Together, a better world is possible

Estate Planning Organizer
All the information you need in one place
Together, a better world is possible.
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Getting Organized

This organizer has been designed to help you streamline the process of planning for your future – and the future of your loved ones.

The first step? Making sure that all your financial information is in one place and readily accessible to anyone who might need it.

Of course, the cornerstone of any well-executed estate plan is a will.

While a will is one of the most important documents any of us will create during our lifetime, the majority of Americans don’t have one. A recent Gallup poll found that only 44% of Americans have a will. The others never put their wishes in writing.

Without a will, your assets could go into probate and the government then decides how they should be distributed. A will ensures that what you’ve earned during your lifetime is distributed according to your wishes after you’re gone. At the same time, it can also contain important guidance about things that matter deeply to you – for example, guardianship of minor children.

So if you haven’t created a will, don’t put it off! It’s probably simpler than you think. This Estate Planning Organizer will help you prepare for the next steps in planning your future, like meeting with an attorney or even using software or forms provided on a do-it-yourself site.

And while you’re thinking about estate planning, we hope you’ll consider including Mercy Corps in your plans. Your gift will leave a legacy of brighter tomorrows for people in need. There are many options available to you from a simple bequest to a Donor Advised Fund or even a gift of stocks or real estate.

For more information about including Mercy Corps in your legacy plans, please call (888) 842-0842. Or send us an email at plannedgiving@mercycorps.org. You can also find out more online at mercycorps.org/legacy.

There’s never been a better time to plan for your future. If you’re ready to get started, turn the page.

If you’re considering a gift in your will, here’s the language to use:

“I give $______ (or describe the real or personal property) to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, to be used to further the mission of Mercy Corps.”

Mercy Corps’ legal name and address:
Mercy Corps, 45 SW Ankeny St., Portland, OR 97204
Tax ID Number: 91-1148123
Personal and Family Information

We’ve included space for you to list your personal information and that of all your immediate family members including any children and grandchildren.

Full Name: ________________________________________________________________

Current Address: ____________________________________________________________

Telephone Number: __________________________________________________________

Email Address: ______________________________________________________________

Previous Addresses:

Previous Address #1:

________________________________________________________

Dates of Residence at Address Listed Above:

________________________________________________________

Previous Address #2:

________________________________________________________

Dates of Residence at Address Listed Above:

________________________________________________________

Social Security Number: _________ – _________ – _________________

Date of Birth: ____________________________________________________________

Place of Birth: ____________________________________________________________

Father’s Name: ____________________________________________________________

Mother’s Maiden Name: _____________________________________________________

Marital Status:

☐ Single ☐ Married ☐ Widowed
☐ Divorced ☐ Separated

Spouse’s Name (if applicable):

________________________________________________________

Spouse’s Date of Birth (if applicable):

________________________________________________________

Spouse’s Occupation (if applicable):

________________________________________________________

Spouse’s Social Security Number (if applicable):

_________ – _________ – __________
Any Former Marriages?
You: □ Yes □ No
Your Spouse: □ Yes □ No

Are You a U.S. Citizen? □ Yes □ No
If not a U.S. citizen by birth, please specify date and place of naturalization:

Naturalization Date: ________________________
Naturalization Place: ________________________
Naturalization Papers Located: ________________________

Children From Previous Marriages:
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____

Children From Your Spouse’s Previous Marriages:
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____

Do any of your children have permanent disabilities? If so, please explain:
_______________________________________

Children From Current Marriage:
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____

Grandchildren:
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Name: ________________________
Birthdate: ________________________ Sex: _____
Others to be Considered in Your Estate Plan:

Name: ____________________________________________________________
Age: _____ Sex: _____ Relationship: __________________________

Name: ____________________________________________________________
Age: _____ Sex: _____ Relationship: __________________________

Name: ____________________________________________________________
Age: _____ Sex: _____ Relationship: __________________________

Charitable Organizations You Support:

Name: ____________________________________________________________
Address: ____________________________________________________________

Name: ____________________________________________________________
Address: ____________________________________________________________

Name: ____________________________________________________________
Address: ____________________________________________________________

Military Service:

Service Serial #: ___________________ Branch of Service: _______________________
Dates of Service: ______________________
Veterans Administration Disability #: _____________________

Business Or Employment:

☐ Retired From: _______________________________________________________

☐ Employed By: _______________________________________________________

Name of Company: ___________________________________________________
Address: ____________________________________________________________

Any financial interests? If so: __________________________________________

Any business interests? If so: __________________________________________
Assets and Liabilities

What do you own ... and what do you owe?

