

# Organizing Your Estate

Presented by



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# ORGANIZING YOUR ESTATE

## PERSONAL INFORMATION FOR THE ESTATE OF:

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

Date Information Completed \_\_\_\_\_

|                            |  |
|----------------------------|--|
| Social security number     |  |
| <b>Current Address</b>     |  |
| Street/City/State/Zip      |  |
| Dates of residence         |  |
| Insurance Agent / Company  |  |
| <b>Secondary Residence</b> |  |
| Location / Contact         |  |
| Insurance Agent / Company  |  |
| <b>Former Address 2</b>    |  |
| Street/City/State/Zip      |  |
| Dates of residence         |  |
| <b>Former Address 3</b>    |  |
| Street/City/State/Zip      |  |
| Dates of residence         |  |

# ORGANIZING YOUR ESTATE

| Business or Employment   |   |
|--|---|
| <input type="checkbox"/> Retired from  | <input type="checkbox"/> Employed by: _____ |
|  | If retired, retirement date: _____          |
| Name of company  |   |
| Financial interest, if any   |   |
| Other business interests ( <i>partner, stockholder or sole proprietor</i> )              |   |
| Location of business / employment documents  |   |
| Personal Records   |   |
| Date of birth  |   |
| Place of birth   |   |
| Father's name  |   |
| Mother's maiden name   |   |
| Location of birth certificate  |   |
| Wife's maiden name or husband's full name  |   |
| Name and dates of birth of living children   |   |
| Military service   |   |
| Service serial number  |   |
| Branch of service  |   |
| Dates of service   |   |
| Veterans Administration disability number  |   |
| Location of discharge papers   |   |
| Location of electronic passwords (Where do you keep a listing of your online passwords?) |   |

# ORGANIZING YOUR ESTATE

| Children                        |  |
|---------------------------------|--|
| <b>Child 1 Name</b>             |  |
| <b>Street, City, State, Zip</b> |  |
| <b>Phone</b>                    |  |
| <b>Social Security Number</b>   |  |
| <b>Marital Status / Spouse</b>  |  |

|                                 |  |
|---------------------------------|--|
| <b>Child 2 Name</b>             |  |
| <b>Street, City, State, Zip</b> |  |
| <b>Phone</b>                    |  |
| <b>Social Security Number</b>   |  |
| <b>Marital Status / Spouse</b>  |  |

|                                 |  |
|---------------------------------|--|
| <b>Child 3 Name</b>             |  |
| <b>Street, City, State, Zip</b> |  |
| <b>Phone</b>                    |  |
| <b>Social Security Number</b>   |  |
| <b>Marital Status / Spouse</b>  |  |

|                                 |  |
|---------------------------------|--|
| <b>Child 4 Name</b>             |  |
| <b>Street, City, State, Zip</b> |  |
| <b>Phone</b>                    |  |
| <b>Social Security Number</b>   |  |
| <b>Marital Status / Spouse</b>  |  |

If you have additional children mark this box and list as attachment "A" on a separate page

## ORGANIZING YOUR ESTATE

| Grandchildren            |  |
|--------------------------|--|
| Grandchild 1 Name        |  |
| Street, City, State, Zip |  |
| Phone                    |  |
| Social security number   |  |
| Marital status / Spouse  |  |

|                          |  |
|--------------------------|--|
| Grandchild 2 Name        |  |
| Street, City, State, Zip |  |
| Phone                    |  |
| Social security number   |  |
| Marital status / Spouse  |  |

|                          |  |
|--------------------------|--|
| Grandchild 3 Name        |  |
| Street, City, State, Zip |  |
| Phone                    |  |
| Social security number   |  |
| Marital status / Spouse  |  |

|                          |  |
|--------------------------|--|
| Grandchild 4 Name        |  |
| Street, City, State, Zip |  |
| Phone                    |  |
| Social security number   |  |
| Marital status / Spouse  |  |

If you have additional grandchildren mark this box and list as attachment "B" on a separate page

