

Organizing Your Estate

Presented by



www.youthbridge.org

ORGANIZING YOUR ESTATE

PERSONAL INFORMATION FOR THE ESTATE OF:

Full Name _____

Date Information Completed _____

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

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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?)	

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Children	
Child 1 Name	
Street, City, State, Zip	
Phone	
Social Security Number	
Marital Status / Spouse	

Child 2 Name	
Street, City, State, Zip	
Phone	
Social Security Number	
Marital Status / Spouse	

Child 3 Name	
Street, City, State, Zip	
Phone	
Social Security Number	
Marital Status / Spouse	

Child 4 Name	
Street, City, State, Zip	
Phone	
Social Security Number	
Marital Status / Spouse	

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

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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

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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	

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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	
Account 1 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money-Market <input type="checkbox"/> Other	Bank
	Account number
	Name(s) on account
Account 2 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money-Market <input type="checkbox"/> Other	Bank
	Account number
	Name(s) on account
Account 3 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money-Market <input type="checkbox"/> Other	Bank
	Account number
	Name(s) on account
Account 4 <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money-Market <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

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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

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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	
Account 1 <input type="checkbox"/> Donor Advised Fund <input type="checkbox"/> Foundation <input type="checkbox"/> Other	Administering Institution
	Account number
	Name(s) on account / Interested Party
Account 2 <input type="checkbox"/> Donor Advised Fund <input type="checkbox"/> Foundation <input type="checkbox"/> Other	Administering Institution
	Account number
	Name(s) on account / Interested Party
Account 3 <input type="checkbox"/> Donor Advised Fund <input type="checkbox"/> Foundation <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

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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

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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 Type	Insured by
	Policy number
	Location of policy
Vehicle 2 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 (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

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

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

Trust / Wills	
Title of trust / date	
Amendment date (if applicable)	
Location of trust	
Date of will	
Location of will	

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

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Executors, trustees or guardians (continued)	
<input type="checkbox"/> Executor <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian	Name
	Address
	Phone
	Email
<input type="checkbox"/> Executor <input type="checkbox"/> Trustee <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

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Charitable Gift Designations				
ORGANIZATION/ 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

Blank area for writing words of advice for future generations.