUESTIONS TO ASK YOUR ATTORNEY**

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