

Personal Estate Plan Organizer

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Suggestion: You can purchase numbered, section dividers to separate the various sections and insert them in your Three Ring Binder.

Goals and Objectives

Personal Goals:

- 1.
- 2.
- 3.
- 4.
- 5.

Financial Goals:

1. Rate of Return-
2. Income Requirements-
3. Time Horizon-
4. Risk Tolerance-

Will/ Trust Documents

Items to Include: _____ **Date of Last Review**

Will: _____

Durable Power of Attorney: _____

Medical Power of Attorney: _____

Revocable Living Trust: _____

Charitable Remainder Trust: _____

Charitable Lead Trust: _____

Educational Trust: _____

Life Insurance Trust (ILET): _____

Family Foundation/Endowment: _____

Donor Advised Fund: _____

Gift Annuity: _____

Other: _____

Letters to Family/ Letters of Instruction

Personal letters to your Spouse, Children, Grandchildren or friends

People to call:

1. Family
2. Friends
3. Clergy
4. Advisors

Funeral arrangements:

1. Pre-paid plans
2. Favorite Bible Verses- Confirmation Verse
3. Favorite Songs/ Hymns

Immediate Cash Needs:

Location of Important Documents:

1. Will/Trust:
2. Durable Power of Attorney
3. Medical Power of Attorney
4. Birth Certificate/ Social Security Card
5. Passport/ Marriage Certificate
6. Military Discharge Papers/ Adoption Papers
7. Real Estate Deed/ Burial Plot Deed
8. Citizenship Papers/ Visa
9. Other Legal Documents

Personal Property Distribution List:

Describe your major financial assets, how to manage them, and under what conditions they should be dispersed or altered.

1. Real Estate:
2. Investments:
3. Business Agreements:
4. Family Partnerships:
5. Other:

Financial Checklist

Financial Statements

Company/Organization Name:

Bank Statements

Brokerage Statements

Trust Company Statements

Mutual Fund Statements

Retirement Plan Statements

Tax Returns

Suggestion: Keep a copy of the Year End Statement of each- It will provide the name of the company, an account number and a contact number.

Advisors

Attorney

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Investment Advisor

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

CPA/ Tax Advisor

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Insurance Professional

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Other Advisor

Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Insurance Policies

Place a copy of all your insurance Policies behind this page-

Individual Life Insurance

Carrier: _____ Face Amount: _____

Individual Life Insurance

Carrier: _____ Face Amount: _____

Disability Insurance

Carrier: _____ Face Amount: _____

Umbrella Personal Liability

Carrier: _____ Face Amount: _____

Auto

Carrier: _____ Face Amount: _____

Home

Carrier: _____ Face Amount: _____

Long Term Care

Carrier: _____ Face Amount: _____

Other

Carrier: _____ Face Amount: _____

Corporate Benefits

Place information about your Corporate Benefits after this page-

Group Life Insurance

Retirement Plan Terms/ Beneficiary Forms

Disability coverage

Dental/ Vision/ ChildCare

Health Insurance Coverage

Corporate Stock Options

Loans and Liabilities

Primary Home – Mortgage Fixed ___ Adjustable___

Lender: _____ Rate: _____ % Pay Off Date: _____

Starting Balance \$ _____ Current Balance:\$ _____ Term: _____

Primary Home – Equity Fixed ___ Adjustable___

Lender: _____ Rate: _____ % Pay Off Date: _____

Starting Balance \$ _____ Current Balance:\$ _____ Term: _____

Second Home – Mortgage Fixed ___ Adjustable___

Lender: _____ Rate: _____ % Pay Off Date: _____

Starting Balance \$ _____ Current Balance:\$ _____ Term: _____

Second Home – Equity Fixed ___ Adjustable___

Lender: _____ Rate: _____ % Pay Off Date: _____

Starting Balance \$ _____ Current Balance:\$ _____ Term: _____

Line of Credit/ Unsecured Home based___ Security Based___

Lender: _____ Rate: _____ % Pay Off Date: _____

Starting Balance \$ _____ Current Balance:\$ _____ Term: _____

Financial Plans

Place your Financial Plans after this page –

___ Retirement Plan

___ Estate Plan – Including Charitable Giving

___ Educational Funding Plan

___ Asset Allocation Plan

___ Distribution Plan

___ Other: _____