

DECEDENT'S ESTATE ORGANIZER

Rowe Mullen LLP
Estate and Trust Planning

The information in this organizer is critical for the settling the decedent's estate in accordance with decedent's wishes and applicable law. All information you give us will be held in strict confidence. If possible, please bring to our office for your appointment:

This Organizer is to be Completed by You.

Please gather the documents listed on the Document Checklist to bring to the "Gathering the Estate" Meeting.

DECEDENT'S INFORMATION

Decedent's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Date of Death: _____ Place of Death _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Married: Date of Marriage _____ Previously Divorced Widowed Never Married

Citizen of USA Other: _____ Date of Divorce: _____

Spouse's Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address

Citizen of USA Other: _____

Have you located a Last Will and Testament? Yes [] No [] Date of Will _____

Location of the Original Will _____

Have you located a Trust? Yes [] No [] Date of Trust: _____

Location of the Original Trust _____

DECEDENT'S CHILDREN

CHILDREN

Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

County _____

Telephone: _____ (work) _____ (home) _____ (cell)

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

If Married, then name of Spouse: _____ Number of Children: _____

Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

County _____

Telephone: _____ (work) _____ (home) _____ (cell)

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

If Married, then name of Spouse: _____ Number of Children: _____

Full Legal Name _____

Nickname _____ Birth date _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

County _____

Telephone: _____ (work) _____ (home) _____ (cell)

Natural Legally Adopted Married Needs Special Care Dependent

Child of: Both Husband Only Wife Only

If Married, then name of Spouse: _____ Number of Children: _____

NOTE: FOR ADDITIONAL CHILDREN, PLEASE JUST COPY AN ADDITIONAL PAGE 2.

BENEFICIARIES

Full Legal Name _____
 Nickname _____ Birth date _____ Social Security Number _____
 Home Address _____
 City _____ State _____ Zip _____
 County _____
 Telephone: _____ (work) _____ (home) _____ (cell)
 Needs Special Care Dependent
 If Married, then name of Spouse: _____ Number of Children: _____

Full Legal Name _____
 Nickname _____ Birth date _____ Social Security Number _____
 Home Address _____
 City _____ State _____ Zip _____
 County _____
 Telephone: _____ (work) _____ (home) _____ (cell)
 Needs Special Care Dependent
 If Married, then name of Spouse: _____ Number of Children: _____

Full Legal Name _____
 Nickname _____ Birth date _____ Social Security Number _____
 Home Address _____
 City _____ State _____ Zip _____
 County _____
 Telephone: _____ (work) _____ (home) _____ (cell)
 Needs Special Care Dependent
 If Married, then name of Spouse: _____ Number of Children: _____

Full Legal Name _____
 Nickname _____ Birth date _____ Social Security Number _____
 Home Address _____
 City _____ State _____ Zip _____
 County _____
 Telephone: _____ (work) _____ (home) _____ (cell)
 Needs Special Care Dependent
 If Married, then name of Spouse: _____ Number of Children: _____

NOTE: FOR ADDITIONAL BENEFICIARIES, PLEASE JUST COPY AN ADDITIONAL PAGE 3.

DECEDENT'S ADVISORS

ADVISORS

Name of:

Telephone:

Attorney:

Accountant:

Financial Advisor:

Personal Banker:

Life Insurance Agent:

Stock Broker:

Trustee (if any):

Who Referred You:

IMPORTANT QUESTIONS

| (Please check "Yes" "No" or "Uncertain" for your answer) | Yes | No | ? |
|--|-----|----|---|
| Was decedent (or spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____ | | | |
| Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i> | | | |
| If decedent was married did the decedent and spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i> | | | |
| Has decedent been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i> | | | |
| Has decedent been divorced? | | | |
| Did decedent ever file federal or state gift tax returns? <i>Please furnish copies of these returns</i> | | | |
| Did decedent complete will, trust, or estate planning? <i>Please furnish copies of these documents</i> | | | |
| If married, did decedent ever live in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i> | | | |
| Is decedent named a beneficiary of anyone else's trust? <i>If so, please explain below.</i> | | | |
| Does decedent's spouse or any of decedent's children have special educational, medical, or physical needs? | | | |
| Do any of decedent's children receive governmental support or benefits? | | | |
| Do any of decedent's children have a learning disability? | | | |
| Are any of decedent's children institutionalized? | | | |
| Did decedent provide primary or other major financial support to adult children or others? | | | |
| Was decedent subject to guardianship or conservatorship prior death? | | | |
| Was decedent in control of his or her financial and personal affairs prior to death? If the decedent was not in control of his or her financial or personal affairs prior to death, who was in control? Was decedent the party to any litigation at the time of death? | | | |
| Were decedent's relationships with his or her family good and harmonious prior to death? | | | |
| Are you aware of any person who might assert that the decedent was, prior to his or her death, subjected to undue influence in the exercise of financial or personal matters? | | | |

