



ESTATE ORGANIZER

The information in this organizer is critical for the settling of the decedent's estate in accordance with the decedent's wishes and applicable law. All information you give us will be held in strict confidence.

Offices:

<p>780 Lynnhaven Pkwy, Suite 330 Virginia Beach, VA 23452 Phone: (757) 689-8668 Fax: (757) 689-8670</p>	<p>460 McLaws Circle, Suite 200 Williamsburg, VA 23185 Phone: (757) 220-8114 Fax: (757) 220-8029</p>
<p>725 Jackson Street, Suite 209 Fredericksburg, VA 22401 Phone: (540)318-5998 Fax: (540)371-1285</p>	<p>7275 Glen Forest Drive, Suite 310 Richmond, VA 23226 Phone: (804) 285-7900 Fax: (804) 285-8925</p>

CHECKLIST OF DOCUMENTS TO GATHER

Please compile the following documents to bring to our office for your appointment. If you are unable to gather all documents prior to the first appointment, you will be able to bring them to us at a later date.

-) Certified Death Certificates**
-) Original Last Will and Testament (if one exists)**
-) Original Trust or other Agreements**
-) Original financial institution statements from all financial institutions (regardless of type), including bank and brokerage statements, for the month of death (ie. if the decedent passed away in May, then we will need statements for May)**
-) Insurance policies, annuities and retirement plan statements**
-) Copy of signature card from banks. This reflects how an account is titled. If you ask the bank for this, they will know what it is.**
-) Copies of all automobile titles**
-) Copy of last tax return**
-) Copy of Trustee/Executor/Administrator driver's license**
-) Death Certificate for deceased spouse, if applicable**
-) Copy of divorce decree, if applicable.**
-) Copy of deed for all properties owned by decedent in and out of the State of Virginia. If one cannot be found, the Client may obtain a certified copy from the Circuit Court, or our office can obtain one from the court.**
-) Copy of pre-marital agreement or post-marital agreement, if applicable**

IMPORTANT QUESTIONS

<i>Please check yes, no or uncertain for your answer.</i>	Yes	No	?
Was decedent (or spouse) receiving social security, disability, or other governmental benefits? Describe.			
Was decedent (or spouse) making payments pursuant to a divorce or property settlement order? Please furnish a copy.			
If decedent was married, did the decedent and spouse sign a pre- or post-marriage contract? Please furnish a copy.			
Has decedent been widowed? If a federal estate tax return or a state death tax return was filed, please furnish a copy.			
Did decedent ever file federal or state gift tax returns? Please furnish copies of these returns.			
Did decedent complete trust, or estate planning? Please furnish copies of these documents.			
If married, did decedent ever live in any of the following states while married to each other? Arizona, California, Idaho, Louisiana, Nevada, New Mexico. Texas. Washington or Wisconsin.			
Is decedent named a beneficiary of anyone else's trust? If so, please explain below.			
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?			
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?			

INFORMATION ABOUT CHILDREN OR OTHER BENEFICIARIES

PLEASE PROVIDE THE REQUESTED INFORMATION FOR EACH.

Please PRINT LEGIBLY.

Full Name: _____

Relationship to decedent : Son Daughter Other (please specify): _____

If son or daughter, child of husband wife or both? adopted foster child

Date of Birth: ____/____/____ Gender: Male Female Student Employed: _____

Address: _____ Phone: _____

Single Married If married, spouse's name: _____ Number of Children: _____

Email address: _____

Comments:

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Full Name: _____

Relationship to decedent : Son Daughter Other (please specify): _____

If son or daughter, child of husband wife or both? adopted foster child

Date of Birth: ____/____/____ Gender: Male Female Student Employed: _____

Address: _____ Phone: _____

Single Married If married, spouse's name: _____ Number of Children: _____

Email address: _____

Comments:

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Full Name: _____

Relationship to decedent : Son Daughter Other (please specify): _____

If son or daughter, child of husband wife or both? adopted foster child

Date of Birth: ____/____/____ Gender: Male Female Student Employed: _____

Address: _____ Phone: _____

Single Married If married, spouse's name: _____ Number of Children: _____

Email address: _____

Comments:

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INFORMATION ABOUT CHILDREN OR OTHER BENEFICIARIES

PLEASE PROVIDE THE REQUESTED INFORMATION FOR EACH.

Information about additional children and beneficiaries may be provided on a separate sheet.

Please PRINT LEGIBLY.

