

How to use **My Estate Organizer**

People plan for the consequences and transitions associated with their death. They may buy a cemetery plot, observe religious practices, establish trusts, write wills, and/or name an executor. Many times, only the person planning for their transition (or maybe their spouse) knows the entirety of the plans. The knowledge is kept in their head or in a disorganized manner that must be deciphered, investigated, and decoded by the executor of their estate. The failure to pass on complete and organized information to your executor increases legal costs, delays the transitions, and may have tax consequences as well as opportunity cost.

My Estate Organizer is the tool to organize, track, and delivery the pertinent information to your executor. Additionally, you will use it to track the information for your current purposes as well as a checklist for completing the preparation of your estate. **My Estate Organizer** is the administrative/management tool to ease the transition of your estate.

The twelve (12) sections in **My Estate Organizer** help you organize your plans. In each section you will record pertinent information, contacts, and the location of any and all related documents. As an example, the information you record about your home will include items such as how the title is vested, purchase date, gardener, housekeeper, location of deeds of trust and mortgage documents.

Very Important: The location of the documents should be detailed and specific enough for your executor to find the documents easily. Recording “file cabinet” is not sufficient for your executor to find a document easily. A sufficient location description would be “file ‘House – deed and mortgage’, large yellow file cabinet in office”.

Some documents may be stored with **My Estate Organizer**. The documents may be three-hole punched and hung in the binder or they may be placed in the pullout pouch.

At least once a year, review and edit the entire organizer. Keep this organizer up-to-date and usable.

Once you have filled out this book, keep a copy for you and keep a copy in a safe and accessible place – with Fortuna Asset Management, your financial advisor, your attorney, or your accountant,

Remember:

- ✓ Be thorough, include everything – any item not included will be hard to find and maybe forgotten,
- ✓ Out-of-date information is almost as bad as no information – Review the entire organizer at least once a year,
- ✓ Describe the document locations in detail –make it easy on your executor.

Do It Now!

0 Table of Contents

0	Table of Contents	1
1	General Information	2
2	Advisor Listing	3
3	Document Locator	5
4	Funeral Arrangements – Husband	7
5	Funeral Arrangements – Wife	8
6	Special Instructions Regarding the Estate - Husband	9
7	Special Instructions Regarding the Estate -Wife	10
8	Special Instructions Regarding Tax Matters.....	11
9	Power of Attorney.....	12
10	Trust and Wills.....	13
11	Assets.....	14
11.1	Bank Accounts and Safe Deposit Boxes	14
11.2	Real Estate	16
11.3	Collectibles, Fine Art.....	21
11.4	Collectibles, Fine Art.....	22
11.5	Collectibles, Coins	23
11.6	Collectibles, other	24
11.7	Insurance	25
11.7.1	Health Insurance Policies.....	25
11.7.2	Life Insurance Policies	26
11.7.3	Disability Insurance	30
11.7.4	Auto, Home Owners, and Personal Liability	34
11.8	Retirement Plans.....	37
11.8.1	Pension Plans.....	37
11.8.2	Profit Sharing Plan.....	39
11.8.3	SEP/IRA.....	41
11.8.4	Keough	43
11.9	Partnerships	45
11.10	Securities	49
11.11	Personal Property.....	51
12	Other.....	53

1 General Information

Information

<u>Names</u>	<u>Social Security Number</u>	<u>Birth Date</u>

Street Address: _____

City, State, Zip: _____

Telephone: _____

Children

<u>Name / SS Number</u>	<u>Address/Telephone</u>	<u>Marital Status/ Spouse</u>

Grandchildren

<u>Name</u>	<u>Address</u>	<u>Marital Status/ Spouse</u>

2 Advisor Listing

Type	Name, Address, telephone, email address
Estate Attorney	
Accountant / Business Manager	
Executor(s)	
Succeeding Executor(s)	
Investment Advisor	
Banker	

Type	Name, Address, telephone, email address
Stock Broker:	
Insurance Agent	
Physician – husband	
Physician – wife	
Spiritual Advisor	