## ORGANIZING YOUR ESTATE

| Estate Attorney  |                          |
|--|--------------------------|
| Name   |                          |
| Street, City, State, Zip   |                          |
| Phone  |                          |
| E-Mail   |                          |
| Accountant   |                          |
| Name   |                          |
| Street, City, State, Zip   |                          |
| Phone  |                          |
| E-Mail   |                          |
| Investment Advisor   |                          |
| Name / Company   |                          |
| Street, City, State, Zip   |                          |
| Phone  |                          |
| E-Mail   |                          |
| Tax Information and Returns  |                          |
| Location where copies of current tax information and recent returns can be found |                          |
| Durable Power of attorney  |                          |
| Name   |                          |
| Contact information  |                          |
| Location of document   |                          |
| Documents  |                          |
| Safe deposit box   | Number and where located |
|  | Location of key          |
| Other people who have access to safe deposit box                                 | Name(s) / Address        |
|  | Street, City, State, Zip |
| Documents held in Safe Deposit Box   |                          |

## ORGANIZING YOUR ESTATE

| Documents (continued)                    |          |
|--|----------|
| Other important documents held elsewhere | Document |
|  | Location |
| Other important document held elsewhere  | Document |
|  | Location |
|  | Location |

If you have additional documents mark this box and list as attachment "C" on a separate page

| Banking / Credit Union Information   |                    |
|--|--------------------|
| <b>Account 1</b><br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money-Market<br><input type="checkbox"/> Other | Bank               |
|  | Account number     |
|  | Name(s) on account |
| <b>Account 2</b><br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money-Market<br><input type="checkbox"/> Other | Bank               |
|  | Account number     |
|  | Name(s) on account |
| <b>Account 3</b><br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money-Market<br><input type="checkbox"/> Other | Bank               |
|  | Account number     |
|  | Name(s) on account |
| <b>Account 4</b><br><input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money-Market<br><input type="checkbox"/> Other | Bank               |
|  | Account number     |
|  | Name(s) on account |

If you have additional accounts mark this box and list as attachment "D" on a separate page

| Certificate of deposit documents |                    |
|----------------------------------|--------------------|
| Certificate 1                    | Bank / Institution |
|                                  | Account number     |
|                                  | Name(s) on CD      |
| Certificate 2                    | Bank / Institution |
|                                  | Account number     |
|                                  | Name(s) on CD      |

## ORGANIZING YOUR ESTATE

| Pensions, 401(K), Roth, Other Retirement Accounts |                |
|---|----------------|
| Account 1   | Account type   |
|   | Account number |
|   | Location       |
| Account 2   | Account type   |
|   | Account number |
|   | Location       |
| Account 3   | Account type   |
|   | Account number |
|   | Location       |

If you have additional retirement accounts mark this box and list as attachment "E" on a separate page

| Stocks, bonds, annuities and other investments |                                       |
|--|---------------------------------------|
| Security 1                                     | Type                                  |
|  | Broker / Firm                         |
|  | Phone / Email                         |
|  | Street, City, State, Zip              |
|  | Location of any physical certificates |
|  |                                       |
| Security 2                                     | Type                                  |
|  | Broker / Firm                         |
|  | Phone / Email                         |
|  | Street, City, State, Zip              |
|  | Location of any physical certificates |
|  |                                       |
| Security 3                                     | Type                                  |
|  | Broker / Firm                         |
|  | Phone / Email                         |
|  | Street, City, State, Zip              |
|  | Location of any physical certificates |



## ORGANIZING YOUR ESTATE

| Stocks, bonds, annuities and other investments (continued)   |                                       |
|--|---------------------------------------|
| Security 4   | Type                                  |
|  | Broker / Firm                         |
|  | Phone / Email                         |
|  | Street, City, State, Zip              |
|  | Location of any physical certificates |
| U.S. Savings or government bonds   |                                       |
| Location of bonds  |                                       |
| Location of record of serial numbers   |                                       |
| Charitable Accounts  |                                       |
| <b>Account 1</b><br><input type="checkbox"/> Donor Advised Fund<br><input type="checkbox"/> Foundation<br><input type="checkbox"/> Other | Administering Institution             |
|  | Account number                        |
|  | Name(s) on account / Interested Party |
| <b>Account 2</b><br><input type="checkbox"/> Donor Advised Fund<br><input type="checkbox"/> Foundation<br><input type="checkbox"/> Other | Administering Institution             |
|  | Account number                        |
|  | Name(s) on account / Interested Party |
| <b>Account 3</b><br><input type="checkbox"/> Donor Advised Fund<br><input type="checkbox"/> Foundation<br><input type="checkbox"/> Other | Administering Institution             |
|  | Account number                        |
|  | Name(s) on account / Interested Party |

