PERSONAL AFFAIRS ORGANIZER

ESTATE PLANNING
&
ELDER LAW SERVICES

42000 Six Mile Road, Suite 125
Northville, Michigan 48168
Phone: (888) PLAN-050
Web: www.formyplan.com

To My Loved Ones

This booklet contains important documents and information which should spare you much anxiety, grief, bother and expense if I become incapacitated or pass away. I prepared certain estate planning documents. If I die or become unable to manage my own affairs, you should contact my attorneys (see page 18) right away to make sure you understand what should be done legally to protect me and my estate. This is especially true if it looks like I will need long term medical or nursing care. There are things that should be done before I enter long term care to make sure that my assets are protected and preserved.

I hope you will find the information in this booklet helpful. Thank you for your love and care, throughout the years, but especially during these difficult times.

Signature: _____

Date: _____

Important

This booklet contains important Estate Planning Documents and information that will be needed if you become incapacitated or pass away. It should be kept in a safe place at home.

DO NOT KEEP THIS BOOKLET IN A SAFE DEPOSIT BOX!

A trusted family member or friend should know where it is at all times.

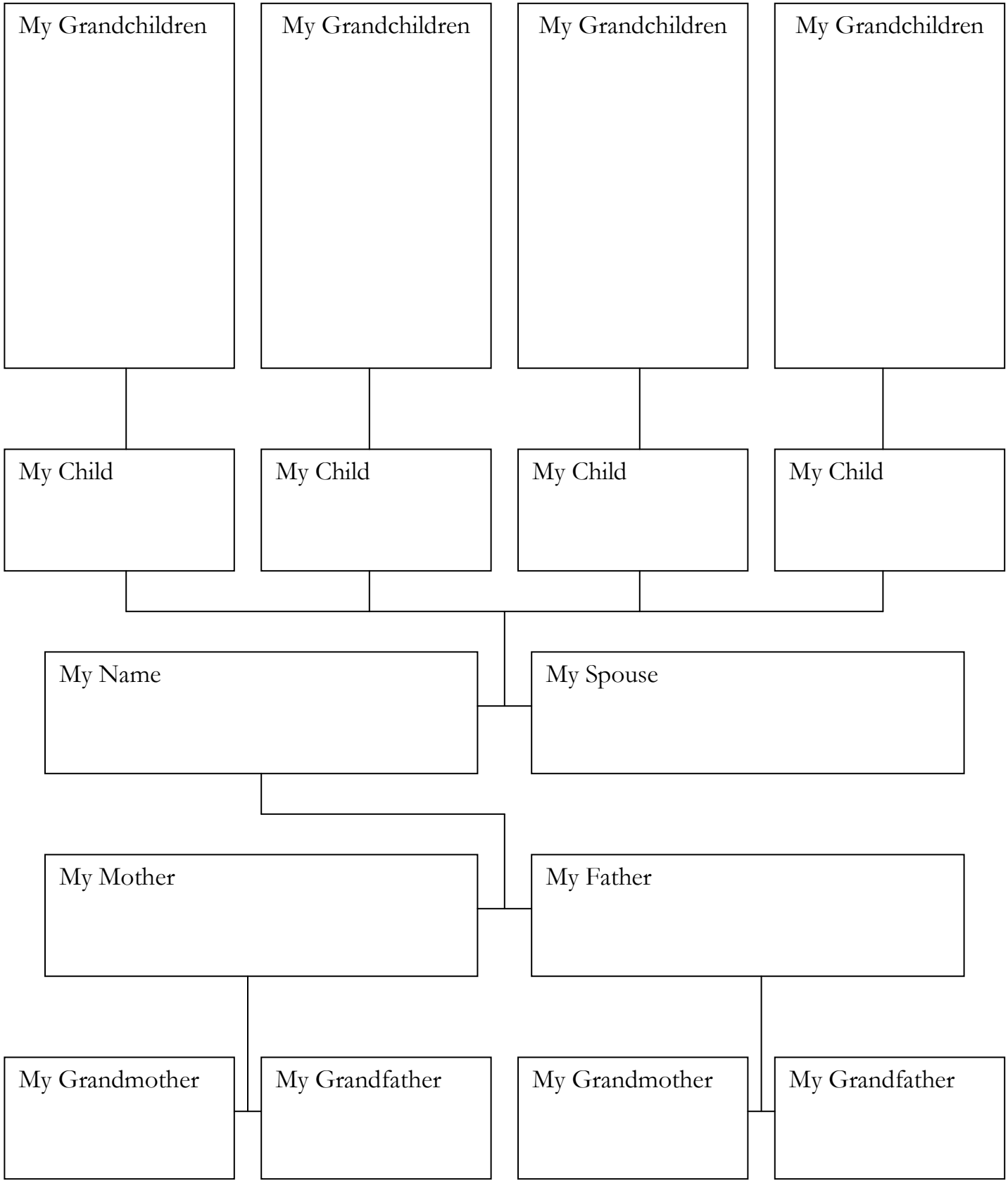
TABLE OF CONTENTS

GENERAL PERSONAL INFORMATION

Full Legal Name	_____
Current Address	_____
Phone Number	_____
Social Security Number	_____
Drivers License Number	_____
Gender	_____
Name At Birth	_____
Place of Birth	_____
Date of Birth	_____
Country of Citizenship	_____
Marital Status	_____
Name of Spouse	_____
Father's Name	_____
Mother's Name	_____
Occupation	_____
Retirement Date	_____
Branch of Service	_____
Date Entered Service	_____
Date Discharged	_____
