Estate planning is the process of developing a program for effective management, enjoyment, and disposition of your property at the least possible tax cost. While making a will is a crucial part, estate planning includes much more. When you plan your estate, you are creating a blueprint of how you want your financial and personal affairs handled after you can no longer handle them. Planning your estate involves making many choices, including decisions about:

- Your property
- People who depend upon you for support
- Possible future incapacity
- Medical decisions you may or may not want
- Long-term care options, and
- Funeral, cremation, and memorial arrangements.

With so many decisions to make and so much information to absorb, estate planning can be overwhelming. This organizer is designed to assist you in collecting the information needed to prepare a comprehensive estate plan for those you leave behind.
Objectives for Estate Planning

What do you want your estate plan to achieve? Setting goals is an important first step in planning. Use the checklist provided as a guide. Add other goals that are unique to your family's situation.

☐ Provide security for surviving spouse/partner
☐ Relieve spouse/partner of management responsibilities
☐ Provide security for an incapacitated heir
☐ Keep business in the family
☐ Provide educational opportunity for heirs
☐ Assist heirs in getting a business started
☐ Minimize estate taxes
☐ Nominate guardians, conservators, or trustees for minor children
☐ Nominate personal representative of estate
☐ Provide means of paying expenses of estate settlement, taxes, and debts
☐ Provide equitable treatment of heirs
☐ Preserve assets for children/grandchildren beyond life of spouse/partner
☐ Transfer specific property to specific heirs
☐ Make gifts to heirs and others during lifetime

☐ Reduce income taxes through disposing of income property during life
☐ Provide a bequest to church, alma mater, or other charitable organization
☐ Prevent property from going to non-deserving heirs
☐ Take full advantage of the marital deduction
☐ Provide a legacy to pass on important values
☐ Minimize the probate estate
☐ Assure continuity of farm, ranch, or other business
☐ Nominate agent in a durable power of attorney in case of disability
☐ Make advance decisions about terminating life support systems
☐ Nominate a health care agent to make decisions in case of incapacity
☐ Make advance decisions about mental health treatment
☐ Other __________________________
☐ Other __________________________
☐ Other __________________________
PERSONAL DATA, Self

Full legal name ____________________________
Date and place of birth ____________________
Other names by which you are known __________

Citizenship (note if dual) ____________________
Social Security # — — — —
Marital status:
☐ Single ☐ Married ☐ Divorced ☐ Separated
Date and place married _______________________
Location of marriage certificate __________________
Location of prenuptial agreement, if any _______
Date and place of prior marriage __________________
Terminated by:
☐ Divorce ☐ Annulment ☐ Separation ☐ Death
Date and place of termination ___________________
Location of termination documents ___________________
State of residence ___________________________
County of residence ___________________________
Address of part-time residence ___________________
Passport number and issue date ___________________
Military service number _______________________
Occupation ________________________________

PERSONAL DATA, Spouse/Life Partner

Legal full name ___________________________
Date and place of birth ____________________
If deceased, date of death ___________________
Other names by which you are known __________

Citizenship (note if dual) ____________________
Social Security # — — — —
Date and place of prior marriage __________________
Former spouse/partner name ___________________
Terminated by:
☐ Divorce ☐ Annulment ☐ Separation ☐ Death
Date and place of termination ___________________
Location of termination documents ___________________
Passport number and issue date ___________________
Military service number _______________________
Occupation ________________________________
Children/Dependents

Name __________________________________________
Social Security # ________-____-______
Date of birth ____________-________-________
Address ______________________________________

☐ Adopted  ☐ Child from previous marriage

Name __________________________________________
Social Security # ________-____-______
Date of birth ____________-________-________
Address ______________________________________

☐ Adopted  ☐ Child from previous marriage

Name __________________________________________
Social Security # ________-____-______
Date of birth ____________-________-________
Address ______________________________________

☐ Adopted  ☐ Child from previous marriage

Other Dependents (parents, etc.)

