

# Estate Organizer for

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**Date:** \_\_\_\_\_

This document is intended to supplement your estate plan and arrangements by conveying to your family, executor and other relevant advisors your objectives and wishes regarding things that are not included, or may not be included, in your Will and other estate planning documents. It is important to remember that this document is not legally binding and cannot change the terms of your documents, but by explaining your objectives and wishes, the burden of making decisions about your estate and other important matters may be eased.

To be as accurate and relevant as possible, you should update this document annually. Attachments are fine. You may want to consider keeping a copy of this letter in your home, with your original Will, with your executor and in your safe-deposit box. Most importantly, relatives, friends and advisors should know where this letter or a copy of it may be found.

You can access this document to fill in online at [www.perkinscoie.com/surveypersonalplanning](http://www.perkinscoie.com/surveypersonalplanning).

**I. GENERAL INFORMATION**

<b>A. <u>Personal Data</u></b>	<b>A.</b>	<b>B.</b>
Date of Birth	_____	_____
Place of Birth	_____	_____
Citizenship	_____	_____
Social Security No.	_____	_____
Father's Name	_____	_____
Mother's Name (including mother's maiden name)	_____	_____

<b>B. <u>Notification</u></b>	<b>Please list anyone you wish to be notified of your death.</b>	
	<b>A.</b>	<b>B.</b>
Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____

**C. Advisors** Types of advisors to include: attorneys, accountant/CPA, personal representative, trustee, broker, insurance agents, tax advisor, clergy, physicians.

	A.	B.
Name	_____	_____
Relationship	_____	_____
Company	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Relationship	_____	_____
Company	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Relationship	_____	_____
Company	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Relationship	_____	_____
Company	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____

**D. Keys to Residences** Where, if at all, do you keep a complete set of keys for all residences?

	A.	B.
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**E. Safe Deposit Box(es)** Please list any safe deposit boxes, their locations, authorized persons who may sign, persons with keys and a general inventory of contents.

	<b>A.</b>	<b>B.</b>
Location	_____	_____
Box Number	_____	_____
Person(s) Authorized to Sign	_____	_____
Person(s) With Keys	_____	_____
General Inventory	_____	_____
	_____	_____
	_____	_____
Location	_____	_____
Box Number	_____	_____
Person(s) Authorized to Sign	_____	_____
Person(s) With Keys	_____	_____
General Inventory	_____	_____
	_____	_____
	_____	_____
Location	_____	_____
Box Number	_____	_____
Person(s) Authorized to Sign	_____	_____
Person(s) With Keys	_____	_____
General Inventory	_____	_____
	_____	_____
	_____	_____



**II. DIRECTIONS AND INSTRUCTIONS**

**A. Generally**

Directions about medical and/or nursing home care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your wishes about organ donor transplantation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions or directions regarding your funeral, memorial services, disposition of remains, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Minor Children or Adult Dependents**

Please list minor children and/or adult dependents in your care, including their ages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of prospective guardian(s) as designated in your will:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this person (or persons) agreed to assume this responsibility? \_\_\_\_\_

Have you (1) discussed with this person, or (2) documented your specific goals and aspirations for, or suggestions regarding, continuing care of any minor children or adult dependents? \_\_\_\_\_

If you have prepared a document, where is this document located? \_\_\_\_\_  
\_\_\_\_\_

Would you like to include here any instructions, directions or suggestions to the prospective guardian(s)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Will**

Where is your original Will located? \_\_\_\_\_  
\_\_\_\_\_

**D. Business(es)**

Do you own or jointly own a business or businesses? \_\_\_\_\_

If yes, list the name, line/area of business and type of organization (e.g., sole proprietorship, partnership, limited liability partnership, corporation, closely held corporation).

