



Planning Ahead Organizer

The Planning Ahead Organizer is designed to assist you in planning for one of the most difficult events in a person's life. Dealing with the loss of a spouse, child or parent is an emotional roller coaster and having the responsibility of estate planning issues at the same time can be overwhelming. There are many publications that provide assistance once you become a widow or widower, but it is hard to find help preparing for that eventuality. Our goal is to ease the burden of the surviving spouse or family member by organizing your home and financial life into one book.

We encourage you to take the time to sit down and discuss these issues. While it may be uncomfortable to "put your house in order," it is important to do this now for your survivors. This book may also uncover areas of your estate plan that are missing or need updating.

As you go through this organizer, it's important to visualize how you would want things to be if you were gone. We have spent considerable time making sure every base is covered and things that are not at the top of your mind are addressed. For example, are there websites that you frequent that may contain important information for your spouse? Are there monthly withdrawals from your checking account of which your spouse needs to be aware? Are there friends and relatives that you would want contacted after your death?

In addition to the topics mentioned above, it is also important that you and your survivors know where to find important documents like wills, trusts, insurance policies, powers of attorney and other records that are needed to settle the estate and provide survivor benefits after your death.

As you may have already experienced, there is a great deal of grief and confusion after the passing of a loved one, and it is not a good time to have to search for these documents or make critical decisions. As you make progress through this publication, we have provided a checklist to help keep you on track and help you easily find your place if you have to come back to it later.

When completed, this document will contain sensitive information. Be sure to keep it in a secure location. If the lines provided for your answers are not enough, additional lines have been added at the end of this organizer.

The Four Essential Estate Planning Documents

There is a very common misconception that only elderly or wealthy people need to have an estate plan in place. No matter how many years you believe you have left or how much money you have, a carefully crafted plan will clearly define your wishes, should you unexpectedly become incapacitated and unable to make decisions. All of these documents deal with unforeseen circumstances and need to be in place to prepare you and your family for whatever life may have in store for you. There is no better time than now to put your affairs in order.

The four essential documents you need for a basic estate plan include (check those you already have in place):

- Will
- Durable Power of Attorney
- Medical Power of Attorney
- Living Will

Will

A will tells the world exactly where you want your assets distributed when you pass. It establishes an executor for your estate and can create trusts for future distribution of bequests. It's also the only document that can specify guardians for your children. Dying without a will, which is also known as dying "intestate," can be costly to your heirs and leaves you no say over who gets your assets. It is vitally important for all parents to have a will. If you have a trust in place, you still need a will to take care of any holdings outside of that trust when you pass. Wills should be reviewed at least every five years and updated with any major life event.

Durable Power of Attorney - Finances

A durable power of attorney for finances is designed to let someone else manage all of your financial affairs for you if you become incapacitated. The person named should be someone you would trust to take out your checkbook and pay your bills. This person is usually called your "agent" or "attorney-in-fact." Your agent can handle simple tasks such as sorting through your mail, paying your bills and depositing your checks, as well as more complex jobs like watching over your retirement accounts and other investments or filing your tax returns.

Medical Power of Attorney

Similarly, a medical power of attorney appoints a health care agent you trust with the authority to make necessary medical decisions on your behalf, should you become unable to make those decisions. They will also ensure that doctors provide care that is in fitting with the grantor's wishes. Once you have completed your advance directive, you should ensure that everyone involved in your care (your doctor, hospital, hospice or palliative care team, important family members and your attorney) have a copy and are aware of it.

Living Will

A living will is a document that states your preferences for life-sustaining treatments. Each state has its own form for advance directives, giving you questions to answer and specific things that you can choose to accept or reject. You can always add additional information about your wishes if the form does not include everything you're concerned about.

Completion Checklist

Check the box on the left for each completed section. This will help you know where you left off in case you need to come back to it later.

<input type="checkbox"/>	SECTION 1: Personal Information	4
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SECTION 1: Personal Information

Please complete the following personal information.

Full Name		Suffix	
Social Security Number	Driver's License Number	Driver's License State	
Date of Birth	City of Birth	County of Birth	
Address	City	State	Zip Code

Spouse's Full Name		Suffix	
Social Security Number	Driver's License Number	Driver's License State	
Date of Birth	City of Birth	County of Birth	
Address	City	State	Zip Code

Religious Institution	Clergy
Religious Institution	Clergy

Memberships & Positions Held	Dates (From - To)
Memberships & Positions Held	Dates (From - To)
Memberships & Positions Held	Dates (From - To)
Memberships & Positions Held	Dates (From - To)

SECTION 2: Email, Social Media Profiles and Website Logins

In effort to avoid identity theft, all personal accounts including email, social media and any website accounts you have should be closed after your passing. If you would like to include more than the allotted spaces, there is additional space in the back of the booklet.