Veteran's Serial Number	_____

MY FAMILY TREE

(Include Full Names and Birthdays)



PRIMARY CARE PHYSICIAN

Name

_____

First M.I. Last

Address

_____

Street City State Zip

Phone _____

PHYSICIAN

Name

_____

First M.I. Last

Address

_____

Street City State Zip

Phone _____

PHARMACIST

Name

_____

First M.I. Last

Address

_____

Street City State Zip

Phone _____

SPECIAL MEDICAL CONDITIONS/ALLERGIES

_____

_____

_____

_____

BANK ACCOUNTS

☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Safety Deposit Box

Bank/Credit Union ____
Name Location/Branch

Account # ___________________________

Account in Name of: ____

Contents of Safety Deposit Box: ____________________________________

____

☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Safety Deposit Box

Bank/Credit Union ____
Name Location/Branch

Account # ___________________________

Account in Name of: ____

Contents of Safety Deposit Box: ____________________________________

____

☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Safety Deposit Box

Bank/Credit Union ____
Name Location/Branch

Account # ___________________________

Account in Name of: ____

Contents of Safety Deposit Box: ____________________________________

____

☐ Checking ☐ Savings ☐ CD ☐ Money Market ☐ Safety Deposit Box

Bank/Credit Union ____
Name Location/Branch

Account # ___________________________

Account in Name of: ____

Contents of Safety Deposit Box: ____________________________________

____

STOCKS

Name of Stock _____

Certificate # _____ # of Shares_____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares_____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares_____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares_____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares_____

