

# ESTATE ORGANIZER

## General Information

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### Your Information

Full Name: \_\_\_\_\_

Known by Any Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If married:

Date of Current Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

### Spouse Information

Full Name: \_\_\_\_\_

Known by Any Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Location of Birth Certificate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If married:

Date of Current Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

### Charities who may be Beneficiaries

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Special Purpose (if any): \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Special Purpose (if any): \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Special Purpose (if any): \_\_\_\_\_

### Contact Names

Name of Accountant: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Name of Casualty Insurance Agent: \_\_\_\_\_

Name of Life Insurance Agent: \_\_\_\_\_

Preference as to Bank: \_\_\_\_\_

Assets

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Gifting and Joint Assets

Have there been any substantial gifts in the past or placement of property in joint names? \_\_\_\_\_

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Powers of Appointment

Are there any existing powers of appointment?: \_\_\_\_\_

Details: \_\_\_\_\_

Beneficiaries of Trust

Are you or your spouse the beneficiary under any trust?: \_\_\_\_\_

Details: \_\_\_\_\_

Any Expected Inheritances?

	Client:	Spouse:
From Whom:	_____	_____
Approximate Value:	_____	_____

Armed Forces Service

	Client:	Spouse:
Serial No.:	_____	_____
Branch of Service:	_____	_____
Dates of Service:	_____	_____

Pension or Profit Sharing Plans

Description of Benefits (Client): \_\_\_\_\_  
\_\_\_\_\_

Description of Benefits (Spouse): \_\_\_\_\_  
\_\_\_\_\_

Bank Accounts and Savings Accounts

1. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_
2. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_
3. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
Type of Account (checking/savings/etc.): \_\_\_\_\_  
Name(s) on Account: \_\_\_\_\_  
Average Balance: \_\_\_\_\_

4. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
 Type of Account (checking/savings/etc.): \_\_\_\_\_  
 Name(s) on Account: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_

5. Name of Bank, Savings and Loan, or Credit Union: \_\_\_\_\_  
 Type of Account (checking/savings/etc.): \_\_\_\_\_  
 Name(s) on Account: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_

Stocks, Bonds and Mutual Funds

Name of Company	Number of Shares or Amount	Description of Security	Name of Owner	Fair Market Value	Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Safety Deposit Box

Location: \_\_\_\_\_  
 In Whose Name(s): \_\_\_\_\_  
 Any Property of Others in the Box?: \_\_\_\_\_  
 Identifiable as Such? \_\_\_\_\_  
 Where are Other Valuable Papers Kept?: \_\_\_\_\_

Real Estate

1. Primary Residence Address: \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Legal Title in Whose Name?: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_ Assessed Value (include date of assessment): \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
 If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_  
 \_\_\_\_\_  
 Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_  
 \_\_\_\_\_

2. Address: \_\_\_\_\_  
 Brief Description \_\_\_\_\_  
 Legal Title in Whose Name?: \_\_\_\_\_  
 Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_  
 Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_  
 If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_  
 \_\_\_\_\_

Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_  
\_\_\_\_\_

3. Address: \_\_\_\_\_

Brief Description \_\_\_\_\_

Legal Title in Whose Name?: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_

Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_  
\_\_\_\_\_

4. Address: \_\_\_\_\_

Brief Description \_\_\_\_\_

Legal Title in Whose Name?: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Mortgage Amount: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

If Property was a Gift or is in Joint Names (enter details): \_\_\_\_\_

Basis Information (cost, date of acquisition, cost and date of improvements): \_\_\_\_\_  
\_\_\_\_\_

Life and Accidental Death Insurance

Type	Face Amount	Policy Number	Name of Company	Beneficiaries on Policy	Amount of Loan	Cash Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Comments on Life Insurance: \_\_\_\_\_  
\_\_\_\_\_

Is the insured the owner of the policies? If not, include details:  
\_\_\_\_\_  
\_\_\_\_\_

Business Interests

(If you have an interest in a partnership, joint venture, closely held corporation (S corporation), proprietorship, or other similar entity, list and/or bring complete information about its assets and liabilities, buy-sell agreements, and all other related information, including basis):

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

Community Property

Have you or your spouse ever lived in a state which has a community property law, i.e., California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin or Idaho? (Include details and status of assets brought into this state).

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Other Assets

Automobiles (Include model, make, fair market value, lienholder, and title holder):

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Boats, Trailers, etc:

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Mortgages Owned, Land Contracts, or Other Receivables:

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Coin Collections, Guns, Family Heirlooms:

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Other Assets:

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## Liabilities

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### Your Liabilities

Amount:	Owed to Whom:	Due Date:	Secured by What Asset:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Spouse's Liabilities

Amount:	Owed to Whom:	Due Date:	Secured by What Asset:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

