

ESTATE ORGANIZER

DATE: MARCH 2, 2008

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Your first meeting is scheduled for _____.

The information in this organizer is critical for creating an estate in accordance with your wishes and applicable law. All information you give us will be held in strict confidence. If possible, please bring to our office for your appointment:

This Organizer Is to Be Completed By You. Please gather the following:

- Any Bank or Other Account Statements
- Lists of Stocks, Bonds
- Location of Safe Deposit Box
- Last Tax Return
- Certified Death Certificates If Issued
- Last Will and Testament
- Any Trust or other Agreements
- Copies of Insurance Policies, Annuities, Retirement Plans
- Copies of Real Estate Documents including Deeds
- Copies of Divorce Decrees

PERSONAL INFORMATION

Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Date of Death: _____ Place of Death _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Married: Date of Marriage _____ Previously Divorced Widowed Never Married

Citizen of USA Other: _____ Date of Divorce: _____

Spouse's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Citizen of USA Other: _____

Have you located a Last Will and Testament? Yes [] No [] Date of Will _____

Location of the Original Will _____

Have you located a Trust? Yes [] No [] Date of Trust: _____

Location of the Original Trust _____

CHILDREN AND/OR BENEFICIARIES

Use full legal name. In last column, use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent.

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) **SSN:** _____

Married: _____ **Number of Children:** _____

Name _____ **Birth date** _____ **Parent or Relationship** _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

Name _____ Birth date _____ Parent or Relationship _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

Name _____ Birth date _____ Parent or Relationship _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

Name _____ Birth date _____ Parent or Relationship _____

Address: _____

Telephone: _____ (work) _____ (home) _____ (cell) SSN: _____

Married: _____ Number of Children: _____

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

IMPORTANT QUESTIONS

(Please check "Yes" "No" or "Uncertain" for your answer)	Yes	No	?
Are you (or spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____			
Are you (or spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>			
Do you and your spouse have a signed a pre- or post-marriage contract? <i>Please furnish a copy</i>			
Are you or your spouse widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>			
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>			
Have you or your spouse completed a trust, or estate planning? <i>Please furnish copies of these documents</i>			
Have you and your spouse since you were married, ever lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>			
Are you or your spouse named as a beneficiary of anyone else's trust? <i>If so, please explain below.</i>			
Do you or your spouse have children that have special educational, medical, or physical needs?			
Do any of your children receive governmental support or benefits?			
Do you and your spouse provide primary or other major financial support to adult children or others?			
Have you or your spouse been the subject to guardianship or conservatorship?			
Are you and your spouse in control of your financial and personal affairs?			

**INSTRUCTIONS FOR COMPLETING
THE *PROPERTY INFORMATION CHECKLIST***

General Headings

This *Property Information* checklist is designed to help you list all the property that you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own property that can be listed on this checklist. If so, use **extra sheets** of paper to list decedent’s additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

“Owner” of Property

How property is decedent owned is **extremely important** for purposes of properly settling your estate. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Abbreviation
If in your name alone, with no other person	S
If in Spouse’s Wife’s name alone, with no other person	S2
Joint with spouse	JS
Joint with someone other than spouse	JO
Trust	R
If you are not sure how the property is owned	?

REAL PROPERTY

TYPE: Any interest in real estate including decedent's family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address (Including State)	Owner	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>		_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only **major** personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

AUTOMOBILES, BOATS AND RVs

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

Note: If Account is in your name (or spouse's name) for the benefit of another, please specify and give other's name.

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, amount of the ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED

TYPE: Mortgages or promissory notes payable to decedent, or other moneys owed to decedent.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you or your spouse expect to receive at some time in the future; or moneys that you or your spouse anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE Any other property that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i>

SUMMARY OF VALUES

ASSET	Amount*		
	YOU	SPOUSE	Total Value
Real Property			
Furniture and Personal Effects			
Automobiles, Boats and RV's			
Bank and Savings Accounts			
Stocks and Bonds			
Life Insurance and Annuities			
Retirement Plans			
Business Interests			
Money owed to decedent			
Anticipated Inheritance, Etc.			
Other Assets			
Total Assets:			

**For jointly owned property, enter 1/2 in YOUR column and 1/2 in SPOUSE'S column, unless actual ownership is otherwise.*

FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on your behalf or on the behalf of your love ones.

GUARDIAN FOR MINOR CHILDREN: If you or your spouse have any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

Name and Address	Relationship	Telephone No.

PERSONAL REPRESENTATIVE:

Name and Address	Relationship	Telephone No.

SUCCESSOR TRUSTEES:

Name and Address	Relationship	Telephone No.

WISHES AT DEATH: Do you have any specific wishes that you would like to make known concerning organ donation, disposition of your remains, or any other matters? _____
 If so, what are those wishes?

PERSONAL INSTRUCTIONS: Do you have any personal instructions to be made?
 If so, what are those instructions?
