WHEN I'M GONE

What my family needs to know

JOHN A. KNUTSON & CO., PLLP

This Organizer Contains Information For:

_____

Full Legal Name

Birth Name/Prior Legal Name(s) _____

Other Names Including Nicknames (AKA) _____

This organizer is designed to help you record important personal, financial and estate information in one place for your family, personal representative or other trusted individuals.

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 Organizer Completed: _____

Date(s) Organizer Updated: _____

Persons to Notify in Emergency

1. Name: _____ Cell Phone: _____

   Email Address: _____

   Relationship: _____

2. Name: _____ Cell Phone: _____

   Email Address: _____

   Relationship: _____

Table of Contents

SECTION 1

PERSONAL INFORMATION

Personal Information and Citizenship

Date of Birth: _____

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: _____

Cell phone number and provider: _____

Social Security

Social security number: _____

Medicare number: _____

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 ☐ Widowed

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

Disability/accident/health insurance companies and policy numbers:

Blood type:

Known allergies:

Physician name:

Phone Number:

Dentist name:

Phone Number:

Eye specialist name:

Phone Number:

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/stepchildren (names, phone numbers, email addresses):

_____

_____

_____

Your grandchildren (names, phone numbers, email addresses):

_____

_____

Other important family members/relatives (names, phone numbers, email 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: _____

_____

Special honors: _____

Location of diploma(s): _____

Organizations and Affiliations

Include religious, fraternal, professional, social, civic, alumni, union and other organizations or memberships that may need to be contacted.

