

ESTATE ORGANIZER

personal planning and estate record



STEIN SPERLING

BENNETT • DE JONG • DRISCOLL PC

ATTORNEYS AT LAW

www.steinsperling.com

Name

Address

City, State ZIP

Home Telephone Office Telephone

Mobile Telephone Other Telephone

Computer Login Password

Home E-mail Password

Office E-mail Password

Date of Birth City/State of Birth

Country(ies) of Citizenship

SSN

Branch of Military Service N/A

Date Completed

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Each person should maintain a personal planning and financial record organizer. This record will provide vital information in a convenient format that will assist family members, agents, guardians, trustees or personal representatives (executors) in dealing with your affairs in the event of your unavailability, mental incompetence, disability or death. Preparation and ongoing maintenance of this record will also assist in your estate planning.

In this estate organizer, we have included family information in a format which allows you to set forth essential facts regarding your assets. In a number of places, we have asked you to identify how property is titled or its beneficiary. It is very important that this information is accurate. Before completing this portion of the organizer, be sure to examine documented title and beneficiary information as memories are often inaccurate.

You should keep this organizer in a secure location with other important estate documents and leave copies with a trusted contact or your attorney.

To learn more about how an updated estate plan can protect your assets as well as your family's future, or to obtain additional copies of this book, contact Stein Sperling's Estates and Trusts department.

Stein Sperling Bennett De Jong Driscoll PC
301-340-2020
www.steinsperling.com

SPOUSE/PARTNER

Name	
Address	
City, State ZIP	
Telephone(s)	
E-mail	Password
Alternate E-mail	Password
Date of Birth	City/State of Birth
Country(ies) of Citizenship	
SSN	Date of Death, if Deceased

CHILD

Name	
Address	
City, State ZIP	
Telephone(s)	
E-mail(s)	
Date of Birth	City/State of Birth

IMMEDIATE FAMILY MEMBERS

FAMILY HISTORY

CHILD

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

Date of Birth

City/State of Birth

FATHER

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

Date of Death, if Deceased

CHILD

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

Date of Birth

City/State of Birth

MOTHER

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

Date of Death, if Deceased

FAMILY HISTORY

OTHERS WHO SHOULD BE NOTIFIED OF YOUR DEATH OR DISABILITY

SIBLING

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

SIBLING

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

SIBLING

Name

Address

City, State ZIP

Telephone(s)

E-mail(s)

Name

Relationship

Address

City, State ZIP

Telephone(s)

E-mail(s)

Name

Relationship

Address

City, State ZIP

Telephone(s)

E-mail(s)

Name

Relationship

Address

City, State ZIP

Telephone(s)

E-mail(s)

OTHERS WHO SHOULD BE NOTIFIED OF YOUR DEATH OR DISABILITY

FAMILY ADVISORS

attorney, accountant, financial advisor, banker, insurance agent, clergy, physician

Name

Relationship

Address

City, State ZIP

Telephone(s)

E-mail(s)

Name

Relationship

Address

City, State ZIP

Telephone(s)

E-mail(s)

Name

Relationship

Address

City, State ZIP

Telephone(s)

E-mail(s)

Name

Title

Company

Telephone(s)

E-mail

Name

Title

Company

Telephone(s)

E-mail

Name

Title

Company

Telephone(s)

E-mail

FAMILY ADVISORS

attorney, accountant, financial advisor,
banker, insurance agent, clergy, physician

ESSENTIAL DOCUMENTS

Name

Title

Company

Telephone(s)

E-mail

Name

Title

Company

Telephone(s)

E-mail

Name

Title

Company

Telephone(s)

E-mail

WILL

Have you signed a Will? Yes No

Have you signed a Codicil? Yes No

Personal Representative/Executor

Telephone(s)

E-mail

Location of Original

Date Signed

REVOCABLE TRUST

Have you signed a Revocable Trust? Yes No

Have you amended or restated your Revocable
Trust? Yes No

Designated Trustee

Telephone(s)

E-mail

Successor Trustee

Telephone(s)

E-mail

Location of Original

Date Original Signed

Date Amendment Signed

Date Restatement Signed

IRREVOCABLE TRUST #1

Have you signed a Irrevocable Trust? Yes No

Do you have more than one Irrevocable Trust?

