

The
Estate Care Organizer

Prepared for:
Your Family



Prepared by:

www.EstateCareOrganizer.com



Walsh-Copeland Consulting, LLC

The
Estate Care Organizer

Prepared for:

This Estate Care Organizer is designed to help you organize your financial documents, serve as a personal record keeping organization tool, and assist with your estate planning, financial planning and probate process. It should not be construed as encompassing all of the legal or financial decisions involved in estate planning or estate administration. You should always consult an attorney and/or tax advisor regarding the legal and financial decisions involved in estate planning and probating or administering an estate.

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In the event of accident, illness, incapacitation or death, please contact:

Name	
Relationship	
Address	
Email	
Phone #1	
Phone #2	
Knows about Estate Care Organizer?	

Name	
Relationship	
Address	
Email	
Phone #1	
Phone #2	
Knows about Estate Care Organizer?	

Name	
Relationship	
Address	
Email	
Phone #1	
Phone #2	
Knows about Estate Care Organizer?	



ESTATE ESSENTIALS

PERSONAL / BIOGRAPHICAL INFORMATION

Personal Information

Full (Legal) Name	
A.K.A. (Also Known As)	
Address	
P.O. Box / Location	
Phone 1	
Phone 2	
Email	

Spouse/Partner(s)

Full (Legal) Name	
A.K.A. (Also Known As)	
Address	
P.O. Box / Location	
Phone 1	
Phone 2	
Email	



LEGAL DOCUMENTS / RECORDS / STORAGE

Wills

Name / For	Date Signed	Prepared by	Email	Location Originals & Copies?
		N: :		
Executor(s)				
Name	Relationship	Contact #'s	Email	Address
Alternate Executor(s)				
Name	Relationship	Contact #'s	Email	Address
Beneficiaries				
Name	Relationship	Contact #'s	Email	Address

Trusts

Name/For	Trust Type*	Date Signed	Location Original? Copies?	
Trustee Name	Relationship	Contact #	Email	Address
Alt Trustee Name	Relationship	Contact #	Email	Address

Personal Information

	For:	Contact #'s/ Email	Address	Document location
Address/Phone/Contacts list				
Adoption records				
Baptismal Certificate				
Birth Certificate - all family				
Child ID Records/ID				
Citizenship Papers				



FINANCIAL INFORMATION
ASSETS / INTANGIBLE -- ACCOUNTS

Personal Bank Accounts

Owner(s)	Institution/ Contact #	Account Type*	Account #	Online Bill Pay Y/N?
Beneficiary/ TOD?	Website, User Name, P/W	Checkbook/ Statements	Debit Card Pin	Safe Deposit Key Y/N?

Multi-Party / Joint Bank Accounts

Owner(s)	Institution/ Contact #	Account Type*	Account #	Online Bill Pay Y/N?
Beneficiary/ TOD?	Website, User Name, P/W	Checkbook/ Statements	Debit Card Pin	Safe Deposit Key Y/N?

* Checking / Savings / Money Market / CD

Credit Union Accounts

Owner(s)	Institution/ Contact #	Account Type*	Account #	Online Bill Pay Y/N?
Beneficiary/ TOD?	Website, User Name, P/W	Checkbook/ Statements	Debit Card Pin	Safe Deposit Key Y/N?

Business Bank Accounts

Owner(s)	Institution/ Contact #	Account Type*	Account #	Online Bill Pay Y/N?
Beneficiary/ TOD?	Website, User Name, P/W	Checkbook/ Statements	Debit Card Pin	Safe Deposit Key Y/N?

* Checking / Savings / Money Market / CD



REAL ESTATE / PROPERTY

Owned Property -- Address	Ownership	Ownership Type (1)	% Ownership	Type of Asset (2)
	Purchase date	Mortgage Contact?	Price/Cost	
	Document Type (3)	Document Location	As of Date	Renters/ Occupants?
Owned Property -- Address	Ownership	Ownership Type (1)	% Ownership	Type of Asset (2)
	Purchase date	Mortgage Contact?	Price/Cost	
	Document Type (3)	Document Location	As of Date	Renters/ Occupants?

PERSONAL PROPERTY / TANGIBLE ASSETS

Vehicles

Year / Make & Model	VIN	Owner(s)	Date of Purchase	Title/Doc location?
	Extra Keys?	TOD Beneficiary	Lease Contact #	Lease Terms

Other Personal Property

Property Type*	Manufacturer/ Model	Date of Purchase	Original Cost	Amount Owed?
	Owner(s)	Insured?/ Policy?	Photo?	Extra Keys?



BUSINESS INFORMATION / OWNERSHIP

Business Agreements

Name of Business	Name Position/ Title	Type/ Structure (LP, LLC, Corp)	Ownership %
Address	Partner/ Contact Name/#/ Email	Business Email	Website User, P/W

Business Ownership Documents

Location

Business certificates of incorporation		
Business property		
Asset Inventory		
Bookkeeping Records		
		Keys/Code

Business Disposition upon Death

Business (as whole)	Continue	Liquidate	Sell	Transfer	Contact Name/#/Email
Business Interest	N/A				

Business - Key Employees

Name	Position/Title	Location of Documents	Contact # / Email	Address



For: Client Name

Estate Care Organizer

Date, Year

INSURANCE

Type	Policy Owner	Institution/ Organization Policy #/ Group #	Contact/ Agent Name/#	Document Location	Beneficiaries?	Website User, P/W
Property						
Homeowners						
Rental						
Other Property						
Life/Disability/Death						
Life						
Self						
Spouse						
Accidental Death						
Disability						
Medical/Long Term Care						
Vehicle/Auto						
Vehicle 1						
Vehicle 2						
Business Insurance						
Other						

ACCESS / DIGITAL INFORMATION/

Household

Location of spare key(s)			
Security Alarm Code		Company	
P.O. Box Location		PO Box #	

Computer/Network

	Type/Name	Owner/ Primary User	Equipment Location	Admin/ User Name/ PW	Security Questions	Method of Payment?

Cell Phone/Tablets/Devices

Device	Type/Name & Carrier	Owner/ primary user	Equipment Location	Admin/ User Name/ PW	Security Questions	Method of Payment?

MEDICAL AND HEALTH HISTORY -- DETAILED

	FOR:	FOR:
Allergies / Adverse Reactions		
Births		
Birthmarks/scars/other (tattoos)		
Blood Type		
Congenital / Genetic Conditions		
Diabetes?		
Dietary Restrictions?		
Diseases / Conditions		
Immunizations?		
Injuries / Serious accidents?		

SAMPLE

PET & ANIMAL INFORMATION

Pet Information

Pet Name	DOB	Breed/ Coloring	License/ Chip ID	Papers

Pet Health / History	Name	Contact #	Email	Address

Livestock

Livestock	DOB	Breed/ Coloring	License/ Chip ID	Papers

Livestock Health / History	Name	Contact #	Email	Address