If you have additional securities mark this box and list as attachment "F" on a separate page

| Debt   |                          |
|--------|--------------------------|
| Loan 1 | Lender                   |
|        | Street, City, State, Zip |
|        | Type of loan             |
|        | Amount of loan           |
|        | Location of agreement    |

## ORGANIZING YOUR ESTATE

| Debt (continued)                             |                          |
|--|--------------------------|
| Loan 2                                       | Lender                   |
|  | Street, City, State, Zip |
|  | Type of loan             |
|  | Amount of loan           |
|  | Location of agreement    |
| Loan 3                                       | Lender                   |
|  | Street, City, State, Zip |
|  | Type of loan             |
|  | Amount of loan           |
|  | Location of agreement    |
| Credit Card 1                                | Company                  |
|  | Card numbers             |
| Credit Card 2                                | Company                  |
|  | Card numbers             |
| Credit Card 3                                | Company                  |
|  | Card numbers             |
| Credit Card 4                                | Company                  |
|  | Card numbers             |
| I owe the following individuals              |                          |
| Location of notes, loan agreements, receipts |                          |

If you have additional loans, credit cards or debts mark this box and list as attachment "G" on a separate page

| Life insurance |  |
|----------------|--|
| Policy 1       | Company                                  |
|                | Street, City, State, Zip                 |
|                | Policy number                            |
|                | Amount                                   |
|                | Location of policy                       |
|                | Beneficiary / Charities listed in policy |

## ORGANIZING YOUR ESTATE

| Life insurance (continued)          |  |
|-------------------------------------|--|
| Policy 2                            | Company                                  |
|                                     | Street, City, State, Zip                 |
|                                     | Policy number                            |
|                                     | Amount                                   |
|                                     | Location of policy                       |
|                                     | Beneficiary / Charities listed in policy |
| Others holding insurance on my life |  |
| Owners                              |  |
| Amount                              |  |
| Beneficiary                         |  |
| Vehicle Insurance                   |  |
| Vehicle 1<br><br>Type               | Insured by                               |
|                                     | Policy number                            |
|                                     | Location of policy                       |
| Vehicle 2<br><br>Type               | Insured by                               |
|                                     | Policy number                            |
|                                     | Location of policy                       |

If you have additional vehicles mark this box and list as attachment "H" on a separate page

| Personal Property<br>(List automobiles, boats, jewelry, firearms, household items, art, antiques, collections or other items of value and their location) |          |
|---|----------|
| Item 1  | Type     |
|   | Location |
| Item 2  | Type     |
|   | Location |
| Item 3  | Type     |
|   | Location |

# ORGANIZING YOUR ESTATE

| <b>Personal Property</b><br><small>(List automobiles, boats, jewelry, firearms, household items, art, antiques, collections or other items of value and their location)</small> |   |             |                 |
|---|---|-------------|-----------------|
| <b>Item 4</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Type</b></td></tr> <tr><td style="padding: 2px;"><b>Location</b></td></tr> </table> | <b>Type</b> | <b>Location</b> |
| <b>Type</b>   |   |             |                 |
| <b>Location</b>   |   |             |                 |
| <b>Item 5</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Type</b></td></tr> <tr><td style="padding: 2px;"><b>Location</b></td></tr> </table> | <b>Type</b> | <b>Location</b> |
| <b>Type</b>   |   |             |                 |
| <b>Location</b>   |   |             |                 |
| <b>Item 6</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Type</b></td></tr> <tr><td style="padding: 2px;"><b>Location</b></td></tr> </table> | <b>Type</b> | <b>Location</b> |
| <b>Type</b>   |   |             |                 |
| <b>Location</b>   |   |             |                 |
| <b>Item 7</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Type</b></td></tr> <tr><td style="padding: 2px;"><b>Location</b></td></tr> </table> | <b>Type</b> | <b>Location</b> |
| <b>Type</b>   |   |             |                 |
| <b>Location</b>   |   |             |                 |