Name __________________________________________
Social Security # ________-____-______
Date of birth ____________-________-________
Address ______________________________________

☐ Married  ☐ Divorced  ☐ Widow/Widower

Name __________________________________________
Social Security # ________-____-______
Date of birth ____________-________-________
Address ______________________________________

☐ Married  ☐ Divorced  ☐ Widow/Widower
PERSONAL INFORMATION, \textit{self}

Do you have a will?  \(\square\) Yes \(\square\) No  
Location ____________________________

Do you have a trust?  \(\square\) Yes \(\square\) No  
Location ____________________________

Do you have a safe deposit box?  \(\square\) Yes \(\square\) No  
Location ____________________________

List names of others with access  

Do you maintain an inventory or videotape of valuable personal property?  \(\square\) Yes \(\square\) No  
Location ____________________________

Describe any dependents who may need special consideration  

Are you the income or residual beneficiary of a trust?  
\(\square\) Yes \(\square\) No  
Name of individual/entity who established trust ____________________________

Name of trustee ____________________________  
Name of attorney who drew trust agreement ____________________________

Nature of interest ____________________________

Are you receiving Social Security/disability benefits?  
\(\square\) Yes \(\square\) No  
Who will be named executor/executrix of your estate?  

Who will be named as an alternate?  
Who would you like to assume responsibility for raising any minor children?  
Who will be named as an alternate guardian?  

Do you have a living will?  \(\square\) Yes \(\square\) No

Have you given durable power of attorney to anyone?  
\(\square\) Yes \(\square\) No  
Name of appointed ____________________________  
Document location ____________________________

Have you completed a durable power of attorney for health care?  \(\square\) Yes \(\square\) No  
Primary health care agent ____________________________  
Document location ____________________________

Have you transferred your home, retaining a life estate?  
\(\square\) Yes \(\square\) No  
Name of individual/organization ____________________________  
Date of transfer ____________________________

Have you made arrangements to be an organ/tissue donor?  
\(\square\) Yes \(\square\) No  
Have you pre-funded any burial arrangements?  \(\square\) Yes \(\square\) No  
Name of funeral home ____________________________  
Document location ____________________________

Have you purchased a cemetery plot/vault?  \(\square\) Yes \(\square\) No  
Cemetery name ____________________________  
Cemetery location ____________________________  
Section number ____________________________  
Plot number ____________________________  
Location of deed to plot ____________________________

Do you own long-term care insurance?  \(\square\) Yes \(\square\) No  
Provider ____________________________  
Document location ____________________________

Have you ever made taxable gifts?  \(\square\) Yes \(\square\) No  
List to whom, amounts and dates ____________________________

__________________________  
__________________________  
__________________________

__________________________  
__________________________  
__________________________

__________________________  
__________________________  
__________________________
<table>
<thead>
<tr>
<th>Estate Planning Organizer</th>
<th>Restricted use of funds</th>
<th>Restricted use of funds</th>
<th>Restricted use of funds</th>
<th>Restricted use of funds</th>
<th>Restricted use of funds</th>
<th>Restricted use of funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of organization</td>
<td>Mailing address</td>
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<td>Mailing address</td>
<td>Name of organization</td>
<td>Mailing address</td>
<td>Name of organization</td>
</tr>
<tr>
<td>Specific amount</td>
<td>Residual percentage</td>
<td>Specific amount</td>
<td>Residual percentage</td>
<td>Specific amount</td>
<td>Residual percentage</td>
<td>Specific amount</td>
</tr>
<tr>
<td>Do you have a living will?</td>
<td>Yes □ No □</td>
<td>Who will be named as an alternate?</td>
<td>Yes □ No □</td>
<td>Nature of interest</td>
<td>Name of attorney who drew trust agreement</td>
<td>Location</td>
</tr>
<tr>
<td>Who will be named as an alternate guardian?</td>
<td>Yes □ No □</td>
<td>Who will be named executor/executrix of your estate?</td>
<td>Yes □ No □</td>
<td>Name of trustee</td>
<td>Name of individual/entity who established trust</td>
<td>Location</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Are you receiving Social Security/disability benefits?</td>
<td>□ Yes □ No</td>
<td>Are you the income or residual beneficiary of a trust?</td>
<td>□ Yes □ No</td>
<td>Describes any dependents who may need special consideration</td>
<td>Location</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Location</td>
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<td>Do you have a trust?</td>
<td>□ Yes □ No</td>
<td>Location</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Do you have a safe deposit box?</td>
<td>□ Yes □ No</td>
<td>Location</td>
<td>Do you have a partner?</td>
<td>□ Yes □ No</td>
<td>Location</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Location</td>
<td>List names of others with access</td>
<td>□ Yes □ No</td>
<td>Location</td>
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☐ Yes  ☐ No  
Name of appointed  
Document location  
Have you completed a durable power of attorney for health care?  ☐ Yes  ☐ No  
Primary health care agent  
Document location  
Have you transferred your home, retaining a life estate?  
☐ Yes  ☐ No  
Name of individual/organization  
Date of transfer  
Have you made arrangements to be an organ/tissue donor?  
☐ Yes  ☐ No  
Have you pre-funded any burial arrangements?  
☐ Yes  ☐ No  
Name of funeral home  
Document location  
Have you purchased a cemetery plot/vault?  ☐ Yes  ☐ No  
Cemetery name  
Cemetery location  
Section number  
Plot number  
Location of deed to plot  
Do you own long-term care insurance?  ☐ Yes  ☐ No  
Provider  
Have you ever made taxable gifts?  ☐ Yes  ☐ No  
List to whom, amounts and dates  

