



ROCKY MOUNTAIN WILLS & TRUSTS

Estate Planning Organizational Guide

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Use of this Organizational Guide

This Organizational Guide is meant as a tool to assist you and your family with your estate plan. While it is lengthy, it is up to you to decide how much or how little you would like to fill out. The more you fill out the more the benefit it will be to you and your family. In addition, once it has been completed, occasional updates will take much less time. The information you record in this Organizational Guide can be helpful when making or updating your estate plan; however, this Organizational Guide is for your use, not Rocky Mountain Wills and Trusts' use. You will not be giving us a copy of this completed guide. The guide has been prepared for our clients and interested persons with several purposes in mind.

First, it is intended as a document where you can record important information all in one place so that in the event of an emergency, your incapacity or upon your death, your family will be able to quickly locate and find necessary information to take care of and protect you and your family members. In addition, by recording the relevant financial information in one place, your representatives will be able to quickly locate and access your assets as you have directed in your estate plan.

Second, there are many parts to an estate plan. As you go through this Organizational Guide, it can serve as a reminder of documents you do or do not have as well as different assets that you own and may need to incorporate or update in your estate plan. You can then address those parts of your estate plan with your attorney and other advisors.

Third, this Organizational Guide can serve as a good resource for you directly. Since most or all of your information can be compiled in it, whenever you need information about your assets or documents, you can quickly refer to this Organizational Guide for the necessary information.

While we have listed many different types of documents and assets in this Organizational Guide, it is by no means exhaustive. You may add pages for information on additional assets or documents that are not included in this Organizational Guide. If you do add pages, we suggest that you keep those pages in the same location as this guide and attach those pages to this guide.

We also suggest that you periodically review and update the information recorded in this Organizational Guide so that your information remains current. Once you have recorded information, it is important that someone other than you know where to find the Organizational Guide in the event of your incapacity or death. This should be someone you know and trust.

Finally, while we believe this guide can be very helpful to you in your estate plan, we strongly recommend that you keep this guide in a secure place and protect it from people who you would not want to have access to your personal and financial information. Since it may contain private financial information such as bank and investment account numbers, it would not be advisable to store it in a place that is not secure. Therefore, we suggest that you may want to keep this

Organizational Guide in a personal safe or locked box or locked drawer that would not be easily accessible by people who you do not want to access it. Rocky Mountain Wills and Trusts makes no warranties and takes no responsibility for the security of where or how you store the Organizational Guide or the information you record in it.

Finally, nothing in this Organizational Guide is intended as legal advice and your review or use of this Organizational Guide should not be construed as legal advice, nor does it create an attorney client relationship of any kind. If you are seeking assistance with your estate plan or have legal questions you should speak with an attorney and can contact us as follows:

Phone: (720) 420-1777

E-Mail: office@rmlfirm.com

Website: www.rockymountainwillsandtrusts.com

If you would like an additional copy of our Organizational Guide you may contact us directly to request one.

Thank you again for your interest in Rocky Mountain Wills and Trusts. We hope this Estate Planning Organizational Guide is helpful to you as you make or update your estate plan.

Personal Information

Your Name _____

Your Social Security No. _____

Spouse's or Partner's Name (if applicable) _____

Spouse's/Partner's Social Security No. _____

Date of Marriage _____

Address _____

Phone (Home) _____

E-Mail _____

(Cell) _____

(Work) _____

Family Members

Children

Name _____

Name _____

Contact Info _____

Contact Info _____

Name _____

Name _____

Contact Info _____

Contact Info _____

Parents Still Living

Name _____

Name _____

Contact Info _____

Contact Info _____

Name _____

Name _____

Contact Info _____

Contact Info _____

Grandchildren

Name _____

Name _____

Contact Info _____

Contact Info _____

Name _____

Name _____

Contact Info _____

Contact Info _____

Other Important Contacts

Attorney

Name _____
Phone _____
E-Mail _____
Address _____

CPA/Tax Advisor

Name _____
Phone _____
E-Mail _____
Address _____

Financial Planner

Name _____
Phone _____
E-Mail _____
Address _____

Stock Broker/Investment Advisor

Name _____
Phone _____
E-Mail _____
Address _____

Insurance Broker/Agent (Personal)

Name _____
Phone _____
E-Mail _____
Address _____

Insurance Broker/Agent (Business)

Name _____
Phone _____
E-Mail _____
Address _____

Physician (Primary Care)

Name _____
Phone _____
E-Mail _____
Address _____

Physician (Other)

Name _____
Phone _____
E-Mail _____
Address _____

Care Givers/Home Health Aids

Name _____
Phone _____
E-Mail _____
Address _____

Other Healthcare Provider

Name _____
Phone _____
E-Mail _____
Address _____

Clergy (Priest, Pastor, Rabbi, Imam Etc.)