Full Name: _____
Relationship to decedent : Son Daughter Other (please specify): _____
If son or daughter, child of husband wife or both? adopted foster child
Date of Birth: ____/____/____ Gender: Male Female Student Employed: _____
Address: _____ Phone: _____
 Single Married If married, spouse's name: _____ Number of Children: _____
Email address: _____
Comments: _____

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Full Name: _____
Relationship to decedent : Son Daughter Other (please specify): _____
If son or daughter, child of husband wife or both? adopted foster child
Date of Birth: ____/____/____ Gender: Male Female Student Employed: _____
Address: _____ Phone: _____
 Single Married If married, spouse's name: _____ Number of Children: _____
Email address: _____
Comments: _____

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Full Name: _____
Relationship to decedent : Son Daughter Other (please specify): _____
If son or daughter, child of husband wife or both? adopted foster child
Date of Birth: ____/____/____ Gender: Male Female Student Employed: _____
Address: _____ Phone: _____
 Single Married If married, spouse's name: _____ Number of Children: _____
Email address: _____
Comments: _____

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OVERVIEW OF DECEDENT'S FINANCES

Please be thorough in using this worksheet as we will use your provided information to advise you in administering the estate. You may use additional pages if needed. Please bring deeds, life insurance policies and statements for brokerage accounts to your initial consultation.

ASSETS & LIABILITIES <i>(PLEASE PROVIDE APPROXIMATE CURRENT VALUE)</i>	DECEDENT OWNED INDIVIDUALLY	DECEDENT OWNED JOINTLY	TRUST OWNS	PAYABLE ON DEATH /BENEFICIARY DESIGNATION
Cash Accounts <i>(please list bank name for each account)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <i>Payable on Death Beneficiary (if applicable)</i>	\$	\$	\$	\$
Cash Accounts <i>(please list bank name for each account)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <i>Payable on Death Beneficiary (if applicable)</i>	\$	\$	\$	\$
Cash Accounts <i>(please list bank name for each account)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <i>Payable on Death Beneficiary (if applicable)</i>	\$	\$	\$	\$
Cash Accounts <i>(please list bank name for each account)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> CD <i>Payable on Death Beneficiary (if applicable)</i>	\$	\$	\$	\$
Non-Retirement Investment Accounts <i>(list brokerage)</i> <i>Payable on Death Beneficiary (if applicable):</i>	\$	\$	\$	\$
Non-Retirement Investment Accounts <i>Payable on Death Beneficiary (if applicable):</i>	\$	\$	\$	\$
Non-Retirement Investment Accounts <i>Payable on Death Beneficiary (if applicable):</i>	\$	\$	\$	\$
Retirement Accounts <i>(list brokerage account)</i> <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA <input type="checkbox"/> _____ <i>Death Beneficiary: _____</i>	\$	\$	\$	\$
Retirement Accounts <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA <input type="checkbox"/> _____ <i>Death Beneficiary: _____</i>	\$	\$	\$	\$

ASSETS & LIABILITIES <i>(PLEASE PROVIDE APPROXIMATE CURRENT VALUE)</i>	DECEDENT OWNED INDIVIDUALLY	DECEDENT OWNED JOINTLY	TRUST OWNS	PAYABLE ON DEATH /BENEFICIARY DESIGNATION
Retirement Accounts <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA <input type="checkbox"/> _____ Death Beneficiary: _____	\$	\$	\$	\$
Stocks (please list stocks <u>not</u> held in brokerage account) <input type="checkbox"/> in certificate form <input type="checkbox"/> direct shares	\$	\$	\$	\$
<input type="checkbox"/> in certificate form <input type="checkbox"/> direct shares	\$	\$	\$	\$
Bonds (please list bonds <u>not</u> held in brokerage account) <input type="checkbox"/> Savings <input type="checkbox"/> Treasury <input type="checkbox"/> Municipal	\$	\$	\$	\$
<input type="checkbox"/> Savings <input type="checkbox"/> Treasury <input type="checkbox"/> Municipal	\$	\$	\$	\$
Annuities (please list death benefit amount & co.) Tax deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No Annuitant/ Beneficiary: _____ Does policy carry a long-term care rider? _____	\$	\$	\$	\$
Annuities Tax deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No Annuitant/ Beneficiary: _____ Does policy carry a long-term care rider? _____	\$	\$	\$	\$
Annuities Tax deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No Annuitant/ Beneficiary: _____ Does policy carry a long-term care rider? _____	\$	\$	\$	\$
Life Insurance (please list company and <u>death benefit amount</u> for each insurance policy) (Cash value, if any: \$_____)	\$	\$	\$	\$
Death Beneficiary: _____				
Life Insurance (please list company and <u>death benefit amount</u> for each insurance policy) (Cash value, if any: \$_____)	\$	\$	\$	\$
Death Beneficiary: _____				

