

***FINANCIAL &  
ESTATE PLANNING  
ORGANIZER***



*R. W. Rogé & Company, Inc.*



# FINANCIAL & ESTATE PLANNING ORGANIZER

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

*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, Power 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.*



R.W. Rogé & Company, Inc.

# ADVISORS

*Some of the people you may need to contact are listed below.*

***Attorney:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Employer:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Accountant:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Financial Planner:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Insurance Advisor:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Stockbroker:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Pension Plan Administrator:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Other:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Other:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***Other:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_



# ASSETS

*Below is a list of all of my stocks, bonds, and other investments, including property.  
I have \_\_\_ have not \_\_\_ attached financial statements.*

**Investment:** \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Investment:** \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_  
\_\_\_\_\_

**Money is owed to me by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_

**Money is owed to me by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \_\_\_\_\_



# LIABILITIES

*Here is a list of my liabilities, including a contact name and phone number of each, as well as the location of my related documents.*

***Mortgage Holder:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***2<sup>nd</sup> Mortgage Holder:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***Home Equity Line of Credit:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***Liability:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***Liability:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***Liability:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***Liability:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***Liability:***

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Documents are located: \_\_\_\_\_

\_\_\_\_\_

***I presently carry the following credit cards:***

Type

Account Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



R.W. Rogé & Company, Inc.

# INSURANCE COVERAGE

***Life Insurance Policies:***

Type	Owner	Beneficiary	Face Amount	Existing Loans	Cash Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Any of the above policies can be found at: \_\_\_\_\_

***Disability Insurance Policies:***

Company	Policy Located At

***Long Term Care Insurance Policies:***

Company	Policy Located At

***Health Insurance Policies:***

Company	Policy Located At

***Other Insurance Policies:***

Type	Company	Policy Located At
Auto		
Umbrella		
Home		
Boat/Airplane		

- \* If I become disabled, please make sure to pay the premiums on the policies which will provide me or my family benefits.
- \* If I am disabled, my *life insurance policy* allows \_\_\_ does not allow \_\_\_ for pre-payment of death benefits to support me.
- \* If I am disabled, my *life insurance policy* allows \_\_\_ does not allow \_\_\_ you to stop making premium payments.
- \* If I am disabled, my *disability insurance policy* allows \_\_\_ does not allow \_\_\_ you to stop making premium payments.



# EMPLOYMENT

*I have the following disability and/or death benefits where I work or worked.*

## ***Retirement Plan(s):***

Type	Approx. Value	Contact Name & Phone Number

## ***Life Insurance:***

Type	Approx. Value	Beneficiary

## ***Health Insurance:***

Type: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Disability Insurance:***

Type: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Long Term Care Insurance:***

Type: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Deferred Compensation:***

Type: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Stock Ownership:***

Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Stock Options:***

Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Cafeteria Plan:***

Type: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## ***Other:***

Type: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_







# IN THE EVENT OF MY DEATH

Funeral Home: \_\_\_\_\_ Cemetery: \_\_\_\_\_

Location: \_\_\_\_\_ Plot/Drawer #: \_\_\_\_\_

I have \_\_\_ have not \_\_\_ prepaid my burial costs \_\_\_, for my burial plot \_\_\_, for my casket \_\_\_.

Information can be found at: \_\_\_\_\_

I have a deceased spouse \_\_\_, parent \_\_\_, child \_\_\_, who is buried at \_\_\_\_\_,

and I wish to be buried next to such person if I check here \_\_\_.

I do \_\_\_ do not \_\_\_ want to be cremated.

Crematory: \_\_\_\_\_

Location: \_\_\_\_\_

## FAMILY HISTORY

City Born In: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_

Grandparents: \_\_\_\_\_

Siblings: \_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

Children: \_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

\_\_\_\_\_ Born: \_\_\_\_\_

I have no children: \_\_\_

Other Family History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# EXECUTOR'S CHECKLIST

*Below is a helpful list the executor may use to identify tasks necessary to settle my estate.*

*Please note: Before acting on any of these items below it will be in the best interest to contact an estate attorney, financial planner, and/or accountant for assistance.*

## **Study the Will**

1. Locate the will.
2. Locate and notify the witnesses.
3. Meet with family members, the attorney, and other interested persons to discuss the provisions of the will.
4. Note any special instructions.
5. Confer with the attorney who will represent the estate.

## **Arrange for Probate**

6. Notify creditors.
7. Notify post office to forward mail.
8. Give notice of appointment to banks, investment brokers, and others.
9. Arrange for bond.
10. Open bank accounts for estate.
11. Discontinue telephone service and other utilities, when advisable.

## **Assemble, Inventory, and Take Custody of Assets**

12. Search for assets.
13. List contents of all safe-deposit boxes.
14. Assemble supporting data and establish the value of the assets in the estate.
15. Have assets appraised by a qualified appraiser when advisable or required by law.
16. File claim for any veteran's or Social Security benefits that are due.
17. File claim for life insurance payable to the estate.
18. Inspect all real estate.
19. Study leases and mortgages.
20. Examine all policies of insurance on real estate and personal property.

## **Administer the Estate**

21. Collect all income, receivables, and other moneys due to the decedent or estate.
22. Review estate securities, and analyze market and investment trends; keep a detailed record of all income, expenses, and estate transactions.
23. Study any business interest that the decedent owned.
24. Have periodic meetings with the attorneys representing the estate, the beneficiaries, and other interested in the estate.
25. Examine each claim against the estate for reasonableness and validity.
26. Through an attorney, file all necessary petitions and account with the court.



# EXECUTOR'S CHECKLIST

## *CONTINUED*

### **Consider Nonprobate Assets**

27. Ascertain whether all or some portion of jointly owned property with the right of survivorship is includable in the decedent's gross estate for federal estate tax purposes.
28. Examine all insurance policies on the decedent's life, trusts in which he or she had an interest, and property over which he or she held any powers, to determine whether any such asset is includable in the estate for tax purposes.
29. Determine whether any trust created by the decedent is includable in the estate.
30. If the decedent was the beneficiary of a trust, determine whether the GST tax applies.
31. Determine whether demands should be made against persons who receive property outside of the will for their proportionate share of the death taxes.

### **Assume Responsibility for Income Tax Returns**

32. File the final return for the decedent.
33. Determine whether the estate will adopt a calendar or fiscal year accounting period.
34. Prepare for any audit by tax authorities of income tax returns filled by the decedent.
35. File income tax returns for the estate during the period of administration.
36. Decide whether to include the accrued interest on US Savings Bonds.
37. Consider the income of beneficiaries in making distributions of property from the residuary estate.
38. Select a date for such distributions that results in overall income tax economy for both the estate and the beneficiaries.
39. Provide beneficiaries with the income tax basis of assets distributed in kind.
40. Decide whether to take certain medical expenses as income or estate tax deductions.

### **Assume Responsibility for Death Taxes**

41. Ascertain whether any credit is available against the federal state tax for property taxed in another estate.
42. File a federal estate tax return within nine months of death.
43. Obtain a federal estate tax release so that chattels may be distributed as soon as possible.
44. Decide whether the estate is to be valued as of the date of death or six months later.
45. File state inheritance and estate tax returns as may be required; apportion and collect death taxes from the beneficiaries where required by law.

### **Distribute the Estate**

46. Make partial distributions as the estate administration progresses.
47. Prepare data for final accounting; show all assets, income, and disbursements.
48. Distribute the assets in accordance with the will.
49. Receive releases from the beneficiaries and, in some states, be discharged by the court.











## R. W. Rogé & Company, Inc.

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