FINANCIAL & ESTATE PLANNING ORGANIZER

R.W. Rogé & Company, Inc.
In order to simplify matters, the following pages of financial and estate planning information serve to aid my family in settling my estate, should the time arise.

I have signed this document this _________ day of ________________ 20____.

_____________________________________________________________

Print Name: ____________________________________________

Copies of this document were delivered to:

________________________________________________________________________________________
________________________________________________________________________________________

Please Note: This document is not intended to replace my will or other estate planning documents signed by me. However, each family member, Power Holder, Executor, Trustee and Guardian can use this and the other documents signed by me in making any discretionary decisions for me and my family.
ADVISORS

Some of the people you may need to contact are listed below.

**Attorney:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Accountant:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Insurance Advisor:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Pension Plan Administrator:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Financial Planner:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Stockbroker:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Employer:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________

**Other:**
Name: ______________________________
Address: ____________________________
____________________________________
Phone: ____________________________
Fax: ________________________________
**ASSETS**

*Below is a list of all of my stocks, bonds, and other investments, including property.
I have ___ have not ___ attached financial statements.*

<table>
<thead>
<tr>
<th>Investment:</th>
<th>Investment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount:</td>
<td>Amount:</td>
</tr>
<tr>
<td>Contact:</td>
<td>Contact:</td>
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<tr>
<td>Phone:</td>
<td>Phone:</td>
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<tr>
<td>Documents are located:</td>
<td>Documents are located:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment:</th>
<th>Investment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount:</td>
<td>Amount:</td>
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<tr>
<td>Contact:</td>
<td>Contact:</td>
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<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Documents are located:</td>
<td>Documents are located:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Money is owed to me by:</th>
<th>Money is owed to me by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
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<td></td>
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<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Amount:</td>
<td>Amount:</td>
</tr>
</tbody>
</table>
LIABILITIES

Here is a list of my liabilities, including a contact name and phone number of each, as well as the location of my related documents.

Mortgage Holder:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

2nd Mortgage Holder:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

Home Equity Line of Credit:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

Liability:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

Liability:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

Liability:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

Liability:
Contact: ____________________________
Phone: ______________________________
Documents are located: ________________

I presently carry the following credit cards:

<table>
<thead>
<tr>
<th>Type</th>
<th>Account Number</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>
**INSURANCE COVERAGE**

**Life Insurance Policies:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Owner</th>
<th>Beneficiary</th>
<th>Face Amount</th>
<th>Existing Loans</th>
<th>Cash Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$</td>
</tr>
</tbody>
</table>

*If I become disabled, please make sure to pay the premiums on the policies which will provide me or my family benefits.*

*If I am disabled, my *life insurance policy* allows ___ does not allow ___ for pre-payment of death benefits to support me.*

*If I am disabled, my *disability insurance policy* allows ___ does not allow ___ you to stop making premium payments.*

*If I am disabled, my *disability insurance policy* allows ___ does not allow ___ you to stop making premium payments.*

**Long Term Care Insurance Policies:**

<table>
<thead>
<tr>
<th>Company</th>
<th>Policy Located At</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Insurance Policies:**

<table>
<thead>
<tr>
<th>Company</th>
<th>Policy Located At</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Insurance Policies:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Company</th>
<th>Policy Located At</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umbrella</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boat/Airplane</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any of the above policies can be found at: ____________________________

R.W. Rogé & Company, Inc.
EMPLOYMENT

I have the following disability and/or death benefits where I work or worked.

**Retirement Plan(s):**

<table>
<thead>
<tr>
<th>Type</th>
<th>Approx. Value</th>
<th>Contact Name &amp; Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Life Insurance:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Approx. Value</th>
<th>Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Insurance:**

Type: ______________________________
Contact: ____________________________
Phone: ____________________________

**Disability Insurance:**

Type: ______________________________
Contact: ____________________________
Phone: ____________________________

**Long Term Care Insurance:**

Type: ______________________________
Contact: ____________________________
Phone: ____________________________

**Deferred Compensation:**

Type: ______________________________
Contact: ____________________________
Phone: ____________________________

**Stock Ownership:**

Type: ______________________________
Amount: ____________________________
Contact: ____________________________
Phone: ____________________________

**Stock Options:**

Type: ______________________________
Amount: ____________________________
Contact: ____________________________
Phone: ____________________________

**Cafeteria Plan:**

Type: ______________________________
Contact: ____________________________
Phone: ____________________________

**Other:**

Type: ______________________________
Contact: ____________________________
Phone: ____________________________
# DOCUMENTS

I have executed each of the following documents and you can find them where noted.

<table>
<thead>
<tr>
<th>Document</th>
<th>Date Signed</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Insurance Policy</td>
<td></td>
<td></td>
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<tr>
<td>Auto Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto/Boat Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Certificate</td>
<td></td>
<td></td>
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<tr>
<td>Burial Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Trust</td>
<td></td>
<td></td>
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<tr>
<td>Citizenship Papers</td>
<td></td>
<td></td>
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<tr>
<td>Custodial Account</td>
<td></td>
<td></td>
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<tr>
<td>Divorce Decree or Settlement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Power of Attorney</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Beneficiary Designation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Will</td>
<td></td>
<td></td>
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<tr>
<td>Marriage Certificate</td>
<td></td>
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<tr>
<td>Medical Directive</td>
<td></td>
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<tr>
<td>Medical Files</td>
<td></td>
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<tr>
<td>Medical Power of Attorney</td>
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<tr>
<td>Minor’s Trust</td>
<td></td>
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<tr>
<td>Organ Donation</td>
<td></td>
<td></td>
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<tr>
<td>Passport</td>
<td></td>
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<tr>
<td>Past Tax Returns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Nuptial Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Nuptial Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Plan Beneficiary Designation</td>
<td></td>
<td></td>
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<tr>
<td>Safe Deposit Box Key (s)</td>
<td></td>
<td></td>
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<tr>
<td>Savings Passbooks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share Certificates</td>
<td></td>
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<tr>
<td>Social Security Cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

