

Estate Planning Organizer

A helpful guide to make it easy for family
provided by



IMPORTANT: This does not serve as a legal document. The information contained in this guide is meant to assist your family and personal representatives with important information in the event of your death. You may wish to consult with an attorney for legal advice and to establish a Last Will and Testament and trusts.

Personal Information

Full Name	Date of Birth
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Address	Phone Number
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Birthplace	Social Security Number
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Spouse	Phone Number
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Occupation

Military Service

Volunteer Service

Membership

Family:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
------	--------------	--------------

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Friends:

Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number
Name	Phone Number

Other Contacts:

	NAME	CONTACT INFORMATION
Employer		
Employee Benefits Coordinator		
Funeral Home		
Church		
Attorney		
Social Security Office		
Veterans Administration		
Accountant		
Bank		
Credit Union		
Life Insurance Agent		
Homeowners Insurance Agent		
Health Insurance Agent		
Auto Insurance Agent		
IRA Administrator		
Trust Officer		
Doctor/Medical Provider		
Dentist		
Other		



Important Documents

DOCUMENT	LOCATION
Birth Certificate	
Social Security Card	
Last Will & Testament	
Marriage License	
Divorce Decree	
Living Will	
Military Records	
Organ Donor Information	
Trust Agreement	
Tax Returns	
Property Deeds	
Vehicle Titles	
Other	

SPOUSE DOCUMENTS	LOCATION
Birth Certificate	
Social Security Card	
Last Will & Testament	
Marriage License	
Divorce Decree	
Living Will	
Military Records	
Organ Donor Information	
Trust Agreement	
Tax Returns	
Property Deeds	
Vehicle Titles	
Other	



Insurance Policies

LIFE INSURANCE	POLICY 1
Name of Insured	
Company	
Agent	
Address	
Phone	
Policy Number	
Issue Date	
Location of Policy	
Policy Type	
Coverage Amount	
Beneficiaries	
Website	
User Name	
Password	

LIFE INSURANCE	POLICY 2
Name of Insured	
Company	
Agent	
Address	
Phone	
Policy Number	
Issue Date	
Location of Policy	
Policy Type	
Coverage Amount	
Beneficiaries	
Website	
User Name	
Password	



ACCIDENT/DISABILITY	POLICY 1
Name of Insured	
Company	
Agent	
Address	
Phone	
Policy Number	
Issue Date	
Location of Policy	
Policy Type	
Coverage Amount	
Beneficiaries	
Website	
User Name	
Password	

ACCIDENT/DISABILITY	POLICY 2
Name of Insured	
Company	
Agent	
Address	
Phone	
Policy Number	
Issue Date	
Location of Policy	
Policy Type	
Coverage Amount	
Beneficiaries	
Website	
User Name	
Password	



HOMEOWNERS INSURANCE	POLICY 1
Insured Property Address	
Company/Agent	
Address	
Phone	
Policy Number	
Location of Policy	
Renewal Date	
Coverage	
Website	
User Name	
Password	

HOMEOWNERS INSURANCE	POLICY 2
Insured Property Address	
Company/Agent	
Address	
Phone	
Policy Number	
Location of Policy	
Renewal Date	
Coverage	
Website	
User Name	
Password	

DENTAL INSURANCE	
Name of Insured	
Company/Agent	
Address	
Phone	
Policy/Plan Number	
Coverage	
Website	
User Name	
Password	



MEDICAL INSURANCE	POLICY 1
Name of Insured	
Company/Agent	
Address	
Phone	
Policy/Plan Number	
Coverage	
Website	
User Name	
Password	

MEDICAL INSURANCE	POLICY 2
Name of Insured	
Company/Agent	
Address	
Phone	
Policy/Plan Number	
Coverage	
Website	
User Name	
Password	

MEDICARE INSURANCE	
Name of Insured	
Medicare Number	
Medicare Coverage	
Location of Card	
Website	www.medicare.gov
User Name	
Password	



AUTO INSURANCE	POLICY INFORMATION
Year/Make/Model	
Company/Agent	
Address/Phone Number	
Policy Number/Renewal Date	
Coverage	
Website	
User Name	
Password	

AUTO INSURANCE	POLICY INFORMATION
Year/Make/Model	
Company/Agent	
Address/Phone Number	
Policy Number/Renewal Date	
Coverage	
Website	
User Name	
Password	

RECREATIONAL VEHICLE	POLICY INFORMATION
Year/Make/Model	
Company/Agent	
Address/Phone Number	
Policy Number/Renewal Date	
Coverage	
Website	
User Name	
Password	



Bank/Credit Union Accounts

CHECKING/SAVINGS ACCOUNT	
Bank/Credit Union	
Address/Branch	
Phone	
Account Number	
Name(s) on Account	
Account Type	
Purpose of Account	
Location of Statements	
Approx. Amount in Account	
Website	
User Name	
Password	

