



FINANCIAL & ESTATE PLANNING ORGANIZER

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In order to simplify matters, the following pages of financial and estate planning information serve to aid my family in settling my estate.

I have signed this document this ____ day of _____, 20__.

Print Name: _____

Copies of this document were delivered to:

Please Note: This document is not intended to replace my will or other estate planning documents signed by me. However, each family member agent under, Power of Attorney Holder, Executor, Trustee and Guardian can use this and the other documents signed by me in making any discretionary decisions for me and my family.



PERSONAL INFORMATION

Full Name: _____ Cell Phone: _____

Home Phone: _____ Email Address: _____

Home Address: _____

DOB: _____ SSN: _____

City of Birth: _____

Marital Status: Married Single Widowed Divorced Separated

Employment Status: Full Time Part Time Self Employed

Retired Homemaker Unemployed

Occupation or Title: _____

Employer: _____

Work Phone: _____

Are you a U.S. Citizen? Yes No

Father's Name: _____ Mother's Maiden Name: _____

Spouse's Full Name: _____ Cell Phone: _____

Email Address: _____

Maiden Name (if applicable) _____

DOB: _____ SSN: _____

Employment Status: Full Time Part Time Self Employed

Retired Homemaker Unemployed

Occupation or Title: _____

Employer: _____

Work Phone: _____

Is he/she a U.S. Citizen? Yes No

Father's Name: _____ Mother's Maiden Name: _____

Date of Marriage: _____

Preuptial Agreement? _____

Financial Planner

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Stockbroker

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Pension Plan Administrator

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Other

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Other

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Email Address: _____



Other

Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Date Completed: _____

FINANCIAL INFORMATION

Personal Residence

Address	Owner	Market Value \$	Liability \$	Equity \$

Other Real Property

Address	Owner	Market Value \$	Liability \$	Equity \$

Cash (Checking, Savings, CDs, Monet Market Accounts, Treasury Bills)

Bank Name	Type of Account	Owner	Balance \$

Marketable Securities (Stocks, Corporate Bonds, Municipal Bonds, Mutual Funds, Account Summary or Direct Registration)

Name	Description # Shares or	Owner	Value \$

IRA's, 401k's, Annuities or Tax Sheltered Annuities

Description	Owner	Market Value \$	Liability \$	Equity \$

Business Interests (Closely-Held Business, Investment Partnership)

Description	Owner	Market Value \$	Liability \$	Equity \$

Notes Receivable (Escrow Accounts, Debts Owed to Me)

Description	Type of Receivable	Owner	Value \$

Tangible Personal Property (List specific items of significant value, i.e., automobiles, coin collections, artwork, antiques, jewelry, etc.)

Description	Owner	Market Value \$	Liability \$	Equity \$

Firearms (NY Law requires a “firearms Inventory” be filed with the NY Division of Criminal Justice Services after the firearms owner’s death, NYS SCPA 2509)

Make	Model	Caliber/ Gauge	Serial #	Valuation

Life Insurance

Insurance Company	Insured	Owner	Primary Beneficiary	Contingent Beneficiary	Term/ Whole	Current Cash Value	Death Benefit

Long Term Care Insurance

Insurance Company	Insured	Type of Policy	Amount

Other Insurances (Check if Applicable, List Name)

- Accidental Death and Dismemberment _____
- Cancer _____
- Disability _____
- Income Protector _____

Retirement Benefits

Plan Administrator	Type of Plan	Plan Participant	Primary Beneficiary	Secondary Beneficiary	Account Balance

LIABILITIES

Mortgage

Bank Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Documents are Located: _____

Second Mortgage

Bank Name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Documents are Located: _____

Home Equity Line of Credit

Bank Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Documents are Located: _____

Other Liability (i.e., credit cards, loans, car loans/lease)

Bank Name: _____
Address: _____
Telephone Number: _____
Account Number: _____
CIN: _____

Other Liability (i.e., credit cards, loans, car loans/lease)

Bank Name: _____
Address: _____
Telephone Number: _____
Account Number: _____
CIN: _____

Other Liability (i.e., credit cards, loans, car loans/lease)

Bank Name: _____
Address: _____
Telephone Number: _____
Account Number: _____
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Address: _____
Telephone Number: _____
Account Number: _____
CIN: _____

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Bank Name: _____
Address: _____
Telephone Number: _____
Account Number: _____
CIN: _____

Other Liability (i.e., credit cards, loans, car loans/lease)

Bank Name: _____
Address: _____
Telephone Number: _____
Account Number: _____
CIN: _____

SPOUSE 1

FUNERAL AND BURIAL PREFERENCE INFORMATION

Name of Cemetery: _____
Address: _____
Number of Plots: _____
Plot Numbers: _____
Contact Person: _____
Telephone Number: _____
Fax Number: _____
Prepaid/Preplanned: Yes No
Funeral Home or Mortuary: _____ Phone: _____
Contact Person: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Church/Temple: _____ Phone: _____
Contact Person: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Type of Service: Family only Include Friends Open to Public
Music: Organist Name: _____ Phone: _____
Vocalist Name: _____ Phone: _____
Disposition of Body: Burial Cremation
Casket Viewing: Open Closed
Scatter Ashes: Yes No Location: _____
Organ Donation: Yes No
Body Donation: Yes No Where: _____
Flowers: Yes No
Donations to: _____
Special Requests: _____

SPOUSE 2

FUNERAL AND BURIAL PREFERENCE INFORMATION

Name of Cemetery: _____
Address: _____
Number of Plots: _____
Plot Numbers: _____
Contact Person: _____
Telephone Number: _____
Fax Number: _____
Prepaid/Preplanned: Yes No _____
Funeral Home or Mortuary: _____ Phone: _____
Contact Person: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Church/Temple: _____ Phone: _____
Contact Person: _____
Address: _____
Telephone Number: _____
Fax Number: _____
Type of Service: Family only Include Friends Open to Public _____
Music: Organist Name: _____ Phone: _____
Vocalist Name: _____ Phone: _____
Disposition of Body: Burial Cremation _____
Casket Viewing: Open Closed _____
Scatter Ashes: Yes No Location: _____
Organ Donation: Yes No _____
Body Donation: Yes No Where: _____
Flowers: Yes No _____
Donations to: _____
Special Requests: _____

DOCUMENTS (It is recommended that copies of these documents be organized in a binder with plastic page protector sleeves for easy access)

Document	Date Signed	Location
Adoption Agreement		
Appointment of Agent for Disposition of Remains		
Auto Insurance Policy		
Auto Registration and Title		
Birth Certificate		
Boat Registration and Title		
Burial Agreement		
Certificates of Deposit		
Citizenship Papers		
Custodial Account		
Deed(s)		
Divorce Decree or Settlement		
Driver's License		
Family Death Certificates		
Health Care Proxy		
Homeowners Insurance Policy		
Last Will and Testament and Codicil		
Life Insurance Policy		
Life Insurance Beneficiary Designation		
Living Will		
Marriage Certificate		
Medical Directive		
Medical Files		
Medical Power of Attorney		
Organ Donation		
Passport		
Pet Information		
Power of Attorney		
Pre-Nuptial Agreement/Post -Nuptial Agreement		
Property Tax Bills		
Retirement Plan Beneficiary Designation		
Safe Deposit Box Key(s)		
Savings Passbooks		
Share Certificates		
Social Security Card		
Tax Returns		
Trusts		