

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.

OTHER Surviving Family

Spouse 1

Spouse 2

Mother

Father

Sister(s)

Brother(s)

Grand-
children

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)

Life estate?

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Life estate?

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Life estate?

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

Address

Owner(s)

Life estate?

Purchase Price & Date

Value

Mortgage balance

Home equity line of credit balance

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	_____	_____	_____	_____
529 College Savings Plans	Beneficiary	Amount	Primary Custodian	Successor Custodian
	_____	_____	_____	_____

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)*

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 _____