

ESTATE ORGANIZER

COPIES OF DOCUMENTS

OF

Location of original documents: _____

PREPARED BY:

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ESTATE ORGANIZER

SCHEDULES OF ASSETS

AND

OTHER INFORMATION

OF

GENERAL INFORMATION TO MY FAMILY

1) **MISCELLANEOUS:**

a) My safe deposit box is located at:

b) The keys to the safe deposit box are located at:

c) Someone else's property is in my safe deposit box.

_____ 's property is identifiable as:

d) I have someone else's property in my possession.

_____ 's property is identifiable as:

e) My personal safe is located at:

f) My tax records are located at:

g) Other:

2) **ADVISORS:**

[We suggest that you complete this section in pencil so that changes can be made as necessary.]

NAME	ADDRESS	TELEPHONE
Personal Representative(s)		
Trustee(s)		
Attorney		
Doctor		
Religious Advisor		
Guardian		
CPA		
Insurance Agent		
Stockbroker		

GENERAL INFORMATION TO MY FAMILY

1) **DIRECTIONS FOR MEMORIAL SERVICES:**

2) **BURIAL:**

My body should be buried in _____
cemetery located in _____

My body should be cremated and the ashes _____

My body should be donated to _____

Other, specify _____

3) **SPECIFIC COMMENTS, WISHES, THOUGHTS:**

SCHEDULE OF OTHER TYPES OF INSURANCE

Include copies of the face page of insurance policies.

Location of originals: _____

TYPE	COMPANY	AMOUNT AND TYPE OF BENEFITS
DISABILITY		
MEDICAL		
AUTO		
HOMEOWNERS		
OTHER LIABILITY		
OTHER		

SCHEDULE OF TAX-DEFERRED INVESTMENTS

Include copies of the face page of policies, agreements, etc.

Location of originals: _____

	COMPANY	BENEFICIARY DESIGNATIONS	
		PRIMARY	CONTINGENT
PENSION			
PROFIT SHARING			
I.R.A.'s			
KEOGHS			
TAX-DEFERRED ANNUITIES			
OTHER			