Name _____
Phone _____
E-Mail _____
Address _____

Spiritual Congregation

Name _____
Phone _____
E-Mail _____
Address _____

Estate Planning Documents

Your Will

- Date of Execution _____
- Location of Originals _____
- Is your spouse your Executor? _____
- Non-Spouse or Alternate Executor _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____

Spouse's/Partner's Will (If Applicable)

- Date of Execution _____
- Location of Originals _____
- Is your spouse your Executor? _____
- Non-Spouse or Alternate Executor _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____

Codicil (Amendment to Your or Your Spouse's/Partner's Will)

- Date of Execution _____
- Location of Originals _____

Personal Memorandum (Accompanying Your and/or Your Spouse's/Partner's Will)

- Dates of Execution _____
- Location of Originals _____

Guardian(s) Named in Your Will(s) for Minor Children or Disabled Persons

- Name _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____

Trust or Trusts

- Name of Trust _____
- Date of Execution _____
- Location of Originals _____
- Primary Beneficiaries _____
- Trustee Name _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____
- Successor Trustee Name _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____

- Name of Trust _____
- Date of Execution _____
- Location of Originals _____
- Primary Beneficiaries _____
- Trustee Name _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____
- Successor Trustee Name _____
- Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
 - _____

- Personal Memorandum (Accompanying Your and/or Your Spouse's/Partner's Trust)
 - For the Trusts Named _____
 - Dates of Execution _____
 - Location of Originals _____

Durable Power of Attorney

You

Spouse/Partner

- Date of Execution _____
- Location of Originals _____
- POA Name _____

Contact Info

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

- Alternate POA Name _____

Contact Info

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

Healthcare Power of Attorney

You

Spouse/Partner

- Date of Execution _____
- Location of Originals _____
- Healthcare POA Name _____

Contact Info

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

- Alternate POA Name _____

Contact Info

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

Phone: Home (____) ____ - _____

Cell (____) ____ - _____

E-Mail _____

Mailing Address _____

Living Will

- Date of Execution _____
- Location of Originals _____

Designation of Guardianship

- Date of Execution _____
- Location of Originals _____
- Guardian Name _____
 - Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____
- Alternate Guardian Name _____
 - Contact Info
 - Phone: Home (____) ____ - _____ Cell (____) ____ - _____
 - E-Mail Address _____
 - Mailing Address _____

Automobiles/Vehicles

Vehicle #1

- Make & Model _____
- Year _____
- Owner _____
- Title Location _____
- Loan Info _____

Vehicle #2

- _____
- _____
- _____
- _____
- _____

Vehicle #3

- Make & Model _____
- Year _____
- Owner _____
- Title Location _____
- Loan Info _____

Vehicle #4

- _____
- _____
- _____
- _____
- _____

Pet/Animal Arrangements

Pet Trust

- Date of Execution _____
- Location of Document _____

Other Arrangements

Pet/Animal

- Name _____
- Type and Breed _____
- Date of Birth _____
- Location _____
- Location of Documentation _____
- Vet _____
- Special Information _____

- Care Instructions _____

Pet/Animal

- Name _____
- Type and Breed _____
- Date of Birth _____
- Location _____
- Location of Documentation _____
- Vet _____
- Special Information _____

- Care Instructions _____

Insurance Policies

Health

- Insured Person(s) _____
- Company _____
- Agent/Broker Name _____
- Company/Agent Contact Number _____
- Policy Numbers _____
- Other Info _____

Auto

- Insured Person(s) _____
- Company _____
- Agent Name _____
- Company/Agent Contact Number _____
- Policy Number _____
- Policy Limits _____
- Other Info _____

Home

- Insured Person(s) _____
- Company _____
- Agent Name _____
- Company/Agent Contact Number _____
- Policy Number _____
- Policy Limits _____
- Other Info _____

Disability

- Insured Person(s) _____
- Company _____
- Agent Name _____
- Company/Agent Contact Number _____
- Policy Number(s) _____
- Policy Limits _____
- Other Info _____

