

ESTATE ORGANIZER

SCHEDULE OF ASSETS

AND

OTHER INFORMATION

FOR



PREPARED BY:
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GENERAL INFORMATION TO OUR FAMILY

1. MISCELLANEOUS:

a) Our personal safe is located at:

b) Our tax records are located at:

c) Our safe deposit box is located at:

d) The keys to the safe deposit box are located at:

e) We have someone else's property in our possession.

_____ 's property is identifiable as:

f) Other:

2. **ADVISORS:**

*{We suggest that you complete this section in pencil
so that changes can be made as necessary.}*

NAME	ADDRESS	TELEPHONE
*Personal Representative(s)		
*Trustee(s)		
Fiffik Law Group Attorney	Foster Plaza 7, Ste. 315 661 Andersen Drive Pittsburgh, PA 15220	(412) 391-1014
Doctor		
Religious Advisor		
Guardian		
CPA		
Insurance Agent		
Stockbroker		

GENERAL INFORMATION TO MY FAMILY FROM WIFE

1. **DIRECTIONS FOR MEMORIAL SERVICES:**

2. **BURIAL:**

My body should be buried in _____
cemetery located in _____

My body should be cremated and the ashes

My body should be donated to

Other, specify

3. **SPECIFIC COMMENTS, WISHES, THOUGHTS:**

GENERAL INFORMATION TO MY FAMILY FROM HUSBAND

1. **DIRECTIONS FOR MEMORIAL SERVICES:**

2. **BURIAL:**

My body should be buried in _____
cemetery located in _____

My body should be cremated and the ashes

My body should be donated to

Other, specify

3. **SPECIFIC COMMENTS, WISHES, THOUGHTS:**

ACCOUNTS

Logins and Passwords

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

Business: _____

Website: _____

Account Number: _____

Email Address: _____

Login Name: _____

Password: _____

Hint #1: _____ Hint #2: _____

Hint #3: _____ Note: _____

SCHEDULE OF TAX-DEFERRED INVESTMENTS

[Include copies of the face page of policies, agreements, etc.]

Location of originals: _____

TYPE & ACCOUNT NUMBER	COMPANY	BENEFICIARY DESIGNATIONS	
		PRIMARY	CONTINGENT
PENSION #			
PROFIT SHARING #			
I.R.A.'s #			
KEOGHS #			
TAX-DEFERRED ANNUITIES #			
OTHER #			

SCHEDULE OF LIFE INSURANCE / TAX-DEFERRED ANNUITIES

[Include copies of the face page of insurance policies]

Location of originals: _____

LIFE INSURANCE (Include accidental death policies)				
Company	Account Number	Insured Person	Beneficiary Primary	Designations Contingent
ANNUITIES				

SCHEDULE OF OTHER TYPES OF INSURANCE

Include copies of the face page of insurance policies.

Location of originals: _____

TYPE	COMPANY	AMOUNT AND TYPE OF BENEFITS
DISABILITY		
MEDICAL		
AUTO		
HOMEOWNERS		
OTHER LIABILITY		
OTHER		