

Date: \_\_\_\_\_

## ORGANIZING YOUR LEGAL AND FINANCIAL PAPERS FOR YOUR SUCCESSOR FIDUCIARIES

(PLEASE PRINT CLEARLY AND ADD SHEETS IF YOU NEED MORE ROOM TO ANSWER)

### ***A. INFORMATION ABOUT FAMILY AND FRIENDS***

***\*\*\*IF ANYONE IN 1-7 BELOW SHOULD NOT BE CONTACTED, PLEASE INDICATE THAT\*\*\****

#### ***1. SPOUSE***

Name

Address, Telephone, Email

\_\_\_\_\_

#### ***2. CHILDREN***

Other Parent

Name of Child

Age

Address, Telephone, Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### ***3. GRANDCHILDREN***

Parent

Name of Grandchild

Age

Address, Telephone, Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. PARENTS (indicate if living or deceased)**

<u>Name</u>	<u>Address, Telephone, Email</u>
_____	_____
_____	_____
_____	_____

**5. NIECES/NEPHEWS (if not living with sibling)**

<u>Name/Child of Which Sibling?</u>	<u>Address, Telephone, Email</u>
_____	_____
_____	_____
_____	_____
_____	_____

**6. IF YOU ARE HOSPITALIZED OR AT YOUR DEATH, WHICH FRIENDS SHOULD BE CONTACTED?**

<u>Name</u>	<u>Address, Telephone, Email</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**7. CONTACT INFORMATION FOR EACH PERSON OR INSTITUTION NAMED AS A SUCCESSOR AGENT UNDER YOUR DURABLE POWER OF ATTORNEY, NAMED AS EXECUTOR, NAMED AS SUCCESSOR TRUSTEE OF ANY TRUSTS YOU HAVE ESTABLISHED.**

<u>Name</u>	<u>Address, Telephone, Email</u>
_____	_____
_____	_____
_____	_____

***B. IS SOMEONE DEPENDENT ON YOU? (e.g. young children, elderly parents, pets)***

Name

Age

Address, Telephone, Email

_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe Care

*(e.g., specific needs, schedules, other caretakers, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. ESTATE PLANNING DOCUMENTS**

*(Attach CURRENT copy of each and indicate location of original)*

<u>Document</u>	<u>Location</u>
Will	_____
Revocable Trust (with ALL Amendments)	_____
Durable Power of Attorney for Property Management	_____
Advance Health Care Directive (with any HIPAA forms)	_____
Each irrevocable trust you may have established (such as trusts for children, life insurance trusts, charitable remainder trusts)	_____
Each trust of which you are a beneficiary (such as a trust created by your parents for your benefit)	_____
Documents related to each partnership, limited liability company (LLC) or corporation of which you are a partner, member or shareholder	_____

**D. ASSETS AND LIABILITIES**

*(You may attach balance sheet in lieu of completing this section)*

**1. REAL PROPERTY (Please attach copy of deed(s), if available)**

**a. YOUR HOME**

ADDRESS: \_\_\_\_\_

**b. OTHER REAL PROPERTY**

(1) ADDRESS: \_\_\_\_\_

(2) ADDRESS: \_\_\_\_\_

**2. CLOSELY HELD BUSINESS INTERESTS**

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION: \_\_\_\_\_  
(C Corporation, S Corporation, Partnership, LLC, Sole Proprietorship)

YOUR OWNERSHIP PERCENTAGE: \_\_\_\_\_

CONTACT PERSON AT COMPANY:

<u>Name/Title</u>	<u>Address</u>	<u>Phone</u>	<u>Cell</u>
_____	_____	_____	_____

**3. CHECKING/SAVINGS/MONEY MARKET ACCOUNTS/CERTIFICATES OF DEPOSIT**

*(You may attach account statements in lieu of filling in this section)*

<u>Type of Account</u>	<u>Bank</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. EMPLOYEE BENEFITS/IRAS/PENSIONS AND OTHER RETIREMENT ACCOUNTS**

*(You may attach account statements in lieu of filling in this section)*

<u>For IRA: Name of Custodian and Account Number</u>	<u>For Plan: Name of Company and Administrator</u>	<u>Primary Beneficiary/ Contingent Beneficiary</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. LIFE INSURANCE AND ANNUITIES**

<u>Insured</u>	<u>Owner</u>	<u>Primary Beneficiary/ Contingent Beneficiary</u>	<u>Issuing Company and Policy Number</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**6. OTHER INSURANCE**

Do you have Umbrella Insurance?  Yes  No If yes, provide policy information: \_\_\_\_\_

Do you have Property and Casualty Insurance?  Yes  No If yes, provide policy information: \_\_\_\_\_

Do you have Disability Insurance?  Yes  No If yes, provide policy information: \_\_\_\_\_

Do you have Long Term Care Insurance?  Yes  No If yes, provide policy information: \_\_\_\_\_

Do you have Medical/Health Insurance?  Yes  No If yes, provide policy information: \_\_\_\_\_

**7. STOCKS, BONDS AND MUTUAL FUNDS HELD IN BROKERAGE ACCOUNTS**

*(You may attach account statements in lieu of filling in this section)*

<u>Name of Firm, Brokerage Account or Shares of Stock</u>	<u>Account Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**8. LIMITED PARTNERSHIPS/LLCs/OTHER INVESTMENTS**

<u>Company/Type of Investment</u>	<u>Contact Information</u>
_____	_____
_____	_____
_____	_____
_____	_____

**9. TANGIBLE PERSONAL PROPERTY**

(Include Automobiles, Jewelry, Collections, etc.)

<u>Type</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**10. PROMISSORY NOTES (Owed to You)**

<u>Borrower</u> (include contact information)	<u>Original Amount</u> of Note	<u>Date of Note</u>	<u>Location of Note</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11. 529 PLANS and CUSTODIAL ACCOUNTS WHERE YOU ARE CUSTODIAN OR OWNER**

<u>Type of Account</u>	<u>Bank or Brokerage</u>	<u>For whose benefit?</u>	<u>Account Number/</u> <u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**12. INTELLECTUAL PROPERTY**

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. OTHER ASSETS**

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. LIABILITIES**

<u>Type of Debt</u>	<u>Owed To</u>	<u>Account Number</u>	<u>Amount</u>

***E. MISCELLANEOUS***

***1. SAFE DEPOSIT BOX***

<u>Box No.</u>	<u>Location</u>	<u>Name of Boxholder</u>	<u>Location of Key</u>
_____	_____	_____	_____

***2. PERSONAL AND BUSINESS ADVISORS***

	<u>Name</u>	<u>Telephone</u>	<u>Email</u>
Investment Advisor:	_____	_____	_____
Accountant:	_____	_____	_____
Banker:	_____	_____	_____
Insurance Broker:	_____	_____	_____

***3. COMPUTER AND INTERNET PASSWORDS***

Location of inventory of computer and internet passwords:

\_\_\_\_\_

\_\_\_\_\_