

# WHEN I'M GONE

*What my family  
needs to know*



# This Organizer Contains Information For:

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Full Legal Name

Last Name Before First Marriage \_\_\_\_\_

Other Names Including Nicknames \_\_\_\_\_

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](http://www.jakcpa.com)

Date this Organizer Completed and Updated: \_\_\_\_\_

## Persons to Notify in Emergency

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

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# SECTION 1

## PERSONAL INFORMATION

## Personal Information and Citizenship

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City, state, 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:

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Blood type: \_\_\_\_\_ Are you an organ donor? ☐ Yes ☐ No

Physician name: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist name: \_\_\_\_\_

Address: \_\_\_\_\_

Eye specialist name: \_\_\_\_\_

Address: \_\_\_\_\_

Other specialists: \_\_\_\_\_

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Other medical details: \_\_\_\_\_

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# 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.

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Membership, financial benefit: \_\_\_\_\_

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Group life and other insurance benefits: \_\_\_\_\_

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Location of membership cards/insignia: \_\_\_\_\_

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# 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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Are you owner/part owner of a business and you receive annual K-1's?

Name of business: \_\_\_\_\_

Ownership %: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive any royalties?

Name of organization: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank/Loans: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mortgage: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name on account: \_\_\_\_\_

Contents: \_\_\_\_\_

Who has access? \_\_\_\_\_

**INSURANCE POLICIES**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Amount of benefit: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary/s: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Amount of benefit: \_\_\_\_\_

Policy number: \_\_\_\_\_

Beneficiary/s: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INSURANCE POLICIES**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of owner: \_\_\_\_\_

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 NOT HELD IN INVESTMENT ACCOUNTS**

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: \_\_\_\_\_

## RETIREMENT ACCOUNTS - IRA'S, 401(K)'S, ROTH IRA'S, AND ANNUITIES

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: \_\_\_\_\_

## **INVESTMENT BROKER ACCOUNTS WITH STOCKS, BOND, ETC.**

Name of institution: \_\_\_\_\_

Name of advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number: \_\_\_\_\_

Account titling (ie. TOD, Trust, Name): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Name of advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number: \_\_\_\_\_

Account titling (ie. TOD, Trust, Name): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Name of advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number: \_\_\_\_\_

Account titling (ie. TOD, Trust, Name): \_\_\_\_\_

Name of institution: \_\_\_\_\_

Name of advisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Account number: \_\_\_\_\_

Account titling i.e. ( TOD, Trust, Name): \_\_\_\_\_





# 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: \_\_\_\_\_

\_\_\_\_\_

Gift tax, Form 709, records/returns: \_\_\_\_\_

Date of filing \_\_\_\_\_

# 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other trusts you've created in your lifetime:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Other trusts not created by you to which you possess power or are the beneficiary:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

# 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.

**Trust:** A legal document naming a person or firm to manage and settle the property placed in the Trust for the beneficiaries. Trusts avoid Probate allowing the beneficiaries to gain access to the assets placed in the Trust more quickly than if they were being transferred using a will.

**Trustee:** A person or firm who administers property and assets within a Trust to the beneficiaries.

## Notes

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[illegible]