3 Document Locator

Document:	Location: (enter place [e.g. blue file cabinet] and file label)
Automobile Titles	
Bank Canceled Checks	
Bank Checkbooks	
Bank Statements	
Birth Certificates	
Collectable Bill of Sales and Appraisals	
Grant Deed – Residence	
Grant Deed – Other	
Income Tax Records	
Insurance - Auto Policy	
Insurance – Disability	
Insurance - Life Policy	
Insurance – Property Policy	
Marriage Certificate	
Passports	
Power of Attorney - Durable	
Power of Attorney – Health	
Safe Deposit Box	
Securities	
Social Security Cards	

Document:	Location: (enter place [e.g. blue file cabinet] and file label)
Trust – Intervivos Original	
Trust – Intervivos – Copy	
Wills – Original	
Wills – Copy	

6 Special Instructions Regarding the Estate - Husband

Name:

Instructions:

7 Special Instructions Regarding the Estate -Wife

Name:

Instructions:

8 Special Instructions Regarding Tax Matters

Instructions:

9 Power of Attorney

Type / Person	Signatories / telephone	Location of Document (originals and copies)
Durable Power of Attorney Demise of: (husband)	Primary: First Alternate: Second Alternate:	
Durable Power of Attorney Demise of (wife):	Primary: First Alternate: Second Alternate:	
Durable Power of Attorney Health Care of (husband):	Primary: First Alternate: Second Alternate:	
Durable Power of Attorney Health Care of (wife)	Primary: First Alternate: Second Alternate:	

Comments:

10 Trust and Wills

Trust

Full title: _____

Dated: _____

Most Recent
Amendment Date: _____

Location of Original: _____

Location of Copies: _____

Trustees

<u>Name</u>	<u>Social Security No</u>	<u>Birth Date</u>

Wills

Name _____

Dated: _____

Location of Original: _____

Location of Copies: _____

Name _____

Dated: _____

Location of Original: _____

Location of Copies: _____

11 Assets

11.1 Bank Accounts and Safe Deposit Boxes

Account Name /
Number: _____
Type: _____
Vesting: _____
Financial
Institution
Name / Address _____
Contact: /
telephone: _____
Signatories: _____
Comments: _____

Account Name /
Number: _____
Type: _____
Vesting: _____
Financial
Institution
Name / Address _____
Contact: /
telephone: _____
Signatories: _____
Comments: _____

Account Name /
Number:

Type:

Vesting:

Financial
Institution
Name / Address

Contact: /
telephone:

Signatories:

Comments:

Account Name /
Number:

Type:

Vesting:

Financial
Institution
Name / Address

Contact: /
telephone:

Signatories:

Comments:

11.2 Real Estate

Description:

Type:

Vesting:

Property Location:

Contacts:

(property manager, cleaning
service, security, Home
Owners Association ...)

Documents and
document location: (grant
deeds, warranties,
maintenance contracts...)

Comments:

Description:

Type:

Vesting:

Property Location:

Contacts:

(property manager, cleaning
service, security, Home
Owners Association ...)

Documents and
document location: (grant
deeds, warranties,
maintenance contracts...)

Comments:

Description:

Type:

Vesting:

Property Location:

Contacts:

(property manager, cleaning
service, security, Home
Owners Association ...)

Documents and
document location: (grant
deeds, warranties,
maintenance contracts...)

Comments:

Description:

Type:

Vesting:

Property Location:

Contacts:

(property manager, cleaning
service, security, Home
Owners Association ...)

Documents and
document location: (grant
deeds, warranties,
maintenance contracts...)

Comments:

Description:

Type:

Vesting:

Property Location:

Contacts:

(property manager, cleaning
service, security, Home
Owners Association ...)

Documents and
document location: (grant
deeds, warranties,
maintenance contracts...)

