



Estate Organizer For

(Name)

This Estate Organizer is established to assist my agents, personal representatives, beneficiaries, and heirs in identifying important financial, medical and legal information concerning me. Additionally, this Estate Organizer contains a statement of some of my last wishes. This Estate Organizer is for informational purposes only and is not a legal document and therefore is not a substitute for those documents which shall be deemed by me to be conclusive evidence of my express intentions without regard for matters stated herein.

Safe Deposit Box:

The following documents and items are contained in my safe deposit box located at _____ bank,
_____ branch (street address):

Professional Advisors:

Accountant:

Life Insurance Agent:

Financial Advisor:

Trust or Banking Officer:

Estate Planning Attorney:

Slonim Law

Others to Contact:

Financial Information:

Cash or cash equivalent (money market, CDs, etc...):

Institution	Account Number	Name on Account	Type	Current Value

Tangible Personal Property Valued at over \$1,000 (art, tools, collectibles):

Description	Owner	Cost at Acquisition	Current Value

Intangible Personal Property (stocks, bonds, mutual funds, etc...):

Institution	Account Number	Name on Account	Type	Current Value

Real Estate:

Address	Owner	If not paid off, mortgage co.

Business Interests:

Name	Type of Company	Shares/Units Held	Place of Incorporation

Pension, profit sharing, IRA, 401(k) and other employee benefits:

Institution	Account Number	Name on Account	Type	Current Value

Liabilities:

Creditor	Address	Collateral	Terms	Amount

Taxable Gifts in Excess of \$10,000 per year:

Insurance:

Life Insurance:

Institution	Policy Number	Owner/Insured	Beneficiary	Amount

Disability Insurance:

Institution	Policy Number	Insured	Coverage

General Liability Insurance:

Institution	Policy Number	Insured	Coverage

Health Insurance:

Institution	Policy Number	Insured	Coverage

Long Term Care Insurance:

Institution	Policy Number	Insured	Coverage

Legal Information for Estate Planning Purposes:

Last Will and Testament:

In Existence?	Location	Initial Personal Representative	Alternate Personal Representative
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Revocable Living Trust:

In Existence?	Location	Initial Trustee	Successor Trustee
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Durable Power of Attorney:

In Existence?	Location	Initial Attorney in Fact	Alternate Attorney in Fact
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Health Care Surrogate:

In Existence?	Location	Initial Health Care Surrogate	Alternate Health Care Surrogate
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Living Will:

In Existence?	Location	Initial Decision Maker	Alternate Decision Maker
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Pre-Need Guardian:

In Existence?	Location	Initial Guardian	Alternate Guardian
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Other Documents:

Family History:

I am:

Single | Married | Separated | Divorced | Widowed

My spouse's name is/was:

My spouse's address is/was:

My mother is: Alive | Deceased Her name is/was: _____

My father is: Alive | Deceased His name is/was: _____

My parent's address is/was:

Health Care Wishes:

My wishes with respect to me being placed in a nursing home:

My wishes with respect to me receiving pain medication and palliative care:

My wishes with respect to me being kept as comfortable if I suffer from a condition listed in my living will:

My medical providers are the following:

I have the following religious beliefs that I would like followed with regard to my health care:

I have the following views about blood transfusions and organ donations:

Given the choice between leaving my estate to my heirs or paying my estate down to pay for long term care, I wish that the following be done:

My Final Wishes:

I wish that my body be:

- Cremated
- Buried
- Entombed
- Bequeathed to a medical school
- Other: _____

Location/School:

Organ Donation:

- I am an Organ Donor, and my card is at this location: _____
- I am not an Organ Donor.

Funeral Service:

- I wish to have a funeral service. I wish that it be conducted as follows:

- I do not wish to have a funeral service.

Pre-Paid Burial Plan:

- I have established a plan with: _____
- I do not have a pre-paid burial plan.

