

ESTATE ORGANIZER WORKSHEET

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PERSONAL PLANNING AND ESTATE RECORD

INTRODUCTION

Every person should maintain a personal planning and estate record in addition to a properly executed Will. This record will provide a repository of vital information that will assist family members, personal representatives and friends in dealing with family separations, missing family members or death. Completion of this record and maintaining it in a current status will reduce stress and frustration on the part of those who need information to assist in maintaining your assets or carrying out your wishes and will provide vital data to help insure that a proper account of all your assets is made.

In this Estate Organizer, I have included some terms which are commonly used in estate planning matters, family information and a format which allows you to set forth essential facts regarding your assets. In a number of places, I have asked you to identify how property is titled or the beneficiary. I have marked the title questions with an asterisk (*). **IT IS VERY IMPORTANT THAT THIS INFORMATION IS ACCURATE. BEFORE COMPLETING THIS DATA, EXAMINE THE TITLE AND BENEFICIARY— MEMORIES ARE OFTEN INACCURATE.**

You should keep this record with you as a part of your essential papers and leave copies with a trusted contact and with your attorney.

GLOSSARY OF TERMS

Accounting - Report filed by the Personal Representative with the Clerk of Court reporting income received, expenses paid and distributions made during the administration of a decedent's Probate Estate.

Advance Directive - Statement of an individual's wishes regarding his or her medical care in the event of a terminal or other serious illness. See Living Will Declaration.

Attorney – In – Fact - Person designated to act as agent for the creator of a Power of Attorney.

Bequest - Gift made pursuant to the terms of a Will.

Codicil - An amendment to a Will.

Decedent - Person who has died.

Durable Power of Attorney - Power of Attorney which by applicable statute or which specifically states that the agent's authority survives the disability of the creator of the Power of Attorney.

Executor - See Personal Representative.

Federal Gross Estate - Decedent's Probate Estate plus the Decedent's interest in other assets such as jointly held assets, life insurance, certain trusts and retirement plans.

Holographic Will - Handwritten Will which may not be accepted by a court because it was not written and signed in accordance with state law.

Letters of Administration (Letters Testamentary) - Document which evidences the formal appointment of the Personal Representative of a Decedent by a court.

Living Trust - Trust established during an individual's lifetime for his or her own or another's benefit. A Living Trust can be revocable or irrevocable.

Living Will Declaration - Statement, recognized in Florida and many other states, by an individual that no extraordinary means should be used to keep him or her alive.

Personal Representative - Person(s) appointed by the court to distribute a Decedent's assets to the person(s) named as the recipients under the terms of the Decedent's Will or to the Decedent's legal heirs as provided by state law if the Decedent dies without a valid Will.

Power of Attorney - Instrument whereby an individual (the creator of the Power of Attorney) appoints another to serve as his agent either for a specific transaction or for all transactions. A Power of Attorney can be made effective upon its execution or upon the happening of a specific event, e.g., upon the creator's disability.

Probate Estate - Decedent's property titled in his or her individual name which passes pursuant to the terms of the Decedent's Will or pursuant to state law if the decedent does not have a valid Will.

Clerk of Court – Court office which supervises the distribution of a Decedent's Probate Estate pursuant to the terms of the Will or in accordance with state law if the Decedent dies without a valid will.

Testamentary Trust - Trust established pursuant to the terms of a Will. A testamentary trust does not come into existence until death.

Testator(rix) - Individual who dies having signed a valid Will.

Trust - Arrangement whereby a person (the grantor or settlor) transfers property to a person (the trustee) who manages the property for the benefit of another (the beneficiary).

Will - A Will executed in accordance with state law requirements explains the disposition of a Decedent's assets. A Will also allows the Decedent to designate who will see to it that the terms of the Will are fulfilled (the Personal Representative); allows the Decedent to designate a guardian for minor or incompetent children; allows the Decedent to create Trusts which become effective at the time of death (Testamentary Trusts).

I. FAMILY MEMBERS

NAME	ADDRESS & PHONE	DATE OF BIRTH	SOC-SEC CITIZENSHIP NUMBER
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Self

Spouse

Child

Child

Child

II. FAMILY HISTORY

Mother's full name _____

Address _____

If deceased, date of death _____

Father's full name _____

Address _____

If deceased, date of death _____

Sibling name _____

Address _____

If deceased, date of death _____

Sibling name _____

Address _____

If deceased, date of death _____

III. DOMESTIC INFORMATION

Date and place of marriage _____

If you are divorced, date and place of divorce _____

If you are divorced, are you obligated to pay alimony to a former spouse? Yes No
Amount _____ Date obligation ends _____

If you are divorced, are you obligation to pay child support? Yes No
Amount _____ Date obligation ends _____

If you are separated (but not divorced), date of separation _____

If you are separated (but not divorced), are you obligated to pay alimony? Yes No
Amount _____ Date obligation ends _____

If you are separated (but not divorced), are you obligated to pay child support? Yes No
Amount _____ Date obligation ends _____

If your spouse is divorced, date and place of divorce _____

If your spouse is divorced, is he/she obligated to pay alimony? Yes No
Amount _____ Date obligation ends _____