Yes No

Designated Trustee

Telephone

E-mail

Successor Trustee

Telephone(s)

E-mail

Location

Date Signed

IRREVOCABLE TRUST #2

Designated Trustee

Telephone

E-mail

Successor Trustee

Telephone(s)

E-mail

Location

Date Signed

POWER OF ATTORNEY

Have you signed a Power of Attorney? Yes No

Agent

Telephone(s)

E-mail

Successor Agent

Telephone(s)

E-mail

Location of Original

Date Signed

**HEALTH CARE POWER OF ATTORNEY
AND/OR LIVING WILL**

Have you signed a Health Care Power of Attorney
and/or Living Will? Yes No

Agent

Telephone(s)

E-mail

Successor Agent

Telephone(s)

E-mail

Location of Original

Date Signed

*bank, brokerage, dividend reinvestment
and money market accounts; mutual funds,
certificates of deposit, etc.*

MARITAL AGREEMENT

Have you signed a pre- or post-nuptial or other Marital Agreement? Yes No

Location of Original

Date Signed

SEPARATION, DIVORCE OR PROPERTY SETTLEMENT AGREEMENT

Have you signed a separation, divorce or property settlement agreement? Yes No

Agreement Type

Location of Original

Date Signed

Contact

Telephone(s)

E-mail

BUSINESS AGREEMENT

Are you a party in a Business Agreement? Yes No

Location of Original

Date Signed

Contact

Telephone(s)

E-mail

ACCOUNT #1

Institution

Account No.

Account Type

Value

Owner(s)

Do you access your account online? Yes No

Website

Username

Password

ACCOUNT #2

Institution

Account No.

Account Type

Value

Owner(s)

Do you access your account online? Yes No

Website

Username

Password

FINANCIAL INFORMATION

bank, brokerage, dividend reinvestment and money market accounts; mutual funds, certificates of deposit, etc.

FINANCIAL INFORMATION

bank, brokerage, dividend reinvestment and money market accounts; mutual funds, certificates of deposit, etc.

ACCOUNT #3

Institution

Account No.

Account Type

Value

Owner(s)

Do you access your account online? Yes No

Website

Username

Password

ACCOUNT #4

Institution

Account No.

Account Type

Value

Owner(s)

Do you access your account online? Yes No

Website

Username

Password

ACCOUNT #5

Institution

Account No.

Account Type

Value

Owner(s)

Do you access your account online? Yes No

Website

Username

Password

SAFE DEPOSIT BOX

Institution

Box Location

Key Location

Who is a signatory for the box?

Name

Telephone

Name

Telephone

Name

Telephone

AUTOMATIC PAYMENTS

scheduled with vendors/service providers outside your bank (e.g., utilities, telephone, credit cards)

STOCKS, BONDS AND SECURITIES

held in certificate form

VENDOR/SERVICE PROVIDER #1

Vendor/Service Provider

Account No./User Name

Password/PIN

Debit Acct. Institution

Debit Acct. No.

VENDOR/SERVICE PROVIDER #2

Vendor/Service Provider

Account No./User Name

Password/PIN

Debit Acct. Institution

Debit Acct. No.

VENDOR/SERVICE PROVIDER #3

Vendor/Service Provider

Account No./User Name

Password/PIN

Debit Acct. Institution

Debit Acct. No.

Name

No. of Units

Value

Owner(s)

Purchase Date

Location

Name

No. of Units

Value

Owner(s)

Purchase Date

Location

Name

No. of Units

Value

Owner(s)

Purchase Date

Location

Name

No. of Units

Value

Owner(s)

Purchase Date

Location

REAL ESTATE INFORMATION

INSURANCE INFORMATION

PROPERTY #1

Location

Ownership Title

Date of Purchase

Mortgage Lender(s)

_____ _____
Value Est. Balance Owed

PROPERTY #2

Location

Ownership Title

Date of Purchase

Mortgage Lender(s)

_____ _____
Value Est. Balance Owed

PROPERTY #3

Location

Ownership Title

Date of Purchase

Mortgage Lender(s)

