Estate Planning Organizer

We hope this personal Estate Planning Organizer is helpful to you and your family. Please remember to update it as warranted and consult with your estate planning professionals as circumstances change in your personal life or new laws take effect. Please retain this copy in a secure, safe place where your family and loved ones can access it when needed. Of course, we would also be happy to assist you with your charitable intentions at the outset or after you have completed your record.

Personal Information

Full Legal Name (Please Print):
_____

Home Address:
_____

City, State, and ZIP:
_____

Social Security Number:
_____

Date of Birth/ Birthplace:
_____

Location of Birth Certificate:
_____

Cell phone number:
_____

Phone Password:
_____

Home phone number:
_____

Email Address / Password:
_____
_____
_____

Spouse's Full Name:
_____

Home Address (If different):
_____

Phone Number(s):
_____
_____

Date of Marriage:
_____

Location of marriage certificate/ prenuptial agreement:
_____

Former Spouse (if applicable)

Name:
_____

Home Address:
_____

Phone Number:
_____

Date of Divorce/Death, and Location of Documents:
_____

Children/ Family Information

Child's Name (Please Print):

_____

Home Address:

_____

Phone Number:

_____

Date of Birth / Birthplace:

_____

Child's Name (Please Print):

_____

Home Address:

_____

Phone Number:

_____

Date of Birth / Birthplace:

_____

Child's Name (Please Print):

_____

Home Address:

_____

Phone Number:

_____

Date of Birth / Birthplace:

_____

Location of Birth Certificates

_____

_____

_____

Other Family Members/ Close Friends

Name (Please Print):

_____

Home Address:

_____

Phone Number:

_____

Email Address:

_____

Relationship:

_____

Name (Please Print):

_____

Home Address:

_____

Phone Number:

_____

Email Address:

_____

Relationship:

_____

Do you have children with special needs? If so, please provide relevant information:

_____

_____

Any other relevant information you would like to include?

_____

_____

_____

_____

Important Estate Planning Documents

Will and Trust Information

Do you have a will? ☐ Yes ☐ No

Are you the grantor or beneficiary of any trusts? ☐ Yes ☐ No

Document Title:

_____

_____

Date Prepared and Location:

_____

_____

Prepared by (Name, Title, Contact Information):

_____

_____

_____

Executor and / or Trustee Contact Information:

_____

_____

_____

Additional Information:

_____

_____

_____

Power of Attorney Information

Have you signed a financial durable power of attorney? ☐ Yes ☐ No

Date Prepared and Location:

_____

_____

Prepared by (Name, Title, Contact Information):

_____

_____

Person Appointed to Act on Your Behalf

(Make sure they have a copy of document)

Name, Contact Information:

_____

_____

Alternate Person Appointed to Act on your Behalf (Name, Contact Information):

_____

_____

Effective date of Power Holder to Act?

Immediately ☐

Upon your Incapacity ☐

Other ☐

_____

Additional Notes:

_____

_____

Health Care Directives

Do you have a healthcare power of attorney? ☐ Yes ☐ No

Person appointed to act on your behalf (Make sure they have a copy of the document)

Name, Title, Contact Information:

_____

_____

_____

Alternate person appointed to act on your behalf (Name, Title, Contact Information):

_____

_____

_____

Date Prepared and Location:

_____

_____

Effective date of Power Holder to Act?

☐ Immediately

☐ Upon your incapacity

☐ Other

_____

Ethical Will

Document Title:

_____

Date Prepared and Location:

_____

_____

Long-Term Care

Do you have a long-term care insurance policy? Yes ☐ No ☐

Insurance Agent Name:

_____

Company Name:

_____

Policy Number:

_____

Any Other Estate Planning Documents

(such as special needs trusts...)

_____

_____

_____

_____

Employment Information

Current Employer

Company Name:

_____

Phone Number / Name of Supervisor:

_____

Retirement / Other benefits:

_____

Location of Documents:

_____

Position / Start Date (and End Date if Retired):

_____

Are you Retired? ☐ Yes ☐ No

Ownership Interest? ☐ Yes ☐ No

Previous Employers

Company Name:

_____

Phone Number / Name of Supervisor:

_____

Retirement / Other benefits:

_____

Location of Documents:

_____

Position / Start and End Date:

_____

Ownership Interest? ☐ Yes ☐ No

Advisors to Contact

Estate Planning Attorney

Name:

_____

Firm:

_____

Address:

_____

Phone Number:

_____

Location of Estate Planning Document

_____

Accountant

Name:

_____

Firm:

_____

Address:

_____

Phone Number:

_____

Banker

Name / Institution:

_____

Address:

_____

Phone Number:

_____

Financial Planning / Money Manager

Name:
_____

Firm:
_____

Address:
_____

Phone Number:
_____

Name:
_____

Firm:
_____

Address:
_____

Phone Number:
_____

Life Insurance Agent

Name:
_____

Address:
_____

Phone Number:
_____

Any other relevant advisors or contacts you would like to include?
_____
_____
_____
_____

Financial Information

Brokerage Account Name:
_____

Account Number:
_____

Username/ Password:
_____
_____

Brokerage Account Name:
_____

Account Number:
_____

Username/ Password:
_____
_____

Banking Information (Checking / Savings)

Account Name:
_____

Account Number:
_____

Username/ Password:
_____
_____

Account Name:
_____

Account Number:
_____

Username/ Password:
_____
_____

Insurance Policies

Type of Policy:

_____

Primary Beneficiary:

_____

Contingent Beneficiary:

_____

Policy Amount:

_____

Location of Documents:

_____

Type of Policy:

_____

Primary Beneficiary:

_____

Contingent Beneficiary:

_____

Policy Amount:

_____

Location of Documents:

_____

Any other relevant information you would like to include?

_____

_____

_____

_____

Retirement Accounts

Type of Account (IRA, 401k, etc.):

_____

Location and Account Number:

_____

_____

Website Username:

_____

Website Password:

_____

Type of Account (IRA, 401k, etc.):

_____

Location and Account Number:

_____

_____

Website Username:

_____

Website Password:

_____

Type of Account (IRA, 401k, etc.):

_____

Location and Account Number:

_____

_____

Website Username:

_____

Website Password:

_____

Real Estate Holdings

Address:

_____

Type of Property:

_____

Ownership:

_____

Location of Deed / Proof of Ownership:

_____

Address:

_____

Type of Property:

_____

Ownership:

_____

Location of Deed / Proof of Ownership:

_____

Any other properties? (i.e. rental, Snowbird, etc.)? If so:

Address:

_____

Type of Property:

_____

Ownership:

_____

Location of Deed / Proof of Ownership:

_____

Other Investments or Property

Type of Property:

_____

Ownership:

_____

Location of Property or Investment:

_____

Account Name:

_____

Username:

_____

Password:

_____

Any other relevant information you would like to include?

_____

_____

_____

_____

Other Secured Assets and Access

Do you have a safe deposit box?

☐ Yes ☐ No

Bank Name, Branch Location, and Contact Information:

_____

_____

Safety Deposit Box / Code:

_____

People with Authorized Access:

_____

Box Number and Location of Keys:

_____

Contents:

_____

_____

Do you have a safe at your residence? (If so, provide location, contents, and access details, i.e. code):

_____

_____

_____

Digital / Alternative Assets

Location and access details:

_____

_____

Passwords (Please list product/service and account info):

_____

_____

Liabilities

Mortgages:

_____

Type of Property:

_____

Address:

_____

Mortgage Holder:

_____

Contact Information:

_____

Mortgages:

_____

Type of Property:

_____

Address:

_____

Mortgage Holder:

_____

Contact Information:

_____

Loans Debts and Creditors:

_____

_____

_____

Other Liabilities:

_____

_____

_____

Charitable Intentions

Name of Charity:

_____

Name of Donor Liaison and Phone Number:

_____

_____

Type of Gift (Donor Advised Fund, Charitable Remainder Trust, Bequest, Etc.):

_____

Assets Involved:

_____

_____

Name of Charity:

_____

Name of Donor Liaison and Phone Number:

_____

_____

Type of Gift (Donor Advised Fund, Charitable Remainder Trust, Bequest, Etc.):

_____

Assets Involved:

_____

_____

Organ Donation

Do you wish to donate your body, organs, or tissues? Yes ☐ No ☐

Details of Donation (Please identify organ or tissue, or indicate entire body):

_____

_____

Receiving Organization's Name and Contact Information:

_____

_____

Funeral Instructions

Funeral Home Preference:

_____

Type of Preparation (Burial, Cremation Donation of Body, Etc.):

_____

Location of Memorial Service:

_____

Do you own a cemetery plot?

☐ Yes ☐ No

Location of Plot:

_____

Cemetery Preference:

_____

Casket and Vault Preference:

_____

Clergy / Officiant Preference:

_____

Headstone Preference:

_____

_____

Obituary Instructions (Things you want included and where it is to be published):

_____

_____

_____

_____

Password Management

Cell Phone Number:	Password:
Personal Computer Username:	Password:
Email Address:	Password:
Email Address:	Password:
Social Media Account:	Password:
Social Media Account:	Password:
Other Account Username:	Password:
Other Account Username:	Password:
Other Account Username:	Password:
Other Account Username:	Password:
Other Account Username:	Password:
Other Account Username:	Password:

Any other important information you would like to share?