Your assets can include property such as real estate, boats and automobiles, companies, and personal property such as jewelry and artwork. Try to estimate the approximate value of each asset you own. Liabilities are what you owe to others and can include a mortgage, loans or other types of debt.

ASSETS

Real Estate:

Type: _____________________________________________________________________________
Address: __________________________________________________________________________
Owner: ___________________________________ Type of Ownership: _______________________
Purchase Date: _________________________ Cost Basis: _________________________________
Mortgage Balance: __________________________ Market Value: __________________________

Type: _____________________________________________________________________________
Address: __________________________________________________________________________
Owner: ___________________________________ Type of Ownership: _______________________
Purchase Date: _________________________ Cost Basis: _________________________________
Mortgage Balance: __________________________ Market Value: __________________________

Personal Property:

(personal items, automobile(s), jewelry, furniture, household items, artifacts, etc. included)

Item: _____________________________________________________________________________
Location: __________________ _________________ Approximate Value if Sold Today: $_______

Item: _____________________________________________________________________________
Location: __________________ _________________ Approximate Value if Sold Today: $_______

Item: _____________________________________________________________________________
Location: __________________ _________________ Approximate Value if Sold Today: $_______
Item: ____________________________________________________________________________
Location: __________________ _________________ Approximate Value if Sold Today: $______
Item: ____________________________________________________________________________
Location: __________________ _________________ Approximate Value if Sold Today: $______

Safe Deposit Boxes:
Box #: _____________ Box Location: ______________________ Key Location: _____________
Box #: _____________ Box Location: ______________________ Key Location: _____________

Stored Property:
Name of Storage Facility: ________________________________________________
Address of Storage Facility: ______________________________________________
Storage Unit #: ____________________________ Access Code: __________________________

Intellectual Property:
Patents: __________________________________________________________________________
Copyrights: ________________________________________________________________________

BUSINESS INTERESTS

Business Name: __________________________________________________________________________
Business Activity: __________________________________________________________________________
Net Profit: (before taxes & owner’s earnings) _______________ Any Projected Future Change: _________
Business Life Insurance Beneficiary: __________________________________________________________________________

Type of Business:  □ Sole Proprietorship  □ Partnership  □ Personal Holding Company
□ C Corporation  □ S Corporation  □ Professional Corporation
Is there a Buy/Sell Agreement?  □ Yes  □ No

If yes, please describe: ____________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Owner/Key Employee:

Name: ___________________________________________________________ Age: __________

# of Shares or % Owned: ______  Annual Income: _________  Include in Buy/Sell?  □ Yes  □ No

Name: ___________________________________________________________ Age: __________

# of Shares or % Owned: ______  Annual Income: _________  Include in Buy/Sell?  □ Yes  □ No

Name: ___________________________________________________________ Age: __________

# of Shares or % Owned: ______  Annual Income: _________  Include in Buy/Sell?  □ Yes  □ No

Name: ___________________________________________________________ Age: __________

# of Shares or % Owned: ______  Annual Income: _________  Include in Buy/Sell?  □ Yes  □ No

Upon death, business is to be:

□ Liquidated  □ Continued by Heirs  □ Sold to Surviving Owners

□ Sold to Key Employees  □ Other

LIABILITIES

Current Bills:

Property on Which it is Owned: _______________________________________________________

________________________________________________ Amount: $ _______________________

Property on Which it is Owned: _______________________________________________________

________________________________________________ Amount: $ _______________________

Property on Which it is Owned: _______________________________________________________

________________________________________________ Amount: $ _______________________

Property on Which it is Owned: _______________________________________________________

________________________________________________ Amount: $ _______________________
Credit Cards:
Company: ____________________________  Card Number: ____________________________
Online Username: _______________________  Online Password: __________________________
Company: ____________________________  Card Number: ____________________________
Online Username: _______________________  Online Password: __________________________
Company: ____________________________  Card Number: ____________________________
Online Username: _______________________  Online Password: __________________________

Notes Payable:
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________

Bank Loans:
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________

Other Loans:
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________
Property on Which it is Owned: ____________________________
________________________________________________ Amount: $ _________________________
Account Information

Because many people have a number of accounts, located in different banks and institutions, it may be helpful to list them below.