_____ _____
Value Est. Balance Owed

LIFE INSURANCE POLICY #1

Company

Owner

_____ _____
Current Value (CSV) Death Benefit

Insured

Beneficiary

_____ _____
Policy No. Date of Purchase

_____ _____
Agent Telephone(s)

Agent E-mail

LIFE INSURANCE POLICY #2

Company

Owner

_____ _____
Current Value (CSV) Death Benefit

Insured

Beneficiary

_____ _____
Policy No. Date of Purchase

_____ _____
Agent Telephone(s)

Agent E-mail

INSURANCE INFORMATION

INSURANCE INFORMATION

LIFE INSURANCE POLICY #3

Company

Owner

Current Value (CSV)

Death Benefit

Insured

Beneficiary

Policy No.

Date of Purchase

Agent Telephone(s)

Agent E-mail

MEDICAL OR HEALTH INSURANCE

Company

Insured

Policy No.

Date of Purchase

Agent Telephone(s)

Agent E-mail

DISABILITY INSURANCE

Company

Insured

Policy No.

Date of Purchase

Agent Telephone(s)

Agent E-mail

LONG TERM CARE INSURANCE

Company

Insured

Policy No.

Date of Purchase

Agent Telephone(s)

Agent E-mail

AUTO INSURANCE POLICY #1

Auto Make/Model

Insurance Company

Company Telephone

Agent Telephone(s)

Agent E-mail

Policy No.

Deductible Amount

INSURANCE INFORMATION

AUTO INSURANCE POLICY #2

Auto Make/Model _____
Insurance Company _____
Company Telephone _____
Agent Telephone(s) _____
Agent E-mail _____
Policy No. _____ Deductible Amount _____

HOME INSURANCE POLICY #1

Location _____
Insurance Company _____
Company Telephone _____
Agent Telephone(s) _____
Agent E-mail _____
Policy No. _____ Deductible Amount _____

INSURANCE INFORMATION

HOME INSURANCE POLICY #2

Location _____
Insurance Company _____
Company Telephone _____
Agent Telephone(s) _____
Agent E-mail _____
Policy No. _____ Deductible Amount _____

UMBRELLA INSURANCE POLICY

Insurance Company _____
Company Telephone _____
Agent Telephone(s) _____
Agent E-mail _____
Policy No. _____ Deductible Amount _____
Coverage Level _____

RETIREMENT PLAN INFORMATION

RETIREMENT PLAN INFORMATION

IRA #1

Owner _____
Custodian _____
Custodian Address _____
Custodian Telephone(s) _____
Beneficiary _____
Account No. _____ Est. Value _____

IRA #2

Owner _____
Custodian _____
Custodian Address _____
Custodian Telephone(s) _____
Beneficiary _____
Account No. _____ Est. Value _____

IRA #3

Owner _____
Custodian _____
Custodian Address _____
Custodian Telephone(s) _____
Beneficiary _____
Account No. _____ Est. Value _____

EMPLOYER SPONSORED PLAN #1

Owner _____
Plan Sponsor _____
Sponsor Address _____
City, State ZIP _____
Sponsor Telephone(s) _____
Beneficiary _____
Est. Value _____

EMPLOYER SPONSORED PLAN #2

Owner _____
Plan Sponsor _____
Sponsor Address _____
City, State ZIP _____
Sponsor Telephone(s) _____
Beneficiary _____
Est. Value _____

The STRENGTH *of* CONNECTION
The POWER *of* CONFIDENCE

ABOUT STEIN SPERLING

“Passion” is not a word used to describe many law firms. However, it is passion – for the law, our clients, quality service, creative thinking and practical solutions – that permeates Stein Sperling’s culture and distinguishes all of our work. It is the driving force behind our confidence in successfully resolving our clients’ matters, and it has fueled our connection to the people, businesses and communities we serve. As a result, we are leaders in each of our practice areas and have earned a reputation as one of the premier “go-to” law firms in this region. Our focus on a team approach and our flexible, dynamic organizational structure offers our clients the benefit of our full range of legal resources. Please contact us with any questions you may have related to our areas of practice.

BUSINESS LAW
CIVIL LITIGATION
CRIMINAL LAW
EMPLOYMENT LAW
ESTATES & TRUSTS

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REAL ESTATE LAW
TAX LAW



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