ESTATE PLANNING
ORGANIZER FOR THE
FAMILY

CONTENTS BY SECTION

SECTION 1

Fiduciary Responsibility – The Basic Premise

As an introduction to this Estate Planning Organizer, it is hoped that the user will recognize that much of what is done in the establishment and implementation of estate planning falls under the umbrella of what is known as *fiduciary responsibility*. In some respects, it is difficult to define the word "fiduciary" from a technical standpoint. However, defining the term in practical realities and conduct is less difficult. In the simplest of terms, the fiduciary obligation of a person acting as a trustee or executor, or who holds other authority to act under a power of attorney, dictates that he or she function and conduct himself or herself in such a way as to maximize the benefit for the person(s) for whom they are serving. The concept of fiduciary is founded in ideas of integrity and reliance. The conduct of the fiduciary is measured in hindsight. Hence, it demands a high level of planning, research, and fidelity.

If one accepts an appointment as trustee for the benefit of others, that individual trustee will own the bare legal title, but the beneficial title – that is, the right to have utilization of the property – is vested in others for whom the trustee is acting. The service being rendered by the trustee must be based on the highest of fidelity and principals of integrity. Failure to follow those may result in not only a loss to the beneficiaries of the trust, but may also result in significant liability to the person accepting the position of trustee. Fiduciary responsibility may be the most onerous of all obligations imposed on an individual in the law.

It is suggested that the measure of fulfillment of the fiduciary responsibility of a trustee, executor, or one who receives the power to act in the name of others should be couched in terms of conduct which includes at least the following:

1. Adequate capability and time to perform the services required
2. Proper guidance from legal and accounting counsel on an on-going basis
3. Careful preparation and implementation of legal documents
4. Maintenance of quality records and regular reporting

5. Ready access to information and disclosure of all relevant documents and information to the

beneficiaries on a regular basis

6. Preparation and filing of all reports, whether to institutions or government tax agencies

The concept is for the fiduciary to recognize that, first and foremost, the responsibilities which he or she has undertaken require acting in the best interest of others.

This Estate Planning Organizer should be of significant assistance to the family and all those assuming fiduciary responsibility within the family, by having clear records of existing documents fundamental to the implementation and administration of estate planning for the family.

One of the most important requirements for quality estate planning is ready access to relevant information. This organizer should assist in producing, in a succinct way, a simple method of finding relevant information concerning the family, the underlying desires and goals of the family, the estate planning documents utilized and their implementation, and all financial assets and financial statements.

SECTION 2

Family Information

A. Name ____ SS# __________________

Home Address ____

Telephone Number(s): Home (_____)_____________ Office (_____)____________

Employer ____

Employer Address ____

Date of Birth ____________________________ Place __________________

B. Spouse Name ______________________________ SS # ___________________

Spouse Employer ____

Spouse Employer Address ____

Date of Birth ____________________________ Place __________________

C. Marriage Date ____

D. Location of Marriage ____

County State Country

E. Children

1. ____ Phone (_____)_____________

Address

____

Date of Birth ______________________________ Place __________________

2. ____ Phone (_____)_____________

Address

____

Date of Birth ______________________________ Place __________________

3. ____ Phone (_____)_____________

Address

____

Date of Birth _________________________________ Place ___________________

4. ____ Phone (_____)_____________

Address

____

Date of Birth _________________________________ Place ___________________

5. ____ Phone (_____)_____________

Address

____

Date of Birth _________________________________ Place ___________________

F. Other persons dependent on you

1. ____ Relationship ___________________

Address ____

2. ____ Relationship ___________________

Address

____

3. ____ Relationship ___________________

Address

____

G. Other Homes (mountain, desert, etc.)

Address: Telephone:

