

# **Estate Planning Organizer**

*Married Couples & Domestic Partnerships*

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**PERSONAL INFORMATION**

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Domestic partnership?  YES  NO

Is there a prenuptial agreement?  YES  NO

**Spouse 1**

Name \_\_\_\_\_

Maiden name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\*\* Preferred method of contact  Email  Home telephone  Cell phone  Work phone

\*\* Preferred method of document delivery  Secure email  Physical copy  Both

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

U.S. Citizen  YES  NO Are you a veteran?  YES  NO

Disabled?  YES  NO Diagnosis \_\_\_\_\_ Receiving SSDI?  YES  NO

Brief description of health condition \_\_\_\_\_

Employer /  Retired from \_\_\_\_\_

Position \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**Spouse 2**

Name \_\_\_\_\_

Maiden name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\*\* Preferred method of contact  Email  Home telephone  Cell phone  Work phone

\*\* Preferred method of document delivery  Secure email  Physical copy  Both

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

U.S. Citizen  YES  NO Are you a veteran?  YES  NO

Disabled?  YES  NO Diagnosis \_\_\_\_\_ Receiving SSDI?  YES  NO

Brief description of health condition \_\_\_\_\_

Employer /  Retired from \_\_\_\_\_

Position \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**CHILDREN** (Please continue on the opposite side if necessary)

**Child 1** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 1 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 2** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 2 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 3** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 3 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 4** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 4 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 5** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 5 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**PREVIOUS Marriages**

**Spouse 1**

Date of Marriage(s) \_\_\_\_\_

Date of Divorce(s) \_\_\_\_\_

If widow/er, spouse's name & date of death \_\_\_\_\_

Was there a:

\*Prenuptial Agreement  YES  NO

\*Separation Agreement  YES  NO

\*Divorce Agreement  YES  NO

**Spouse 2**

Date of Marriage(s) \_\_\_\_\_

Date of Divorce(s) \_\_\_\_\_

If widow/er, spouse's name & date of death \_\_\_\_\_

Was there a:

\*Prenuptial Agreement  YES  NO

\*Separation Agreement  YES  NO

\*Divorce Agreement  YES  NO

*\*Please attach a copy of any such agreement(s).*

**CHILDREN of Previous Relationships** (Please continue on the opposite side if necessary)

**Child 1** Full name \_\_\_\_\_ Child of \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

Marital status \_\_\_\_\_ # of children \_\_\_\_\_

Does Child 1 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 2** Full name \_\_\_\_\_ Child of \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

Marital status \_\_\_\_\_ # of children \_\_\_\_\_

Does Child 2 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 3** Full name \_\_\_\_\_ Child of \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

Marital status \_\_\_\_\_ # of children \_\_\_\_\_

Does Child 3 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

Do any of your children or grandchildren have physical or mental impairments/disabilities? If so, please describe.

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**OTHER Surviving Family**

**Spouse 1**

**Spouse 2**

Mother

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Father

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Sister(s)

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Brother(s)

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Grand-  
children

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Other

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**ADVISORS**

**Accountant**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Financial Advisor**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Attorney**

Name \_\_\_\_\_  
Practice Area \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Insurance Agent**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Other** *(Please state relationship)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**FINANCIAL INFORMATION**

**CASH ACCOUNTS**

Name of Bank	Account Type	Owner(s)	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTES AND ACCOUNTS RECEIVABLE** *(Debts payable to you)*

Holder	Debtor's Name	Purpose	Current Balance	Maturity Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MARKETABLE INVESTMENTS** *(e.g., stocks, mutual funds, etc.)*

Name of Stock/Fund & # of Shares	Owner(s)	Purchase Price	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BONDS** *(e.g., corporate, municipal, savings, etc.)*

Type of Bond & Amount	Owner(s)	Purchase Price	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CLOSELY OWNED BUSINESSES** (e.g., Sole Proprietorship, S-Corp, LLC, Partnership)

**Entity Name**

Type of Entity \_\_\_\_\_  
Owner & Percentage \_\_\_\_\_  
Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_  
Owner \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Line of credit balance \_\_\_\_\_

**Entity Name**

Type of Entity \_\_\_\_\_  
Owner & Percentage \_\_\_\_\_  
Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_  
Owner \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Line of credit balance \_\_\_\_\_

**Entity Name**

Type of Entity \_\_\_\_\_  
Owner & Percentage \_\_\_\_\_  
Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_  
Owner \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Line of credit balance \_\_\_\_\_

**Entity Name**

Type of Entity \_\_\_\_\_  
Owner & Percentage \_\_\_\_\_  
Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_  
Owner \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage Balance \_\_\_\_\_  
Line of credit balance \_\_\_\_\_



**RESIDENTIAL REAL ESTATE**

**Address**

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Owner(s)

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Life estate?

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Purchase Price & Date

Value

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Mortgage balance

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Home equity line of credit balance

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**Address**

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Owner(s)

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Life estate?