1. Organization / membership

Name: _____

Contact information: _____

Membership #: _____

Potential benefits: _____

Location of records/cards: _____

2. Organization / membership

Name: _____

Contact information: _____

Membership #: _____

Potential benefits: _____

Location of records/cards: _____

3. Organization / membership

Name: _____

Contact information: _____

Membership #: _____

Potential benefits: _____

Location of records/cards: _____

Pets

Pet 1: _____

Birthday: _____ Breed: _____

Preferred veterinarian: _____

Preferred caregiver: _____

Special instructions: _____

_____

Pet 2: _____

Birthday: _____ Breed: _____

Preferred veterinarian: _____

Preferred caregiver: _____

Special instructions: _____

_____

Pet 3: _____

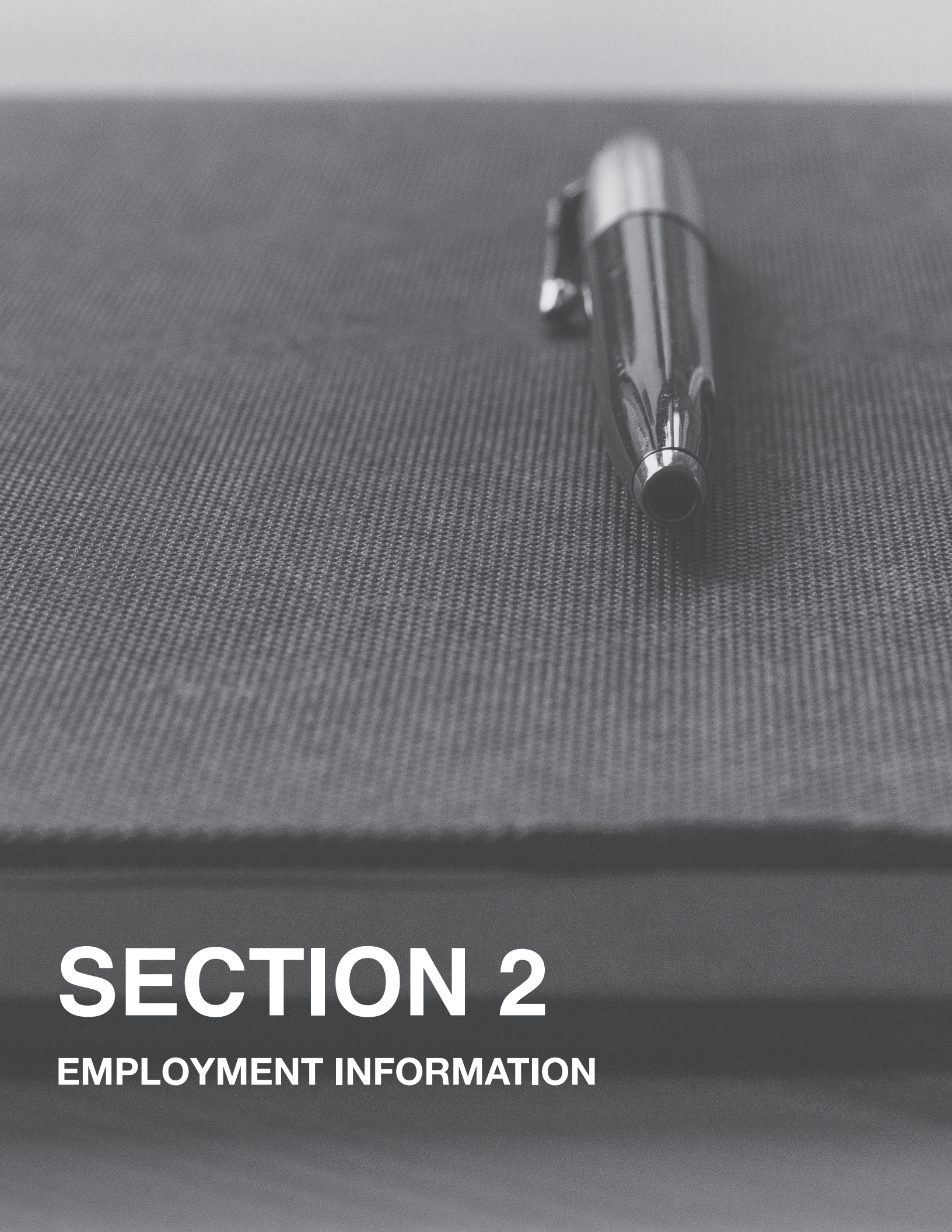
Birthday: _____ Breed: _____

Preferred veterinarian: _____

Preferred caregiver: _____

Special instructions: _____

_____



SECTION 2

EMPLOYMENT INFORMATION

Employment Information

Employer: _____

Address: _____

Date employed: _____

Location of employment agreement/proof of benefits: _____

_____

_____

If you own an interest in your employer or business, is there a buy-sell, redemption or other agreement that applies upon your death?

☐ Yes ☐ No ☐ N/A

Location of agreement: _____

Your Benefits

Pension/deferred compensation plan: _____

_____

_____

Profit sharing: _____ Stock option: _____

Other benefits: _____

Location of documents: _____

_____

Former Employment

List former employers from which you or your beneficiaries may still be entitled to retirement, pension, insurance or other benefits.

