

Confidential Organizer
A Tool to Assist in Preparing My Estate Plans

Contains Confidential and Personal Information—Keep in Secure Location

My Name _____

Address _____

City _____ State _____ ZIP _____

Telephone Number _____

Personal Advisors

List the names of personal advisors with whom you have a current working relationship.
(If you're not currently working with anyone, please indicate this.)

Position	Firm	Name	Complete Address	Telephone Number
Attorney				
Accountant				
Bank or Trust Officer				
Investment Broker				
Life Insurance Agent				
Other				
Other				

Personal Information

I was born in _____ on _____
(City/State) (Date)

Location of birth certificate _____ Location of copy _____

Social Security number _____ Location of Social Security card _____

Marital status: Single Married Widowed Divorced Legally Separated

Spouse's name _____ Date of birth _____ Social Security number _____

Place/date of marriage _____ Location of certificate _____
(City/State)

There (circle one) is is not a prenuptial agreement. A copy of this prenuptial agreement is located at _____

Previous marriage(s): Name _____ Date(s) of marriage _____

This marriage was terminated by: (circle one) Death Divorce Legal Separation

Location of papers _____

U.S. Citizen? (circle one) Yes No

If not U.S. citizen by birth, list date/place of naturalization _____

Location of papers _____ Other citizenship _____

U.S. government publication #121Z. "Where to Write for Vital Records," provides information on obtaining certified copies of birth, death, marriage and divorce records. Send a check or money order (payable to Superintendent of Documents) for \$1.75 to R. Woods, Consumer Information Center, 3C, PO Box 100, Pueblo, CO 81002 or go to <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>.

Tax/Social Security Records

My last Social Security earnings report is located at _____

My Social Security checks are are not directly deposited to my account number _____
(circle one) (Account Number)

at _____ Address _____
(Financial Institution) (Complete Address)

My federal, state (city) income tax returns for the years _____ are located at _____

(Name, Complete Address, Telephone Number)

The person who prepared these returns is _____

Address _____
(Complete Address)

Military Service

I served in the _____ from _____ to _____. My serial number was _____
(Mo/Yr) (Mo/Yr)

Medical Records

Position	Name	Complete Address	Telephone Number
Physician			
Dentist			
Other			
Other			
Other			
Other			

Living Will: I have a Living Will stating my wishes for medical care and treatment if I am seriously ill.

The document is dated _____ and is located at _____

The name and addresses of individuals who have copies are:

Name _____ Address _____
(Complete Address)

Telephone Number _____

Name _____ Address _____
(Complete Address)

Telephone Number _____

Power of Attorney for Health Care: I have given a Power of Attorney for health care decisions to:

Name _____ Address _____
(Complete Address)

Telephone Number _____

The power of attorney is dated _____ A copy is located at _____

Pension Information

I am a participant in the following pension, retirement or death benefit plans:

Type of Plan	Company Name/Complete Address	Value	Beneficiary

Employee Benefits Officer _____ Company _____ Phone _____

Employee Benefits Officer _____ Company _____ Phone _____

Employee Benefits Officer _____ Company _____ Phone _____

Papers relating to my current business connections and agreements (e.g., buy-sell agreements, stock purchase plans, stock options) are located at _____
(Complete Address)

Assets

Bank Acct. Name	Account Number	Complete Address	Joint Owner <i>(see "Note A" next page)</i>

The following records are also on my home computer, filed under: _____

Note A:

1. If the joint owner is not your spouse, keep accurate records showing how the assets were acquired and with whose funds. Estate and gift tax consequences will often depend on how the property was acquired. Good record keeping can often reduce taxes.
2. You should also note if any jointly owned assets are community property.

Individual who has power to sign checks for me: Name _____

Complete Address _____

Certificates of Deposit

Bank	Complete Address	Amount	Maturity Date	Certificate Number

My bank records are located at _____

Safety Deposit Boxes

Box Location	Complete Address	Box Number	Key Location	Other People with Access

Securities (Attach list if needed)

Company/Fund	Complete Address	Jointly Held with <i>(see "Note A" above)</i>	Number of Shares	Date of Purchase

My securities are located at _____
(Complete Address)

My brokerage/mutual fund statements are located at _____
(Complete Address)

My stockbroker is _____ Firm _____

Address _____
(Complete Address)

_____ Telephone Number _____

The securities on previous page are pledged against loans _____

They are held by _____ Firm _____

Address _____
(Complete Address)

_____ Telephone Number _____

Closely Held Stock And/Or Limited Partnerships (Other Interests)

Investment	Jointly Held with <i>(see "Note A")</i>	Amount	Date of Investment	Percent of Ownership

Government Securities (If not with a broker)

Type of Security	Jointly Held with <i>(see "Note A")</i>	Serial Number	Date of Purchase	Records are located: <i>(Complete Address)</i>

Individual Retirement Accounts

Name of Fund	Company	Account Number	Complete Address	Telephone Number

Insurance Policies (Accident/Disability/Health Care)

Type	Company	Policy Number	Coverage	Location of Records <i>(Complete Address)</i>

My accident/disability/health care insurance agents are: _____

Address _____
(Complete Address)

