



# Decedent's Estate Organizer

Your consultation is scheduled for \_\_\_\_\_

***The information in this organizer is critical for settling the decedent's estate in accordance with decedent's wishes and applicable law. All information you give us will be held in strict confidence.***

***DON'T WORRY ABOUT TOTAL ACCURACY-JUST DO THE BEST YOU CAN***

***If you are not certain about an answer, leave the space blank.***

***Values of assets are approximate - a "best guess" is fine.***

**Please gather the following and bring with you to your appointment:**

- Last Will**
- Trust Documents**
- Certified Death Certificates, If Issued**
- Last Tax Return**
- Bank Account Statements**
- Investment Account Statements**
- Lists of Stocks, Bonds (copies of certificates are best)**
- Insurance Policies, Annuities, Retirement Plans**
- Real Estate Documents including Deeds**
- Business Ownership Documents**
- Divorce Decrees**
- Location of Safe Deposit Box**
- Checkbook**

# DECEDENT'S INFORMATION

Decedent's Legal Name \_\_\_\_\_  
(Name Most Often Used to Title Property)

Also Known As \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Married: Date of Marriage \_\_\_\_\_  Previously  Divorced  Widowed  Never Married

Citizen of:  USA  Other \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Spouse's Legal Name \_\_\_\_\_  
(Name Most Often Used to Title Property)

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Citizen of:  USA  Other \_\_\_\_\_

Have you Located a Last Will and Testament?  Yes  No  Other

Location of Original Will \_\_\_\_\_

Have you Located a Trust?  Yes  No  Other

Location of Original Trust \_\_\_\_\_

Did Decedent receive Medi-Cal?  Yes  No

# DECEDENT'S CHILDREN AND/OR BENEFICIARIES

*Use Full Legal Name*

Child #1 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_

Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Child #2 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_

Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Child #3 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_

Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Child #4 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_

Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

Child #5 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_  
 Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 Special Needs:  Medical  Educational  Financial

Child #6 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_  
 Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 Special Needs:  Medical  Educational  Financial

## OTHER DEPENDENTS

*Use Full Legal Name*

Dependent #1 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_  
 Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 Special Needs:  Medical  Educational  Financial

Dependent #2 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_  
 Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 Special Needs:  Medical  Educational  Financial

Dependent #3 Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_

Married  Divorced  Widowed  Single  Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Special Needs:  Medical  Educational  Financial

## DECEDENT'S PROFESSIONAL ADVISORS

Personal Attorney \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Personal Attorney \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Financial Advisor \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Stockbroker \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Personal Banker \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## IMPORTANT QUESTIONS

(Please check "Yes" or "No" or "?-Uncertain" for your answer)	Yes	No	Don't Know
Was decedent (or spouse) receiving social security, disability, or other governmental benefits? Describe _____			
Was decedent (or spouse) making payments pursuant to a divorce or property settlement order?			
If decedent was married, did the decedent and spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>			
Has decedent been widowed? <i>If a federal estate tax return or a state death tax return was</i>			
Did decedent ever file federal or state gift tax returns? <i>Please furnish copies of these</i>			
Did decedent complete trust, or estate planning? <i>Please furnish copies of these documents</i>			
If married, did decedent ever live in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.			
Is decedent named a beneficiary of anyone else's trust? <i>If so, please explain below.</i>			
Does decedent's spouse or any of decedent's children have special educational, medical, or physical needs?			
Do any of decedent's children receive governmental support or benefits?			
Did decedent provide primary or other major financial support to adult children or others? Was decedent subject to guardianship or conservatorship prior to death?			
Was decedent in control of his or her financial and personal affairs prior to death?			
If the decedent was not in control of his or her financial or personal affairs prior to death, who was in control?			
Was decedent the party to any litigation at the time of death?			

Please check "Yes" "No" or "? - Uncertain" for your answer)	Yes	No	Don't Know
Were decedent's relationships with his or her family good and harmonious prior to death?			
Are you aware of any person who might assert that the decedent was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters?			

## DECEDENT'S REAL PROPERTY

**TYPE:** Any interest in real estate including decedent's family residence, vacation home, timeshare, vacant land, etc.

*Please provide a copy of the Deed or Agreement relating to each property.*

General Description and/or Address (Including State)	Owner	Market Value	Loan Balance
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1. \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Year Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Is there a mortgage?  Yes  No Lender \_\_\_\_\_ Loan# \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Year Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Is there a mortgage?  Yes  No Lender \_\_\_\_\_ Loan# \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Year Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Is there a mortgage?  Yes  No Lender \_\_\_\_\_ Loan# \_\_\_\_\_

4. \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Year Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Is there a mortgage?  Yes  No Lender \_\_\_\_\_ Loan# \_\_\_\_\_

5. \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Year Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Is there a mortgage?  Yes  No Lender \_\_\_\_\_ Loan# \_\_\_\_\_

## FURNITURE AND PERSONAL EFFECTS

**TYPE:** Are you aware that the decedent owned any unique or valuable collections? List separately only major personal effects with significant value (>\$5,000) such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items).

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## AUTOMOBILES, BOATS AND RVs

**TYPE:** For each motor vehicle, boat, RV, etc., please list the following: description, how titled, market value and encumbrance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA" Savings Account "SA", Certificates of Deposit "CD", Money Market "MM"  
*(indicate type below).*

Name of Institution and Account Number	Type	Owner	Amount
1. _____	_____	_____	_____
Are funds electronically deposited or withdrawn from this account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	_____
Are funds electronically deposited or withdrawn from this account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	_____
Are funds electronically deposited or withdrawn from this account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	_____	_____
Are funds electronically deposited or withdrawn from this account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. _____	_____	_____	_____
Are funds electronically deposited or withdrawn from this account?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_ **Total:**

NOTE: If Account is in decedent's name (or decedent's spouse's name) for the benefit of another, please specify and give other's name.

# DECEDENT'S STOCKS & BONDS

TYPE: List any and all stocks and bonds decedent owns. If held in a brokerage account, lump them together under each account.  
*(Indicate type below)*

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# DECEDENT'S LIFE INSURANCE POLICIES & ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Insurance Company Name and Address	Type	Policy Number	Beneficiary	Amount
TOTAL				

## DECEDENT'S RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). ADDITIONAL INFORMATION: Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Name of Institution and Account Number	Type	Beneficiary	Amount
TOTAL			

## DECEDENT'S BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. ADDITIONAL INFORMATION: Give a description of the interests, who has the interest, decedent's ownership in the interests, and the estimated value of the interests.

Name of Business	Type	Decedent's Ownership Interest (%)	Value

## MONEY OWED TO DECEDENT

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## DECEDENT'S ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that decedent expected to receive at some time in the future; or moneys that decedent was anticipated receiving through a judgment in a lawsuit. Describe in appropriate detail.

Description: \_\_\_\_\_

\_\_\_\_\_

Total Estimated Value \_\_\_\_\_

## DECEDENT'S OTHER ASSETS

**TYPE:** Other property is any property that decedent had that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

## DECEDENT'S FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.

**GUARDIAN FOR MINOR CHILDREN:** If decedent has any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

Name and Address	Relationship	Telephone No.

### PERSONAL REPRESENTATIVE/EXECUTOR:

Name and Address	Relationship	Telephone No.

### SUCCESSOR TRUSTEES:

Name and Address	Relationship	Telephone No.

DECEDENT'S  
WISHES AT DEATH:

Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters?  
If so, what are those wishes?

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DECEDENT'S  
PERSONAL INSTRUCTIONS:

Are you aware of any other personal instructions the decedent made?  
If so, what are those instructions?

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