Email Account Name	Website	Login Name	Password
Email Account Name	Website	Login Name	Password
Social Media Profile	Website	Login Name	Password
Social Media Profile	Website	Login Name	Password
Website Name	Website	Login Name	Password
Website Name	Website	Login Name	Password
Website Name	Website	Login Name	Password

SECTION 3: Important Contacts

Upon my death, the following people should be notified.

Your Allworth Airline Financial Advisor	Firm Allworth Airline Advisors	RM Email	Phone Number (800)-321-9123
Attorney	Firm	Email	Phone Number
Insurance Agent	Firm	Email	Phone Number
CPA	Firm	Email	Phone Number
Physician	Hospital	Email	Phone Number
Clergy	Religious Sanctuary	Email	Phone Number
Other	Firm	Email	Phone Number
Other	Firm	Email	Phone Number
Other	Firm	Email	Phone Number
Other	Firm	Email	Phone Number
Other	Firm	Email	Phone Number
Other	Firm	Email	Phone Number
Other	Firm	Email	Phone Number

SECTION 4: Important Document Locator

In the event of your passing, your loved ones will need access to important documents to settle the estate. Please list the location of where you keep these personal documents. If you have multiple documents located in the same place, you can note the primary location in the top box and use the check box on each corresponding field.

<input type="checkbox"/> Primary location of all of my important documents (check the box below for all that apply to this location).		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Passport
<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Military Service Records	<input type="checkbox"/> Car Registration & Title
<input type="checkbox"/> Tax Records & Receipts	<input type="checkbox"/> W-2 Forms, 1099s	<input type="checkbox"/> Most Recent Tax Return
<input type="checkbox"/> Wills	<input type="checkbox"/> Trust(s)	<input type="checkbox"/> Insurance Policies
<input type="checkbox"/> Stocks, Bonds, Securities	<input type="checkbox"/> Real Estate Deed(s)	<input type="checkbox"/> Notes Payable/Receivable
<input type="checkbox"/> Business Agreements/Contracts	<input type="checkbox"/> Employment Records	<input type="checkbox"/> DD-214 (Military Discharge)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

SECTION 5: Safe Deposit Box

We typically do not suggest keeping your original will(s), durable powers of attorney and medical-care directives in a safe deposit box. In the event of an emergency, your family or executor would be unable to access them if the bank was closed for the night, the weekend or a holiday. Consider giving the originals to your attorney and making copies to go in your safe deposit box or to give to a close friend or relative. Please also be aware that merely giving someone else a key or code will not be enough to grant access to the safe deposit box. He or she also must complete the bank's signatory access form. Without a signatory on file, some states may require a court order or another official action to remove the will, which can take time and money. You should check with a bank official (or your lawyer) to find out what is required under state law and your bank's own policies in the event of your death.

Held Under What Name	Location of Keys or Code	Box Number
Bank Name	Address	Phone Number
Signatory Name (1)	Address	
Email	Phone Number	
Signatory Name (2)	Address	
Email	Phone Number	
Signatory Name (3)	Address	
Email	Phone Number	

SECTION 6: Wills will

Attorney's Name	Address	Email	Phone Number
Executor's Name	Address	Email	Phone Number
Successor Executor's Name	Address	Email	Phone Number

Spouse's Will

Spouse's Executor's Name	Address	Email	Phone Number
Spouse's Successor Executor's Name	Address	Email	Phone Number

SECTION 7: Trust Information

Attorney's Name (if different from above)	Address	Email	Phone Number
Type of Trust			
Trustee	Address	Email	Phone Number
Successor Trustee	Address	Email	Phone Number

Spouse's Trust

Attorney's Name	Address	Email	Phone Number
Type of Trust			
Trustee	Address	Email	Phone Number
Successor Trustee	Address	Email	Phone Number

SECTION 8: Powers of Attorney

Durable Power of Attorney

Durable (Financial) Power of Attorney Location			
Agent	Address		
Email			Phone Number
Successor	Address		
Email			Phone Number

Medical Power of Attorney

Medical Power of Attorney Location			
Agent	Address		
Email			Phone Number
Successor	Address		
Email			Phone Number

Living Will

Executor's Name	Address	Phone Number
Email		
Successor Executor's Name	Address	Phone Number
Email		

Spouse's Durable Power of Attorney

Durable (Financial) Power of Attorney Location			
Agent	Address		
Email			Phone Number
Successor	Address		
Email			Phone Number

Spouse's Medical Power of Attorney

Medical Power of Attorney Location		
Agent	Address	Phone Number
Email		
Successor	Address	Phone Number
Email		

Spouse's Living Will

Executor's Name	Address	
Email	Phone Number	
Successor Executor's Name	Address	
Email	Phone Number	

SECTION 9: Insurance Information

Life Insurance Policies & Annuities

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Face Value as of (MM/DD/YY)	Beneficiary	Beneficiary Phone Number

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Face Value as of (MM/DD/YY)	Beneficiary	Beneficiary Phone Number

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Face Value as of (MM/DD/YY)	Beneficiary	Beneficiary Phone Number

Other Family Members' Life Insurance Policies

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Face Value as of (MM/DD/YY)	Beneficiary	Beneficiary Phone Number

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Face Value as of (MM/DD/YY)	Beneficiary	Beneficiary Phone Number

Government Life Insurance Policy

Branch of Service	Service Number(s)	Rank	Years Served (From - To)
Policy Location	Face Value as of (MM/DD/YY)	Beneficiary	Beneficiary Phone Number
Status of Life Insurance Policy (Expired or Still in Force)			

Health Insurance & Long Term Care Policies (Hospitalization, Medicare Supplemental, Disability Income, Accident, etc.)

