

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

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

## 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  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

# ORGANIZING YOUR ESTATE

<b>Personal Property</b> <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>			
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<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  <input type="checkbox"/> Trustee  <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>
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<b>Name</b>					
<b>Address</b>					
<b>Phone</b>					
<b>Email</b>					

## ORGANIZING YOUR ESTATE

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

# ORGANIZING YOUR ESTATE

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**

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