



Asset Organizer

Estate Planning and Long-Term Care Planning

ESTATE PLANNING and ADMINISTRATION

Eight 3rd Street North, Suite 507

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Post Office Box 1484

Great Falls, Montana 59403

(406) 727-2200 or (406) 727-2227 Facsimile

www.MontanaEstateLawyer.com

Thank you for choosing us to assist with your Estate Planning.

A comprehensive view of your estate will allow us to identify planning needs that are specific to you.

To help you with our organizer, we have included these brief instructions:

- ◆ Please allow yourself ample time to complete this organizer.
- ◆ Please be as thorough as possible.
- ◆ Please provide an estimated value for each asset. Ballpark estimations values are acceptable.
- ◆ If you are unsure how to answer a question, please contact our office.

All the information you provide remains 100% confidential.

BANK ACCOUNTS

Checking, Savings, Certificate of Deposit, Money Market and Health/Medical Savings

Institution: _____

Acct. Owner: _____

☐ Auto-Deposits/Withdrawals

Acct. Type

Acct. No.

Est. Balance

Institution: _____

Acct. Owner: _____

☐ Auto-Deposits/Withdrawals

Acct. Type

Acct. No.

Est. Balance

Institution: _____

Acct. Owner: _____

☐ Auto-Deposits/Withdrawals

Acct. Type

Acct. No.

Est. Balance

Institution: _____

Acct. Owner: _____

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Acct. Type

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Est. Balance

Institution: _____

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Acct. Type

Acct. No.

Est. Balance

Institution: _____

Acct. Owner: _____

☐ Auto-Deposits/Withdrawals

Acct. Type

Acct. No.

Est. Balance

INVESTMENTS

Stocks, Bonds, Mutual Fund, Brokerage Accounts and Other Investment Accounts

NOTE: You do not need to list individual stocks that are held within a single investment account,. Simply list the investment account.

Institution: _____ Acct. Owner: _____

Acct. Type	Acct. No.	Est. Value
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Institution: _____ Acct. Owner: _____

Acct. Type	Acct. No.	Est. Value
------------	-----------	------------

Institution: _____ Acct. Owner: _____

Acct. Type	Acct. No.	Est. Value
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Institution: _____ Acct. Owner: _____

Acct. Type	Acct. No.	Est. Value
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Acct. Type	Acct. No.	Est. Value
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Acct. Type	Acct. No.	Est. Value
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Institution: _____ Acct. Owner: _____

Acct. Type	Acct. No.	Est. Value
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Institution: _____ Acct. Owner: _____

Acct. Type	Acct. No.	Est. Value
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RETIREMENT ACCOUNTS

Pension, Profit Sharing, Deferred Compensation, IRA, Roth IRA, SEP, 401K, etc.

Institution: _____

Acct Owner: _____

Acct. Type

Acct. No.

Est. Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Acct. Type

Acct. No.

Est. Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Acct. Type

Acct. No.

Est. Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Acct. Type

Acct. No.

Est. Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Acct. Type

Acct. No.

Est. Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

LIFE INSURANCE & ANNUITIES

Whole Life, Term Policies, Long Term Care, Disability, and Annuities

Institution: _____

Acct Owner: _____

Insured/Annuitant: _____

Acct. Type

Contract/Policy No.

Death Benefit / Est. Cash Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Insured/Annuitant: _____

Acct. Type

Contract/Policy No.

Death Benefit / Est. Cash Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Insured/Annuitant: _____

Acct. Type

Contract/Policy No.

Death Benefit / Est. Cash Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Insured/Annuitant: _____

Acct. Type

Contract/Policy No.

Death Benefit / Est. Cash Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

Institution: _____

Acct Owner: _____

Insured/Annuitant: _____

Acct. Type

Contract/Policy No.

Death Benefit / Est. Cash Value

Current Primary Beneficiary: _____

Current Contingent Beneficiary: _____

REAL PROPERTY

Residence, Real Estate, Land, Oil/Mineral Ownership, etc.

RESIDENCE:

Address/Property Description

County

State

Owner(s)

Est. Market Value: _____ Purchase Price: _____ Mortgage Balance: _____

Address/Property Description

County

State

Owner(s)

Est. Market Value: _____ Purchase Price: _____ Mortgage Balance: _____

Address/Property Description

County

State

Owner(s)

Est. Market Value: _____ Purchase Price: _____ Mortgage Balance: _____

Address/Property Description

County

State

Owner(s)

Est. Market Value: _____ Purchase Price: _____ Mortgage Balance: _____

Address/Property Description

County

State

Owner(s)

Est. Market Value: _____ Purchase Price: _____ Mortgage Balance: _____

PERSONAL & OTHER PROPERTY

Please List:

Titled Property: Motor Vehicles, Trailers, ATVs, Boats, Campers, etc.

Personal Property: Art, Collections, Jewelry, other items valued over \$5,000

Any assets that did not fit into the categories above: Timeshares, Loans, etc.

Property Description	Owner (as listed on title)	Est. Value / Amount Owed
Property Description	Owner (as listed on title)	Est. Value / Amount Owed
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Property Description	Owner (as listed on title)	Est. Value / Amount Owed

BUSINESS INTERESTS

Closely held Corporations, Private Businesses, Partnerships, LLCs, etc.

NOTE: Under "Managing Member/Partner" please put the name of the person we can contact for copies of Corporate Books, Stock Certificates, Articles of Organization, Operating/Partnership Agreements, and other business information. In some cases this may be you or your business attorney.

Business Name: _____

Entity Type	Owner	Interest Percentage	Est. Value of Interest
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Managing Member/Partner: _____

Telephone: _____ Email: _____

Business Name: _____

Entity Type	Owner	Interest Percentage	Est. Value of Interest
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Managing Member/Partner: _____

Telephone: _____ Email: _____

Business Name: _____

Entity Type	Owner	Interest Percentage	Est. Value of Interest
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Managing Member/Partner: _____

Telephone: _____ Email: _____

Business Name: _____

Entity Type	Owner	Interest Percentage	Est. Value of Interest
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Managing Member/Partner: _____

Telephone: _____ Email: _____

Business Name: _____

Entity Type	Owner	Interest Percentage	Est. Value of Interest
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Managing Member/Partner: _____

Telephone: _____ Email: _____

YOUR ADVISORS

We may need to contact these persons during your Estate Planning

Are any of the above-listed accounts managed by a financial advisor? ☐ Yes ☐ No

If yes, please list:

Name	Institution	Telephone	Email
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Institution	Telephone	Email
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Institution	Telephone	Email
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are any of the above-listed policies managed by an insurance agent? ☐ Yes ☐ No

If yes, please List:

Name	Institution	Telephone	Email
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Institution	Telephone	Email
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name	Institution	Telephone	Email
May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please enclose copies of your most recent account statements and summaries, copies of your bonds and stock certificates, copies of your vehicle titles (vehicles, trailers, etc.), and copies of your property deeds.

Add additional pages as necessary.