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Type of Insurance Policy		Policy Limits

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Type of Insurance Policy		Policy Limits

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Type of Insurance Policy		Policy Limits

TRICARE for Life Eligibility

Service Number	Insured	Phone Number
Military Date of Retirement		

Property/Casualty/Auto Insurance Policies

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Type of Insurance Policy		Policy Limits

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Type of Insurance Policy		Policy Limits

Insurance Company/Agent	Phone Number	Insured	Policy Number
Policy Location	Type of Insurance Policy		Policy Limits

SECTION 10: Real Estate/Timeshares

Primary Residence Location		Titled As	
Mortgage Holder	Account Number	Phone Number	
Term	Interest Rate	Remaining Balance	

Secondary Residence Location		Titled As	
Mortgage Holder	Account Number	Phone Number	
Term	Interest Rate	Remaining Balance	

Other Owned Real Estate Location		Titled As	
Mortgage Holder	Account Number	Phone Number	
Term	Interest Rate	Remaining Balance	

Real Estate - Rental Information

Rental Property Address		
Landlord Name	Email	Phone Number
Name(s) on the Lease	Monthly Rent Amount	Lease Term Expiration

Rental Property Address		
Landlord Name	Email	Phone Number
Name(s) on the Lease	Monthly Rent Amount	Lease Term Expiration

SECTION 11: Brokerage/Investment Accounts

Institution		Account Number	Balance as of (MM/DD/YY)
Type of Account	Ownership	Contact	Phone Number
Website	Login Name	Password	

Institution		Account Number	Balance as of (MM/DD/YY)
Type of Account	Ownership	Contact	Phone Number
Website	Login Name	Password	

Institution		Account Number	Balance as of (MM/DD/YY)
Type of Account	Ownership	Contact	Phone Number
Website	Login Name	Password	

Company		Account Number	Balance as of (MM/DD/YY)
Type of Account	Ownership	Contact	Phone Number
Website	Login Name	Password	

Institution		Account Number	Balance as of (MM/DD/YY)
Type of Account	Ownership	Contact	Phone Number
Website	Login Name	Password	

Institution		Account Number	Balance as of (MM/DD/YY)
Type of Account	Ownership	Contact	Phone Number
Website	Login Name	Password	

SECTION 12: Assets

Indicate the current value of your household assets by listing the institution name, the asset type and approximate current value. (Example asset types include: real estate, businesses, limited partnerships, collectables, etc.)

Assets as of (MM/DD/YY)

Assets

Asset Name	Asset Type	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Spouse's Assets

Asset Name	Asset Type	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Joint Assets

Asset Name	Asset Type	Amount
		\$
		\$
		\$
		\$
		\$
		\$

SECTION 13: Social Security

The lump sum paid to a spouse for burial is \$255.

Surviving Spouse Monthly Benefit (\$)	Monthly Income for Spouse and Children until Youngest Child Reaches Age 18 (\$)

SECTION 14: Emergency Sources of Immediate Cash

During the period following my incapacity or passing, the best sources for my survivor to obtain cash to meet his/her immediate needs are as follows:

SECTION 15: Monthly Automatic Deposits/Withdrawals

Automatic Deposits: Please include monthly Social Security checks, pension benefits, military pay, disability, etc.

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Automatic Withdrawals

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Company	Amount	Date of Deposit
Purpose	Contact	

Money Owed to Us

Company/Individual	Amount	Date of Deposit
Purpose	Contact	

Company/Individual	Amount	Date of Deposit
Purpose	Contact	

Company/Individual	Amount	Date of Deposit
Purpose	Contact	

Company/Individual	Amount	Date of Deposit
Purpose	Contact	

SECTION 16: Personal Finances

Company Name	Account Number	Phone Number	Website	User Name	Password	Email	Automatic Bill Pay- Y/N
Checking Account							
Savings Account							
Credit Card (1)							
Credit Card (2)							
Credit Card (3)							
Cell Phone							
Cable/Satellite							
Internet							
Automobile Loan (1)							
Automobile Loan (2)							
Utilities- Electricity							
Utilities - Gas							
Utilities - Water							
Lawn Service							
Pool Service							
Maid Service							
Boat Storage							
Aircraft Manager							
Landlord							
Other							
Other							
Other							
Other							
Other							



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