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# ESTATE ORGANIZER

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*for*

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Date Completed / Updated: \_\_\_\_\_

**NOTICE:** This Estate Organizer will serve as an invaluable tool for your fiduciaries. "Fiduciaries" include your financial power of attorney, in the event you become incapacitated, and your executor (personal representative) who will handle your estate. It is important that you keep all information in the Estate Organizer up to date.

In a "paperless" environment, most of our personal information, from banking, to investing, to health care, is maintained digitally. Therefore, your fiduciaries will need access to the URLs (web addresses), user names, and passwords for your online accounts and digital property. AMG has provided a separate form for you to list this digital access information.

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# Instructions Regarding Digital Data

## **Access Information for Online Accounts and Digital Property**

Fiduciaries will need information from your online accounts. They also will need access to your digital property for both financial and sentimental reasons. For example, cryptocurrency has a financial value; digital photographs and videos primarily have sentimental value.

URLs (web addresses), user names, passwords, and PINs are not requested in the Estate Organizer. This online access information should be entered on the separate form (List of User Names & Passwords/PINs).

The information on the List is highly sensitive, therefore, it must be carefully protected. An electronically filled-in List should be encrypted and password protected, whether maintained on your computer hard drive, a flash drive, or on a secured Cloud location.

## **Access to List of User Names & Passwords/PINs.**

For better security, keep this List of User Names & Passwords/PINs apart from the Estate Organizer. Your fiduciaries will need to review your online accounts, so you need to provide them access. Fill in below the location of the List of User Names & Passwords/PINs. If you have completed the List electronically, provide the password for this digital file.

List of User Names & Passwords/PINs

Location \_\_\_\_\_ Password \_\_\_\_\_

## **Documents Stored Digitally**

If you have noted that a document is stored digitally, (pages 2, 3, and 4 of the Estate Organizer), specify whether it is stored on your computer hard drive or uploaded to a secured Cloud location. (Details about the Cloud location should be noted only in the List of User Names & Passwords/PINs.)

# Data Location

Estate-Related Documents		
Data	Location of Original (Physical/Digital)	Location of Copies (Physical/Digital)
Living Will		
Do Not Resuscitate (DNR) Order		
Medical Power of Attorney		
Financial Power of Attorney		
Instructions Regarding Final Arrangements		
Will and Codicils		
Trust Agreements		
Anatomical Gift Papers		
Funeral Prepayment Agreement		
Cemetery Deed		

# Data Location

Family-Related Documents	
Data	Location (Physical/Digital)
Passports	
Social Security Cards	
Birth Certificates	
Adoption Papers	
Citizenship Papers	
Military Records	
Family Photos and Videos	
Family Legacy Items (e.g., family tree)	
Pre-Nuptial or Post-Nuptial Papers	
Marriage License	
Divorce / Property Settlement Agreement	
Education Certificates	
Professional Accreditations / Certificates	
Pet Registration and Veterinary Records	

Real and Personal Property-Related Documents	
Data	Location (Physical/Digital)
Deed(s) to Real Estate	
Copies of Mortgages, Leases, Equity Lines of Credit	
Titles to Autos & Other Vehicles / Boats / Planes, etc.	
Home Improvement Records	
Household Inventory Records for Insurance	
Homeowners Association (HOA) Records	
Homeowners / Automobile / Personal Umbrella Liability Insurance Policies	

# Data Location

Financial-Related Documents	
Data	Location (Physical/Digital)
Loan Records	
Compensation & Benefit Records	
Previous Employers Retirement Plan Statement(s)	
Military Pension Statement	
Agreements / Records for Closely Held Business	
Other Non-Estate-Related Legal Documents	
Bank Accounts	
Stock Certificates / Bonds	
Investment Records	
Current-Year Tax Receipts	
Prior Years' Tax Returns	
IRA Contribution Records / Roth IRA Conversion Records	
Life / Disability / Medical / Long-term Care Insurance Policies	
List of Payees and Account Numbers for Automatic Bill Paying	

Security-Related Items	
Data	Location (Physical/Digital)
Safety Deposit Box	
Safety Deposit Box Keys	
Home Security Code and Password	
Home Safe Combination	

Other Important Items and Documents	
Data	Location (Physical/Digital)
Address Book	

# Professional Advisors

Financial Advisor	
Name:	
Firm:	
Address:	
Phone:	Email:

Banker	
Name:	
Firm:	
Address:	
Phone:	Email:

Estate Attorney	
Name:	
Firm:	
Address:	
Phone:	Email:

Closely Held Business Issues	
Name:	
Firm:	
Address:	
Phone:	Email:

Attorney (non-estate issues)	
Name:	
Firm:	
Address:	
Phone:	Email:

Name:	
Firm:	
Address:	
Phone:	Email:

Accountant	
Name:	
Firm:	
Address:	
Phone:	Email:

Name:	
Firm:	
Address:	
Phone:	Email:

Tax Preparer	
Name:	
Firm:	
Address:	
Phone:	Email:

Name:	
Firm:	
Address:	
Phone:	Email:

# Health Care Resources

Primary Physician	
Name:	
Firm:	
Address:	
Phone:	Email:

Spouse's / Partner's Primary Physician	
Name:	
Firm:	
Address:	
Phone:	Email:

Children's Primary Physician	
Name:	
Firm:	
Address:	
Phone:	Email:

Pharmacy	
Name:	
Firm:	
Address:	
Phone:	Email:

Medical Specialist	
Patient:	Specialty:
Name:	
Firm:	
Address:	
Phone:	Email:

Medical Specialist	
Patient:	Specialty:
Name:	
Firm:	
Address:	
Phone:	Email:

Medical Specialist	
Patient:	Specialty:
Name:	
Firm:	
Address:	
Phone:	Email:

Alternative Health Care	
Patient:	Specialty:
Name:	
Firm:	
Address:	
Phone:	Email:

Alternative Health Care	
Patient:	Specialty:
Name:	
Firm:	
Address:	
Phone:	Email:

## Contact Information: Personal Savings / Investment Accounts

<b>Financial Institution:</b>	
Account number:	
Is this an annuity or some form of individual retirement account? <input type="radio"/> Yes <input type="radio"/> No	
Is this a payable-on-death (POD) or transfer-on-death (TOD) account? <input type="radio"/> Yes <input type="radio"/> No	
<i>If yes for either, list beneficiaries or attach printout.</i>	
Primary Beneficiaries:	Name(s) on Account:
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

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Account number:	
Is this an annuity or some form of individual retirement account? <input type="radio"/> Yes <input type="radio"/> No	
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Account number:	
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Is this a payable-on-death (POD) or transfer-on-death (TOD) account? <input type="radio"/> Yes <input type="radio"/> No	
<i>If yes for either, list beneficiaries or attach printout.</i>	
Primary Beneficiaries:	Name(s) on Account:
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

# Contact Information: Company Plans—Savings, Retirement, Equity Compensation

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

# Contact Information: Company Plans—Savings, Retirement, Equity Compensation

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

<b>Plan Name:</b>	
Account Holder:	
List beneficiaries or attach printout.	
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

# Contact Information: Insurance Coverages—Medical, Disability, Long-term Care

Medical Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Medical Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Medical Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Medical Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Dental Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Dental Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Disability Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Disability Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Long-Term Care Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

Long-Term Care Insurance	
Insured:	
Company / Policy Number:	
Key Contact:	
Email:	Phone:

## Contact Information: Insurance Coverages—Life

Life Insurance / Other Death Benefits	
Insured:	
Company / Policy Number:	
Policy Owner:	
Benefit—Natural Death: \$	Benefit—Accidental Death: \$
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

Life Insurance / Other Death Benefits	
Insured:	
Company / Policy Number:	
Policy Owner:	
Benefit—Natural Death: \$	Benefit—Accidental Death: \$
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

Life Insurance / Other Death Benefits	
Insured:	
Company / Policy Number:	
Policy Owner:	
Benefit—Natural Death: \$	Benefit—Accidental Death: \$
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

Life Insurance / Other Death Benefits	
Insured:	
Company / Policy Number:	
Policy Owner:	
Benefit—Natural Death: \$	Benefit—Accidental Death: \$
Primary Beneficiaries:	
Contingent Beneficiaries:	
Key Contact:	
Email:	Phone:

# Contact Information: Insurance Coverages—Property and Liability

Homeowners Insurance	
Insured:	
Company / Policy Number:	
Property Location:	
Key Contact:	
Email:	Phone:

Automobile Insurance	
Company / Policy Number:	
Insured:	
Vehicle(s) Insured:	
Key Contact:	
Email:	Phone:

Homeowners Insurance	
Insured:	
Company / Policy Number:	
Property Location:	
Key Contact:	
Email:	Phone:

Automobile Insurance	
Company / Policy Number:	
Insured:	
Vehicle(s) Insured:	
Key Contact:	
Email:	Phone:

Personal Umbrella Liability Insurance	
Company / Policy Number:	
Insured:	
Key Contact:	
Email:	Phone:

Other Special Property <i>(e.g. boat, plane, etc.)</i>	
Insured:	
Company / Policy Number:	
Property Description:	
Key Contact:	
Email:	Phone:

Rental Property Insurance	
Company / Policy Number:	
Insured:	
Property Location:	
Key Contact:	
Email:	Phone:

Other Special Property <i>(e.g. boat, plane, etc.)</i>	
Insured:	
Company / Policy Number:	
Property Description:	
Key Contact:	
Email:	Phone:

## Contact Information: Liabilities / Debt

Mortgage	
Company:	Account #:
Property Address:	
Key Contact:	
Email:	Phone:

Mortgage	
Company:	Account #:
Property Address:	
Key Contact:	
Email:	Phone:

Equity Line of Credit	
Company:	Account #:
Property Address:	
Key Contact:	
Email:	Phone:

Other Liability <i>(Non-Credit Card)</i>	
Company:	Account #:
Key Contact:	
Email	Phone:

Other Liability <i>(Non-Credit Card)</i>	
Company:	Account #:
Key Contact:	
Email	Phone:

Credit Cards	
Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

Card Company:	Phone:
Card Number:	
Name Issued:	

# Service Agreement—Home Maintenance, Clubs, Organizations

<b>Type of Service:</b>	
Name:	Phone:
Address:	
Email:	

<b>Type of Service:</b>	
Name:	Phone:
Address:	
Email:	

<b>Type of Service:</b>	
Name:	Phone:
Address:	
Email:	

<b>Type of Service:</b>	
Name:	Phone:
Address:	
Email:	

<b>Type of Service:</b>	
Name:	Phone:
Address:	
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<b>Type of Service:</b>	
Name:	Phone:
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<b>Type of Service:</b>	
Name:	Phone:
Address:	
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<b>Type of Service:</b>	
Name:	Phone:
Address:	
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Name:	Phone:
Address:	
Email:	

