Law Firm of Michael W. Porter

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ASSET ORGANIZER

Please complete this confidential asset organizer to furnish information which will be used at your initial conference and in the preparation of your estate planning documents. Thorough answers will result in a more accurate estate plan. This organizer should be completed in addition to an Estate Planning Questionnaire

THIS ORGANIZER WILL ASSIST YOUR ATTORNEY IN MAKING RECOMMENDATIONS FOR YOU TO AVOID PROBATE, AND THE DELAYS, FEES AND COSTS OF PROBATE.

Contact Information

Contact Information					
Your Full Name: Spouse's Full Name:	Date completed: Phone: ()				
Your CPA or Accountant's Nam	ne:				
Phone: ()	Email Address:				
Your Financial Advisor's Name:	<u> </u>				
Phone: ()	Email Address:				
	Asset Information				
investment firms. (Bring contribution name:	details of your accounts held at financial institutions and copies of statements if you are uncertain of the details): Savings				
					



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Asset Information continued 2. Do you lease any **Safe Deposit Boxes**? \square Yes \square No A. Location: Box #: Signor(s) on box: B. Location: Box #: Signor(s) on box: 3. **Real Estate**: ☐ Yes ☐ No Type of real estate: \Box Home \Box Condominium \Box Vacant lot \Box Rental Address: _____ Names of grantees on deed ("title"): Value: \$_____ Date value determined: _____ B. Type of real estate: \square Home \square Condominium \square Vacant Lot \square Rental Address: Names on deed ("title"): Value: \$ Date value determined: (Continue on a separate page if necessary) **Do you own any real estate in another state or country?** \square Yes \square No If so, where? Please bring copies of deeds to all real estate in which you own an interest to your appointment. 4. **Life Insurance Policies and/or Annuities**: ☐ Yes ☐ No A. Name of owner: ______ Policy #: _____ Name of company: Name of beneficiaries: Alternate/Contingent beneficiaries (if any): Cash Value: \$ Date value determined: _____ Death benefit: \$ B. Name of owner: _____ Policy #: _____ Name of company: Name of beneficiaries: Alternate/Contingent beneficiaries (if any): ______ Cash value: \$ Date value determined: _____ Death benefit: \$

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Name of company: _____

Alternate/Contingent beneficiaries (if any):

Name of beneficiaries:

(Continue on a separate page if necessary)

C. Name of owner: ______ Policy #: _____

Cash value: \$ _____ Date value determined: _____ Death benefit: \$

Asset Information continued							
5. Stocks and/or Bonds in certificate form:							
Name of owner:	Certificate #:						
Name of company: Date value	determined: Issue date:						
	ue on a separate page if necessary)						
6. Automobiles that you own (do not list leased vehicles):							
A. Year, make & model:							
Names on title:							
	VIN#						
Names on title:							
C. Year, make & model: Names on title:	VIN#						
	eum; Dogecoin; zCash; NFTs; etc.)						
8. OTHER ASSETS: (list on separate sheet & include assets titled jointly with another person, or otherwise)							
M	iscellaneous Items						
1. Have you made any gifts of year?	\$16,000.00 or more to one person during one calendar						
Name of recipient:	Amount of gifts:						
Date of gift:	Did you file a gift tax return? ☐ Yes ☐ No						
Name of recipient:	Amount of gifts:						
Date of gift:	,						
Name of recipient:	Amount of gifts:						
Date of gift:	Did you file a gift tax return? \square Yes \square No						
Name of recipient:	Amount of gifts:						
Date of gift: (Continu	Did you file a gift tax return? \square Yes \square No ue on a separate page if necessary)						
2. Do you have any pensions?							
• • • • • • • • • • • • • • • • • • • •							
A. Recipient's name:	Name of company: Amount paid per month: \$						
Cash value: \$ Death beneficiary:	Amount pala per month. <u>\$</u>						
R Paciniant's name	Name of company:						
Cash value: \$	Name of company: Amount paid per month: <u>\$</u>						
Death beneficiary:	· · · · · · · · · · · · · · · · · · ·						
C. Recipient's name:	Name of company:						
Cash value: \$ Death beneficiary:	Amount paid per month: \$						
Death Deficition y.							



MISCEllaneous Items continued					
3. Are you the beneficiary	of any trust?	☐ Yes ☐	No		
Name of trust: Date of trust:	Trust	value: \$			
Name of trust: Date of trust:	Trust	value: \$			
4. Do you have any debts gage, automobile loans, etc.)?	s which are secu	red by any asset			
A. Name & address of lender: What asset is held as security: Balance owed: \$	Credit life ins	surance? Yes		<u> </u>	
B. Name & address of lender: What asset is held as security: Balance owed: \$	Credit life ins	surance? Yes	□ No		
C. Name & address of lender: What asset is held as security: Balance owed: \$					
5. What "Digital Assets" including but not limited to, desktop smartphones, and any similar digital emails received, email accounts, digital network accounts, file sharing a counts, web hosting accounts, tax ponline accounts and similar digital idigital assets that have value. Do no	os, laptops, tablets I device. The term ital music, digital accounts, financia preparation service tems.) List accounts	s, peripherals, stora n "digital assets" al photographs, digital l accounts, domain e accounts, online s nt names, account	age devices, mob so includes but is al videos, softwar registrations, Di stores, affiliate pi numbers, Logins	ile telephones, s not limited to re licenses, so- NS service ac- rograms, other	
6. Does the total value of y (Estate tax planning may also be ne	your assets exceed cessary for estate	ed \$12,060,000.0 0 s exceeding \$12,06	0? □ Yes □ 50,000.00)] No	
This confidential Asset Organizer will your estate planning documents. It death or incapacity. If you have any contacts.	has no legal ef questions in comple	fect as to the disp	osition of your as	sets after your	
Your signature:					
Your spouse's signature:					
. •					

