

**ESTATE PLANNING
INFORMATION ORGANIZER**

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INSTRUCTIONS

The accompanying schedules have been designed to enable you to provide the information necessary for us to make estate tax computations and to make estate planning recommendations.

Prior to filling in any data, you should review the table of contents, which shows the separate categories of information required.

Certain schedules may call for details that are not readily available to you. Please make a list of these items so that we can discuss the easiest way to obtain the information.

Many schedules call for the “fair market value” of particular assets. If you are unsure about what that is, please indicate a range of value or estimate of what you think the asset is worth.

If you would like to keep this organizer with your estate planning documents, we will copy what we need and return this booklet to you.

FAMILY DATA

Personal Information

	Husband	Wife
Name	_____	_____
Home Address	_____	_____
	_____	_____
County	_____	_____
Phone Numbers		
Office	_____	_____
Office fax	_____	_____
Home	_____	_____
Cell	_____	_____
Home fax	_____	_____
Date Of Birth	_____	_____
Date Of Marriage	_____	_____
Citizenship	_____	_____
Employer	_____	_____
Email address	_____	_____

Children of Present Marriage

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Children of Previous Marriage

Name	Date of Birth
_____ () H () W	_____
_____ () H () W	_____
_____ () H () W	_____
_____ () H () W	_____
_____ () H () W	_____

Advisors

CPA	_____	Insurance agent	_____
Phone #	_____	Phone #	_____
Banker	_____	Attorney	_____
Phone #	_____	Phone #	_____
Broker	_____	Investment advisor	_____
Phone #	_____	Phone #	_____

FIDUCIARIES

Have you received or do you expect to receive any gifts or inheritances in excess of \$50,000? If so, please describe briefly, including dates, amounts, and from whom.

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Have you ever made gifts of property valued in excess of \$10,000 to anyone other than your spouse? If so, please describe below and furnish copies of any gift tax returns.

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Were you previously married?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If yes, does your divorce decree require any estate-related provisions?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Do you have a pre-nuptial or post-nuptial agreement?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If so, please provide a copy.

Do you have any alimony, child support, or similar obligations?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If so, please provide documentation.

Are you a U.S. Citizen?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If no, Do You Intend to Pursue Citizenship?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Country of Citizenship (if not the United States) _____

Do any of your children/family members/intended beneficiaries have any physical or mental disabilities?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Have you established any trust(s)?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If so, please describe and provide a copy.

Are you the beneficiary of any trust?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If so, please describe and provide a copy.

FIDUCIARIES

Do you have a will?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

If so, please provide a copy.

FIDUCIARIES

If you have thought about who you'd like to serve as your fiduciaries, please indicate whom you would like to serve. If you are unsure and need guidance or clarification of these roles, leave this page blank and we will discuss options when we meet.

Executor: The person who administers your estate, or carries out the wishes in your Last Will and Testament. You may name one person or, if you would prefer, more than one person to serve simultaneously. If you name one person, it's a good idea to name successor or alternate executors to serve in the event that your initial executor cannot or will not serve for any reason.

Initial Executor		
Successor Executor		
2nd Successor Executor		

If your Spouse will serve as your Executor, would you like him/her to be able to appoint his/her successor?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Trustee: The person who administers any trusts you create. Again, you may name one person or, if you would prefer, more than one person to serve simultaneously. If you name one person, it's a good idea to name successor, or alternate trustees to serve in the event that your initial trustee cannot or will not serve for any reason.

Initial Trustee		
Successor Trustee		
2nd Successor Trustee		

FIDUCIARIES

If your Spouse will serve as your Trustee, would you like him/her to be able to appoint his/her successor?

Husband: ___ Yes ___ No **Wife:** ___ Yes ___ No

Guardian: In the event you and your children's other parent both die while your children are Minors, who would you like to care for your children? This can – but need not – be the same person who would act as their Trustee (the person controlling your money/assets for the children in the event of your untimely death). Again, you may name one person or, if you would prefer, more than one person to serve simultaneously. If you name one person, it's a good idea to name successor, or alternate Guardians to serve in the event that your initial Guardian cannot or will not serve for any reason.

Children's Other Parent (If not current spouse): _____

Guardian(s): _____

Relationship: _____

Successor Guardian(s): _____

Relationship: _____

NOTES RECEIVABLE (OTHERS OWE YOU MONEY)

NOTES RECEIVABLE

From Whom?	Unpaid Balance	Monthly Payment	Date of Final Payment	Interest Rate	Husband, Wife, or Joint (H, W, or J)

BUSINESS INTERESTS

Name of Business	Corporation, LLC, Partnership, or Proprietorship	% Ownership	Date Acquired	How Acquired	Cost	Fair Market Value

Is there a buy/sell agreement in effect for any of the business interests listed above? _____ If so, please furnish a copy.

Do other family members also own interests? If so, please describe below.

PERSONAL PROPERTY

Description	Fair Market Value	Husband, Wife, or Joint H, W, or J
Vehicles		
Household Items		
Collectible Items: Coins, Art, etc.		
Jewelry, Silverware, etc.		
Boats, etc.		

LIFE INSURANCE

Name of Company	Type of Policy (Term, Whole Life)	Face Amount	Loan Amount	Insured	Owner	Beneficiary *

* Please provide a copy of the beneficiary designation for each policy.

OTHER ASSETS

Description	Fair Market Value

CHECKLIST

Please complete the organizer and provide the items below that are applicable to your situation.

Copy of pre-nuptial or post-nuptial agreement _____

Copy of trusts you have established _____

Copy of trusts you are a beneficiary of _____

Copies of wills _____

Copy of buy/sell agreement(s) _____

Copies of deeds to all real estate _____

Copies of beneficiary designations for each retirement plan _____

Copies of beneficiary designations for each insurance policy _____