



SOUTH FLORIDA **LAW OFFICE**

ESTATE ORGANIZER FOR

Date: _____

This document is intended to supplement your estate plan and arrangements by conveying to your family, executor and other relevant advisors your objectives and wishes regarding things that are not included, or may not be included, in your Will and other estate planning documents. It is important to remember that this document is not legally binding and cannot change the terms of your documents, but by explaining your objectives and wishes, the burden of making decisions about your estate and other important matters may be eased.

To be as accurate and relevant as possible, you should update this document annually. Attachments are fine. You may want to consider keeping a copy of this letter in your home, with your original Will, with your executor and in your safe-deposit box. Most importantly, relatives, friends and advisors should know where this letter or a copy of it may be found.

Personal Information

Date of Birth _____
Social Security # _____
Place of Birth _____
Mothers Name _____
Fathers Name _____
Mother's Maiden name _____
Cell Phone Passwords _____

Notification: Please list the name and contact information of anyone you would like notified in the event of your incapacitation or death:

Name _____
Phone _____
Address _____

Name _____
Phone _____
Address _____

Name _____
Phone _____
Address _____

Name _____
Phone _____
Address _____

Advisors: Types of advisors to include: attorneys, accountant/CPA, personal representative, trustee, broker, insurance agents, tax advisor, clergy, physicians:

Name	_____	Name	_____
Relationship	_____	Relationship	_____
Phone	_____	Phone	_____
Address	_____	Address	_____
	_____		_____

Name	_____	Name	_____
Relationship	_____	Relationship	_____
Phone	_____	Phone	_____
Address	_____	Address	_____
	_____		_____

Keys: Where do you keep any sets of keys for residences, businesses, etc.:

Safe Deposit Box(es) Please list any safe deposit boxes, their locations, authorized persons who may sign, persons with keys and a general inventory of contents:

Insurance Policies Please list all life, health and property insurance policies, including location, names of companies, policy numbers and agent names with contact information:

Investment or Trust Accounts: Please list any investment or trust accounts, whether you are the grantor/establisher or beneficiary, trustees/contact persons and other contact information:

Financial Institution Accounts: Please list all financial institution accounts (including checking, savings, certificates of deposit, etc.) and include bank name and branch, account number, name(s) on the account:

Bank Name	_____	Bank Name	_____
Account #	_____	Account #	_____
Bank Name	_____	Bank Name	_____
Account #	_____	Account #	_____

Online Accounts: Emails, Facebook, and other online accounts user names and passwords:

Account _____	Account _____
User Name _____	User Name _____
Password _____	Password _____
Account _____	Account _____
User Name _____	User Name _____
Password _____	Password _____
Account _____	Account _____
User Name _____	User Name _____
Password _____	Password _____

Real Property: Please list any real property, including a brief description, location, title of ownership, any liabilities on the property and approximate present value:

Assets Not in Your Possession: If you have any assets that are not currently in your possession and could be hard to locate, please list a description, title of ownership, who possesses it, and documentation of proof of ownership, if it exists and location of such documentation:

Credit Card Accounts:

Type _____	Type _____
Account # _____	Account # _____
Type _____	Type _____
Account # _____	Account # _____

Fiduciary Obligations Do you serve as a fiduciary for any other person? For example, as a personal representative, trustee, guardian, attorney-in-fact. If yes, then list their names, the person to contact to arrange for transition of your duties and the type and location of any files and records:

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