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *DECEDENT'S PROPERTY INFORMATION CHECKLIST*

General Headings

This *Property Information* checklist is designed to help you list all the property decedent owned and what it is worth. If decedent did not own property under a particular heading, just leave that section blank. Under certain headings decedent may have owned more property than can be listed on this checklist. If so, use **extra sheets** of paper to list decedent's additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How decedent owned this property is **extremely important** for purposes of properly settling the decedent's estate. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

| Owner of Property | Abbreviation |
|--|--------------|
| If in Decedent's name alone, with no other person | D |
| If in Spouse's Wife's name alone, with no other person | S |
| Joint with spouse | JS |
| Joint with someone other than spouse | JO |
| Decedent's Trust | TR |
| If you are not sure how the property is owned | ? |

DECEDENT'S PROPERTY

BANK ACCOUNTS

Type: Checking Account "CA", Savings Account "SA", Certificate of Deposit "CD" (*Indicate type below*).

Evidence of Title: Signature card, or the document you signed, to set up the account.

Note: If account is in Decedent's name for the benefit of a minor, please specify and give minor's name.

| Name of Institution | Type | Account Number | Owner | Amount |
|---------------------|-------|----------------|-------|----------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| | | | Total | \$ _____ |

REAL PROPERTY

Type: Land, buildings, homes. If Decedent has an interest in land or buildings that Decedent owned in partnership with someone other than their spouse, list those under the "Partnership Interests" section. If two or more names are on a deed or contract that does not state the type of ownership, enter the property below and please use "?" for owner.

Evidence of Title: Deed or land contract (Do not use mortgage or tax assessment.)

| General Description and/or Address | Owner | Fair Market Value | Mortgage |
|------------------------------------|-------|-------------------|----------|
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | \$ _____ | \$ _____ |
| | | Total | \$ _____ |

BROKERAGE AND MUTUAL FUND ACCOUNTS (DO NOT INCLUDE RETIREMENT ACCOUNTS)

Type: Money Market "MM", Investment "I", Cash Management "CM", or other account that is in a street name (*Indicate type below*).

Evidence of Title: The documents you signed to set up the account; account statement.

Note: If account is in Decedent's name for the benefit of a minor, please specify and give minor's name.

| Name of Brokerage Firm or Mutual Fund | Type | Account Number | Owner | Current Value |
|--|-------|----------------|-------|---------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| | | | Total | \$ _____ |

STOCK AND BOND CERTIFICATES HELD BY DECEDENT (NOT IN A BROKERAGE ACCOUNT)

Type: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owners in family, or nonpublicly traded companies, should be listed under "Corporate Business Interests". Stocks held in a street name, or investment account, should be listed under "Brokerage and Mutual Fund Accounts".)

Evidence Of Title: Stock certificate.

| Company | Owner | Number of Shares | Fair Market Value |
|--------------|-------|------------------|-------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| Total | | | \$ _____ |

STOCK OPTIONS HELD BY DECEDENT

| ISO/NQSO | Company | Owner | Number of Shares | Strike Price | Current Stock Price |
|--------------|---------|-------|------------------|--------------|---------------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ |
| Total | | | | | \$ _____ |

TRUST DEEDS, NOTES, AND OTHER RECEIVABLES OWED TO DECEDENT

Type: Mortgages or promissory notes payable to you; other monies owed to Decedent.

Evidence of Title: Promissory note, written contract, or other documents creating right to receive payment.

| Name of Debtor | Date Due | Owed To | Payment (mo/yr) | Current Balance |
|----------------|----------|---------|-----------------|-----------------|
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| Total | | | | \$ _____ |

DECEDENT'S PARTNERSHIP AND LLC INTERESTS

Type: General/Limited Partnerships and Limited Liability companies. Please state the percentage interest Decedent has in the partnership when you list Decedent's interest as a general/limited partner or member.

