

**Estate Planning Organizer**  
Single

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**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

\*\* Preferred method of contact     Email     Home telephone     Cell phone     Work phone

\*\* Preferred method of document delivery     Secure email     Physical copy     Both

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

U.S. Citizen     YES     NO    Are you a veteran?     YES     NO

Disabled?     YES     NO    Diagnosis \_\_\_\_\_    Receiving SSDI?     YES     NO

Brief description of health condition \_\_\_\_\_

Employer /  Retired from \_\_\_\_\_

Position \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**PREVIOUS Marriages**

Spouse's Name \_\_\_\_\_

Was there a:

Date of Marriage \_\_\_\_\_

\*Prenuptial Agreement     YES     NO

Date of Divorce \_\_\_\_\_

\*Separation Agreement     YES     NO

If widow/er, spouse's name & date of death \_\_\_\_\_

\*Divorce Agreement     YES     NO

Spouse's Name \_\_\_\_\_

Was there a:

Date of Marriage \_\_\_\_\_

\*Prenuptial Agreement     YES     NO

Date of Divorce \_\_\_\_\_

\*Separation Agreement     YES     NO

If widow/er, spouse's name & date of death \_\_\_\_\_

\*Divorce Agreement     YES     NO

*\*Please attach a copy of any such agreement.*

**CHILDREN** (Please continue on the opposite side if necessary)

**Child 1** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 1 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 2** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 2 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 3** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 3 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 4** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 4 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

**Child 5** Full name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email address \_\_\_\_\_  
Marital status \_\_\_\_\_ # of children \_\_\_\_\_  
Does Child 5 have a:  Will  Power of Attorney  Health Care Proxy  Living Will  Trust(s)

Do any of your children or grandchildren have physical or mental impairments/disabilities? If so, please describe.

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**OTHER Surviving Family**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Sister(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brother(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grandchildren \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADVISORS**

**Accountant**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Financial Advisor**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Attorney**

Name \_\_\_\_\_  
Practice Area \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Insurance Agent**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Other** *(Please state relationship)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Facsimile Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**FINANCIAL INFORMATION**

**CASH ACCOUNTS**

Name of Bank	Account Type	Owner(s)	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTES AND ACCOUNTS RECEIVABLE** *(Debts payable to you)*

Holder	Debtor's Name	Purpose	Current Balance	Maturity Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MARKETABLE INVESTMENTS** *(e.g., stocks, mutual funds, etc.)*

Name of Stock/Fund & # of Shares	Owner(s)	Purchase Price	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BONDS** *(e.g., corporate, municipal, savings, etc.)*

Type of Bond & Amount	Owner(s)	Purchase Price	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CLOSELY OWNED BUSINESSES** (e.g., Sole Proprietorship, S-Corp, LLC, Partnership)

**Entity Name** \_\_\_\_\_

Type of Entity \_\_\_\_\_

Owner & Percentage \_\_\_\_\_

Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_

Owner \_\_\_\_\_

Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Line of credit balance \_\_\_\_\_

**Entity Name** \_\_\_\_\_

Type of Entity \_\_\_\_\_

Owner & Percentage \_\_\_\_\_

Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_

Owner \_\_\_\_\_

Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Line of credit balance \_\_\_\_\_

**Entity Name** \_\_\_\_\_

Type of Entity \_\_\_\_\_

Owner & Percentage \_\_\_\_\_

Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_

Owner \_\_\_\_\_

Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Line of credit balance \_\_\_\_\_

**Entity Name** \_\_\_\_\_

Type of Entity \_\_\_\_\_

Owner & Percentage \_\_\_\_\_

Cost \_\_\_\_\_ Current Value \_\_\_\_\_

**Business Owned Real Estate**

Address \_\_\_\_\_

Owner \_\_\_\_\_

Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_

Mortgage Balance \_\_\_\_\_

Line of credit balance \_\_\_\_\_

**RESIDENTIAL REAL ESTATE**

**Address** \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage balance \_\_\_\_\_  
Home equity line of credit balance \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage balance \_\_\_\_\_  
Home equity line of credit balance \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage balance \_\_\_\_\_  
Home equity line of credit balance \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage balance \_\_\_\_\_  
Home equity line of credit balance \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
Owner(s) \_\_\_\_\_  
Purchase Price & Date \_\_\_\_\_ Value \_\_\_\_\_  
Mortgage balance \_\_\_\_\_  
Home equity line of credit balance \_\_\_\_\_



