

# Organizing Your Estate Worksheet

## WILL AND/OR TRUST

The Will (Trust) is located:

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The person designated to carry out its provisions is:

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If that person cannot or will not serve, the alternate is:

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Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_


## INCOME BENEFITS

### 1. Company Benefits

My (our) heirs will receive the following company benefits:

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Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



## 2. Social Security Benefits

To receive Social Security benefits, go to the \_\_\_\_\_  
Social Security office.

Do this promptly because a delay may void benefits. When you go, take:

(1) my Social Security card; (2) my death certificate; (3) your birth certificate;  
(4) our marriage certificate; (5) birth certificates for each child.

## 3. Veterans' Benefits

You are/are not eligible for veterans' benefits: \_\_\_\_\_

To receive these benefits, you should do the following:

\_\_\_\_\_  
\_\_\_\_\_

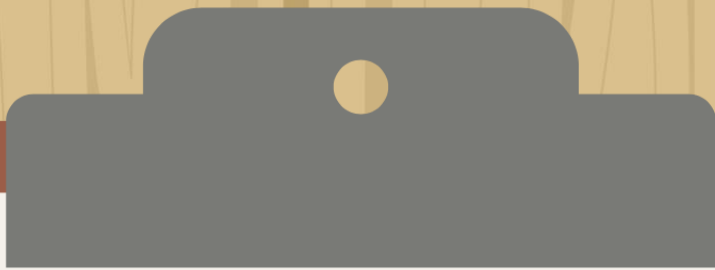
## 4. Life Insurance Coverage

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Face Value: \_\_\_\_\_ Person insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Face Value: \_\_\_\_\_ Person insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_



## **FAMILY INFORMATION**

**Family member's name:**

_____	Address: _____
	Social Security #: _____
_____	Address: _____
	Social Security #: _____
_____	Address: _____
	Social Security #: _____
_____	Address: _____
	Social Security #: _____
_____	Address: _____
	Social Security #: _____



## MILITARY SERVICE HISTORY

Branch of Service: \_\_\_\_\_ Service number: \_\_\_\_\_

Length of Service: \_\_\_\_\_ From: \_\_\_\_\_ Until: \_\_\_\_\_

Rank: \_\_\_\_\_

Location and description of important military documents:

\_\_\_\_\_

## FUNERAL INSTRUCTIONS

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

My (our) place of burial is located at: \_\_\_\_\_

I (we) request burial in the following manner: \_\_\_\_\_

I (we) request that memorial gifts be given to the following church/organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_