

ESTATE ORGANIZER

Name: _____

Date : _____

Describe the locations of your important items.

Location A. Documents in my home: _____

Location B. Documents in my office: _____

Location C. Safe deposit box: _____

Location D. Other: _____

Location E. Other: _____

Location F. Other: _____

ITEM	Location					
	A	B	C	D	E	F
My Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/Partner's Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangement documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe combination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listing of Personal Information Numbers and Passwords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key to Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of credit cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank statements, cancelled checks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment certificates/stocks/bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brokerage accounts records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate retirement plan./Profit sharing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keogh or IRA plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock-option plan/Stock-purchase plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income and gift tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Titles and deeds to real estate and land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental property records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes and other loan agreements, including mortgages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of stored and loaned valuable possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto ownership records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boat ownership records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Vehicle records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce/separation records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Names and addresses of relatives/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listings of professional/fraternal organization membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KEY PEOPLE TO NOTIFY

In case of emergency or death, the principal contacts are:

Key Personal Contact

Name _____ Mobile Telephone _____
Address _____ Work Telephone _____
City, State, Zip _____ Email Address _____
Relationship _____

Key Personal Contact

Name _____ Mobile Telephone _____
Address _____ Work Telephone _____
City, State, Zip _____ Email Address _____
Relationship _____

Spiritual Advisor

Name _____ Mobile Telephone _____
Address _____ Work Telephone _____
City, State, Zip _____ Email Address _____

Executor of Will

Name _____ Mobile Telephone _____
Address _____ Work Telephone _____
City, State, Zip _____ Email Address _____

Children's Guardian

Name _____ Mobile Telephone _____
Address _____ Work Telephone _____
City, State, Zip _____ Email Address _____

Physician

Name _____ Mobile Telephone _____
Address _____ Work Telephone _____
City, State, Zip _____ Email Address _____

ADVISORS TO NOTIFY

Key Legal Advisor

Name & Firm _____

Address _____

City, State, Zip _____

Email Address _____

Work Telephone _____ Mobile Telephone _____

Key Financial or Investment Advisor

Name & Firm _____

Address _____

City, State, Zip _____

Email Address _____

Work Telephone _____ Mobile Telephone _____

Key Financial or Investment Advisor

Name & Firm _____

Address _____

City, State, Zip _____

Email Address _____

Work Telephone _____ Mobile Telephone _____

Life Insurance Agent

Name & Firm _____

Address _____

City, State, Zip _____

Email Address _____

Work Telephone _____ Mobile Telephone _____

FINANCIAL INFORMATION

Bank, Financial Institution, Brokerage Accounts

Name of Institution _____
Account Number(s) _____

Name of Institution _____
Account Number(s) _____

Name of Institution _____
Account Number(s) _____

Name of Institution _____
Account Number(s) _____

Name of Institution _____
Account Number(s) _____

Pension/IRA/Retirement Accounts

Name of Institution _____
Owner(s) _____
Account Number(s) _____

Name of Institution _____
Owner(s) _____
Account Number(s) _____

Name of Institution _____
Owner(s) _____
Account Number(s) _____

Name of Institution _____
Owner(s) _____
Account Number(s) _____

Life Insurance Policies

Insurance Company _____
Policy Owner _____
Policy Number _____

Insurance Company _____
Policy Owner _____
Policy Number _____

Real Estate

Owner(s) _____
Address _____
City, State Zip _____

Owner(s) _____
Address _____
City, State Zip _____

Owner(s) _____
Address _____
City, State Zip _____

Owner(s) _____
Address _____
City, State Zip _____

Businesses Owned

Company _____
Owner(s) _____
Percentage Owned _____
Kind of Business _____

Company _____
Owner(s) _____
Percentage Owned _____
Kind of Business _____

Safe Deposit Box

Owner(s) _____

Location _____

Contents _____

Owner(s) _____

Location _____

Contents _____

Other Assets

Name/Kind _____

Owner(s) _____

Approximate Value _____

Name/Kind _____

Owner(s) _____

Approximate Value _____

Name/Kind _____

Owner(s) _____

Approximate Value _____

Name/Kind _____

Owner(s) _____

Approximate Value _____

Name/Kind _____

Owner(s) _____

Approximate Value _____

Name/Kind _____

Owner(s) _____

Approximate Value _____

How to access online accounts/password info

General Comments