	A.	B.
Name	_____	_____
Line/Area of Business	_____	_____
Type of Organization	_____	_____
Name	_____	_____
Line/Area of Business	_____	_____
Type of Organization	_____	_____

Do you have a document stating your wishes as to the treatment of this entity after your death? \_\_\_\_\_

If yes, please write below the location(s) of the document(s). If no, would you like to include any instructions or directions here as to the business or any employees? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Domestic Employees**

Do you have any domestic employees? \_\_\_\_\_

Would you like to include any instructions or directions such as suggestions about continued employment, severance arrangements, etc., regarding them or another employee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **III. BENEFITS AND ASSETS**

**A. Benefits and Benefit Packages** List any benefits or benefit packages that may be available to your beneficiaries:

<b>Government-Related</b>	<b>A.</b>	<b>B.</b>
Type, Nature and Amount		
Include Social Security, Medicare, Medicaid, Military Benefits	Organization	Organization
	Contact Person	Contact Person
	Address	Address
Type, Nature and Amount		
	Organization	Organization
	Contact Person	Contact Person
	Address	Address

<b>Employment-Related</b>	<b>A.</b>	<b>B.</b>
Type, Nature and Amount		
Include Pension Plans, Profit-Sharing Plans, Deferred Compensation Plans, Salary Continuation Plans	Company	Company
	Contact	Contact
	Address	Address
	Phone	Phone
Type, Nature and Amount		
	Company	Company
	Contact	Contact
	Address	Address
	Phone	Phone



**B. Insurance Policies** Please list all life, health and property insurance policies, including location, names of companies, policy numbers and agent names with contact information:

	A.	B.
Insurance Company	_____	_____
Type of Policy	_____	_____
Policy Number	_____	_____
Person/Thing Insured	_____	_____
Agent Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Insurance Company	_____	_____
Type of Policy	_____	_____
Policy Number	_____	_____
Person/Thing Insured	_____	_____
Agent Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Insurance Company	_____	_____
Type of Policy	_____	_____
Policy Number	_____	_____
Person/Thing Insured	_____	_____
Agent Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Insurance Company	_____	_____
Type of Policy	_____	_____
Policy Number	_____	_____
Person/Thing Insured	_____	_____
Agent Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____

**C. Investment or Trust Accounts** Please list any investment or trust accounts, whether you are the grantor/establisher or beneficiary, trustees/contact persons and other contact information:

	<b>A.</b>	<b>B.</b>
Type of Account	_____	_____
Grantor/Establisher	_____	_____
Beneficiary	_____	_____
Location of Account	_____	_____
Trustee/Contact Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Type of Account	_____	_____
Grantor/Establisher	_____	_____
Beneficiary	_____	_____
Location of Account	_____	_____
Trustee/Contact Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Type of Account	_____	_____
Grantor/Establisher	_____	_____
Beneficiary	_____	_____
Location of Account	_____	_____
Trustee/Contact Name	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
	_____	_____

**D. Assets Generally**

**Financial Institution Accounts** Please list all financial institution accounts (including checking, savings, certificates of deposit, etc.) and include bank name and branch, account number, name(s) on the account:

	<b>A.</b>	<b>B.</b>
Bank Name	_____	_____
Branch	_____	_____
Account Number and Type	_____	_____
Name(s) (other than own)	_____	_____
Approximate Value	_____	_____
Bank Name	_____	_____
Branch	_____	_____
Account Number and Type	_____	_____
Name(s) (other than own)	_____	_____
Approximate Value	_____	_____
Bank Name	_____	_____
Branch	_____	_____
Account Number and Type	_____	_____
Name(s) (other than own)	_____	_____
Approximate Value	_____	_____
Bank Name	_____	_____
Branch	_____	_____
Account Number and Type	_____	_____
Name(s) (other than own)	_____	_____
Approximate Value	_____	_____

**Intellectual Property** Do you have intellectual property rights your executor should be aware of? If so, who should be contacted for more information?