BANK ACCOUNTS

Checking Account(s):

Bank Name: _______________________________ Address: ________________________________

________________________________________________________________________________

Account #: ________________________________

Online Username: ________________________ Online Password: _________________________

Name(s) on Account: ______________________ Balance: $__________________

Bank Name: _______________________________ Address: ________________________________

________________________________________________________________________________

Account #: ________________________________

Online Username: ________________________ Online Password: _________________________

Name(s) on Account: ______________________ Balance: $__________________

Saving Account(s):

Bank Name: _______________________________ Address: ________________________________

________________________________________________________________________________

Account #: ________________________________

Online Username: ________________________ Online Password: _________________________

Name(s) on Account: ______________________ Balance: $__________________

Bank Name: _______________________________ Address: ________________________________

________________________________________________________________________________

Account #: ________________________________

Online Username: ________________________ Online Password: _________________________

Name(s) on Account: ______________________ Balance: $__________________
Certificates Of Deposit(s):

Bank Name: __________________________ Address: __________________________
__________________________________________________________________________
Account #: _________________________________________________________________
Online Username: __________________________ Online Password: ___________________
Name(s) on CD: __________________________ Balance: ___________________________
Type: __________________________ Maturity Date: ________________________________

Bank Name: __________________________ Address: __________________________
__________________________________________________________________________
Account #: _________________________________________________________________
Online Username: __________________________ Online Password: ___________________
Name(s) on CD: __________________________ Balance: ___________________________
Type: __________________________ Maturity Date: ________________________________

Credit Union Account:

Credit Union Name: __________________________ Address: __________________________
__________________________________________________________________________
Account #: _________________________________________________________________
Online Username: __________________________ Online Password: ___________________
Name(s) on Account: __________________________ Amount: ________________________
Credit Union Name: __________________________ Address: __________________________
__________________________________________________________________________
Account #: _________________________________________________________________
Online Username: __________________________ Online Password: ___________________
Name(s) on Account: __________________________ Amount: ________________________

MERCY CORPS
INVESTMENTS ACCOUNTS

Bank Name: ________________________________ Address: ________________________________

Account #: _________________________________

Online Username: __________________________ Online Password: __________________________

Name(s) on Account: ______________________ Account: ________________________________

Individual Securities: __________________________

Individual Security Name: __________________________

Type (Stock, Bond, Mutual Fund): __________________________ Owner: __________________________

Number of Shares: ____________ Original Cost: $___________ Current Value: $___________

Bank Name: ________________________________ Address: ________________________________

Account #: _________________________________

Online Username: __________________________ Online Password: __________________________

Name(s) on Account: ______________________ Account: ________________________________

Individual Securities: __________________________

Individual Security Name: __________________________

Type (Stock, Bond, Mutual Fund): __________________________ Owner: __________________________

Number of Shares: ____________ Original Cost: $___________ Current Value: $___________

Bank Name: ________________________________ Address: ________________________________

Account #: _________________________________

Online Username: __________________________ Online Password: __________________________

Name(s) on Account: ______________________ Account: ________________________________

Individual Securities: __________________________

Individual Security Name: __________________________

Type (Stock, Bond, Mutual Fund): __________________________ Owner: __________________________

Number of Shares: ____________ Original Cost: $___________ Current Value: $___________
INDIVIDUAL RETIREMENT ACCOUNT – 401K

Individual Retirement Account(s):

☐ Is this account a Roth IRA? If so, please check here.
Account #: ____________________________________________

Owner: ___________________________________ Beneficiary: __________________________

Value: $__________ Institution Where Held: ________________________________________

Online Username: _______________________________ Online Password: _____________________

☐ Is this account a Roth IRA? If so, please check here.
Account #: ____________________________________________

Owner: ___________________________________ Beneficiary: __________________________

Value: $__________ Institution Where Held: ________________________________________

Online Username: _______________________________ Online Password: _____________________

401(K), 403(B) Plans:

Account #: ______________________________

Owner: ___________________________________ Beneficiary: __________________________

Value: $__________ Institution Where Held: ________________________________________

Online Username: _______________________________ Online Password: _____________________

Account #: ______________________________

Owner: ___________________________________ Beneficiary: __________________________

Value: $__________ Institution Where Held: ________________________________________

Online Username: _______________________________ Online Password: _____________________

Tax Deferred Annuity:

Account #: ______________________________

Owner: ___________________________________ Beneficiary: __________________________

Value: $__________ Institution Where Held: ________________________________________

Online Username: _______________________________ Online Password: _____________________
Qualified Pension Or Profit Sharing Plan:

Account #: ____________________________________________

Owner: ___________________________ Beneficiary: ___________________________

Value: $__________________________ Institution Where Held: ______________________

Online Username: _______________________ Online Password: __________________________

Account #: ____________________________________________

Owner: ___________________________ Beneficiary: ___________________________

Value: $__________________________ Institution Where Held: ______________________

Online Username: _______________________ Online Password: __________________________

---

**LIFE INSURANCE**

This can include your own personal life insurance policy or one through your workplace.

