

My Estate Planning Organizer

Important Documents Organizer for



HERMANN SONS LIFE



DOCUMENTATION

Basics

Date record was created _____

Date(s) revised _____

Photocopies given to _____

Personal Information

Name	Date of Birth	Social Security Number
------	---------------	------------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Notes:



Important Contacts

Lawyer

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____

General Insurance Agent

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____

Executor

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____

Life Insurance Agent

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____

Financial Advisor

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____

Account/Tax Preparer

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____

Trustee/Other

Name	Work Phone	Cell/Home Phone	Company name and account number (if any)	Email
_____	_____	_____	_____	_____



DOCUMENTATION

Legal Documents

Birth Certificates

Name	Date of Birth	Place of Birth	Certificate #	Location of Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Adoption Papers

Name	Date of Birth	Place of Birth	Certificate #	Location of Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Guardianship

Guardian for	Date of Guardianship	Attorney	Named Guardian	Location of Records
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Legal Documents

Marriage Certificates

Certificate for	Date of Marriage	Place of Marriage	Certificate #	Location of Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Divorce/Separation/Annulment Papers

Divorce Decree for	Date of Divorce	Place of Birth	Certificate #	Location of Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Death Certificates

Certificate for	Date of Death	Place of Death	Certificate #	Location of Certificate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Military Records

Record for (name)	Type of Record	Place of Death	Location of Document
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Legal Documents

Wills

Will for	Date of Will	Attorney	Executor	Location of Will
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trusts

For the benefit of	Date of Trust	Attorney	Trustee	Location of Trust
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes:



Legal Documents

Living Wills

Living Will for	Dated	Attorney	Who can make decisions for me	Location of Living Will
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Living Wills (health care, property, etc.)

Power of Attorney (POA) for	Date of POA	Attorney	Person Named POA	Location of Living Will
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



DOCUMENTATION

Loans and Liabilities

Credit Card Information (Credit Card 1)

In Whose Name

Creditor

Creditor's Phone Number

Account Number

Credit Card Information (Credit Card 2)

In Whose Name

Creditor

Creditor's Phone Number

Account Number

Credit Card Information (Credit Card 3)

In Whose Name

Creditor

Creditor's Phone Number

Account Number

Credit Card Information (Credit Card 4)

In Whose Name

Creditor

Creditor's Phone Number

Account Number



Loans and Liabilities

Outstanding Loans

From Whom

Phone Number

Location of Records



Personal Assets

List personal belongings such as furniture, clothing, entertainment and tech, jewellery, antiques and collectibles, vehicles, recreational vehicles, firearms etc. Taking photos or videos of your items is also a good idea. Include assets that are covered, but not stored in the home, like items in a storage unit. You may also want to list items not necessarily financially valuable but important to family members such as family photos, recordings and other mementos.

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____



ASSETS

Personal Assets

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____



ASSETS

Personal Assets

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____

Description of item(s)

Estimated Value

Location

Receipts or appraisals Yes No

If yes, location or how to access: _____

Photos Yes No

If yes, location or how to access: _____



Insurance Policy Accounts

Life Insurance

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health Insurance/Medicare

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Auto/Vehicle Insurance

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

Insurance Policy Accounts

Home/Property Insurance

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Umbrella Insurance

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pharmacy Accounts/Auto Refills

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

Utility Accounts

Cell Phone

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Phone

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Electricity

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Garbage

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

Utility Accounts

Water

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sewer

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cable/Satellite TV

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Financial Accounts

Checking

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Savings

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Money Markets/CDs

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mortgage Company

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Financial Accounts

Credit Cards

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mortgage Company(s)

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Loans

Auto Loan(s)

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Boat/RV/Offroad Vehicle Loans

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Consolidation/Personal Loans

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Loan(s)

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Social Security Administration Account

Social Security Account

Name on account	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retirement Accounts

Annuities

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pension

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IRAs

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

401k(s)/403b

Company website name	User ID	Password	Challenge Questions	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

Social Media Accounts

LinkedIn

Name used	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Facebook

Name used	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Instagram

Name used	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Twitter

Name used	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other

Name used	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

Subscriptions

Magazines

Company Website Name	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Food Delivery

Company Website Name	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Gift/Miscellaneous Deliveries (Flowers, Ipsy, FabFitFun, etc.)

Company Website Name	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other

Company Website Name	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

Military Record Accounts

Name Used	User ID	Password	Email address used	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Email Accounts

Email

Company Website Name	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Apple/Android Accounts

Company	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Online Accounts

App Accounts

Venmo

Name used	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PayPal

Named used	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CashApp

Named used	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cloud

Named used	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other

Named used	User ID	Password	Email address	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Final Arrangements

This section is for your final wishes and arrangements. Your final arrangement plan alleviates stress and eliminates difficult decisions your loved ones would have had to make. By making those decisions for them, your final act will be one that shows how much you care. And beyond that, your final wish plan also guarantees your life will be honored the way you envision.

I hereby request the following be done at the time of my death.

Signed _____

Date _____

Remains

Specify if an organ donor _____

Any other arrangements such as bequest (or gift) of body to a medical school.

Legal documents for these wishes are located at:

Burial or Cremation

(Standard cremation involves a viewing with service, direct cremation has no viewing but may include service.)

Funeral/Memorial Service

Service to be held at: (funeral home, place of worship, graveside or other):

Address _____ Location _____

Religious preference: _____

Person conducting service:

Name _____

Address _____ Phone number _____

Type of casket (wood, metal, cremation coffin, other):



Final Arrangements

Clothing preference: (description, colors, from current wardrobe, new, etc.)

If clothing already selected, list location and any other instructions:

Personal accessories: (wedding band, eyeglasses, watch, other. Indicate if stays on or not and if not, who to return to)

Organization membership: (military veterans, Masons, etc. for organizational service)

Contact person:

Name _____ Phone number _____

Wake: (indicate preference of one day, two days, not at all or other)

Casket: Open Closed

Service: (Indicate if public, private or other)



Final Arrangements

Pallbearers:

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Speakers:

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Presenting Prayers:

Name _____ Prayer _____

Name _____ Prayer _____

Name _____ Prayer _____

Musical performers and selections:

Name _____ Selection _____

Name _____ Selection _____

Favorite scriptures, poems, etc.:

Ethnic customs to observe:

Flowers: (Indicate if flowers wanted, preference of flowers)



Final Arrangements

Burial preferences

Burial property owned? Yes No

Funeral/burial plan purchased? Yes No

If yes, list location of the deed, title or plan:

Name of cemetery, mausoleum or garden:

Section _____ Tier _____

Lot _____ Space(s) _____

Property title or plan information and name it is in:

Who should be contacted about my death (neighbors, friends, relatives, etc.)

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

Name _____ Phone number _____