Employer 1: _____ Dates employed: _____

Plan/provider contact name and phone number: _____

Pension, profit sharing, etc. benefits: _____

Location of documents: _____

Employer 2: _____ Dates employed: _____

Plan/provider contact name and phone number: _____

Pension, profit sharing, etc. benefits: _____

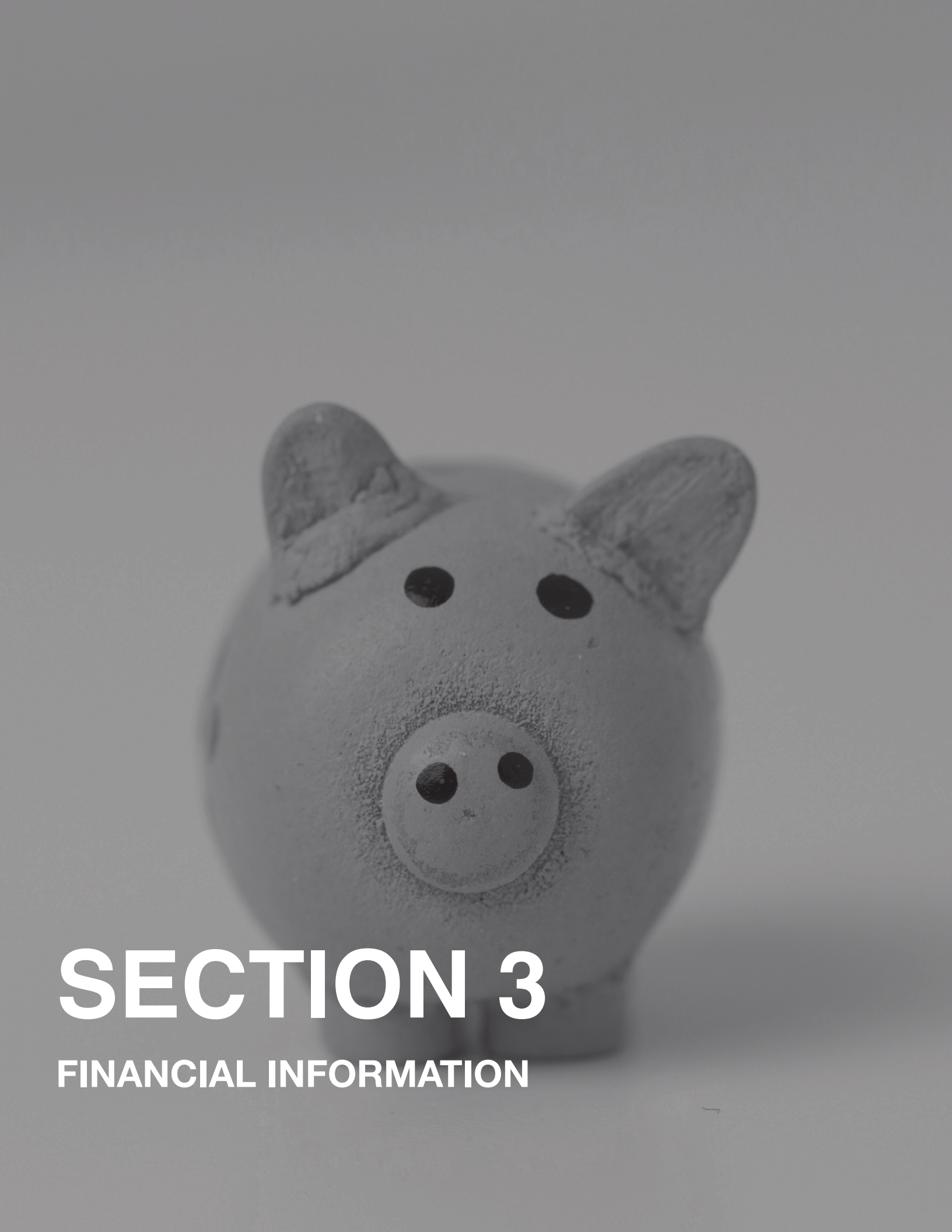
Location of documents: _____

Employer 3: _____ Dates employed: _____

Plan/provider contact name and phone number: _____

Pension, profit sharing, etc. benefits: _____

Location of documents: _____



SECTION 3

FINANCIAL INFORMATION

Professional Advisors

Accountant's name: _____ Phone: _____

Email address: _____

Attorney's name: _____ Phone: _____

Email address: _____

Executor's name: _____ Phone: _____

Email address: _____

Investment advisor's name: _____

Phone: _____ Email address: _____

Financial Power of Attorney:

Name: _____

Relationship: _____ Phone: _____

Email 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-1s?

Name of business: _____

Ownership %: _____

Contact name: _____ Phone: _____

Do you receive any royalties?

