

WHEN I'M GONE

*What my family
needs to know*



This Organizer Contains Information For:

Full Legal Name

This organizer is designed to provide you with the means of recording vital information for the use of your family or executor.

When needed, it is important to have this information located in one place. By filling out this organizer, you will help eliminate hardships and delays in the handling and settling of your financial affairs.

We suggest you keep this organizer in a safe place and let your executor or the person closest to you know of its location. It would also be a good idea to review this organizer on a yearly basis.

Additional copies are available from:

John A. Knutson & Co. PLLP
Certified Public Accountants
1781 Prior Avenue North | Falcon Heights, MN 55113
(651) 641-1099 | www.jakcpa.com

Date this Organizer Completed and Updated: _____

Persons to Notify in Emergency

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

Table of Contents

SECTION 1 PERSONAL INFORMATION

Personal information and citizenship.....	2
Social security.....	2
Passport.....	2
Physical identification.....	3
Marital information.....	3
Medical information.....	4
Family records.....	5
Military service.....	6
Education.....	6
Organizations and affiliations.....	7
Pets.....	8

SECTION 2 EMPLOYMENT INFORMATION

Your benefits.....	10
Former employment.....	11

SECTION 3 FINANCIAL INFORMATION

Professional advisors.....	13
Income and liabilities.....	14
Personal and financial information.....	15

SECTION 4 WILL INFORMATION

Last Will and Testament.....	21
Location of other documents.....	21
Trust documents.....	22
Health Care Directive.....	22
Online accounts.....	23

SECTION 5 FUNERAL INFORMATION

Funeral service information.....	25
Relatives and friends to notify.....	27
Glossary and notes.....	28



SECTION 1

PERSONAL INFORMATION

Personal Information and Citizenship

Birthday: _____

Address: _____

City: _____ State: _____

County and country of birth: _____

Do you have a birth certificate? Yes No

Location of birth certificate: _____

What nation(s) are you a citizen of? _____

My citizenship is by: Birth Naturalization Marriage

Driver's license number: _____

Social Security

Social Security Number: _____

Taxpayer Identification Number (TIN): _____

Used on Federal Income Tax Returns

Passport

Passport number: _____

City and state of issue: _____ Issue date: _____

Location of passport: _____

Physical Identification

Identifying marks or scars: _____

Marital Information

Current marital status: Single Married Divorced
 Separated Widow(er)

Name of spouse: _____

Date and place of marriage: _____

Location of marriage certificate: _____

Previously married to: _____

Date and place of prior marriage(s): _____

Terminated by:

Divorce Annulment Separation Death

Date and place of termination: _____

Location of termination documents: _____

Other marital details: _____

Medical Information

Accident/health insurance companies and policy numbers:

Physician name: _____

Address: _____

Dentist name: _____

Address: _____

Eye specialist name: _____

Address: _____

Other specialists: _____

Other medical details: _____

Family Records

Father's full name: _____

Father's date of birth: _____

Father's location of birth: _____

Mother's full name: _____

Mother's maiden name: _____

Mother's date of birth: _____

Mother's location of birth: _____

Your children (names and addresses): _____

Your grandchildren (names and addresses): _____

Other close relatives (names and addresses): _____

Military Service

Have you served in the military: Yes No

Country served: _____

Years served: _____ to _____

Branch: _____ Serial number/grade: _____

Do you have a service-connected disability: Yes No

Claim number: _____

Military honors or decorations: _____

Locations of discharge, disability, and honors papers: _____

Education

Schools attended: _____

Diplomas, degrees, and dates: _____

Specials honors: _____

Location of diploma(s): _____

Organizations and Affiliations

Including religious, fraternal, and professional organizations and affiliations.

Membership, financial benefit: _____

Group life and other insurance benefits: _____

Location of membership cards/insignia: _____

Pets

Pet 1: _____

Birthday: _____ Breed: _____

Preferred veterinarian: _____

Special instructions: _____

Pet 2: _____

Birthday: _____ Breed: _____

Preferred veterinarian: _____

Special instructions: _____

Pet 3: _____

Birthday: _____ Breed: _____

Preferred veterinarian: _____

Special instructions: _____



SECTION 2

EMPLOYMENT INFORMATION

Employment Information

Employer: _____

Address: _____

Date employed: _____

Location of employment agreement/proof of benefits: _____

Has your employer contracted to purchase your interests in the event of

your death? Yes No N/A

Your Benefits

Pension/deferred compensation plan: _____

Profit sharing: _____ Stock option: _____

Other benefits: _____ :

