#### **ESTATE ORGANIZER**

personal planning and estate record



BENNETT • DE JONG • DRISCOLL PC
ATTORNEYS AT LAW

www.steinsperling.com

## PERSONAL PLANNING AND ESTATE RECORD

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Branch of Military Service	□ N/A	_	
Date Completed		-	

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#### IMMEDIATE FAMILY MEMBERS

SPOUSE/PARTNER

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

# 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

Date of Death, if Deceased

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

SSN

CHILD		FATHER	
Name		Name	
Address		Address	
City, State ZIP		City, State ZIP	
Telephone(s)		Telephone(s)	
E-mail(s)		E-mail(s)	
Date of Birth	City/State of Birth	Date of Death, if Deceased	
	CHILD	MOTHER	
Name		Name	
Address		Address	
City, State ZIP		City, State ZIP	
Telephone(s)		Telephone(s)	
E-mail(s)		E-mail(s)	
Date of Birth	City/State of Birth	Date of Death, if Deceased	

#### **FAMILY HISTORY**

#### OTHERS WHO SHOULD BE NOTIFIED OF YOUR DEATH OR DISABILITY

SIBLING	
	Name
Name	D.1.: 1:
. 11	Relationship
Address	Address
City, State ZIP	City, State ZIP
Telephone(s)	Telephone(s)
E-mail(s)	E-mail(s)
SIBLING	
N	Name
Name	Relationship
Address	Address
City, State ZIP	City, State ZIP
Telephone(s)	Telephone(s)
E-mail(s)	E-mail(s)
SIBLING	
	Name
Name	Relationship
Address	Address
City, State ZIP	City, State ZIP
T. 1 ( )	_
Telephone(s)	Telephone(s)
E-mail(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	Name
Relationship	Title
Address	Company
City, State ZIP	Telephone(s)
Telephone(s)	E-mail
E-mail(s)	
Name	Name
Relationship	<del></del>
Address	Title
	Company
City, State ZIP	Telephone(s)
Telephone(s)	
E-mail(s)	E-maii
Name	
Relationship	Name
Address	Title
City, State ZIP	Company
Telephone(s)	Telephone(s)
E-mail(s)	E-mail

#### FAMILY ADVISORS

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

#### **ESSENTIAL DOCUMENTS**

	W	WILL	
Name	Have you signed a Will?	☐ Yes ☐ No	
	Have you signed a Codicil?	☐ Yes ☐ No	
Title			
Company	Personal Representative/Exec	utor	
Company	Telephone(s)		
Telephone(s)			
	E-mail		
E-mail	Location of Original		
		Date Signed	
Name	REVOCA	BLE TRUST	
Title	Have you signed a Revocable	Trust? □ Yes □ No	
	Have you amended or restated	l your Revocable	
Company	Trust? □ Yes □ No		
Telephone(s)	Designated Trustee		
E-mail	Telephone(s)		
	E-mail		
N.	Successor Trustee		
Name	Telephone(s)		
Title	E-mail		
Company	Location of Original		
Telephone(s)	Date Original Signed	Date Amendment Signed	
E-mail		Date Restatement Signed	

#### **ESSENTIAL DOCUMENTS**

IRREVOCABLE TRUST #1	POWER OF ATTORNEY
Have you signed a Irrevocable Trust? ☐ Yes ☐ No	Have you signed a Power of Attorney? ☐ Yes ☐ No
Do you have more than one Irrevocable Trust?	
☐ Yes ☐ No	Agent
Designated Trustee	Telephone(s)
Designated Trustee	
Telephone E-mail	- E-mail
Successor Trustee	- Successor Agent
Telephone(s)	Telephone(s)
E-mail	- E-mail
	Location of Original
Location	Date Signed
Date Signed	HEALTH CARE POWER OF ATTORNEY AND/OR LIVING WILL
IRREVOCABLE TRUST #2	Have you signed a Health Care Power of Attorney and/or Living Will? ☐ Yes ☐ No
Designated Trustee	- A
Telephone E-mail	Agent
	Telephone(s)
Successor Trustee	E-mail
Telephone(s)	Successor Agent
E-mail	- Successor rigent
	Telephone(s)
Location	E-mail
Date Signed	
	Location of Original
	Date Signed

