

FINANCIAL & ESTATE PLANNING ORGANIZER



**ASHEVILLE PROTECTION AND DETERRENCE
THROUGH CRIME PREVENTION**

FINANCIAL & ESTATE PLANNING ORGANIZER

In order to simplify matters, the following pages of financial and estate planning information serve to aid my family in settling my estate, should the time arise.

I have signed this document this _____ day of _____ 20____.

Print Name: _____

Copies of this document were delivered to:

Please Note: This document is not intended to replace my will or other estate planning documents signed by me. However, each family member, Power Holder, Executor, Trustee and Guardian can use this and the other documents signed by me in making any discretionary decisions for me and my family.

ADVISORS

Some of the people you may need to contact are listed below.

Attorney:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Fax: _____

Insurance Advisor:

Name: _____

Address: _____

Phone: _____

Fax: _____

Pension Plan Administrator:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Address: _____

Phone: _____

Fax: _____

Employer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Financial Planner:

Name: _____

Address: _____

Phone: _____

Fax: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Address: _____

Phone: _____

Fax: _____

Other:

Name: _____

Address: _____

Phone: _____

Fax: _____

ASSETS

Below is a list of all of my stocks, bonds, and other investments, including property.

I have ____ have not ____ attached financial statements.

Investment: _____

Amount: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Amount: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Amount: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Amount: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Amount: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Amount: _____

Contact: _____

Phone: _____

Documents are located: _____

Money is owed to me by:

Name: _____

Address: _____

Phone: _____

Amount: _____

Money is owed to me by:

Name: _____

Address: _____

Phone: _____

Amount: _____

LIABILITIES

*Here is a list of my liabilities, including a contact name and phone number of each,
as well as the location of my related documents.*

Mortgage Holder:

Contact: _____

Phone: _____

Documents are located: _____

2nd Mortgage Holder:

Contact: _____

Phone: _____

Documents are located: _____

Home Equity Line of Credit:

Contact: _____

Phone: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Documents are located: _____

Liability:

Contact: _____

Phone: _____

Documents are located: _____

I presently carry the following credit cards:

Type

Account Number

INSURANCE COVERAGE

Life Insurance Policies:

Type	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of the above policies can be found at: _____

Disability Insurance Policies:

Company	Policy Located At

Long Term Care Insurance Policies:

Company	Policy Located At

Health Insurance Policies:

Company	Policy Located At

Other Insurance Policies:

Type	Company	Policy Located At
Auto		
Umbrella		
Home		
Boat/Airplane		

- * If I become disabled, please make sure to pay the premiums on the policies which will provide me or my family benefits.
- * If I am disabled, my *life insurance policy* allows ____ does not allow ____ for pre-payment of death benefits to support me.
- * If I am disabled, my *life insurance policy* allows ____ does not allow ____ you to stop making premium payments.
- * If I am disabled, my *disability insurance policy* allows ____ does not allow ____ you to stop making premium payments.

EMPLOYMENT

I have the following disability and/or death benefits where I work or worked.

Retirement Plan(s):

Type	Approx. Value	Contact Name & Phone Number

Life Insurance:

Type	Approx. Value	Beneficiary

Health Insurance:

Type: _____

Contact: _____

Phone: _____

Disability Insurance:

Type: _____

Contact: _____

Phone: _____

Long Term Care Insurance:

Type: _____

Contact: _____

Phone: _____

Deferred Compensation:

Type: _____

Contact: _____

Phone: _____

Stock Ownership:

Type: _____

Amount: _____

Contact: _____

Phone: _____

Stock Options:

Type: _____

Amount: _____

Contact: _____

Phone: _____

Cafeteria Plan:

Type: _____

Contact: _____

Phone: _____

Other:

Type: _____

Contact: _____

Phone: _____

DOCUMENTS

I have executed each of the following documents and you can find them where noted.

Document	Date Signed	Location
Adoption Agreement		
Auto Insurance Policy		
Auto Registration		
Auto/Boat Title		
Birth Certificate		
Burial Agreement		
Certificates of Deposits		
Charitable Trust		
Citizenship Papers		
Custodial Account		
Divorce Decree or Settlement		
General Power of Attorney		
Insurance Beneficiary Designation		
Insurance Trust		
Living Trust		
Living Will		
Marriage Certificate		
Medical Directive		
Medical Files		
Medical Power of Attorney		
Minor's Trust		
Organ Donation		
Passport		
Past Tax Returns		
Post-Nuptial Agreement		
Pre-Nuptial Agreement		
Retirement Plan Beneficiary Designation		
Safe Deposit Box Key (s)		
Savings Passbooks		
Share Certificates		
Social Security Cards		
Will		
Other		

I have appointed the following persons to act on my behalf if I become disabled:

- * Power of Attorney–Assets: 1st _____ 2nd _____
- * Power of Attorney–Medical: 1st _____ 2nd _____
- * Guardian over my property: 1st _____ 2nd _____
- * Guardian over person: 1st _____ 2nd _____

IN THE EVENT OF MY DEATH

Funeral Home: _____ Cemetery: _____

Location: _____ Plot/Drawer #: _____

I have ____ have not ____ prepaid my burial costs ____, for my burial plot ____, for my casket ____.

