

DECEDENT'S ESTATE ORGANIZER

DATE:

PAULY LAW OFFICES
916-207-7526

Visit us online at www.paulylaw.com

Your first meeting is scheduled for _____.

The information in this organizer is critical for the settling the decedent's estate in accordance with decedent's wishes and applicable law.

DECEDENT'S INFORMATION

Decedent'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# _____

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 _____

DECEDENT'S 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:** _____

DECEDENT'S ADVISORS

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

IMPORTANT QUESTIONS

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

DECEDENT'S 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: Are you aware that the decedent owned any unique or valuable collections? 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 decedent's name (or decedent's spouse's name) for the benefit of another, please specify and give other's name.

DECEDENT'S STOCKS & BONDS

TYPE: List any and all stocks and bonds decedent's own. If held in a brokerage account, lump them together under each account.
(Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

DECEDENT'S LIFE INSURANCE POLICIES & ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

DECEDENT'S RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

DECEDENT'S 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, decedent's ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO DECEDENT

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>	_____

DECEDENT'S ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that decedent expected to receive at some time in the future; or moneys that decedent was anticipated receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

DECEDENT'S OTHER ASSETS

TYPE: Other property is any property that decedent had that does not fit into any listed category.

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

DECEDENT'S FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.

GUARDIAN FOR MINOR CHILDREN: If decedent has 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.

DECEDENT'S WISHES AT DEATH:

Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters? _____
If so, what are those wishes?

DECEDENT'S PERSONAL INSTRUCTIONS:

Are you aware of any other personal instructions the decedent made? _____
If so, what are those instructions?