ASSETS & LIABILITIES <i>(PLEASE PROVIDE APPROXIMATE CURRENT VALUE)</i>	DECEDENT OWNED INDIVIDUALLY	DECEDENT OWNED JOINTLY	TRUST OWNS	PAYABLE ON DEATH /BENEFICIARY DESIGNATION
Life Insurance <i>(please list company and death benefit amount for each insurance policy)</i> (Cash value, if any: \$ _____) Death Beneficiary:	\$	\$	\$	\$
Life Insurance <i>(please list company and death benefit amount for each insurance policy)</i> (Cash value, if any: \$ _____) Death Beneficiary:	\$	\$	\$	\$
Life Insurance <i>(please list company and death benefit amount for each insurance policy)</i> (Cash value, if any: \$ _____) Death Beneficiary:	\$	\$	\$	\$
529 Plans Please list current Designated Survivor:	\$	\$	\$	\$
Real Estate <i>(please list assessed value and address for each parcel owned)</i> Primary Residence: Amount owed, if any: \$ _____ State: _____	\$	\$	\$	\$
 Amount owed, if any: \$ _____ State: _____	\$	\$	\$	\$
 Amount owed, if any: \$ _____ State: _____	\$	\$	\$	\$
Business Interests <i>(please list name, type and value)</i> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> State: _____ <input type="checkbox"/> Real estate holdings included in value	\$	\$	\$	\$
 <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> State: _____ <input type="checkbox"/> Real estate holdings included in value	\$	\$	\$	\$
 <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> State: _____ <input type="checkbox"/> Real estate holdings included in value	\$	\$	\$	\$
Vehicles (cars, motorcyles, boats, etc.) <i>(please list make & model)</i> Loan (if applicable): \$ _____	\$	\$	\$	\$
Vehicles (cars, motorcyles, boats, etc.) <i>(please list make & model)</i> Loan (if applicable): \$ _____	\$	\$	\$	\$
Vehicles (cars, motorcyles, boats, etc.) <i>(please list make & model)</i> Loan (if applicable): \$ _____	\$	\$	\$	\$

ASSETS & LIABILITIES <i>(PLEASE PROVIDE APPROXIMATE CURRENT VALUE)</i>	DECEDENT OWNED INDIVIDUALLY	DECEDENT OWNED JOINTLY	TRUST OWNS	PAYABLE ON DEATH /BENEFICIARY DESIGNATION
Household Furnishing (Tangible Personal Property)	\$	\$	\$	\$
Location of safe deposit box (include institution name, box number and contents)				
Value of Loans Being Repaid to You by Others Is there a promissory note?	\$	\$	\$	\$
Miscellaneous/Other (i.e. pension, back pay, veteran or employee benefits, social security or retirement fund)	\$	\$	\$	\$
TOTAL ASSETS	\$	\$	\$	\$
Home Mortgage/Institution Name	\$	\$	\$	\$
Property: Amount:				
Home Mortgage/Institution Name	\$	\$	\$	\$
Property:				
Promissory Notes Lender:	\$	\$	\$	\$
Loans against life insurance Policy:	\$	\$	\$	\$
Automobile Liens Lender:	\$	\$	\$	\$
Credit Cards (include name of credit card company)	\$	\$	\$	\$
Credit Cards (include name of credit card company)	\$	\$	\$	\$
Credit Cards (include name of credit card company)	\$	\$	\$	\$
Other Obligations	\$	\$	\$	\$
Medical expenses for last illness	\$	\$	\$	\$
Real Estate taxes	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
TOTAL LIABILITIES				
NET WORTH (Assets Less Liabilities)				

INFORMATION ABOUT DECEDENT'S ADVISORS

ADVISORS	ADVISOR NAME/COMPANY AFFILIATION	PHONE & E-MAIL
CPA		
FINANCIAL ADVISOR		
INSURANCE ADVISOR		
FUNERAL HOME		
DOCTOR/HOSPITAL @ DEATH		
OTHER ADVISOR		

OTHER CONSIDERATIONS
