

# Estate/Trust Organizer

## Estate/Trust Information

Name \_\_\_\_\_ EIN \_\_\_\_\_ - \_\_\_\_\_ Date created \_\_\_\_\_

## Executor Information

*Please attach information for additional executor(s).*

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State of Residency \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Beneficiary's Information

*Please attach information for additional beneficiaries.*

### Beneficiary #1

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State of Residency \_\_\_\_\_ Percent of Interest \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Beneficiary #2

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State of Residency \_\_\_\_\_ Percent of Interest \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Law Firm being Used (if applicable)

Firm Name \_\_\_\_\_ Main Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Please check off any that apply and provide the corresponding forms.**

## Contingent Information

<input type="checkbox"/>	Death Certificate	<input type="checkbox"/>	Will or Trust Documents (or both)
<input type="checkbox"/>	Last Year's Personal Taxes	<input type="checkbox"/>	Estate Inventory
<input type="checkbox"/>	Person's Final Tax Return	<input type="checkbox"/>	Estate Final Accounting
<input type="checkbox"/>	Letter of Testamentary	<input type="checkbox"/>	Any Additional Applicable Documentation

**Additional Comments/Questions:** \_\_\_\_\_

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