

**CONFIDENTIAL ESTATE PLANNING ORGANIZER**

**A. FAMILY INFORMATION**

1. **Personal**: Husband Wife

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Best Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Marriage Information**:

 a. Date of Marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. Place of Marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Children**:

 Name and Address Birth Date Child of

 a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ H, W, Both

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ H, W, Both

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ H, W, Both

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ H, W, Both

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Other Dependent Persons – Names, Addresses, Relationships**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. **Do Any Dependents Have Special Educational, Medical or Financial Needs?**

 No [ ] Yes [ ]

 **If Yes, please explain what kind and whether any state or federal aid is being currently provided:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**B. ASSET INFORMATION (attach detail as needed)**

1. **Safe Deposit Box**

Contents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In Whose Name(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Bank and Savings Accounts**

 Approximate

 Owner(s) Balance Bank/Credit Union

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. **Publicly Traded Stocks, Bonds, Securities**

 Name of Company Shares Market Value

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. **Real Estate**

 Market Balance

 Owner(s) Value Due Income Address

 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. **Partnerships, Corporations and other Business Interests and Securities Not Publicly Traded**

 Owner(s) Description Basis Market Value

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. **Promissory Notes and Other Loans**

 Debtor Balance Secured By

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **Life Insurance and Annuities**

 Issuer Owner Insured Cash Value *(or)* Benefit on Death Beneficiary

 \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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8. **Retirement and Employee Benefits**

 List any interest in a Pension, Profit-Sharing, Stock Bonus, Self-Employed Retirement Plan, IRA, Deferred Compensation or similar employee benefit:

 Employee/Holder Description Value Beneficiary

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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9. **Trusts or Estates in Which you have a beneficial interest**

 Description:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. **Taxable Income Last Year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. SUMMARY OF LIABILITIES**

1. **Notes and Other Loans, Including Mortgages (if not included in paragraph 4)**

 a. **Commercial**

 Creditor Owed By Due Date Balance Secured By

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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 b. **Residential**

 Creditor Owed By Due Date Balance Secured By

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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**D. ADVISORS**

 1. **Accountant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. **Life Insurance Advisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. **Investment Advisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. WILL OR TRUST PROVISIONS**

 1. **Specific Gifts**

 Do you want to make any specific gifts of cash, real property, stocks and bonds, or other property? Any charitable gifts? If so, please describe and indicate to whom:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Should these gifts be made only when both spouses are gone?

 [ ] Yes [ ] No, make gifts from first estate

 Gifts of tangible personal property (such as heirlooms, mementos or jewelry) are usually made by a personal property list separate from your Will which is referred to in your Will. This allows you to add to or change these gifts without amending your Will. Should your Will provide for such gifts?

 [ ] Yes [ ] No

 Note: This list can be prepared now or later, at your convenience.

 2. **Residue**

 Who should receive the remainder of your estate?

 [ ] My surviving spouse [ ] Trust for my surviving spouse, or:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3. **Alternate Gift of Residue**

 Who should receive your property if your primary recipient predeceases you, or, if you provide a Trust for your primary recipient, upon his or her death?

 [ ] My surviving children and descendants of deceased children, or:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 4. **Gifts to Descendants**

 Should gifts to children be held in Trust for their benefit?

 [ ] No

 [ ] Yes, for children, until age \_\_\_\_\_\_\_\_\_\_

 [ ] Yes, for other descendants

 Any provision for parents, spouses of children, or others? If so, please describe:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 5. **Fiduciaries**

 a. Personal Representative(s) (administers Will during probate)

 1st Choice: [ ] Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Trustee(s) for Trusts needed

(manages estate for the benefit of beneficiaries like children, marital trust, etc. where applicable)

Note: Spouse does not usually manage trust for minors (needed where spouse is deceased)

 1st Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Guardian(s) of minor(s) (raises children who are not yet age 18)

 Note: Can be same person as trustee of funds, or be different

1st Choice: [ X] Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. **Funeral/Burial Arrangements**

We do not recommend that this provision be included in the Will because the contents of the Will are not always known at the relevant time. It is suggested that if you have specific wishes, that they be made known to the person who will be in charge at the time the arrangements are being made, or in a memo to be held with your Will. If you prefer, it can be included in the Will.

**F. OTHER INSTRUMENTS**

1. **Durable Power of Attorney**

 The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetence of an individual to handle his or her own affairs. The value of this document is that it should avoid the necessity of a Guardianship in the event of this occurrence.

 Do you want a Durable Power of Attorney? [ ] Yes [ ] No

 Effective on signing or incapacity? [ ] Signing [ ] Incapacity

 (usually recommend upon incapacity depending upon circumstances)

 Who should be the attorney-in-fact? [ ] Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Alternate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Living Will**

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his or her wish to be permitted to die naturally and not to have life sustaining support where there is no brain function which would “artificially prolong” any terminal injury, disease or an irrevocable comatose or vegetative state. If, on the other hand, you want a person to make this choice, that can be accomplished by your designated agent in a Power of Attorney. A Living Will takes the burden of that decision out of another person’s hands and places it upon you to direct physicians to cease life-sustaining support where two physicians have certified that you have suffered a terminal condition or are in a permanent unconscious condition where the application of life-sustaining treatment would serve only to artificially prolong the process of dying.

 Do you wish to have such a document prepared?

 [ ] Yes, prepare it. [ ] No.

**G. MISCELLANEOUS**

 Do you expect any inheritances or gifts? Please identify donor, recipient and amount and, for gifts, timing:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do either of you make, or intend to make, regular or one-time gifts to any person? If so, please describe:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other significant financial or other information:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**H. CLENT COMMENTS SECTION – PLEASE PROVIDE A STATEMENT OF YOUR OVERALL ESTATE PLANNING GOALS (PLEASE ADD SOME COMMENTS HERE):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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