ESTATE PLANNING ORGANIZER

Compliments of the Law Office of Christopher R. Twining

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LAW OFFICE OF CHRISTOPHER R. TWINING
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ESTATE PLANNING ORGANIZER

PERSONAL PROFILE

Have you provided for dependent children? YES ______ NO ______

Attorney ______________________
Address ______________________
____
Phone ______________________

Accountant ______________________
Address ______________________
____
Phone ______________________

Family Member	**Name**	**Social Security Number**	**Date of Birth**
Husband			
Wife			
Children			
Other Beneficiaries			

Financial Advisor ______________________
Address ______________________
____
Phone ______________________

Financial Advisor ______________________
Address ______________________
____
Phone ______________________

Do you have:	Is it current? Dated:	Location
A will?	/ /	
Durable Power of Attorney?	/ /	
Advance health Care Directive?	/ /	
Living Will?	/ /	
Revocable Living Trust?	/ /	
Community Prop Agreement?	/ /	

Personal representative / executor ______________________
Location of tax returns ______________________
Location of safe deposit box (institution) ______________________ Address ______________________
____
Names of those authorized to open safe deposit box ______________________
Location of keys ______________________
Contents (stock certificates, savings bonds, deeds, etc.)______________________
____
____
Location and appraisal and inventory of personal property ______________________
____
____

FUNERAL AND BURIAL WISHES

At my death, I wish to be □ cremated □ buried

□ I would like my ashes: ______________________________

____

____

□ I would like my remains interred at: ______________________________

____

____

□ burial arrangements have been made at: ______________________________

____

____

□ I have the following special instructions for my Funeral: : ______________________________

____

____

INCAPACITY / DISABILITY

Name of guardian / trustee in the event of my incapacity ______________________________

Disability Policies owned ______________________________

Long-Term Care Insurance owned ______________________________

REAL ESTATE / PERSONAL RESIDENCE

Description ______________________________

Address of Property ______________________________

How title held: ______________________________

Lender's Name: ______________________ Phone: ______________________

Lender's Address: ______________________________

Account No.		Amount of Loan	$
Payment	$	Date due	
Interest Rate		Maturity	

Description ______________________________

Address of Property ______________________________

How title held: ______________________________

Lender's Name: ______________________ Phone: ______________________

Lender's Address: ______________________________

Account No.		Amount of Loan	$
Payment	$	Date due	
Interest Rate		Maturity	

INVESTMENT / BANK ACCOUNTS

Bank/ Institution ____________ Address ____________

How account is titled ____________

Account Number ____________ Type of Account ____________

Account Number ____________ Type of Account ____________

Bank/ Institution ____________ Address ____________

How account is titled ____________

Account Number ____________ Type of Account ____________

Account Number ____________ Type of Account ____________

Bank/ Institution ____________ Address ____________

How account is titled ____________

Account Number ____________ Type of Account ____________

Account Number ____________ Type of Account ____________

TRUST ACCOUNTS

Institution ____________

Address ____________

Type of Trust ____________ Tax ID No. ____________

Current Trustee ____________ Successor Trustee ____________

Beneficiaries ____________

Institution ____________

Address ____________

Type of Trust ____________ Tax ID No. ____________

Current Trustee ____________ Successor Trustee ____________

Beneficiaries ____________

Institution ____________

Address ____________

Type of Trust ____________ Tax ID No. ____________

Current Trustee ____________ Successor Trustee ____________

Beneficiaries ____________

GIFT INFORMATION

Are you a custodian of a Uniform Gift/ Transfer to Minor's Accounts? YES ______ NO ______
(If so, and you are the donor, these may be included in your estate for tax purposes.)
Have you filed any gift tax returns? Year _______________ Amount of gift $ _________________________
Year _______________ Amount of gift $ _________________________
Year _______________ Amount of gift $ _________________________

SECURITIES

Brokerage Firm ______________________________
Address ______________________________
How Account is Titled ______________________________
Account Number ______________ Type of Account ______________

Brokerage Firm ______________________________
Address ______________________________
How Account is Titled ______________________________
Account Number ______________ Type of Account ______________

Brokerage Firm ______________________________
Address ______________________________
How Account is Titled ______________________________
Account Number ______________ Type of Account ______________

IRAS / RETIREMENT PLANS

Type: □Traditional IRA □Roth IRA □§401k □§403(b) □§457 □ Other__________
Participant ______________________________
Name of company (i.e., brokerage firm, bank, etc.) ______________________________
Address ______________________________
Account No. ______________ Approx. value $ __________ Date ______________
Primary Beneficiaries ______________________________
Contingent Beneficiaries ______________________________

Type: □Traditional IRA □Roth IRA □§401k □§403(b) □§457 □ Other__________
Participant ______________________________
Name of company (i.e., brokerage firm, bank, etc.) ______________________________
Address ______________________________
Account No. ______________ Approx. value $ __________ Date ______________
Primary Beneficiaries ______________________________
Contingent Beneficiaries ______________________________

LIFE INSURANCE POLICIES

Owned by	Policy Type†	Issuer	Insured‡	Beneficiary	Death Benefit	Annual Premium	Cash Value
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$
					$	$	$

† WL= whole life; G= group term; UL = universal life; SPWL = single premium whole life; T= term; SL =survivorship life

‡ The owner is assumed to be the insured unless you note otherwise.

ANNUITIES

Owned by	Type of Contract†	Issuer	Beneficiary	Death Benefit	Cash Value
				$	$
				$	$
				$	$
				$	$

† F = fixed rate; V = variable rate