Account in Name of: _____

Name of Stock _____

Certificate # _____ # of Shares_____

Account in Name of: _____

BONDS

Bond Owned By: _____
Name

Issuer _____ Value $_____

Beneficiary: _____
Name

Bond Owned By: _____
Name

Issuer _____ Value $_____

Beneficiary: _____
Name

Bond Owned By: _____
Name

Issuer _____ Value $_____

Beneficiary: _____
Name

Bond Owned By: _____
Name

Issuer _____ Value $_____

Beneficiary: _____
Name

MUTUAL FUNDS

Owner _____
Name
Name of Fund: _____ Account #:_____

Name of Company: _____ Phone #:_____

Owner _____
Name
Name of Fund: _____ Account #:_____

Name of Company: _____ Phone #:_____

Owner _____
Name
Name of Fund: _____ Account #:_____

Name of Company: _____ Phone #:_____

Owner _____
Name
Name of Fund: _____ Account #:_____

Name of Company: _____ Phone #:_____

Owner _____
Name
Name of Fund: _____ Account #:_____

Name of Company: _____ Phone #:_____

Owner _____
Name
Name of Fund: _____ Account #:_____

Name of Company: _____ Phone #:_____

ANNUITIES

Owner _____
Name
Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____
Name

Owner _____
Name
Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____
Name

Owner _____
Name
Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____
Name

Owner _____
Name
Account No(s)_____

Name of Institution_____ Phone #_____

Beneficiary _____
Name

RETIREMENT PLANS

Plan Type: ☐ Trad. IRA ☐ Roth IRA ☐ 401K ☐ 403B ☐ Other________

Owner ____
Name

Account No(s)______________________________________

Name of Institution_________________________ Phone #__________

Beneficiary ____
Name

Plan Type: ☐ Trad. IRA ☐ Roth IRA ☐ 401K ☐ 403B ☐ Other________

Owner ____
Name

Account No(s)______________________________________

Name of Institution_________________________ Phone #__________

Beneficiary ____
Name

Plan Type: ☐ Trad. IRA ☐ Roth IRA ☐ 401K ☐ 403B ☐ Other________

Owner ____
Name

Account No(s)______________________________________

Name of Institution_________________________ Phone #__________

Beneficiary ____
Name

Plan Type: ☐ Trad. IRA ☐ Roth IRA ☐ 401K ☐ 403B ☐ Other________

Owner ____
Name

Account No(s)______________________________________

Name of Institution_________________________ Phone #__________

Beneficiary ____
Name

LIFE INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Beneficiary _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Beneficiary _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Beneficiary _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Beneficiary _____

HOMEOWNER'S INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Residence _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Residence _____

AUTOMOBILE INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Vehicle _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Vehicle _____

MEDICAL/HEALTH INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

DENTAL/VISION INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

LONG TERM CARE INSURANCE

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

OTHER INSURANCE (Marine, Renters, Umbrella Policy, Etc.)

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Type _____

Owner _____

Policy No(s) _____

Name of Company _____

Name of Agent _____ Phone #_____

Type _____

REAL ESTATE

1. Address _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

2. Address _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

3. Address _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

4. Address _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

MOTOR VEHICLES/BOATS

1. Year/Make/Model _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

2. Year/Make/Model _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

3. Year/Make/Model _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

3. Year/Make/Model _____

   Owner(s) on Title _____

   Year Purchased _____ Purchase Price _____

FINANCIAL INFORMATION - DEBTS

Creditor	Property Affected	Amount Owed

MONTHLY INCOME

Source of Income	Amount	Expected Ending Date

MONTHLY FIXED EXPENSES

Payee	Amount	Purpose

DOCUMENT LOCATION

Birth and Marriage Certificates	
Insurance Policies	
Savings Account Passbooks	
Checks and Check Records	
Tax Returns	
Receipts	
Current Unpaid Bills	
Stock and Bond Certificates	
Military Records	
Deeds and Mortgages	
Drivers License	
Social Security Card	
Vehicle/Boat Registrations	
Contracts	
Other	
Other	
Other	
Locations of Bank Boxes	

These are the professionals that I trust and would want to assist with my needs.

	Name of Professional	Telephone No.
Estate Planning Attorneys*	Estate Planning & Elder Law Services, P.C.	(734) 432-3132
Physicians/Dentists		
Minister/Priest/Rabbi		
Financial Advisor		
Accountant/Tax Preparer		
Insurance Agent		
Funeral Home Director		
Real Estate Agent		
Other		

* Although the attorneys at Estate Planning & Elder Law Services, P.C. deal almost exclusively with Elder Law, Estate Planning and Estate Administration matters, they are able to provide referrals to competent attorneys practicing in other areas.

You can help ensure that your funeral or memorial service reflects your wishes by providing the following information.

Cemetery of Choice _____

Cemetery Costs Are Prepaid ____ Yes ____ No

Funeral Home of Choice _____

Funeral Costs Are Prepaid ____ Yes ____ No

Favorite Poem or Scripture _____

My Favorite Song or Music _____

My Favorite Flower _____

My Favorite Color _____

My Favorite Things _____

_____

_____

I Want My Family to Remember Me For: _____

_____

_____

_____

Other Special Instructions _____

_____

_____

_____