Comments:

11.3 Collectibles, Fine Art

Use the list below and/or attach separate lists

Type/Item	Location	Purchase Receipt Location	Vesting	Insurance Policy	Disposition

Comments:

11.7 Insurance

Listing of all insurance policies by type

11.7.1 Health Insurance Policies

Insurer:

Agent:

Policy No:

Insured:

Owner:

Policy Date:

Term:

Location:

Insurer:

Agent:

Policy No:

Insured:

Owner:

Policy Date:

Term:

Location:

Comments:

11.7.2 Life Insurance Policies

Insurer: _____

Agent: _____

Policy No: _____

Type: _____

Insured: _____

Beneficiary: _____

Owner: _____

Face Amount: _____

Current Cash Value: _____

Policy Date: _____

Term: _____

Premium Status: _____

Location: _____

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Beneficiary:

Owner:

Face Amount:

Current Cash Value:

Policy Date:

Term:

Premium Status:

Location:

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Beneficiary:

Owner:

Face Amount:

Current Cash Value:

Policy Date:

Term:

Premium Status:

Location:

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Beneficiary:

Owner:

Face Amount:

Current Cash Value:

Policy Date:

Term:

Premium Status:

Location:

Comments:

11.7.3 Disability Insurance

Insurer: _____

Agent: _____

Policy No: _____

Type: _____

Insured: _____

Beneficiary: _____

Owner: _____

Benefit Amount: _____

Exclusionary Period _____

Current Cash Value: _____

Policy Date: _____

Term: _____

Premium Status: _____

Location: _____

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Beneficiary:

Owner:

Benefit Amount:

Exclusionary Period

Current Cash Value:

Policy Date:

Term:

Premium Status:

Location:

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Beneficiary:

Owner:

Benefit Amount:

Exclusionary Period

Current Cash Value:

Policy Date:

Term:

Premium Status:

Location:

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Beneficiary:

Owner:

Benefit Amount:

Exclusionary Period

Current Cash Value:

Policy Date:

Term:

Premium Status:

Location:

Comments:

11.7.4 Auto, Home Owners, and Personal Liability

Insurer: _____

Agent: _____

Policy No: _____

Type: _____

Insured: _____

Covered Items _____

Coverage Limits _____

Policy Anniversary _____

Date: _____

Term: _____

Premium Status: _____

Location: _____

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Covered Items

Coverage Limits

Policy Anniversary

Date:

Term:

Premium Status:

Location:

Comments:

Insurer:

Agent:

Policy No:

Type:

Insured:

Covered Items

Coverage Limits

Policy Anniversary

Date:

Term:

Premium Status:

Location:

Comments:

11.8 Retirement Plans

Comments:

11.8.1 Pension Plans

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

11.8.2 Profit Sharing Plan

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

11.8.3 SEP/IRA

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

11.8.4 Keough

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

Vesting:

Description:

Primary Beneficiary:

Contingent Beneficiary:

Documents and Locations

Contacts:

Comments:

11.9 Partnerships

Vesting:

Description:

General Partner /
Managing Partner

Address / Telephone

Documents and Locations

Contacts / Other partners

Comments:

Vesting:

Description:

General Partner /
Managing Partner:

Address / Telephone

Documents and Locations

Contacts / Other partners:

Comments:

Vesting:

Description:

General Partner /
Managing Partner:

Address / Telephone

Documents and Locations

Contacts / Other partners:

Comments:

Vesting:

Description:

General Partner /
Managing Partner:

Address / Telephone

Documents and Locations

Contacts / Other partners:

Comments:

11.10 Securities

List types of securities, where and how held, portfolio locations (brokerage), contacts...

Vesting:

Description:

Holding Agent or Location
(e.g., Attorney, broker) :

Account Numbers:

Documents and Locations

Location of Annual Year
End List of Positions:

Contacts:

Comments:

Vesting:

Description:

Holding Agent or Location
(e.g., Attorney, broker) :

Account Numbers:

Documents and Locations

Location of Annual Year
End List of Positions:

Contacts:

Comments:

12 Other