List any professional advisers:  
Attorney  
Accountant  
Trust officer  
Insurance agent  
Financial planner  
Investment broker  
Tax consultant  
Are there charitable organizations that you would provide for upon death?  ☐ Yes  ☐ No  
Name of organization  
Mailing address  
Specific amount  
Specific asset  
Residual percentage  
Restricted use of funds  
Name of organization  
Mailing address  
Specific amount  
Specific asset  
Residual percentage  
Restricted use of funds  
Name of organization  
Mailing address  
Specific amount  
Specific asset  
Residual percentage  
Restricted use of funds  

EMPLOYMENT AND
BUSINESS INTERESTS, Self

Place of employment ____________________________
Date employed ________________________________
Date retired ________________________________
Pension plan/profit sharing ____________________
Location of papers ____________________________
Death benefits payable to _______________________
Second beneficiary is __________________________
Deferred compensation plan payable as lump sum
or payable $ ___________ per month for ________ years
Location of agreement __________________________
Stock options _________________________________
Nature of option ______________________________
Restrictions ________________________________
Location of documents ________________________
Medical insurance company ____________________
Location of papers ____________________________
Group life insurance company ___________________
Death benefit _________________________________
Primary beneficiary ____________________________
Location of papers ____________________________

EMPLOYMENT AND
BUSINESS INTERESTS, Spouse/partner

Place of employment ____________________________
Date employed ________________________________
Date retired ________________________________
Pension plan/profit sharing ____________________
Location of papers ____________________________
Death benefits payable to _______________________
Second beneficiary is __________________________
Deferred compensation plan payable as lump sum
or payable $ ___________ per month for ________ years
Location of agreement __________________________
Stock options _________________________________
Nature of option ______________________________
Restrictions ________________________________
Location of documents ________________________
Medical insurance company ____________________
Location of papers ____________________________
Group life insurance company ___________________
Death benefit _________________________________
Primary beneficiary ____________________________
Location of papers ____________________________
OTHER BUSINESS INTERESTS, 
self and spouse/partner

Name of business ____________________________
Type □ Sole proprietorship □ Partnership □ Close corporation
Value of my interest $ _______________________
Arrangements or suggested arrangements for disposition
upon death ________________________________

Name of business ____________________________
Type □ Sole proprietorship □ Partnership □ Close corporation
Value of my interest $ _______________________
Arrangements or suggested arrangements for disposition
upon death ________________________________

FINANCIAL INFORMATION

Checking account
Name of bank ______________________________
Account owners ____________________________

If jointly owned, is there a right of survivorship? □ Yes □ No
Additional individuals authorized on account _______________________

Savings Account
Name of bank ______________________________
Account owners ____________________________

If jointly owned, is there a right of survivorship? □ Yes □ No
Additional individuals authorized on account _______________________

Money Market Account
Name of bank/brokerage firm _______________________
Account owners ____________________________