Name of organization: _____

Contact name: _____ Phone: _____

MONEY OR PROPERTY OWED TO YOU

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:

1. Bank/Loans: _____

Account number: _____

Address: _____ Phone: _____

Website: _____

2. Bank/Loans: _____

Account number: _____

Address: _____ Phone: _____

Website: _____

3. Mortgage: _____

Account number: _____

Address: _____ Phone: _____

Website: _____

4. Credit cards: _____

Account number: _____

Address: _____ Phone: _____

Website: _____

5. Credit cards: _____

Account number: _____

Address: _____ Phone: _____

Website: _____

6. Other: _____

Location of documents: _____

Financial Information

BANK ACCOUNTS- CHECKING AND SAVINGS

1. Bank name:_____ Phone: _____

Address: _____

Account Number:_____

Account name: _____ Type of account: _____

Website: _____

2. Bank name:_____ Phone: _____

Address: _____

Account Number:_____

Account name: _____ Type of account: _____

Website: _____

3. Bank name:_____ Phone: _____

Address: _____

Account Number:_____

Account name: _____ Type of account: _____

Website: _____

Accounts on auto payment/withdraw: _____

_____

_____

LIFE INSURANCE POLICIES

1. Company: _____

Phone: _____

Address: _____

Name of owner: _____

Name of insured: _____

Policy number: _____ Amount of benefit: _____

Beneficiary: _____ Relationship: _____

2. Company: _____

Phone: _____

Address: _____

Name of owner: _____

Name of insured: _____

Policy number: _____ Amount of benefit: _____

Beneficiary: _____ Relationship: _____

3. Company: _____

Phone: _____

Address: _____

Name of owner: _____

Name of insured: _____

Policy number: _____ Amount of benefit: _____

Beneficiary: _____ Relationship: _____

ADDITIONAL POLICIES

Auto insurance company: _____ Policy no.: _____

Homeowners insurance company: _____

Policy number: _____

Umbrella policy: _____

Policy number: _____

SAFE DEPOSIT BOX, SAFE, OR STRONG BOX

Name of bank: _____ Box type/No. _____

Address: _____ Phone: _____

Location of box/key: _____

Name on account: _____

Contents: _____

Who has access? _____

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 physical or electronic 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:

_____

_____

Valuable collections or items: _____

Location of valuable collections: _____

Vehicles: _____ Location of keys: _____

Location of title: _____ VIN: _____

Other key locations

Houses: _____

Garages: _____

Lock boxes: _____

Safes: _____

RETIREMENT & INVESTMENT ACCOUNTS —
IRAS, 401(K)S, ANNUITIES, ROTH IRAS, ETC.

1. Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Website: _____

2. Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Website: _____

3. Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Website: _____

4. Investment account name & type: _____

Account number: _____

Designated beneficiaries: _____

Contingent beneficiaries: _____

Website: _____

INVESTMENT BROKER ACCOUNTS WITH STOCKS, BOND, ETC.

