

ESTATE PLANNING ORGANIZER

**Information and Resources for
Organizing Your Estate Planning Information for
You and Your Loved Ones.**



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INTRODUCTION

I, _____, in order to simplify my affairs and estate plan for my family and loved ones, have created this Estate Planning Organizer. My intent in creating this organizer is to consolidate information about my assets, liabilities, and other financial affairs, as well as my estate plan for the convenience of those who are administration of my estate.

I do not intend this document, or any information contained herein to replace my trust, will, or any other estate planning document currently in effect.

I have signed this document this _____ day of _____, 20_____

Signature

Printed Name

Copies of this document were given to the following individuals:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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ADVISORS AND PERSONS TO CONTACT

Attorney:

Name: _____

Address: _____

Phone: _____

Email: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Email: _____

Financial Advisor:

Name: _____

Address: _____

Phone: _____

Email: _____

Insurance Advisor:

Name: _____

Address: _____

Phone: _____

Email: _____

Money Manager:

Name: _____

Address: _____

Phone: _____

Email: _____

Employer:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

Other:

Name: _____

Address: _____

Phone: _____

Email: _____

SCHEDULE OF ASSETS

Bank Accounts (Checking, Savings, Money Market, and CDs)

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

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Account Number: _____ Approximate Balance: _____
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Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

After Tax Brokerage Accounts

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Pre-Tax Retirement Accounts (401(k)s, IRAs, 403(b)s, etc.)

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Type of Account: _____ Financial Institution: _____
Account Number: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Cash Value Life Insurance Policies

**** Include life insurance policies with cash, accumulation, or surrender values in the "Life Insurance Policies" section.*

Annuities

Financial Institution: _____ Contract Number: _____
Annuity Type: _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Financial Institution: _____ Contract Number: _____
Annuity Type: _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Financial Institution: _____ Contract Number: _____
Annuity Type: _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Business Interests and Investment Partnerships

(Does not include real estate owned by entities wholly owned by you.)

Entity / Investment Name: _____ Entity Type: _____
Shares or Units of Ownership (or %): _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Entity / Investment Name: _____ Entity Type: _____
Shares or Units of Ownership (or %): _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Entity / Investment Name: _____ Entity Type: _____
Shares or Units of Ownership (or %): _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Real Estate

(Include real estate owned by entities wholly owned by you.)

Property Address: _____
Form of Ownership: _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes (Cost Basis [if known]): _____

Property Address: _____
Form of Ownership: _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes (Cost Basis [if known]): _____

Property Address: _____
Form of Ownership: _____ Approximate Value: _____
Contact: _____ Location of any Documents: _____
Notes (Cost Basis [if known]): _____

Other Assets (Personal Property, Cryptocurrency, Notes Receivable)

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

Asset: _____ Approximate Value: _____
Location: _____ Notes: _____

SCHEDULE OF LIABILITIES

Credit Cards

Credit Card Name: _____ Account Number: _____
Financial Institution: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Credit Card Name: _____ Account Number: _____
Financial Institution: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Credit Card Name: _____ Account Number: _____
Financial Institution: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Mortgages

Financial Institution: _____ Account Number: _____
Associated Property: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes (Terms of Mortgage): _____

Financial Institution: _____ Account Number: _____
Associated Property: _____ Approximate Balance: _____
Contact: _____ Location of any Documents: _____
Notes (Terms of Mortgage): _____

Other Liabilities

Liability: _____ Account Number: _____
Associated Asset: _____ Approximate Balance: _____
Notes: _____

Liability: _____ Account Number: _____
Associated Asset: _____ Approximate Balance: _____
Notes: _____

LIFE INSURANCE POLICIES

Term Life Insurance Policies

Issuer: _____ Policy Number: _____ Term: _____
Death Benefit: _____ Beneficiaries: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Issuer: _____ Policy Number: _____ Term: _____
Death Benefit: _____ Beneficiaries: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Issuer: _____ Policy Number: _____ Term: _____
Death Benefit: _____ Beneficiaries: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Cash Accumulation Life Insurance Policies

Issuer: _____ Policy Number: _____ Death Benefit: _____
Beneficiaries: _____
Type: _____ Cash Value: _____ Loans on Policy: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Issuer: _____ Policy Number: _____ Death Benefit: _____
Beneficiaries: _____
Type: _____ Cash Value: _____ Loans on Policy: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Issuer: _____ Policy Number: _____ Death Benefit: _____
Beneficiaries: _____
Type: _____ Cash Value: _____ Loans on Policy: _____
Contact: _____ Location of any Documents: _____
Notes: _____

PENSIONS AND DEFERRED COMPENSATION

Pensions

Employer: _____ Pension / Account Number: _____
Plan Administrator: _____ Contact: _____
Terms After Death: _____ Cash Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Employer: _____ Pension / Account Number: _____
Plan Administrator: _____ Contact: _____
Terms After Death: _____ Cash Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Deferred Compensation

Employer: _____ Account Number: _____
Plan Administrator: _____ Contact: _____
Terms After Death: _____ Cash Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Employer: _____ Account Number: _____
Plan Administrator: _____ Contact: _____
Terms After Death: _____ Cash Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

Employer: _____ Account Number: _____
Plan Administrator: _____ Contact: _____
Terms After Death: _____ Cash Value: _____
Contact: _____ Location of any Documents: _____
Notes: _____

ESTATE PLANNING DOCUMENTS

Revocable Living Trusts

Name of Trust: _____ Date: _____
Settlor(s) / Trustor(s): _____
Initial Trustee(s): _____
Successor Trustee(s): _____
Distribution Notes: _____