CHECKING/SAVINGS ACCOUNT	
Bank/Credit Union	
Address/Branch	
Phone	
Account Number	
Name(s) on Account	
Account Type	
Purpose of Account	
Location of Statements	
Approx. Amount in Account	
Website	
User Name	
Password	



CERTIFICATE OF DEPOSIT	
Bank/Credit Union	
Address/Branch	
Phone	
CD Number	
CD Type/Term	
Maturity Date	
Approx. Amount	
Payable on Death/Beneficiary	
Location of Certificate	
Location of Statement	

CERTIFICATE OF DEPOSIT	
Bank/Credit Union	
Address/Branch	
Phone	
CD Number	
CD Type/Term	
Maturity Date	
Approx. Amount	
Payable on Death/Beneficiary	
Location of Certificate	
Location of Statement	

SAFE DEPOSIT BOX	
Bank/Credit Union	
Address/Branch	
Phone	
Name on Rental Agreement	
Location of Key(s)	
Box Contents	
Notes	



Investments

STOCKS/BONDS/MUTUAL FUNDS/IRAS	
Financial Institution	
Investment Agency	
Advisor	
Address	
Phone	
Account Name/Number	
Type of Investment	
Approx. Market Value	
Location of Statement	
Beneficiary	
Website	
User Name	
Password	

STOCKS/BONDS/MUTUAL FUNDS/IRAS	
Financial Institution	
Investment Agency	
Advisor	
Address	
Phone	
Account Name/Number	
Type of Investment	
Approx. Market Value	
Location of Statement	
Beneficiary	
Website	
User Name	
Password	



Real Estate

PROPERTY 1	
Name(s) on Deed	
Location of Deed	
Legal Property Address	
Legal Property Description	
Mortgage Holder	
Approx. Amount Owed	
Monthly Payment Amount	
Initial Cost of Property	
Real Estate Taxes	
Cost of Improvements	
Escrow	
Location of Legal Documents	
Life Insurance on Mortgage	
Website	
User Name	
Password	

PROPERTY 2	
Name(s) on Deed	
Location of Deed	
Legal Property Address	
Legal Property Description	
Mortgage Holder	
Approx. Amount Owed	
Monthly Payment Amount	
Initial Cost of Property	
Real Estate Taxes	
Cost of Improvements	
Escrow	
Location of Legal Documents	
Life Insurance on Mortgage	
Website	
User Name	
Password	



Vehicle

VEHICLE 1	
Year/Make/Model/Color	
Cylinders/Body Type	
Identification Number (VIN)	
Name(s) on Title	
Location of Title	
Plate Number/Renewal Date	
Lease/Loan Information	
Approx. Amount Owed	
Monthly Payment Amount	
Website	
User Name	
Password	

VEHICLE 2	
Year/Make/Model/Color	
Cylinders/Body Type	
Identification Number (VIN)	
Name(s) on Title	
Location of Title	
Plate Number/Renewal Date	
Lease/Loan Information	
Approx. Amount Owed	
Monthly Payment Amount	
Website	
User Name	
Password	



VEHICLE 3	
Year/Make/Model/Color	
Cylinders/Body Type	
Identification Number (VIN)	
Name(s) on Title	
Location of Title	
Plate Number/Renewal Date	
Lease/Loan Information	
Approx. Amount Owed	
Monthly Payment Amount	
Website	
User Name	
Password	

RECREATIONAL VEHICLE	
Year/Make/Model/Color	
Cylinders/Body Type	
Identification Number (VIN)	
Name(s) on Title	
Location of Title	
Plate Number/Renewal Date	
Lease/Loan Information	
Approx. Amount Owed	
Monthly Payment Amount	
Website	
User Name	
Password	



Health Care Provider

Provider 1:

Provider Name

Address

Phone Number

Type of Provider

Website

User Name

Password

Provider 2:

Business Name

Address

Phone Number

Type of Provider

Date Established

Website

User Name

Password

Provider 3:

Business Name

Address

Phone Number

Type of Provider

Date Established

Website

User Name

Password



Business Information

Business 1:

Business Name

Address

Phone Number

Type of Business - Date Established

Annual Income

Attorney

Phone Number

Accountant

Phone Number

Insurance Agent

Phone Number

Business 2:

Business Name

Address

Phone Number

Type of Business - Date Established

Annual Income

Attorney

Phone Number

Accountant

Phone Number

Insurance Agent

Phone Number



Record of What I Owe

Loan 1:

Bank/Credit Union	Contact	
Address/Branch	Phone Number	
Name(s) on Loan	Loan Number	
Approx. Balance	Monthly Payment	Maturity Date
Location of Documents		
Collateral? Yes or No	If yes, list details _____	
Life Insurance on loan? Yes or No	If yes, list details _____	

Loan 2:

Bank/Credit Union	Contact	
Address/Branch	Phone Number	
Name(s) on Loan	Loan Number	
Approx. Balance	Monthly Payment	Maturity Date
Location of Documents		
Collateral? Yes or No	If yes, list details _____	
Life Insurance on loan? Yes or No	If yes, list details _____	