Location of documents: _____

Former Employment

Employer 1: _____ Dates employed: _____

Address: _____

Pension, profit sharing, etc. benefits: _____

Location of documents: _____

Employer 2: _____ Dates employed: _____

Address: _____

Pension, profit sharing, etc. benefits: _____

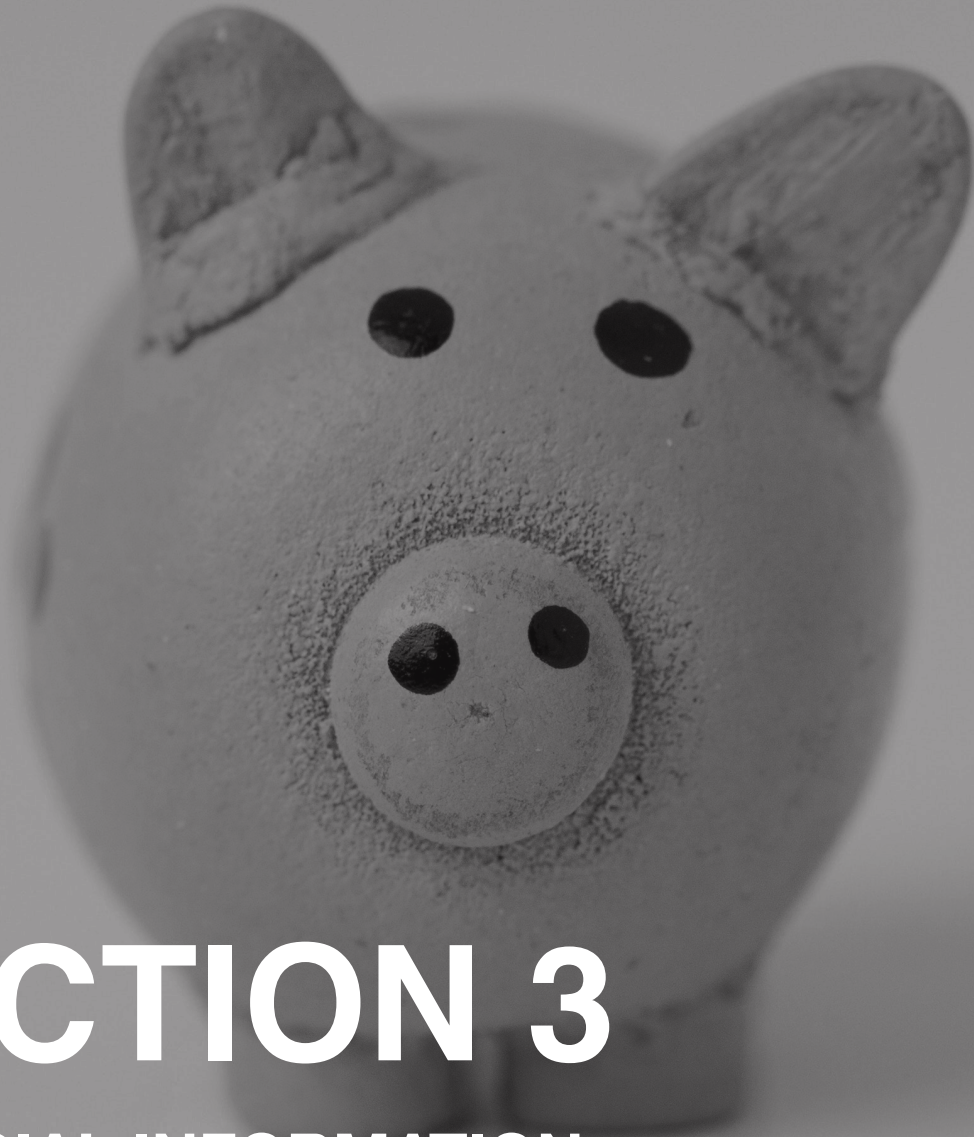
Location of documents: _____

Employer 3: _____ Dates employed: _____

Address: _____

Pension, profit sharing, etc. benefits: _____

Location of documents: _____



SECTION 3

FINANCIAL INFORMATION

Professional Advisors

Accountant's name: _____ Phone: _____

Address: _____

Attorney's name: _____ Phone: _____

Address: _____

Executor's name: _____ Phone: _____

Address: _____

Investment advisor's name: _____

Phone: _____ Address: _____

Beneficiary: _____

I have given my power of attorney to:

Name: _____

Relationship: _____ Phone: _____

Address: _____

Additional information: _____

Income and Liabilities

INCOME

Income (Check all that apply):

Salary Stocks/Bonds Interest Social Security

Trusts Mortgages

Annuities: _____

Pension: _____

Other: _____

Location of documents: _____

ACCOUNTS RECEIVABLE

Are you owed money or other assets? Yes No

Location of documents: _____

LIABILITIES

Do you owe money or are you obligated financially for the following:

Bank/Loans: _____

Mortgage(s): _____

Other: _____

Location of documents: _____

Financial Information

BANK ACCOUNTS- CHECKING AND SAVINGS

Bank name 1: _____ Phone: _____

Address: _____

Type of account: _____ Acct. number: _____

Account name: _____

Bank name 2: _____ Phone: _____

Address: _____

Type of account: _____ Acct. number: _____

Account name: _____

Bank name 3: _____ Phone: _____

Address: _____

Type of account _____ Acct. number: _____

Account name: _____

Accounts on auto payment/withdraw: _____

SAFE DEPOSIT BOX, SAFE, OR STRONG BOX

Name of bank: _____ Box type/No. _____

Location of box/key: _____

Name on account: _____

Contents: _____

Who has access? _____

INSURANCE POLICIES

Company: _____

Name of insured: _____

Policy number: _____ Amount of benefit: _____

Beneficiary: _____ Relationship: _____

Company: _____

Name of insured: _____

Policy number: _____ Amount of benefit: _____

Beneficiary: _____ Relationship: _____

INSURANCE POLICIES

Company: _____

Name of insured: _____

Policy number: _____ Amount of benefit: _____

Beneficiary: _____ Relationship: _____

ADDITIONAL POLICIES

Auto insurance company: _____ Policy no.: _____

Homeowners insurance company: _____

Policy no.: _____

REAL ESTATE

Owned: _____

Location of deeds and titles: _____

Other documents: _____

SECURITIES

Do you own stocks and/or bonds? Yes No

Location of stock certificates/bonds: _____

Location of records of sales and purchases: _____

PERSONAL PROPERTY

Have you prepared an inventory of your valuable personal property?

Yes No

Location of inventory: _____

Location of list of personal assets and suggested distribution:

List of valuable collections: _____

Location of valuable collections: _____

Vehicles: _____ Location of keys: _____

Location of title: _____ VIN: _____

Other key locations

Houses: _____

Garages: _____

Lock boxes: _____

Safes: _____

INVESTMENT ACCOUNTS - IRA'S, 401(K)'S, AND ROTH IRA'S

Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____



SECTION 4

WILL INFORMATION

Last Will and Testament

Date of Last Will and Testament: _____

Personal representative(s): _____

Address: _____

Phone: _____

Attorney who drafted your Will: _____

Address: _____

Phone: _____

Location of your Last Will and Testament (all copies): _____

Date(s) of codicil(s): _____

Location of codicils: _____

Other details: _____

Location of Other Documents

Automobile/boat registrations: _____

Income tax records/returns: _____

Trust Documents

Date(s) of trust agreement(s): _____

Attorney who drafted trust(s): _____

Address: _____

Location of trust agreement(s): _____

Have you made amendments to your trust(s)? _____

Date(s) of trust amendment(s): _____

Location of trust amendment(s) _____

Name(s) of trustee(s): _____

Health Care Directive

Date(s) of Health Care Directive (HCD): _____

Attorney who drafted HCD: _____

Address: _____

Location of HCD: _____

Have you informed your physician about your HCD? Yes No

Name of physician: _____

Computer & Online Accounts

Email: _____ Password: _____

Email: _____ Password: _____

Email: _____ Password: _____

Computer password: _____

Social media account 1: _____

Username: _____ Password: _____

Social media account 2: _____

Username: _____ Password: _____

Other account: _____

Username: _____ Password: _____

Other account: _____

Username: _____ Password: _____

Other account: _____

Username: _____ Password: _____

Other account: _____

Username: _____ Password: _____



SECTION 5

FUNERAL INFORMATION

Funeral Service Information

Have you made pre-arrangements for your funeral and burial?

Yes

No

Choice of funeral home: _____

Place of service: _____

Church address: _____

Clergy's name: _____

Participating organizations (fraternal/military): _____

Pallbearers (names, addresses, telephone numbers):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Alternates: _____

Readings/Songs: _____

Organist's name: _____ Phone: _____

Soloist's name: _____ Phone: _____

Visitation: Yes No Casket: Open Closed

Clothing: _____

Flowers or memorials/donations in lieu of flowers:

Newspaper(s): _____

Addresses: _____

Casket: Wood Metal Other

Exterior color: _____ Interior color: _____

Name of cemetery: _____

Address: _____

Lot in name of: _____

Location of lot: _____

Inscription: _____

Cremation/Disposition of ashes: _____

Other instructions/info: _____

Whole body donor: Yes No

Organ and tissue donor: Yes No

Name of donation facility: _____

Relatives and Friends to Notify

Glossary

Beneficiary: Person(s) and/or organization(s) that receive ones assets following their death.

- Beneficiary designation does not replace a signed will.
- **Designated/primary beneficiary:** Person(s) and/or organization(s) listed on a life insurance policy or financial account as the recipient of the assets in the event of the account holder's death.
- **Contingent/secondary beneficiary:** The next person(s) and/or organization(s) in line to receive the assets if the primary beneficiary predeceases the owner of the asset, cannot be located or refuses to accept the asset.

Codicil: A legal instrument that supplements an earlier prepared will.

Health Care Directive (HCD): A legal document outlining your treatment decisions should you become unable, such as unconscious but not terminal.

Last Will and Testament: A legal document stating how your assets will be distributed and by whom following your death.

Living Will: A legal document stating your wishes should you become terminally ill and unable to communicate.

Personal Representative: Is a person appointed responsibility by the court to manage and settle the decedent's final affairs including assets and finances.

- **Administrator:** Is a person who is legally appointed when the decedent does not have a personal representative listed in their will.
- **Executor:** Is the person who is legally appointed and listed as the personal representative in the decedents will.

Power of Attorney: A legal document to appoint another person to act on your behalf for private and business affairs.

Probate: The process of proving before a competent judicial authority the validity of the decedents will. This is where the Personal Representative is legally appointed.