Evidence of Title: Partnership/LLC agreement, certificate of partnership, or any documents Decedent signed when purchasing the partnership/LLC interest. Include any buy/sell agreements.

| <i>Partnership Name</i> | | | <i>Percentage Owned Net Value</i> | <i>Owner</i> |
|-------------------------|-----------------|------------------------|---------------------------------------|--------------|
| | General Partner | Ltd Partner/ Member | | |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| _____ | _____ % | _____ % | _____ | \$ _____ |
| | | | Total | \$ _____ |

DECEDENT'S CORPORATE BUSINESS INTERESTS

Type: Privately owned (nonpublicly traded) stock. *(Please indicate if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)*

Evidence of Title: Stock certificate, minute book.

| <u>Company</u> | <u>Number of shares</u> | (Y / N) | <u>Percentage Ownership</u> | <u>Owner</u> | <u>Net Value</u> |
|----------------|-------------------------|---------------------------|-----------------------------|--------------|------------------|
| | | <u>Buy/Sell Agreement</u> | | | |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| _____ | _____ | ___ | _____ % | _____ | \$ _____ |
| | | | | Total | \$ _____ |

DECEDENT'S SOLE PROPRIETORSHIP BUSINESS INTERESTS

Type: All of the assets used by Decedent in a sole proprietorship type of business ownership.

Evidence of Title: Balance Sheet, depreciation schedule, registration or title issued by your state, bills of sale, fictitious name or trade name affidavit. Since a sole proprietorship is an amalgamation of assets, each asset must have evidence of title.

| Name of Business | Description of Business | Owner | Value |
|------------------|-------------------------|-------|----------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| Total | | | \$ _____ |

DECEDENT'S FARM AND RANCH INTERESTS (ENTER LAND AND BUILDING VALUES IN REAL ESTATE)

Type: Livestock, machinery, leases and all business assets.

Evidence of Title: If Decedent's farm or ranch operation is owned by a corporation, partnership, or LLC, enter it in the appropriate section. If it is in Decedent's name, enter it here. Describe each asset.

| Type | Owner | Value |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total | | \$ _____ |

DECEDENT'S OIL, GAS AND MINERAL INTERESTS

Type: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

Evidence of Title: Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement Decedent signed to create their oil, gas or mineral interest.

| Type | Owner | Value |
|-------|-------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total | | \$ _____ |

RETIREMENT ACCOUNTS

Type: Pension "P", Profit Sharing "PS", H.R. 10, IRA, SEP, 401(K), Roth (*indicate type below*)

Evidence of Title: Summary plan description, documents Decedent signed to set up the plan, account statement, beneficiary designation.

| Type | Participant | Company | Beneficiary | % Vested | Value |
|-------|-------------|---------|-------------|----------|----------|
| _____ | _____ | _____ | _____ | _____ % | \$ _____ |
| _____ | _____ | _____ | _____ | _____ % | \$ _____ |
| _____ | _____ | _____ | _____ | _____ % | \$ _____ |
| _____ | _____ | _____ | _____ | _____ % | \$ _____ |
| _____ | _____ | _____ | _____ | _____ % | \$ _____ |
| | | | | Total | \$ _____ |

PERSONAL PROPERTY

Type: Major personal effects. Such as motor vehicles, boats, jewelry, collections, antiques, furs and all other valuable nonbusiness personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items*)

Evidence of Title: Registration, or title, issued by your state, bill of sale, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return, if Decedent received property by gift or inheritance.

| Type | Owner | Value | |
|-------|-------|----------|----------|
| _____ | _____ | \$ _____ | |
| _____ | _____ | \$ _____ | |
| _____ | _____ | \$ _____ | |
| | | Total | \$ _____ |

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGEMENT

Type: Gifts or inheritances that Decedent expected to receive at some time in the future; or monies that Decedent anticipated receiving through a judgment in a lawsuit.

Evidence of Title: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences Decedent's anticipated interest.

| | |
|-----------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Estimated Value | \$ _____ |

OTHER ASSETS

Type: Other property is any property Decedent has that does not fit into any listed category.

Evidence of Title: Documents Decedent signed to purchase the property. Documents Decedent received when they received the property, or any other document Decedent has that shows they own the property.

Description:

| | |
|-----------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Estimated Value | \$ _____ |

LIFE INSURANCE POLICIES AND ANNUITIES

Type: Term, whole life, split dollar, group life, annuity (*Indicate type of policy below. If a corporation or company owns the policy, or pays the premium on the policy, write "Corporation".*)

Evidence of Title: The policy itself, including all endorsements and amendments, and the original application you signed.