1. Name of institution: _____

Name of advisor: _____

Address: _____ Phone: _____

Account number: _____

Account titling (ie: TOD, Trust, Name): _____

2. Name of institution: _____

Name of advisor: _____

Address: _____ Phone: _____

Account number: _____

Account titling (ie: TOD, Trust, Name): _____

3. Name of institution: _____

Name of advisor: _____

Address: _____ Phone: _____

Account number: _____

Account titling (ie: TOD, Trust, Name): _____

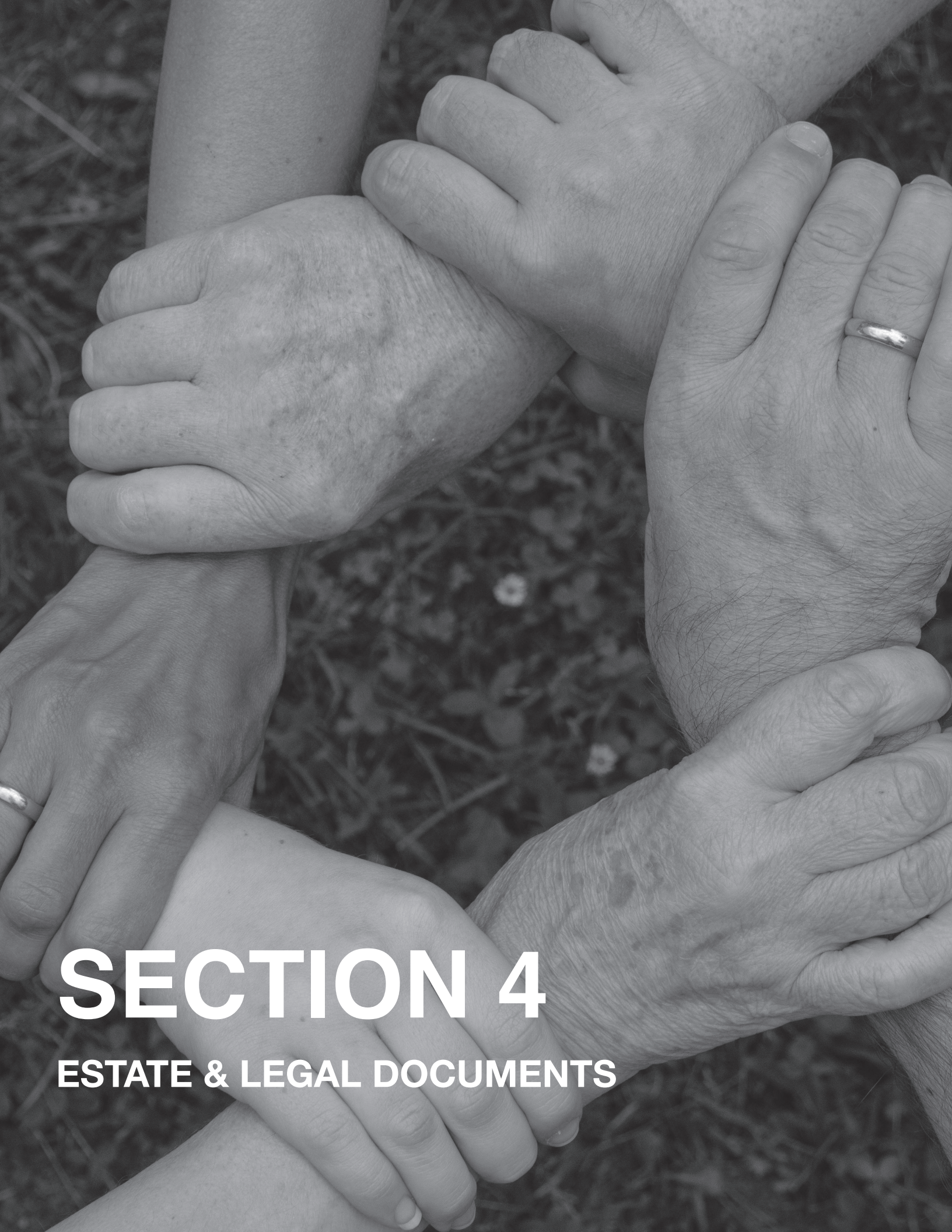
4. Name of institution: _____

Name of advisor: _____

Address: _____ Phone: _____

Account number: _____

Account titling (ie: TOD, Trust, Name): _____



SECTION 4

ESTATE & LEGAL DOCUMENTS

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 / Living Will

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:_____

**Most states recognize an out-of-state document but it is highly recommended to complete the specific forms for the state where you spend the majority of your time.*