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Purchase Price & Date

Value

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Mortgage balance

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Home equity line of credit balance

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**Address**

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Owner(s)

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Life estate?

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Purchase Price & Date

Value

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Mortgage balance

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Home equity line of credit balance

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**Address**

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Owner(s)

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Life estate?

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Purchase Price & Date

Value

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Mortgage balance

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Home equity line of credit balance

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**INCOME - CURRENT YEAR**

	Spouse 1	Spouse 2	Joint
Salary	_____	_____	_____
Bonuses	_____	_____	_____
Director's Fees	_____	_____	_____
Taxable Interest	_____	_____	_____
Tax-Exempt Interest	_____	_____	_____
Dividends	_____	_____	_____
Partnerships	_____	_____	_____
Trusts	_____	_____	_____
Retirement/Pension Distributions	_____	_____	_____
Social Security Benefits	_____	_____	_____
Veteran's Benefits	_____	_____	_____
Rents	_____	_____	_____
IRAs/Annuities	_____	_____	_____
Other Income (Please list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RETIREMENT PLAN/DEFERRED COMPENSATION**

	Custodian	Amount	Primary Beneficiary	Successor Beneficiary
Profit Sharing/ Pension Plan				
Spouse 1	_____	_____	_____	_____
Spouse 2	_____	_____	_____	_____
Deferred Compensation Plan				
Spouse 1	_____	_____	_____	_____
Spouse 2	_____	_____	_____	_____
Individual Retirement Account				
Spouse 1	_____	_____	_____	_____
Spouse 2	_____	_____	_____	_____
Keogh Account				
Spouse 1	_____	_____	_____	_____
Spouse 2	_____	_____	_____	_____
401(k) or 403(b) Plan				
Spouse 1	_____	_____	_____	_____
Spouse 2	_____	_____	_____	_____

**LIFE INSURANCE** (Please include all policies owned by you and your family)

**Policy 1**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 2**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 3**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 4**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 5**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

*Please continue on the opposite side if necessary.*

**MISCELLANEOUS ASSETS** (Current Market Values)

Personal Property	Spouse 1	Spouse 2	Joint
Furnishings	_____	_____	_____
Automobiles	_____	_____	_____
Boats, RVs & Snowmobiles	_____	_____	_____
Other Vehicles	_____	_____	_____
Art	_____	_____	_____
Jewelry	_____	_____	_____
Furs	_____	_____	_____
Collections	_____	_____	_____
Antiques	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____

**PREPAID BURIAL ACCOUNTS** (Please provide itemized statements)

**Spouse 1**

Do you have a prepaid burial account?  Yes  No Value of Account \_\_\_\_\_

Location of account  
(Name and address of funeral home) \_\_\_\_\_  
\_\_\_\_\_

Do you have a burial plot or niche?  Yes  No Value of plot \_\_\_\_\_

Location  
(Name and address of cemetery) \_\_\_\_\_  
\_\_\_\_\_

**Spouse 2**

Do you have a prepaid burial account?  Yes  No Value of Account \_\_\_\_\_

Location of account  
(Name and address of funeral home) \_\_\_\_\_  
\_\_\_\_\_

Do you have a burial plot or niche?  Yes  No Value of plot \_\_\_\_\_

Location  
(Name and address of cemetery) \_\_\_\_\_  
\_\_\_\_\_

**LIABILITIES**

**NOTES PAYABLE/BANK LOANS**

Name of Creditor	Purpose	Current Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSTALLMENT LOANS/CREDIT ACCOUNTS**

Name of Creditor	Purpose	Current Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL LIABILITIES** *(Mortgages should be listed with Business Owned and Residential Real Estate)*

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**MISCELLANEOUS INFORMATION**

**Please provide a copy of each of the following documents with the completed Organizer:**

- ❖ Current Last Wills and Testament, Powers of Attorney, Statutory Gifts Riders, Health Care Proxies, Living Wills, Trust Agreements
- ❖ Federal & State Income Tax returns for the previous year
- ❖ Family agreements (e.g., guardianship, support, separation or property settlement)
- ❖ Partnership or other business agreements, (e.g., buy/sell or employment agreements)

1. Do you expect to inherit property from someone else?  Yes  No
2. Do you hold any powers of appointment under any trust agreement or will?  Yes  No
3. Are either of you a beneficiary of any trusts, life insurance policies, pension plans, annuities or joint assets with a right of survivorship?  Yes  No
4. Do you have any charitable interests or commitments?  Yes  No
5. Do you have Long Term Care Insurance? If so, please provide a copy of policy(ies).  Yes  No
6. Do you own a safe deposit box? Location \_\_\_\_\_  Yes  No
7. Do you have any of the following estate planning documents?

	<u>Spouse 1</u>		<u>Spouse 2</u>	
Last Will and Testament	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statutory Gifts Rider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Care Proxy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Confidentiality Notice: We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.**

By signing below, we certify that the above information is complete and accurate, knowing that the legal advice we receive will be based upon this data.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_