



Harris myCFO[®] Estate Organizer

Harris myCFO® || Estate Organizer

After completing this form on your computer, please select "Save As" from the "File" menu, give the file a name, and save to your hard drive. You may want to print a hard copy of the completed Organizer to place with your other important papers and let a family member or advisor know where these papers are located. If you have any questions or need assistance with this form, please contact your Harris myCFO advisor.

FAMILY INFORMATION

| Personal | | | |
|----------------------------------|--|--------------------|--|
| Full Name: | | | |
| Other Names: | | | |
| Address: | | | |
| Home Telephone: | | Mobile Telephone: | |
| Employer: | | | |
| Employer Address: | | | |
| Work Telephone: | | | |
| Birth Date: | | Birth Place: | |
| Citizenship: | | Social Security #: | |
| Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married or Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | |
| Date of Marriage or Civil Union: | Date of Divorce: | DOD/Spouse: | |
| Children | | | |
| Name: | | | |
| Address: | | | |
| Telephone: | Date of Birth: | Date of Death: | |
| Name: | | | |
| Address: | | | |
| Telephone: | Date of Birth: | Date of Death: | |
| Name: | | | |
| Address: | | | |
| Telephone: | Date of Birth: | Date of Death: | |
| Name: | | | |
| Address: | | | |
| Telephone: | Date of Birth: | Date of Death: | |

FAMILY INFORMATION, CONTINUED

| Children, continued | | | |
|---------------------|----------------|----------------|------------|
| Name: | | | |
| Address: | | | |
| Telephone | Date of Birth: | Date of Death: | |
| Name: | | | |
| Address: | | | |
| Telephone | Date of Birth: | Date of Death: | |
| Other Family | | | |
| Mother: | | | |
| Address: | | | |
| Telephone | Date of Birth: | Date of Death: | |
| Father: | | | |
| Address: | | | |
| Telephone | Date of Birth: | Date of Death: | |
| Sibling: | | | Telephone: |
| Address: | | | |
| Sibling: | | | Telephone: |
| Address: | | | |
| Sibling: | | | Telephone: |
| Address: | | | |
| Sibling: | | | Telephone: |
| Address: | | | |
| Sibling: | | | Telephone: |
| Address: | | | |
| Other Family: | | | Telephone: |
| Address: | | | |
| Other Family: | | | Telephone: |
| Address: | | | |

ADVISORS

| | |
|-------------------------|------------|
| CPA: | Telephone: |
| Address: | |
| Attorney: | Telephone: |
| Address: | |
| Financial Planner: | Telephone: |
| Address: | |
| Insurance Professional: | Telephone: |
| Address: | |
| Private Banker: | Telephone: |
| Address: | |

WILL AND REVOCABLE LIVING TRUST INFORMATION

| | |
|--------------------------------------|----------------|
| Location of Original Will and Trust: | Date of Will: |
| Location of Conformed Copy: | |
| Executor: | |
| Successor: | Successor: |
| Name of Trust: | Date of Trust: |
| Location of Original Trust: | |
| Trustee: | |
| Successor: | Successor: |

OTHER TRUSTS

| | |
|-----------------------------|----------------|
| Name of Trust: | Date of Trust: |
| Location of Original Trust: | |
| Trustee: | |
| Successor: | Successor: |

POWERS OF ATTORNEY

| Healthcare | | |
|---|------------|--|
| Location of Original: | | |
| Agent: | Telephone: | |
| Financial Decisions | | |
| Location of Original: | | |
| Agent: | Telephone: | |
| Successor: | Successor: | |
| Directive to Physician (Sometimes called a Living Will) | | |
| Location of Original: | | |
| Physician's Name and Phone: | | |

INVENTORY AND FINANCIAL INFORMATION

| Bank Accounts | | |
|-----------------------|--------------|--|
| Checking Account #: | Institution: | |
| Address: | | |
| Savings Account #: | Institution: | |
| Address: | | |
| Investment Accounts | | |
| Investment Account #: | Name: | |
| Custodian: | | |
| Advisor: | | |
| Investment Account #: | Name: | |
| Custodian: | | |
| Advisor: | | |
| Investment Account #: | Name: | |
| Custodian: | | |
| Advisor: | | |