Life

<u>Policy # 1</u>	<u>Policy # 2</u>
• Insured Person _____	_____
• Company _____	_____
• Agent Name _____	_____
• Contact Number _____	_____
• Policy Number _____	_____
• Policy Amount _____	_____
• Primary Beneficiary _____	_____
• Secondary Beneficiary _____	_____
• Other Info _____	_____
_____	_____

<u>Policy # 3</u>	<u>Policy # 4</u>
• Insured Person _____	_____
• Company _____	_____
• Agent Name _____	_____
• Contact Number _____	_____
• Policy Number _____	_____
• Policy Amount _____	_____
• Primary Beneficiary _____	_____
• Secondary Beneficiary _____	_____
• Other Info _____	_____
_____	_____

Businesses Owned and Business Liabilities

Business Name _____

- Business Location _____
- Business Contact Info _____
- Percentage Ownership _____
- Partners/Co-Owners _____

Personal Guarantees on Business Obligations (Leases, Loans, Lines of Credit)

- Business/Bank/Financial Institution _____
- Account Number _____
- Contact Info _____

- Business/Bank/Financial Institution _____
- Account Number _____
- Contact Info _____

Bank Accounts

Bank # 1

- Account Owner(s) _____
- Bank Name _____
- Bank Branch/Location _____
- Contact Number(s) _____
- Additional Person(s) on Account _____

Account Type	Account Number
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____

Bank # 2

- Account Owner(s) _____
- Bank Name _____
- Bank Branch/Location _____
- Contact Number(s) _____
- Additional Person(s) on Account _____

Account Type	Account Number
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____

Bank # 3

- Account Owner(s) _____
- Bank Name _____
- Bank Branch/Location _____
- Contact Number(s) _____
- Additional Person(s) on Account _____

Account Type	Account Number
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____
<input type="radio"/> _____	_____

Safe Deposit Box

- Name & Location of Bank _____
 - Bank Contact Info _____
 - Person(s) Held Jointly with _____
 - Box Number _____
 - Location of Keys _____
 - Contents Summary _____
-

Real Estate Owned

Home/Residence Address _____

- Titled Under _____
- Mortgage _____
- Borrower(s) _____
- Bank/Financial Institution _____
- Account Number _____
- Contact Info _____
- Monthly Payment Due Date _____

Vacation, Investment or Other Real Property

Property #1

- Address _____
- Titled Under _____
- Mortgage _____
- Borrower(s) _____
- Bank/Financial Institution _____
- Account Number _____
- Contact Info _____
- Monthly Payment Due Date _____

Property #2

- Address _____
- Titled Under _____
- Mortgage _____
- Borrower(s) _____
- Bank/Financial Institution _____
- Account Number _____
- Contact Info _____
- Monthly Payment Due Date _____

Personal Loans (Other than Real Estate)

- Borrower(s) _____
- Bank/Financial Institution _____
- Account Number _____
- Contact Info _____
- Monthly Payment Due Date _____

Retirement Accounts (IRAs, 401Ks, Profit Sharing)

Account #1

- Owner of Account _____
- Type of Account _____
- Financial Institution _____
- Account Number _____
- Contact Info _____
- Beneficiary _____

Account #2

Account #3

- Owner of Account _____
- Type of Account _____
- Financial Institution _____
- Account Number _____
- Contact Info _____
- Beneficiary _____

Account #4

Investment/Brokerage Accounts

- Account or Brokerage Firm _____
- Contact Info _____
- Account Number _____

- Account or Brokerage Firm _____
- Contact Info _____
- Account Number _____

- Account or Brokerage Firm _____
- Contact Info _____
- Account Number _____

- Account or Brokerage Firm _____
- Contact Info _____
- Account Number _____

- Account or Brokerage Firm _____
- Contact Info _____
- Account Number _____

Internet and Social Media Accounts

Email Accounts

Account 1

- Owner _____
- Address _____
- Username _____
- Password _____

Account 2

Account 3

- Owner _____
- Address _____
- Username _____
- Password _____

Account 4

Websites

- Owner _____
- Address _____
- Domain Name _____
- Password _____

Facebook

Account 1

- Owner _____
- Username _____
- Password _____

Account 2

LinkedIn

Account 1

- Owner _____
- Username _____
- Password _____

Account 2

Twitter

Account 1

- Owner _____
- Username _____
- Password _____

Account 2