**A.**

**B.**

Description

Counsel Name

Firm

Phone

Address

Branch

Description

Counsel Name

Firm

Phone

Address

Branch

**Real Property** Please list any real property, including a brief description, location, title of ownership, any liabilities on the property and approximate present value:

**A.**

**B.**

Description

Location

Encumbrances

Title

Approximate Value

Description

Location

Encumbrances

Title

Approximate Value

**Assets Not in Your Possession** If you have any assets that are not currently in your possession and could be hard to locate, please list a description, title of ownership, who possesses it, and documentation of proof of ownership, if its exists and location of such documentation:

	<b>A.</b>	<b>B.</b>
Description	_____	_____
	_____	_____
In the Possession of	_____	_____
Title	_____	_____
Approximate Value	_____	_____
Documentation	_____	_____
Location of Documentation	_____	_____
Notes	_____	_____
	_____	_____
	_____	_____
Description	_____	_____
	_____	_____
In the Possession of	_____	_____
Title	_____	_____
Approximate Value	_____	_____
Documentation	_____	_____
Location of Documentation	_____	_____
Notes	_____	_____
	_____	_____
	_____	_____

**Other Assets** Please list any other assets (fine arts, collectibles, etc.), a brief description of the asset, any liabilities on the asset and approximate present value. Also, if the asset is to be disposed of during administration of your estate, you may consider including under "Notes" suggestions as to the manner of disposition, suitable appraisers, likely buyers, etc.:

	A.	B.
Description	_____	_____
	_____	_____
Encumbrances	_____	_____
Approximate Value	_____	_____
Notes	_____	_____
	_____	_____
	_____	_____
Description	_____	_____
	_____	_____
Encumbrances	_____	_____
Approximate Value	_____	_____
Notes	_____	_____
	_____	_____
	_____	_____
Description	_____	_____
	_____	_____
Encumbrances	_____	_____
Approximate Value	_____	_____
Notes	_____	_____
	_____	_____
	_____	_____

**IV. OBLIGATIONS, LIABILITIES AND DEBTS**

**A. Credit Cards** Please list all credit card accounts:

	<b>A.</b>	<b>B.</b>
Type	_____	_____
Account Number	_____	_____
Type	_____	_____
Account Number	_____	_____
Type	_____	_____
Account Number	_____	_____
Type	_____	_____
Account Number	_____	_____
Type	_____	_____
Account Number	_____	_____
Type	_____	_____
Account Number	_____	_____
Type	_____	_____
Account Number	_____	_____

**B. Former Spouse(s)/Children of Former Marriages** Please list any former spouse(s), children of former marriage(s) and any obligation you may have toward them:

	<b>A.</b>	<b>B.</b>
Name	_____	_____
Relationship	_____	_____
Obligation	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Relationship	_____	_____
Obligation	_____	_____
Phone	_____	_____
Address	_____	_____

**C. Charity-Related Obligations** Please list any charitable pledges or gift programs, the nature of any promises made (including amount, duration, conditions, etc.) and instructions you may have for your executor:

	<b>A.</b>	<b>B.</b>
Organization	_____	_____
Nature of Obligation	_____	_____
Instructions	_____	_____
Contact	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Organization	_____	_____
Nature of Obligation	_____	_____
Instructions	_____	_____
Contact	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____

**D. Fiduciary Obligations** Do you serve as a fiduciary for any other person? For example, as a personal representative, trustee, guardian, custodian, attorney-in-fact. If yes, then list their names, the person to contact to arrange for transition of your duties and the type and location of any files and records:

	<b>A.</b>	<b>B.</b>
Name	_____	_____
Relationship	_____	_____
Types of Files/Records	_____	_____
Location of Files/Records	_____	_____
Contact	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Name	_____	_____
Relationship	_____	_____
Types of Files/Records	_____	_____
Location of Files/Records	_____	_____
Contact	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____



**E. Other Debts** Please list a description of any other debt not previously listed, to whom it is owned (individual or organization), contact information, total amount owed, amount currently outstanding and general terms of debt (such as security, time, etc.):

	<b>A.</b>	<b>B.</b>
Description	_____	_____
Currently Outstanding	_____	_____
Terms	_____	_____
To Whom Owed	_____	_____
Contact	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____
Description	_____	_____
Currently Outstanding	_____	_____
Terms	_____	_____
To Whom Owed	_____	_____
Contact	_____	_____
Phone	_____	_____
Address	_____	_____
	_____	_____