**INCOME - CURRENT YEAR**

Salary	_____
Bonuses	_____
Director's Fees	_____
Taxable Interest	_____
Tax-Exempt Interest	_____
Dividends	_____
Partnerships	_____
Trusts	_____
Retirement/Pension Distributions	_____
Social Security Benefits	_____
Veteran's Benefits	_____
Rents	_____
IRAs/Annuities	_____
Other Income (Please list)	_____
_____	_____

**RETIREMENT PLAN/DEFERRED COMPENSATION**

	Custodian	Amount	Primary Beneficiary	Successor Beneficiary
Profit Sharing/ Pension Plan	_____	_____	_____	_____
Deferred Compensation Plan	_____	_____	_____	_____
Individual Retirement Account	_____	_____	_____	_____
Keogh Account	_____	_____	_____	_____
401(k) or 403(b) Plan	_____	_____	_____	_____

**LIFE INSURANCE** (Please include all policies owned by you and your family)

**Policy 1**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 2**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 3**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 4**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

**Policy 5**

Name of Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Face Amount \_\_\_\_\_  
Insured \_\_\_\_\_ Owner of Record \_\_\_\_\_  
Designated Beneficiary \_\_\_\_\_  
Current Cash Value \_\_\_\_\_ Outstanding Loan Balance \_\_\_\_\_

*Please continue on the opposite side if necessary.*

**MISCELLANEOUS ASSETS** *(Current Market Values)*

**Personal Property**

Furnishings	_____
Automobiles	_____
Boats, RVs & Snowmobiles	_____
Other Vehicles	_____
Art	_____
Jewelry	_____
Furs	_____
Collections	_____
Antiques	_____
Other _____	_____
_____	_____
_____	_____
_____	_____

**PREPAID BURIAL ACCOUNTS** *(Please provide itemized statements)*

Do you have a prepaid burial account?     Yes     No    Value of Account \_\_\_\_\_

Location of account \_\_\_\_\_  
(Name and address of funeral home) \_\_\_\_\_

Do you have a burial plot or niche?     Yes     No    Value of plot \_\_\_\_\_

Location \_\_\_\_\_  
(Name and address of cemetery) \_\_\_\_\_

**LIABILITIES**

**NOTES PAYABLE/BANK LOANS**

Name of Creditor	Purpose	Current Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSTALLMENT LOANS/CREDIT ACCOUNTS**

Name of Creditor	Purpose	Current Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL LIABILITIES** *(Mortgages should be listed with Business Owned and Residential Real Estate)*

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MISCELLANEOUS INFORMATION

Please provide a copy of each of the following documents with the completed Organizer:

- ❖ Current Last Will and Testament, Power of Attorney, Statutory Gifts Rider, Health Care Proxy, Living Will, Trust Agreements
❖ Federal & State Income Tax returns for the previous year
❖ Family agreements (e.g., guardianship, support, separation or property settlement)
❖ Partnership or other business agreements, (e.g., buy/sell or employment agreements)

- 1. Do you expect to inherit property from someone else? [ ] Yes [ ] No
2. Do you hold any Powers of Appointment under any Trust Agreement or Will? [ ] Yes [ ] No
3. Are you a beneficiary of any trusts, life insurance policies, pension plans, annuities or assets with a right of survivorship? [ ] Yes [ ] No
4. Do you have any charitable interests or commitments? [ ] Yes [ ] No
5. Do you have Long Term Care Insurance? If so, please provide a copy of policy(ies). [ ] Yes [ ] No
6. Do you own a safe deposit box? Location \_\_\_\_\_ [ ] Yes [ ] No
7. Do you have any of the following estate planning documents?
Last Will and Testament [ ] Yes [ ] No
Power of Attorney [ ] Yes [ ] No
Statutory Gifts Rider [ ] Yes [ ] No
Health Care Proxy [ ] Yes [ ] No
Living Will [ ] Yes [ ] No
Trust [ ] Yes [ ] No

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Confidentiality Notice: We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

By signing below, I certify that the above information is complete and accurate, knowing that the legal advice I receive will be based upon this data.

Signed \_\_\_\_\_ Dated \_\_\_\_\_