#### **ESSENTIAL DOCUMENTS**

#### FINANCIAL INFORMATION

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

MARITAL AGREEMENT	ACCOUNT #1		
Have you signed a pre- or post-nuptual or other Marital Agreement? ☐ Yes ☐ No			
	Institution		
Location of Original	Account No.		
Date Signed	Account Type Value		
SEPARATION, DIVORCE OR PROPERTY SETTLEMENT AGREEMENT	Owner(s)		
Have you signed a separation, divorce or property settlement agreement? ☐ Yes ☐ No	Do you access your account online? ☐ Yes ☐ No		
Agreement Type	Website		
	Username		
Location of Original			
Date Signed	Password		
Contact	ACCOUNT #2		
Telephone(s)	Institution		
E-mail	Institution		
BUSINESS AGREEMENT	Account No.		
Are you a party in a Business Agreement? ☐ Yes ☐ No	Account Type Value		
Location of Original	Owner(s)		
Date Signed	Do you access your account online? ☐ Yes ☐ No		
Contact	Website		
Telephone(s)	Username		
E-mail	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		ACCOUNT #5		
Institution		- Institution		
Account No.		Account No.		
Account Type	Value	Account Type	Value	
Owner(s)		Owner(s)	Owner(s)	
Do you access your account online? ☐ Yes ☐ No		Do you access your	Do you access your account online? ☐ Yes ☐ No	
Website		Website		
Username		Username		
Password		Password		
ACCOUNT #4		SAFE DEPOSIT BOX		
Institution		- Institution		
Account No.		Box Location		
Account Type	Value	Key Location		
Owner(s)		Who is a signatory i	Who is a signatory for the box?	
Do you access your account on	line? □ Yes □ No			
W. L. S.		Name —	Telephone	
Website		Name	Telephone	
Username		Name	Telephone	
Password			rerephone	

#### **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** Name Vendor/Service Provider No. of Units Value Account No./User Name Owner(s) Password/PIN Purchase Date Location Debit Acct. Institution Debit Acct. No. Name No. of Units Value **VENDOR/SERVICE PROVIDER #2** Owner(s) Vendor/Service Provider Purchase Date Location Account No./User Name Password/PIN Name Debit Acct. Institution No. of Units Value Debit Acct. No. Owner(s) **VENDOR/SERVICE PROVIDER #3** Purchase Date Location Vendor/Service Provider Name Account No./User Name No. of Units Value Password/PIN Owner(s) Debit Acct. Institution Purchase Date Location Debit Acct. No.

#### **INSURANCE INFORMATION**

PROPERTY #1		LIFE INSURANCE POLICY #1	
Location		Company	
Ownership Title		Owner	
Date of Purchase		Current Value (CSV)	Death Benefit
Mortgage Lender(s)		Insured	
Value	Est. Balance Owed	Beneficiary	
	PROPERTY #2	Policy No.	Date of Purchase
Location		Agent Telephone(s)	_
		Agent E-mail	
Ownership Title		_ LIFE INSUR	ANCE POLICY #2
Date of Purchase			
Mortgage Lender(s)		Company	
Value	Est. Balance Owed	Owner	
	PROPERTY #3	Current Value (CSV)	Death Benefit
	THO ENT O	Insured	
Location		Beneficiary	
Ownership Title		Policy No.	
Date of Purchase		Agent Telephone(s)	
Mortgage Lender(s)			
Value	Est. Balance Owed	_ Agent E-mail	

#### **INSURANCE INFORMATION**

#### LIFE INSURANCE POLICY #3 **DISABILITY INSURANCE** Company Company Insured Owner Current Value (CSV) Policy No. Death Benefit Date of Purchase Agent Telephone(s) Insured Agent E-mail Beneficiary LONG TERM CARE INSURANCE Policy No. Date of Purchase Company Agent Telephone(s) Insured Agent E-mail Policy No. Date of Purchase MEDICAL OR HEALTH INSURANCE Agent Telephone(s) Company Agent E-mail **AUTO INSURANCE POLICY #1** Insured Auto Make/Model Policy No. Date of Purchase Insurance Company Agent Telephone(s) Company Telephone Agent E-mail Agent Telephone(s) Agent E-mail Policy No. Deductible Amount

#### **INSURANCE INFORMATION**

#### **AUTO INSURANCE POLICY #2 HOME INSURANCE POLICY #2** Auto Make/Model Location **Insurance Company** Insurance Company Company Telephone Company Telephone Agent Telephone(s) Agent Telephone(s) Agent E-mail Agent E-mail Policy No. Deductible Amount Policy No. Deductible Amount **HOME INSURANCE POLICY #1 UMBRELLA INSURANCE POLICY** Location **Insurance Company** Insurance Company Company Telephone Company Telephone Agent Telephone(s) Agent Telephone(s) Agent E-mail Agent E-mail Policy No. Deductible Amount Policy No. Coverage Level Deductible Amount

## RETIREMENT PLAN INFORMATION

## RETIREMENT PLAN INFORMATION

IRA #1	EMPLOYER SPONSORED PLAN #1
Owner	
Custodian	Owner
Custodian Address	Plan Sponsor
Custodian Telephone(s)	Sponsor Address
Beneficiary	City, State ZIP
Account No. Est. Value  IRA #2	Sponsor Telephone(s)
Owner	Beneficiary
Custodian	Est. Value
Custodian Address	
Custodian Telephone(s)	EMPLOYER SPONSORED PLAN #2
Beneficiary	Owner
Account No. Est. Value  IRA #3	Plan Sponsor
Owner	Sponsor Address
Custodian	City, State ZIP
Custodian Address	Sponsor Telephone(s)
Custodian Telephone(s)	Beneficiary
Beneficiary	
Account No. Est. Value	Est. Value

## FUNERAL AND BURIAL OR CREMATION WISHES

#### NOTES

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## 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 "goto" 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.

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