If you have additional personal property mark this box and list as attachment "I" on a separate page

| <b>Trust / Wills</b>                  |  |
|---------------------------------------|--|
| <b>Title of trust / date</b>          |  |
| <b>Amendment date (if applicable)</b> |  |
| <b>Location of trust</b>              |  |
| <b>Date of will</b>                   |  |
| <b>Location of will</b>               |  |

| <b>Executors, trustees or guardians</b>  |  |             |                |              |              |
|--|--|-------------|----------------|--------------|--------------|
| <input type="checkbox"/> Executor<br><br><input type="checkbox"/> Trustee<br><br><input type="checkbox"/> Guardian | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Name</b></td></tr> <tr><td style="padding: 2px;"><b>Address</b></td></tr> <tr><td style="padding: 2px;"><b>Phone</b></td></tr> <tr><td style="padding: 2px;"><b>Email</b></td></tr> </table> | <b>Name</b> | <b>Address</b> | <b>Phone</b> | <b>Email</b> |
| <b>Name</b>  |  |             |                |              |              |
| <b>Address</b>   |  |             |                |              |              |
| <b>Phone</b>   |  |             |                |              |              |
| <b>Email</b>   |  |             |                |              |              |
| <input type="checkbox"/> Executor<br><br><input type="checkbox"/> Trustee<br><br><input type="checkbox"/> Guardian | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Name</b></td></tr> <tr><td style="padding: 2px;"><b>Address</b></td></tr> <tr><td style="padding: 2px;"><b>Phone</b></td></tr> <tr><td style="padding: 2px;"><b>Email</b></td></tr> </table> | <b>Name</b> | <b>Address</b> | <b>Phone</b> | <b>Email</b> |
| <b>Name</b>  |  |             |                |              |              |
| <b>Address</b>   |  |             |                |              |              |
| <b>Phone</b>   |  |             |                |              |              |
| <b>Email</b>   |  |             |                |              |              |

## ORGANIZING YOUR ESTATE

| Executors, trustees or guardians (continued)   |         |
|--|---------|
| <input type="checkbox"/> Executor<br><input type="checkbox"/> Trustee<br><input type="checkbox"/> Guardian | Name    |
|  | Address |
|  | Phone   |
|  | Email   |
| <input type="checkbox"/> Executor<br><input type="checkbox"/> Trustee<br><input type="checkbox"/> Guardian | Name    |
|  | Address |
|  | Phone   |
|  | Email   |
| Funeral requests   |         |
| Church or synagogue  |         |
| Street, City, State, Zip   |         |
| Phone  |         |
| Is Your Funeral Prepaid? <input type="checkbox"/> YES or <input type="checkbox"/> NO                       |         |
| Name of funeral home   |         |
| Street, City, State, Zip   |         |
| Phone  |         |
| Funeral instructions, if any (special songs, type of service, dress, information for obituary, etc.)       |         |
|  |         |
| Name of cemetery   |         |
| Location of cemetery   |         |
| Location of deed   |         |
| Persons to be notified at death  |         |
| Contact 1  | Name    |
|  | Phone   |
| Contact 2  | Name    |
|  | Phone   |
| Contact 3  | Name    |
|  | Phone   |
| Contact 4  | Name    |
|  | Phone   |

# ORGANIZING YOUR ESTATE

| Charitable Gift Designations     |                        |         |                |       |
|----------------------------------|------------------------|---------|----------------|-------|
| ORGANIZATION/<br>INDIVIDUAL NAME | TAX ID (if applicable) | ADDRESS | SPECIFIC ASSET | NOTES |
|                                  |                        |         |                |       |
|                                  |                        |         |                |       |
|                                  |                        |         |                |       |
|                                  |                        |         |                |       |
|                                  |                        |         |                |       |

After your lifetime these assets will transfer directly to the nonprofit of your choice without going through probate. Beneficiary designations can be made for:

- Retirement plans, such as IRAs, 401(k)s, 403(b)s, etc.
- Life insurance policies
- Bank and brokerage accounts and other types of deposit and investment accounts, where allowed by state law and offered by your financial institution
- Consider remembering your favorite nonprofit in your will with a specific amount or percentage of your assets

**Leaving your legacy – words of advice for future generations**

A large, empty rectangular box with a thin black border, intended for handwritten or typed notes regarding words of advice for future generations.