If jointly owned, is there a right of survivorship? □ Yes □ No
Additional individuals authorized on account _______________________

Certificate of Deposit
Name of bank ______________________________
Account owners ____________________________

If jointly owned, is there a right of survivorship? □ Yes □ No
Location of certificate _______________________

Individual Retirement Account/Keough Plan
Name of bank/financial institution _________________
Account owner ______________________________
Death benefits payable to _______________________
Secondary beneficiary __________________________
Location of document __________________________

Annuities
Name of bank/financial institution _________________
Account owner ______________________________
Term of payment agreement ______________________
Death benefits payable to _______________________
Location of document __________________________

Brokerage Account
Name of brokerage ____________________________
Account owner ______________________________

If jointly owned, is there a right of survivorship? □ Yes □ No
Location of papers ____________________________
**Stocks/Bonds not held in brokerage account**

Ownership

If jointly owned, is there a right of survivorship? □ Yes □ No

Location of documents

Location of record of sales and purchases

**U.S. Savings Bonds**

Ownership

If jointly owned, is there a right of survivorship? □ Yes □ No

Location of bonds

**Personal residence**

Ownership

Date acquired

Mortgage company

Location of documents

Property insurance company

Location of abstract or title insurance

**Second/Vacation Home**

Ownership

Date acquired

Mortgage company

Location of documents

Property insurance company

Location of abstract or title insurance

**Rental property**

Ownership

Date acquired

Mortgage company

Location of documents

Property insurance company

Location of abstract or title insurance

**Other Miscellaneous Assets**

Automobile #1

Automobile #2

Boat

RV

Trailer/mobile homes

Motorcycle

Home furnishings

Jewelry

Coin collections

Antiques

Art

Oil and gas interests

Patents, copyrights, trademarks or royalties

**LIFE INSURANCE**

Policies on My Life, Owned by Me

Company

Death benefit

Policy number Date of issue

Type of policy

Location of policy

Primary beneficiary

Secondary beneficiary

Company

Death benefit

Policy number Date of issue

Type of policy

Location of policy

Primary beneficiary

Secondary beneficiary
Policies owned by Me on the Lives of Others

Company ____________________________
Death benefit ________________________
Policy number _______________________ Date of issue ________________
Type of policy ________________________
Location of policy ____________________
Primary beneficiary ____________________
Secondary beneficiary __________________

Policies owned by Others on My Life

Company ____________________________
Death benefit ________________________
Policy number _______________________ Date of issue ________________
Type of policy ________________________
Location of policy ____________________
Primary beneficiary ____________________
Secondary beneficiary __________________

Accounts Receivable
I am owed money or other assets by ________________________________
Amount ____________________________
Location of note ______________________
Due date ____________________________
Collateral ___________________________
Term of payment ______________________

FINANCIAL INFORMATION—Liabilities

Obligations
I and/or my spouse/partner owe money or are obligated financially to ________________________________
Location of note ______________________
Due date ____________________________
Collateral ___________________________
Term of payment ______________________
I and/or my spouse/partner owe money or are obligated financially to ________________________________
Location of note ______________________
Due date ____________________________
Collateral ___________________________
Term of payment ______________________

Claims or Lawsuits
My/Our assets may be affected by the following ________________________________
______________________________________________________
Attorney handling my interests is ____________________________
Credit Cards
Company __________________________
Account number __________________________
Company __________________________
Account number __________________________
Company __________________________
Account number __________________________

Taxes
Location of copies of my/our income tax returns __________________________
Name of tax preparer __________________________
Location of copies of gift tax returns __________________________
Controversies pending with IRS, state, or local tax authorities __________________________

KEEP THINGS UPDATED

Suppose you drew up your will and “put things in order” several years ago. How often should you update your estate plan? Although you may change your will whenever you wish, there are three basic reasons to consider updating your will:

- When there has been a change in your life
- When there has been a change in the law
- When you have changed your mind

You should review your will periodically to see if it needs updating. Events that may trigger the need to update your will include the following:

- Marriage or divorce
- Birth of children or grandchildren
- Death of a loved one
- Move to a new state
- Major change in financial circumstances
- Changes in the law (taxes, estates, probate, trusts, etc.)