Loan 3:

Bank/Credit Union	Contact
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Address/Branch	Phone Number
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Name(s) on Loan	Loan Number
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Approx. Balance	Monthly Payment	Maturity Date
-----------------	-----------------	---------------

Location of Documents

Collateral? Yes or No If yes, list details _____

Life Insurance on loan? Yes or No If yes, list details _____

Loan 4:

Bank/Credit Union	Contact
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Address/Branch	Phone Number
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Name(s) on Loan	Loan Number
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Approx. Balance	Monthly Payment	Maturity Date
-----------------	-----------------	---------------

Location of Documents

Collateral? Yes or No If yes, list details _____

Life Insurance on loan? Yes or No If yes, list details _____



Record of What I Owe - continued

Credit Card 1:

Bank/Credit Company	Card Number	
Address/Branch	Phone Number	
Name(s) on Card	Card Location	
Website	User Name	Password

Credit Card 2:

Bank/Credit Company	Card Number	
Address/Branch	Phone Number	
Name(s) on Card	Card Location	
Website	User Name	Password

Credit Card 3:

Bank/Credit Company	Card Number	
Address/Branch	Phone Number	
Name(s) on Card	Card Location	
Website	User Name	Password



Credit Card 4:

Bank/Credit Company	Card Number	
Address/Branch	Phone Number	
Name(s) on Card	Card Location	
Website	User Name	Password

Credit Card 5:

Bank/Credit Company	Card Number	
Address/Branch	Phone Number	
Name(s) on Card	Card Location	
Website	User Name	Password

Credit Card 6:

Bank/Credit Company	Card Number	
Address/Branch	Phone Number	
Name(s) on Card	Card Location	
Website	User Name	Password



Record of What is Owed to Me

Employer 1:

Company	Contact
Address	Phone Number
Life Insurance	AD & D Insurance
Retirement Plan(s)	Salary/Wages

Employer 2:

Company	Contact
Address	Phone Number
Life Insurance	AD & D Insurance
Retirement Plan(s)	Salary/Wages

Employer 3:

Company	Contact
Address	Phone Number
Life Insurance	AD & D Insurance
Retirement Plan(s)	Salary/Wages



Employer 4:

Company	Contact
Address	Phone Number
Life Insurance	AD & D Insurance
Retirement Plan(s)	Salary/Wages

Inheritance:

From	Amount of Income
From	Amount of Income

From Social Security: (www.ssa.gov)

User Name & Password	Approx. Benefit Amount
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From Veteran's Affairs: (www.va.gov)

User Name & Password	Approx. Benefit Amount
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Digital Property

Mobile Device(s):

Device 1

Device Type

Password

Device 2

Device Type

Password

Device 3

Device Type

Password

Online Records:

(1)

Email Provider

User Name

Password

Security Question

Security Question Answer

(2)

Email Provider

User Name

Password

Security Question

Security Question Answer



Social Media:

(1)

Social Media Website

User Name

Password

Security Question

Security Question Answer

(2)

Social Media Website

User Name

Password

Security Question

Security Question Answer

(3)

Social Media Website

User Name

Password

Security Question

Security Question Answer

(4)

Social Media Website

User Name

Password

Security Question

Security Question Answer



(5)

Social Media Website

User Name

Password

Security Question

Security Question Answer

(6)

Social Media Website

User Name

Password

Security Question

Security Question Answer

Online Bill Pay:

(1)

Telephone/Internet Company

Account Number

Website

User Name

Password

Security Question

Security Question Answer

(2)

Utility

Account Number

Website

User Name

Password

Security Question

Security Question Answer



(3)

Utility

Account Number

Website

User Name

Password

Security Question

Security Question Answer

(4)

Company

Account Number

Website

User Name

Password

Security Question

Security Question Answer

(5)

Company

Account Number

Website

User Name

Password

Security Question

Security Question Answer

(6)

Company

Account Number

Website

User Name

Password

Security Question

Security Question Answer



Burial & Memorial Preparations

Funeral Home

Address

Contact Person

Phone Number

Prepaid Arrangements

If so, where are documents kept?

Burial

Cremation

Scatter Ashes

Cemetery

Contact Person

Plot Purchased

If so, where are documents kept?

Church

Address

Phone Number

Contact Person

Memorial Stone

Reading

Music

Flowers

Charities/Memorial



Pallbearers:

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

Personal Notes

Information, Special Requests, Messages to Share:





For more information on how the Clinton National Bank Trust Department can help you with your estate planning needs, please contact one of our experienced Trust Officers at (563) 243-1243.

David Helscher
Senior Vice President &
Trust Officer

Ted Shemwell
Vice President &
Trust Officer

Mary Kay Wik
Vice President &
Trust Officer

Tara Bellich
Trust Officer



Andover	Camanche	Clinton	Delmar	Miles	Preston	Sabula
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