Company _____
Policy Number _____ Type _____
Owner _____ Who Pays Premium _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
Policy Number _____ Type _____
Owner _____ Who Pays Premium _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

Company _____
Policy Number _____ Type _____
Owner _____ Who Pays Premium _____
Insured _____
Primary Beneficiary _____
Secondary Beneficiary _____
Face Amount \$ _____ Cash Value \$ _____ Amount of Loans On Policy \$ _____

DECEDENT'S ANNUAL INCOME

| | |
|-------------------------------------|-----------------|
| Decedent's W-2 Wages Per Year | \$ _____ |
| Commissions and Bonuses | \$ _____ |
| Stock Options | \$ _____ |
| Interest / Dividend Income | \$ _____ |
| Rental Income | \$ _____ |
| All Retirement Income and Annuities | \$ _____ |
| Social Security | \$ _____ |
| Income from Trust Distributions | \$ _____ |
| Other Income | \$ _____ |
| Decedent's Income | \$ _____ |

SUMMARY OF VALUES (ENTER TOTALS FROM PRIOR SECTIONS)

| | Amount | | |
|---|--|-----------------------------|-----------------|
| | Community Property Or Joint Ownership | Separate Ownership (H,W) | Total |
| ASSETS | | | |
| Bank Accounts | \$ _____ | \$ _____ | \$ _____ |
| Real Property You Own | \$ _____ | \$ _____ | \$ _____ |
| Brokerage And Mutual Fund Accounts | \$ _____ | \$ _____ | \$ _____ |
| Stock and Bond Certificates Held By You | \$ _____ | \$ _____ | \$ _____ |
| Stock Options Held By You | \$ _____ | \$ _____ | \$ _____ |
| Trust Deeds, Notes, and Other Receivables Owed to You | \$ _____ | \$ _____ | \$ _____ |
| Your Partnership / LLC Interests | \$ _____ | \$ _____ | \$ _____ |
| Your Corporate Business Interests | \$ _____ | \$ _____ | \$ _____ |
| Your Sole Proprietorship Business Interests | \$ _____ | \$ _____ | \$ _____ |
| Your Farm and Ranch Interests | \$ _____ | \$ _____ | \$ _____ |
| Your Oil, Gas, and Mineral Interests | \$ _____ | \$ _____ | \$ _____ |
| Retirement Accounts | \$ _____ | \$ _____ | \$ _____ |
| Personal Property | \$ _____ | \$ _____ | \$ _____ |
| Anticipated Inheritance, Gift, or Lawsuit Judgments | \$ _____ | \$ _____ | \$ _____ |
| Other Assets | \$ _____ | \$ _____ | \$ _____ |
| Death Benefit of Life Insurance Policies And Annuities | \$ _____ | \$ _____ | \$ _____ |
| Total Assets | \$ _____ | \$ _____ | \$ _____ |
| LIABILITIES | | | |
| Real Estate Mortgages Payable | \$ _____ | \$ _____ | \$ _____ |
| Other Loans Payable | \$ _____ | \$ _____ | \$ _____ |
| Accounts Payable | \$ _____ | \$ _____ | \$ _____ |
| Contingent Liabilities | \$ _____ | \$ _____ | \$ _____ |
| Loans Against Life Insurance | \$ _____ | \$ _____ | \$ _____ |
| Unpaid Taxes | \$ _____ | \$ _____ | \$ _____ |
| Other Obligations: | | | |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Liabilities | \$ _____ | \$ _____ | \$ _____ |
| NET ESTATE (Total Assets Minus Liabilities) | \$ _____ | \$ _____ | \$ _____ |

DECEDENT'S FIDUCIARY INFORMATION

Fiduciaries are individuals or institutions who act on the decedent's behalf or on behalf of decedent's loved ones.

GUARDIAN FOR MINOR CHILDREN: If decedent has any children under the age of 18 or disabled, determine who is named as guardian of the person and conservator of the property of each minor child.

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

PERSONAL REPRESENTATIVE:

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

SUCCESSOR TRUSTEES:

| Name and Address | Relationship | Telephone No. |
|------------------|--------------|---------------|
| | | |
| | | |
| | | |

DECEDENT'S WISHES AT DEATH:

Are you aware of any specific wishes the decedent would like to make known concerning organ donation, disposition of decedent's remains, or any other matters? _____
If so, what are those wishes?

DECEDENT'S PERSONAL INSTRUCTIONS:

Are you aware of any other personal instructions the decedent made?
If so, what are those instructions?