If your spouse is divorced, is he/she obligated to pay child support? Yes No
Amount _____ Date obligation ends _____

Have you signed a Prenuptial Agreement? Yes No
Location of Original _____ Date signed _____

Have you signed a Separation Agreement with a former spouse? Yes No
Location of Original _____ Date signed _____

Has your spouse signed a Separation Agreement with a former spouse? Yes No
Location of Original _____ Date signed _____

IV. FAMILY ADVISORS ADDRESS PHONE

Attorney

Accountant

Stockbroker

Insurance Agent

Clergy

Physician

Banker

V. PEOPLE WHO SHOULD BE NOTIFIED OF YOUR DEATH

NAME	RELATIONSHIP	ADDRESS	PHONE
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VI. ESSENTIAL DOCUMENT INFORMATION

A. WILL

Have you signed a Will? Yes No

Location of Original _____ Date Signed

Who has a copy of the Will? Name, Address, Phone

Executor/Personal Representative: Name, Address, Phone

Alternate Executor/Personal Representative: Name, Address, Phone

Guardian: Name, Address, Phone

Alternate Guardian: Name, Address, Phone

Trustee: Name, Address, Phone

Alternate Trustee: Name, Address, Phone

Has your spouse signed a Will? Yes No

Location of Original _____ Date Signed

Who has a copy of the Will? Name, Address, Phone

Executor/Personal Representative: Name, Address, Phone

Alternate Executor/Personal Representative: Name, Address, Phone

Guardian: Name, Address, Phone

Alternate Guardian: Name, Address, Phone

Trustee: Name, Address, Phone

Alternate Trustee: Name, Address, Phone

B. POWER OF ATTORNEY

Have you signed a Power of Attorney? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Power of Attorney? Name, Address, Phone

Designated Attorney – In – Fact: Name, Address, Phone

Alternate Designated Attorney – In – Fact: Name, Address, Phone

Has your spouse signed a Power of Attorney? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Power of Attorney? Name, Address, Phone

Designated Attorney – In – Fact: Name, Address, Phone

Alternate Designated Attorney – In – Fact: Name, Address, Phone

**C. DESIGNATION OF HEALTH CARE SURROGATE
(OR HEALTH CARE POWER OF ATTORNEY)**

Have you signed a Designation of Health Care Surrogate? Yes No Location of

Original _____ Date Signed _____

Who has a copy of the Designation of Health Care Surrogate? Name, Address, Phone

Designated Health Care Surrogate: Name, Address, Phone

Alternate Designated Health Care Surrogate: Name, Address, Phone

Has your spouse signed a Designation of Health Care Surrogate? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Designation of Health Care Surrogate? Name, Address, Phone

Designated Health Care Surrogate: Name, Address, Phone

Alternate Designated Health Care Surrogate: Name, Address, Phone

D. LIVING WILL (OR ADVANCE DIRECTIVE)

Have you signed a Living Will? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Living Will? Name, Address, Phone

Designated Living Will Surrogate: Name, Address, Phone

Alternate Designated Living Will Surrogate: Name, Address, Phone

Has your spouse signed a Living Will? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Living Will? Name, Address, Phone

Designated Living Will Surrogate: Name, Address, Phone

Alternate Designated Living Will Surrogate: Name, Address, Phone

E. LIVING TRUST

Have you signed a Living Trust Agreement? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Living Trust? Name, Address, Phone

Trustee: Name, Address, Phone

Successor Trustee: Name, Address, Phone

Has your spouse created a Living Trust? Yes No

Location of Original _____ Date Signed _____

Who has a copy of the Living Trust? Name, Address, Phone

Trustee: Name, Address, Phone

Successor Trustee: Name, Address, Phone

F. TRUST BENEFICIARY

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

Location of original _____

Who Created _____ Date Signed _____

Trustee: Name, Address, Phone:

Is your spouse the beneficiary of a trust created by someone else? Yes No

Location of Original _____

Who Created _____ Date Signed _____

Trustee: Name, Address, Phone:

G. WILL BENEFICIARY

Are you, or do you contemplate being, a beneficiary of any Will? Yes No

Location of original _____

Testator's name and relationship to you _____

Approximate value of bequest _____

Is your spouse, or does he/she contemplate being, a beneficiary of any Will? Yes No

Location of Original _____

Testator's name and relationship to you _____

Approximate value of bequest _____

H. SHAREHOLDERS' AGREEMENT(S) Are you a party to a Shareholders' Agreement(s)? Yes No

Location of Original _____ Date Signed _____

Is your spouse a party to a Shareholders' Agreement(s)? Yes No

Location of Original _____ Date Signed _____

I. PARTNERSHIP OR LIMITED LIABILITY COMPANY AGREEMENT(S)

Are you a party to a Partnership or Limited Liability Company ? Yes No

Location of Original _____ Date Signed _____

Is your spouse a party to a Partnership or Limited Liability Company? Yes No

Location of Original _____ Date Signed _____

J. OPTION AGREEMENT(S)

Have you granted an option to someone to acquire any of your property? Yes No

Location of Original _____ Date Signed _____

Nature of Property _____ Expiration Date _____

Has your spouse granted an option to someone to acquire any of his/her property? Yes No