____ (_____)___________________

____ (_____)___________________

____ (_____)___________________

H. Special Dates or Comments:

____

____

____

SECTION 3

Personal Desires and Goals

1. Instructions Concerning Last Rights

Husband	Wife
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

2. Instructions Concerning Burial Services

Husband	Wife
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

3. Instructions Relating to Medical Care

Husband	Wife
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

4. Family Investment Philosophy

5. Family Goals

6. Other Considerations

SECTION 4

Estate Planning and Related Documents

DOCUMENT	USED	DATE COMPLETED	LOCATION
Family Revocable Trust	Yes No	__________	___________________________
Last Will and Testament(s)	Yes No	__________	___________________________
Single Trustor Trust(s)	Yes No	__________	___________________________
Irrevocable Trust(s)	Yes No	__________	___________________________
Certification(s)	Yes No	__________	___________________________
Memorandum of Property Ownership	Yes No	__________	___________________________
Durable Power of Attorney(s) for Asset Management	Yes No	__________	______________________________
Durable Power of Attorney(s) for Health Care	Yes No	__________	______________________________
Nomination of Conservator	Yes No	__________	___________________________
Living Will(s)	Yes No	__________	___________________________
Burial Directive(s)	Yes No	__________	___________________________
Declaration of Names	Yes No	__________	___________________________
Declaration of Domicile	Yes No	__________	___________________________
Holographic Will Instructions	Yes No	__________	___________________________

SECTION 5

Deeds

Owners/Grantees	Common Address	State of Property	Nature of Title *	Location of Deed

* J/T Joint Tenancy
T/C Tenants in Common
T/E Tenancy by the Entirety
C/P Community Property
S/O Sole Ownership

SECTION 6

Securities

SECURITY	NUMBER OF SHARES	PURCHASE DATE	PRICE/ SHARE	LOCATION OF DOCUMENT

SECTION 7

Life Insurance *

INSURED	COMPANY	POLICY #	FACE AMOUNT	KIND OF POLICY +	EFFECTIVE DATE	APPLICANT	OWNER

* On all family members

\+ WH - Whole Life
T - Term
UL - Universal Life
VL - Variable Life

SECTION 8

Annuities *

INSURED	COMPANY	POLICY #	FACE AMOUNT	KIND OF POLICY +	EFFECTIVE DATE	APPLICANT	OWNER

* On all family members

\+ WH - Whole Life
T - Term
UL - Universal Life
VL - Variable Life

SECTION 9

Other Assets

KIND OF ASSET	OWNER(S)	AMOUNT INVESTED	LOCATION OF DOCUMENTS	RELEVANT INFORMATION

SECTION 10

Agreements

KIND OF AGREEMENT	PARTIES	LOCATION

SECTION 11

Personal Financial Statement

Date ____________________

<u>Assets</u>

DESCRIPTION	VALUE
____	__________________
____	__________________
____	__________________
____	__________________
____	__________________
____	__________________
Total Assets	__________________

<u>Liabilities</u>

Description	Value
____	__________________
____	__________________
____	__________________
____	__________________
____	__________________
____	__________________
Total Liabilities	__________________
Net Worth	__________________
Total Assets and Net Worth	__________________

SECTION 12

Advisors

Attorney ____

Firm Name ____

Address ____

City ____________________ State __________ Zip Code ______________

Phone Area Code ________ Number ______________________________

A. Accountant

Firm Name ____

Contact Name ____

Address ____

City ____________________ State __________ Zip Code ______________

Phone Area Code ________ Number ______________________________

B. Broker

Firm Name ____

Contact Name ____

Address ____

City ____________________ State __________ Zip Code ______________

Phone Area Code ________ Number ______________________________

C. Life Insurance Agent

Company Name____

Contact Name ____

Address ____

City ______________________________ State _____________ Zip Code _____________________

Phone Area Code ________ Number ____

D. Financial Planner

Firm Name ____

Contact Name ____

Address ____

City ______________________________ State _____________ Zip Code _____________________

Phone Area Code ________ Number ____

E. Bank

Name ____

Address ____

City ______________________________ State _____________ Zip Code _____________________

Phone Area Code ________ Number ____

F. Casualty Insurance Agent

Company Name____

Contact Name ____

Address ____

City ______________________________ State _____________ Zip Code _____________________

Phone Area Code ________ Number ____

G. Other

Company Name ______________________________

Contact Name ______________________________

Address ______________________________

City ______________ State __________ Zip Code ______________

Phone Area Code ________ Number ______________________________

Other Trusted Persons:

Name ______________________________

Company (if any) ______________________________

Address ______________________________

City ______________ State __________ Zip Code ______________

Phone Area Code ________ Number ______________________________

Name ______________________________

Company (if any) ______________________________

Address ______________________________

City ______________ State __________ Zip Code ______________

Phone Area Code ________ Number ______________________________

Individuals or Organizations Not to be Used:

____

____

____

____

____