Location of Document: _____
Notes: _____

Name of Trust: _____ Date: _____
Settlor(s) / Trustor(s): _____
Initial Trustee(s): _____
Successor Trustee(s): _____
Distribution Notes: _____

Location of Document: _____
Notes: _____

Last Will(s) and Testament / Pourover Will(s)

Creator: _____ Date: _____
Executor(s): _____
Guardians of Minor Children (if Any): _____
Location of Document: _____
Distribution Notes: _____
Notes: _____

Principal: _____ Date: _____
Agent(s): _____
Guardians of Minor Children (if Any): _____
Location of Document: _____
Distribution Notes: _____
Notes: _____

Power(s) of Attorney

Principal: _____ Date: _____
Agent(s): _____
Location of Document: _____
Notes: _____

Principal: _____ Date: _____
Agent(s): _____
Location of Document: _____
Notes: _____

Advance Health Care Directive(s)

Principal: _____ Date: _____
Agent(s): _____
End-of-Life Decision: _____ Organ Donor? _____
Location of Document: _____
Notes: _____

Principal: _____ Date: _____
Agent(s): _____
End-of-Life Decision: _____ Organ Donor? _____
Location of Document: _____
Notes: _____

Corollary Estate Planning Documents

Certification of Trust Present? _____ If so, What is the Date? _____
Location of Document / Notes: _____

Declaration of Trust Present? _____ If so, What is the Date? _____
Location of Document / Notes: _____

Personal Property Distributions Present? _____ If so, What is the Date? _____
Location of Document / Notes: _____

Marital Property Agreement Present? _____ If so, What is the Date? _____
Location of Document / Notes: _____

Assignment of Personal Property Present? _____ If so, What is the Date? _____
Location of Document / Notes: _____

OTHER LEGAL DOCUMENTS

Other Legal Documents

Type of Document: _____ Date: _____
Parties to Document: _____
Location of Document: _____
Notes: _____

Type of Document: _____ Date: _____
Parties to Document: _____
Location of Document: _____
Notes: _____

Type of Document: _____ Date: _____
Parties to Document: _____
Location of Document: _____
Notes: _____

Type of Document: _____ Date: _____
Parties to Document: _____
Location of Document: _____
Notes: _____

Type of Document: _____ Date: _____
Parties to Document: _____
Location of Document: _____
Notes: _____

Type of Document: _____ Date: _____
Parties to Document: _____
Location of Document: _____
Notes: _____

PASSWORDS AND DIGITAL ASSETS

(**DUE TO THE SENSITIVITY OF PASSWORDS AND DIGITAL ASSET INFORMATION,
USE CAUTION RECORDING AND MAINTAINING THIS.)

Social Media

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Instructions for Account (Memorialize / Delete / Announcements / Ongoing Usage, Etc.):

Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Instructions for Account (Memorialize / Delete / Announcements / Ongoing Usage, Etc.):

Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Instructions for Account (Memorialize / Delete / Announcements / Ongoing Usage, Etc.):

Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Instructions for Account (Memorialize / Delete / Announcements / Ongoing Usage, Etc.):

Notes: _____

Other Website Login Credentials

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Notes: _____

Website / App: _____ Username: _____
Password: _____ Password Hint: _____
Associated Email: _____ Associated Phone: _____
Notes: _____

Cryptocurrency

Notes: _____

OTHER IMPORTANT INFORMATION

Other Important Information

Title: _____

Notes: _____

Title: _____

Notes: _____

Title: _____

Notes: _____

Title: _____

Notes: _____

Title: _____

Notes: _____

Title: _____

Notes: _____

Title: _____

Notes: _____

FINAL WISHES

Pre-Made Funeral Arrangements (If Any)

Organization: _____ Account Information: _____
Contact: _____
Location of Documents: _____
Notes: _____

Memorial Instructions

Name: _____
Method of Disposition (Buried / Cremated / Interred): _____
Preferred Mortuary: _____
Preferred Cemetery: _____
Special Instructions / Notes: _____

Name: _____
Method of Disposition (Buried / Cremated / Interred): _____
Preferred Mortuary: _____
Preferred Cemetery: _____
Special Instructions / Notes: _____

Owned Burial Plots

Location: _____ Plot Identification Information: _____
Address and Contact: _____
Location of Documents: _____
Notes: _____

Location: _____ Plot Identification Information: _____
Address and Contact: _____
Location of Documents: _____
Notes: _____

FAMILY HISTORY

My Immediate Family

My Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

Spouse Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

Child Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

Child Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

Child Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

Child Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

Child Full Name: _____ Birthdate: _____

Place of Birth: _____

Other Important Dates: _____

Notes: _____

My Extended Family

My Father's Full Name: _____ Birthdate: _____
Place of Birth: _____
Other Important Dates: _____
Notes: _____

My Mother's Full Name: _____ Birthdate: _____
Place of Birth: _____
Other Important Dates: _____
Notes: _____

Family Member's Full Name: _____ Birthdate: _____
Location in Family Tree: _____
Notes: _____

Family Member's Full Name: _____ Birthdate: _____
Location in Family Tree: _____
Notes: _____

Family Member's Full Name: _____ Birthdate: _____
Location in Family Tree: _____
Notes: _____

Family Member's Full Name: _____ Birthdate: _____
Location in Family Tree: _____
Notes: _____

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Location in Family Tree: _____
Notes: _____

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