I have appointed the following persons to act on my behalf if I become disabled:

* Power of Attorney—Assets: 1st ______________________ 2nd ______________________
* Power of Attorney—Medical: 1st ______________________ 2nd ______________________
* Guardian over my property: 1st ______________________ 2nd ______________________
* Guardian over person: 1st ______________________ 2nd ______________________
IN THE EVENT OF MY DEATH

Funeral Home: ___________________________  Cemetery: ___________________________
Location: ________________________________  Plot/Drawer #: _______________________
I have ___ have not ___ prepaid my burial costs ___, for my burial plot ___, for my casket ___.
Information can be found at: _____________________________________________________
I have a deceased spouse ___, parent ___, child ___, who is buried at _________________,
and I wish to be buried next to such person if I check here ___.
I do ___ do not ___ want to be cremated.
Crematory: ___________________________
Location: ___________________________

FAMILY HISTORY

City Born In: _____________________________  Date: _______________________________
Parents: ___________________________________________________________
Grandparents: _______________________________________________________  

Siblings: ____________________________  Born: _________________________________
__________________________  Born: _________________________________
__________________________  Born: _________________________________
__________________________  Born: _________________________________

Children: _____________________________  Born: _______________________________
__________________________  Born: _______________________________
__________________________  Born: _______________________________
__________________________  Born: _______________________________
__________________________  Born: _______________________________
__________________________  Born: _______________________________

I have no children: ___
Other Family History: _________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
EXECUTOR’S CHECKLIST

Below is a helpful list the executor may use to identify tasks necessary to settle my estate.

Please note: Before acting on any of these items below it will be in the best interest to contact an estate attorney, financial planner, and/or accountant for assistance.

Study the Will
1. Locate the will.
2. Locate and notify the witnesses.
3. Meet with family members, the attorney, and other interested persons to discuss the provisions of the will.
4. Note any special instructions.
5. Confer with the attorney who will represent the estate.

Arrange for Probate
7. Notify post office to forward mail.
8. Give notice of appointment to banks, investment brokers, and others.
10. Open bank accounts for estate.
11. Discontinue telephone service and other utilities, when advisable.

Assemble, Inventory, and Take Custody of Assets
12. Search for assets.
13. List contents of all safe-deposit boxes.
14. Assemble supporting data and establish the value of the assets in the estate.
15. Have assets appraised by a qualified appraiser when advisable or required by law.
16. File claim for any veteran’s or Social Security benefits that are due.
17. File claim for life insurance payable to the estate.
18. Inspect all real estate.
19. Study leases and mortgages.
20. Examine all policies of insurance on real estate and personal property.

Administer the Estate
21. Collect all income, receivables, and other moneys due to the decedent or estate.
22. Review estate securities, and analyze market and investment trends; keep a detailed record of all income, expenses, and estate transactions.
23. Study any business interest that the decedent owned.
24. Have periodic meetings with the attorneys representing the estate, the beneficiaries, and other interested in the estate.
25. Examine each claim against the estate for reasonableness and validity.
26. Through an attorney, file all necessary petitions and account with the court.
EXECUTOR’S CHECKLIST

CONTINUED

Consider Nonprobate Assets
27. Ascertain whether all or some portion of jointly owned property with the right of survivorship is includable in the decedent’s gross estate for federal estate tax purposes.
28. Examine all insurance policies on the decedent’s life, trusts in which he or she had an interest, and property over which he or she held any powers, to determine whether any such asset is includable in the estate for tax purposes.
29. Determine whether any trust created by the decedent is includable in the estate.
30. If the decedent was the beneficiary of a trust, determine whether the GST tax applies.
31. Determine whether demands should be made against persons who receive property outside of the will for their proportionate share of the death taxes.

Assume Responsibility for Income Tax Returns
32. File the final return for the decedent.
33. Determine whether the estate will adopt a calendar or fiscal year accounting period.
34. Prepare for any audit by tax authorities of income tax returns filled by the decedent.
35. File income tax returns for the estate during the period of administration.
36. Decide whether to include the accrued interest on US Savings Bonds.
37. Consider the income of beneficiaries in making distributions of property from the residuary estate.
38. Select a date for such distributions that results in overall income tax economy for both the estate and the beneficiaries.
39. Provide beneficiaries with the income tax basis of assets distributed in kind.
40. Decide whether to take certain medical expenses as income or estate tax deductions.

Assume Responsibility for Death Taxes
41. Ascertain whether any credit is available against the federal state tax for property taxed in another estate.
42. File a federal estate tax return within nine months of death.
43. Obtain a federal estate tax release so that chattels may be distributed as soon as possible.
44. Decide whether the estate is to be valued as of the date of death or six months later.
45. File state inheritance and estate tax returns as may be required; apportion and collect death taxes from the beneficiaries where required by law.

Distribute the Estate
46. Make partial distributions as the estate administration progresses.
47. Prepare data for final accounting; show all assets, income, and disbursements.
48. Distribute the assets in accordance with the will.
49. Receive releases from the beneficiaries and, in some states, be discharged by the court.