

Estate Planning Organizer

Single

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Latham, NY 12110

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Oneonta, New York 13820

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PERSONAL INFORMATION

Name _____

Address _____

Home Telephone _____

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 _____

PREVIOUS Marriages

Spouse's Name _____

Was there a:

Date of Marriage _____

*Prenuptial Agreement YES NO

Date of Divorce _____

*Separation Agreement YES NO

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

*Divorce Agreement YES NO

Spouse's Name _____

Was there a:

Date of Marriage _____

*Prenuptial Agreement YES NO

Date of Divorce _____

*Separation Agreement YES NO

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

*Divorce Agreement YES NO

**Please attach a copy of any such agreement.*

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)

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

OTHER Surviving Family

Mother _____

Father _____

Sister(s) _____

Brother(s) _____

Grandchildren _____

Other _____

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

Owner(s)

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

INCOME - CURRENT YEAR

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	_____	_____	_____	_____
Deferred Compensation Plan	_____	_____	_____	_____
Individual Retirement Account	_____	_____	_____	_____
Keogh Account	_____	_____	_____	_____
401(k) or 403(b) Plan	_____	_____	_____	_____

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

Furnishings	_____
Automobiles	_____
Boats, RVs & Snowmobiles	_____
Other Vehicles	_____
Art	_____
Jewelry	_____
Furs	_____
Collections	_____
Antiques	_____
Other _____	_____
_____	_____
_____	_____
_____	_____

PREPAID BURIAL ACCOUNTS *(Please provide itemized statements)*

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)*

MISCELLANEOUS INFORMATION

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

- ❖ Current Last Will and Testament, Power of Attorney, Statutory Gifts Rider, Health Care Proxy, Living Will, 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you hold any Powers of Appointment under any Trust Agreement or Will? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you a beneficiary of any trusts, life insurance policies, pension plans, annuities or assets with a right of survivorship? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have any charitable interests or commitments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have Long Term Care Insurance? If so, please provide a copy of policy(ies). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you own a safe deposit box? Location _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have any of the following estate planning documents? | |
| Last Will and Testament | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Statutory Gifts Rider | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Care Proxy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Living Will | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trust | <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, I certify that the above information is complete and accurate, knowing that the legal advice I receive will be based upon this data.

Signed _____ Dated _____