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: _____

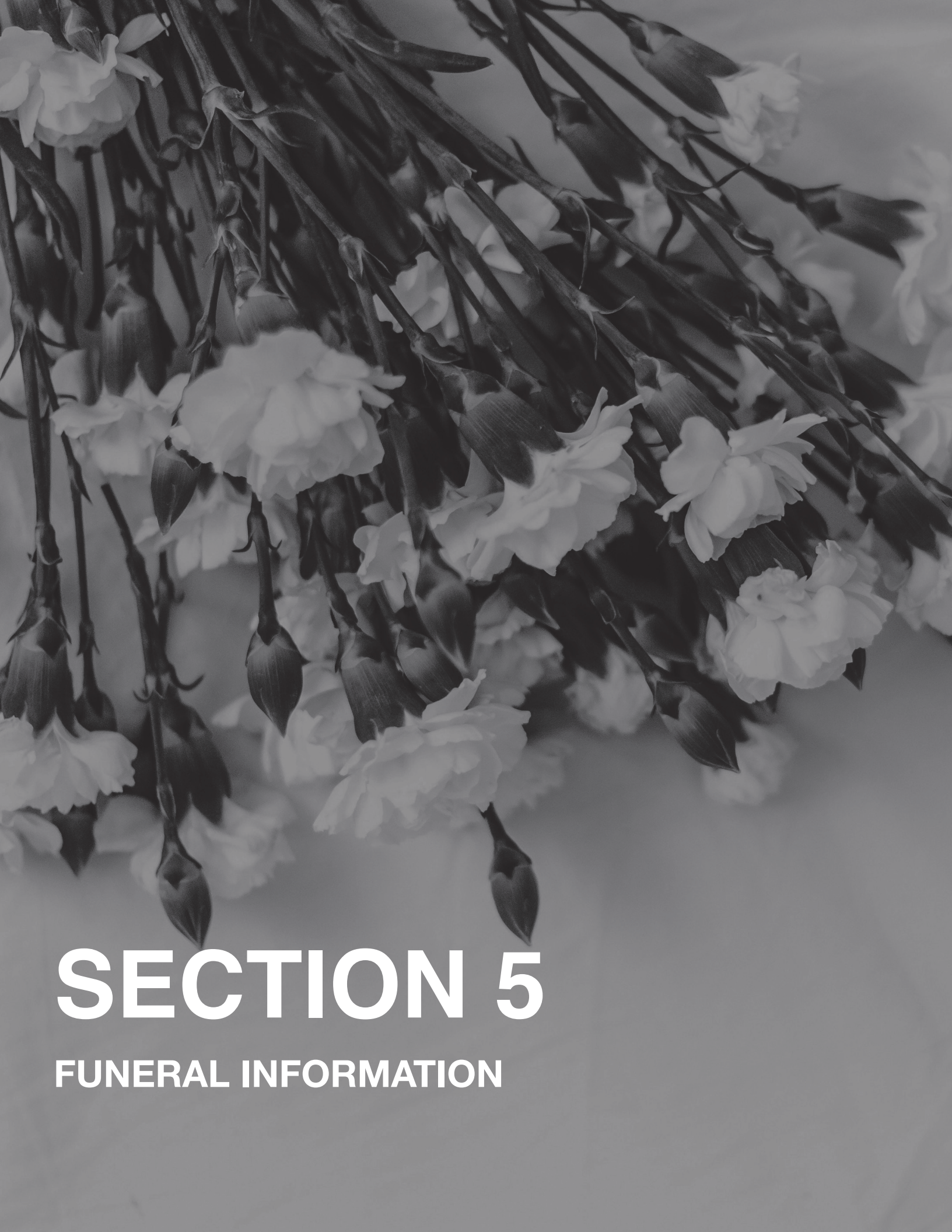
Username: _____ Password: _____

Other account: _____

Username: _____ Password: _____

Other account: _____

Username: _____ Password: _____



SECTION 5

FUNERAL INFORMATION

Funeral, Memorial & Celebration of Life Preferences

Have you made funeral, burial, cremation or memorial pre-arrangements?

☐ Yes ☐ No

Disposition of remains: (ie: burial, cremation, other): _____

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:

Primary charity for donations: _____

Death notice publication or website preferences: _____

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

JOHN A. KNUTSON & CO., PLLP