Information can be found at: _____

I have a deceased spouse ____, parent ____, child ____, who is buried at _____,
and I wish to be buried next to such person if I check here ____.

I do ____ do not ____ want to be cremated.

Crematory: _____

Location: _____

FAMILY HISTORY

City Born In: _____ Date: _____

Parents: _____

Grandparents: _____

Siblings: _____ Born: _____

_____ Born: _____

_____ Born: _____

Children: _____ Born: _____

_____ Born: _____

_____ Born: _____

_____ Born: _____

_____ Born: _____

_____ Born: _____

I have no children: ____

Other Family History: _____

EXECUTOR'S CHECKLIST

Below is a helpful list the executor may use to identify tasks necessary to settle my estate.

Please note: Before acting on any of these items below it will be in the best interest to contact an estate attorney, financial planner, and/or accountant for assistance.

Study the Will

1. Locate the will.
2. Locate and notify the witnesses.
3. Meet with family members, the attorney, and other interested persons to discuss the provisions of the will.
4. Note any special instructions.
5. Confer with the attorney who will represent the estate.

Arrange for Probate

6. Notify creditors.
7. Notify post office to forward mail.
8. Give notice of appointment to banks, investment brokers, and others.
9. Arrange for bond.
10. Open bank accounts for estate.
11. Discontinue telephone service and other utilities, when advisable.

Assemble, Inventory, and Take Custody of Assets

12. Search for assets.
13. List contents of all safe-deposit boxes.
14. Assemble supporting data and establish the value of the assets in the estate.
15. Have assets appraised by a qualified appraiser when advisable or required by law.
16. File claim for any veteran's or Social Security benefits that are due.
17. File claim for life insurance payable to the estate.
18. Inspect all real estate.
19. Study leases and mortgages.
20. Examine all policies of insurance on real estate and personal property.

Administer the Estate

21. Collect all income, receivables, and other moneys due to the decedent or estate.
22. Review estate securities, and analyze market and investment trends; keep a detailed record of all income, expenses, and estate transactions.
23. Study any business interest that the decedent owned.
24. Have periodic meetings with the attorneys representing the estate, the beneficiaries, and other interested in the estate.
25. Examine each claim against the estate for reasonableness and validity.
26. Through an attorney, file all necessary petitions and account with the court.

EXECUTOR'S CHECKLIST

CONTINUED

Consider Nonprobate Assets

27. Ascertain whether all or some portion of jointly owned property with the right of survivorship is includable in the decedent's gross estate for federal estate tax purposes.
28. Examine all insurance policies on the decedent's life, trusts in which he or she had an interest, and property over which he or she held any powers, to determine whether any such asset is includable in the estate for tax purposes.
29. Determine whether any trust created by the decedent is includable in the estate.
30. If the decedent was the beneficiary of a trust, determine whether the GST tax applies.
31. Determine whether demands should be made against persons who receive property outside of the will for their proportionate share of the death taxes.

Assume Responsibility for Income Tax Returns

32. File the final return for the decedent.
33. Determine whether the estate will adopt a calendar or fiscal year accounting period.
34. Prepare for any audit by tax authorities of income tax returns filled by the decedent.
35. File income tax returns for the estate during the period of administration.
36. Decide whether to include the accrued interest on US Savings Bonds.
37. Consider the income of beneficiaries in making distributions of property from the residuary estate.
38. Select a date for such distributions that results in overall income tax economy for both the estate and the beneficiaries.
39. Provide beneficiaries with the income tax basis of assets distributed in kind.
40. Decide whether to take certain medical expenses as income or estate tax deductions.

Assume Responsibility for Death Taxes

41. Ascertain whether any credit is available against the federal state tax for property taxed in another estate.
42. File a federal estate tax return within nine months of death.
43. Obtain a federal estate tax release so that chattels may be distributed as soon as possible.
44. Decide whether the estate is to be valued as of the date of death or six months later.
45. File state inheritance and estate tax returns as may be required; apportion and collect death taxes from the beneficiaries where required by law.

Distribute the Estate

46. Make partial distributions as the estate administration progresses.
47. Prepare data for final accounting; show all assets, income, and disbursements.
48. Distribute the assets in accordance with the will.
49. Receive releases from the beneficiaries and, in some states, be discharged by the court.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a template for writing or drawing. The margins are consistent on all sides.

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