RETIREMENT ACCOUNTS/ANNUITIES

| | | |
|------------------|-------------|--|
| | | |
| Name: | Contract #: | |
| Participant: | Location: | |
| Contract Holder: | Phone: | |
| Name: | Contract #: | |
| Participant: | Location: | |
| Contract Holder: | Phone: | |
| Name: | Contract #: | |
| Participant: | Location: | |
| Contract Holder: | Phone: | |
| Name: | Contract #: | |
| Participant: | Location: | |
| Contract Holder: | Phone: | |

INDIVIDUAL RETIREMENT ACCOUNTS/PENSION

| | | |
|--------------|------------|--|
| | | |
| Name: | Account #: | |
| Custodian: | | |
| Advisor: | Phone: | |
| Name: | Employer: | |
| Participant: | Phone: | |
| Name: | Employer: | |
| Participant: | Phone: | |

OTHER ASSETS

| |
|--|
| Artwork, patents, trademarks, Partnerships, LLCs, Corporations, jewelry, boats, airplanes, timeshares, etc. |
| |
| |
| |

REAL PROPERTY

| Primary Residence | | |
|--------------------|-----------|--|
| Title: | Mortgage: | |
| Purchase Price | Basis: | |
| Address: | | |
| Vacation Home | | |
| Title: | Mortgage: | |
| Purchase Price | Basis: | |
| Address: | | |
| Rental Real Estate | | |
| Title: | Mortgage: | |
| Purchase Price | Basis: | |
| Address: | | |

INSURANCE POLICIES: LIFE

| | | |
|------------------|-----------|--|
| Name of Company: | Policy #: | |
| Name of Insured: | | |
| Face Amount: | Location: | |
| Name of Company: | Policy #: | |
| Name of Insured: | | |
| Face Amount: | Location: | |
| Name of Company: | Policy #: | |
| Name of Insured: | | |
| Face Amount: | Location: | |
| Name of Company: | Policy #: | |
| Name of Insured: | | |
| Face Amount: | Location: | |

INSURANCE POLICIES: PROPERTY AND CASUALTY

| Property and Casualty | | |
|-----------------------|-----------|--|
| Name of Company: | Policy #: | |
| Address: | Location: | |
| Auto | | |
| Name of Company: | Policy #: | |
| Address: | Location: | |

INSURANCE POLICIES: DISABILITY

| | | |
|------------------|-----------|--|
| Name of Company: | Policy #: | |
| Insured: | Location: | |
| Address: | | |

COMPUTER INFORMATION

| | | |
|---|----------------|--|
| Home E-mail: | Home E-mail 2: | |
| Home Computer Login Credentials: | | |
| Facebook Login Credentials: | | |
| Blog Address and Login Credentials: | | |
| Other User IDs and Passcodes for Sites (Banking, Investments, etc.), or Location of Such List of User IDs and Passwords | | |

SAFE DEPOSIT BOX INFORMATION

| | | | |
|-------------------------|--|--------|--|
| Safe Deposit Box? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Box #: | |
| Location: | Location of Key: | | |
| Signatories on Account: | | | |

ORGAN/BODY DONATION


| | | | |
|----------------------------------|------------------------------|-----------------------------|----------------|
| | | | |
| Organ or Body Donor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, Which? |
| To What Institution or Hospital? | | | |

FUNERAL ARRANGEMENTS

| | | | |
|--|------------------------------|-----------------------------|--|
| Mortuary Instructions | | | |
| Cremation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Burial Plot? |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mausoleum? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prepaid? |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mortuary Name and Address: | | | |
| Memorial Service | | | |
| Location: | | | |
| Minister(s): | | | |
| Music: | | | |
| Readings: | | | |
| Prayers: | | | |
| Flowers: | | | |
| Military or Other Special Arrangements (Fraternal Orders, Masons, etc.): | | | |
| Casket Viewing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Open? |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Donations in Lieu of Flowers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | To What Organization(s)? |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Honorary Pallbearers: | | | |
| Reception: | | | |

OTHER NOTES

| | | | |
|--|--|--|--|
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| | | | |
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If you have any questions or need assistance with this form,
please contact your Harris myCFO® advisor.

We look forward to the privilege of serving you.

**To locate an advisor, call 1-877-692-3611 or visit us
at harrismyCFO.com.**

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