Location of Original _____ Date Signed _____

Nature of Property _____ Expiration Date _____

Have you been granted an option to acquire property? Yes No

Location of Original _____ Date Signed _____

Nature of Property _____ Expiration Date _____

Has your spouse been granted an option to acquire property? Yes No

Location of Original _____ Date Signed _____

Nature of Property _____ Expiration Date _____

K. EMPLOYMENT AGREEMENT

Are you a party to an Employment Agreement? Yes No

Location of Original _____ Employer _____

Is your spouse a party to an Employment Agreement? Yes No

Location of Original _____ Employer _____

L. OTHER BUSINESS AGREEMENT(S)

Are you a party to any other business agreement(s)? Yes No

Location of Original _____ Date Signed _____

Brief description of agreement(s):

Is your spouse a party to any other business agreement(s)? Yes No

L o c a t i o n o f O r i g i n a l D a t e S i g n e d

Brief description of agreement(s):

VII. MILITARY

Are or were you in the military? Yes No

Branch Serial Number _____

Dates of Service: _____

VIII. INSURANCE FACTS

A. LIFE INSURANCE

Company
Insured
Policy No.
Type of Policy
Location of Policy

Owner
Beneficiary
Death Benefit
Agent Phone

Company
Insured
Policy No.
Type of Policy
Location of Policy

Owner
Beneficiary
Death Benefit
Agent Phone

Company
Insured
Policy No.
Type of Policy
Location of Policy

Owner
Beneficiary
Death Benefit
Agent Phone

B. MEDICAL OR HEALTH INSURANCE

Company
Identification No.
Policy Number
DeductibleAmount

Insured
Enrollment Code
Policy Limits
Co-Pay

C. DISABILITY INSURANCE

Company
Identification No.
Policy Number

Insured

Policy Benefit

Company
Identification No.
Policy Number

Insured

Policy Benefit

D. LONG TERM CARE INSURANCE

Company
Identification No.
Policy Number

Insured

Policy Benefit

E. AUTO INSURANCE

Company
Identification No.
Policy Number
Deductible Amount

Policy Limits

F. HOME INSURANCE

Company
Identification No.
Policy Number
Deductible Amount

Policy Limits

IX. PASSPORT NUMBERS

Self
Child

Spouse
Child

X. DRIVER'S LICENSE

Self
Number
Expiration Date

Date
State Issued

Spouse
Number
Expiration Date

Date
State Issued

XI. CREDIT CARDS

(If loss occurs, immediate notification to company will usually limit your liability.)

Company/Bank Name	Card No./ Address	Expiration	Phone	Single/Joint Name

**XII. BANK ACCOUNTS/CREDIT UNIONS/MONEY MARKET
ACCOUNTS/SAVINGS & LOAN ASSOCIATIONS/CERTIFICATES
OF DEPOSIT**

Bank/Credit Union, etc. Name

Account No.

Type of Account
Owner(s)(*)

Balance

Bank/Credit Union, etc. Name

Account No.

Type of Account

Owner(s)(*)

Balance

Bank/Credit Union, etc. Name

Account No.

Type of Account

Owner(s)(*)

Balance

XIII. SAFE DEPOSIT BOX

Location Box Number
Name(s)
Brief Listing of Items in Box

Location Box Number
Name(s)
Brief Listing of Items in Box

Location Box Number
Name(s)
Brief Listing of Items in Box

XIV. STOCKS/BONDS/SECURITIES

Name	Number of Units	Owner(s)*	Date of Purchase	Cost Per Unit	Value

XV. REAL ESTATE AND MORTGAGE DATA

Location Owner(s)* Date of Purchase Amount Paid Current Value Lender Name
& Mortgage Balance

XVI. PERSONAL PROPERTY (Over \$5,000) (e.g., car, boat, jewelry, etc.)

Type Brief Description Approx. Value Location

XVII. OTHER INVESTMENTS Name Type

Contact Owners(s)(*)

XVIII. IRA

Owner _____

Address of Custodian _____ Phone _____

Beneficiary _____ Value _____

Owner _____

Address of Custodian _____ Phone _____

Beneficiary _____ Value _____

XIX. EMPLOYER SPONSORED RETIREMENT

PLANS	Name	Type	Beneficiary	Value	Phone

XX. MONTHLY OBLIGATIONS - FOR INSTALLMENT DEBTS

(mortgage, auto loan, etc.)

Type	Date Due	Monthly Amount	Total Due

XXI. OTHER LIABILITIES

(including guarantees, collateral pledged as security for loans)

XXII. MEMBERSHIP IN FRATERNAL/PROFESSIONAL ORGANIZATIONS

XXIII. LOCATION OF OTHER VITAL RECORDS

Description of Items

Location

Birth Certificates

Self _____
Spouse _____
Children _____

Citizenship Papers

Self _____
Spouse _____

Military Records

Self _____
Spouse _____

Safe Deposit Box Key _____

Real Estate Papers _____

Stocks/ Bonds/ Securities _____