Telephone Number _____

Life Insurance Policies

Company	Policy Number	Face Value	Beneficiaries

These policies and any supporting papers are located at _____
(Complete Address)

I have unpaid loans against these policies:

Policy Number: _____ Amount of Loan _____ Amount Still Due _____

Companies or organizations holding insurance policies on my life:

Company _____ Amount of Coverage _____ Beneficiary _____

The following are policies on my life owned by others:

Owner _____ Relationship _____

Address _____
(Complete Address)

Person paying premium _____

Insurance Company _____ Policy Number _____ Face Value _____

I own policies on the lives of:

Name of Insured _____ Insurance Company _____

Policy Number _____ Face Value _____ Beneficiary _____

Real Estate Owned (Attach list if needed)

Description	Location (Complete Address)	Status Held (See Below- A-E)	Jointly Held With

Title is held in:

- A) my name only
- B) together with (fill in name) _____
- C) as tenants by the entirety
- D) as joint tenants (right of survivorship)
- E) as tenants in common/as community property

The remaining mortgage on the property is \$ _____ held by _____ (Name)

All papers pertaining to real estate holdings are located at _____ (Complete Address)

Other Income Producing Assets (Patents, Copyrights, etc.)

Property	Annual Income	Due Dates	Notes

Future or Contingent Income or Assets

I am expect to be beneficiary of a bequest.
(Circle one)

Name of testator _____ Approximate value _____

I am expect to be beneficiary of a trust fund.
(Circle one)

Name of trust _____ Approximate value _____

I am expect to be beneficiary of other income or assets.
(Circle one)

Description and value _____

Papers pertaining to the above agreements are located at _____

What I Owe

Credit Cards	Card/Account Number	Issued By	Complete Address	Telephone Number

Loans

Loan Type	Creditor	Loan Number	Loan Amount	Payment Due Date	\$ Amount
Auto					
Home					
Other					

All other debts and obligations (other than those previously listed in this record):

Last Will and Testament

I have I have not made a Will, dated _____
(Circle one)

The original executed copy of my Wills and Codicils (if any) are located at

Position	Name	Address	Telephone Number
Executor(s)			
Alternate Executor(s)			
Trustee(s)			
Alternate Trustee(s)			
Guardians for My Children			
Alternate Guardians			
Wills & Codicils Drafted by:			

Trusts

I have I have not created a Living (inter vivos) Trust for the benefit of _____
 (Circle one)

Other Instructions

Vehicles

Registration and other papers regarding my vehicle(s) may be found at _____

Homeowner records

Information regarding the deed to my home(s) and any mortgages connected to this property may be found

at _____

Information regarding liens, taxes, leases, etc. may be found at _____

Loans

Listed below is information pertaining to any loans I have made to others (status, terms, payments, collateral, etc.) _____

Survivor Benefits

Listed below are any possible sources of benefits not named in my Will.

Miscellaneous

Listed below are the locations of any cash, receipts, credit union accounts, warranties, and other papers that could have a bearing on the settlement of my estate.

Personal Gifts

Listed below are my wishes regarding the distribution of personal items such as books, jewelry, keepsakes, etc. not included in my Will or Living Trust. _____

Other instructions _____

Funeral and Burial/Cremation Instructions

My preferred funeral and burial/cremation instructions are _____

I own cemetery plot # _____ section # _____ in _____ (County)

at _____

The deed to the plot is located at _____ (Complete Address)

Or,

My cremation plans are as follows: _____

I have prepaid funeral arrangements with _____ Amount paid _____

Address _____ (Complete Address)

Telephone Number _____

I have agreed to donate organs to _____

The signed agreements are located at _____ (Complete Address)

Other data pertinent to this record: _____

Charitable Gifts

I would like the following charities to receive gifts:

Name of Charity	Complete Address	Telephone Number	Amount or % of estate <i>(See note below)</i>

Note:

Since the exact amount of your estate’s “residue” (defined as the surplus after specific gifts are distributed) cannot be determined at the time you draft your Will and/or Trust, you may want to distribute the remainder of your estate on a percentage basis.

Alternatively, you may wish to designate certain personal effects, property or even smaller amounts of cash to individuals or organizations before the balance is divided.

You may also wish to prepare a supplemental list of personal items, which you can keep with a copy of your Will and easily update.

Special Information

Should you desire to include a charity in your Will, your estate planner may recommend a specific statement or the following may be used:

- "I bequeath to (_____) \$ _____ to be used by the (_____) to continue providing _____ in our community."
- "I bequeath to (_____) _____ % of my estate to be used by the (_____) to continue providing _____ in our community."
- "I bequeath to (_____) the remainder of my estate after all the other bequests are satisfied."

I would like the above included in my Will () Yes () No

Please use this space for any additional information you wish to give your attorney, explaining any testamentary trusts, or any other desires already expressed. With each bequest, did you consider naming a contingent beneficiary for persons who may predecease you?

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The Foundation is the heart of AARP. We focus on serving the most economically vulnerable members of society. Through the support of thousands of volunteers we help those having difficulty meeting their basic health and financial needs in the second half of life. This work is made possible through contributions from more than one million AARP members and funding from public grants, corporations, and AARP.