Company: ________________________________________________________________________

Name of Insured: _____________________ Owner: ___________________________________

Primary Beneficiary: ____________ Contingent Beneficiary: _______________________

Policy #: __________________________________________________________________________

Online Username: _______________________ Online Password: __________________________

Death Benefit: _____________________________________________________________________

Company: ________________________________________________________________________

Name of Insured: _____________________ Owner: ___________________________________

Primary Beneficiary: ____________ Contingent Beneficiary: _______________________

Policy #: __________________________________________________________________________

Online Username: _______________________ Online Password: __________________________

Death Benefit: _____________________________________________________________________

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Company: ____________________________________________________________

Name of Insured: ___________________ Owner: ________________________________

Primary Beneficiary: ___________________ Contingent Beneficiary: __________________

Policy #: ______________________________

Online Username: ______________________ Online Password: _______________________

Death Benefit: __________________________

MEDICAL INSURANCE

Long-Term Care Insurance Policy:

Owner: _______________________________ Beneficiary: ____________________________

Value: $__________________ Insurance Company Agent: ____________________________

Hospitalization:

Owner: _______________________________ Beneficiary: ____________________________

Value: $__________________ Insurance Company Agent: ____________________________

Surgical:

Owner: _______________________________ Beneficiary: ____________________________

Value: $__________________ Insurance Company Agent: ____________________________

Major Medical:

Owner: _______________________________ Beneficiary: ____________________________

Value: $__________________ Insurance Company Agent: ____________________________

Accident & Health:

Owner: _______________________________ Beneficiary: ____________________________

Value: $__________________ Insurance Company Agent: ____________________________
HOMEOWNERS INSURANCE

Primary Residence:

Property Address: ________________________________________________________________

Company: ___________________________________________________________________ Policy #: _____________________________

Online Username: ______________________________ Online Password: ______________________

Secondary Residence:

Property Address: ________________________________________________________________

Company: ___________________________________________________________________ Policy #: _____________________________

Online Username: ______________________________ Online Password: ______________________

CAR INSURANCE

Vehicle #1:

Make & Model: __________________________________________________________________

Company: ___________________________________________________________________ Policy #: _____________________________

Online Username: ______________________________ Online Password: ______________________

Vehicle #2:

Make & Model: __________________________________________________________________

Company: ___________________________________________________________________ Policy #: _____________________________

Online Username: ______________________________ Online Password: ______________________

Vehicle #3:

Make & Model: __________________________________________________________________

Company: ___________________________________________________________________ Policy #: _____________________________

Online Username: ______________________________ Online Password: ______________________
Legal Documents

These critical documents will let others know what your wishes are both before and after you’re gone. They may be kept in your home or in a safe deposit box. Simply list where they can be found.

<table>
<thead>
<tr>
<th>WILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Will: __________________ Date of Will: ________________</td>
</tr>
</tbody>
</table>

Primary Executors, Personal Representatives, Guardians Or Trustees:

| Name: ____________________________ Phone #: __________________ |
| Address: ____________________________________________________________________ |
|______________________________________________________________________________|
| Name: ____________________________ Phone #: __________________ |
| Address: ____________________________________________________________________ |
|______________________________________________________________________________|
| Name: ____________________________ Phone #: __________________ |
| Address: ____________________________________________________________________ |
|______________________________________________________________________________|

Secondary Executors, Personal Representatives, Guardians Or Trustees:

| Name: ____________________________ Phone #: __________________ |
| Address: ____________________________________________________________________ |
|______________________________________________________________________________|
| Name: ____________________________ Phone #: __________________ |
| Address: ____________________________________________________________________ |
|______________________________________________________________________________|
LIVING WILL

A living will is a written document that states your medical desires in the case that you are incapacitated and unable to provide informed consent. Many people use them to express their wishes regarding end of life treatments and extraordinary measures.

Do you currently have a Living Will? ☐ Yes ☐ No

If you answered “yes,” where is it kept?

______________________________

If you answered no, would you like to have one prepared by your attorney on your behalf?  ☐ Yes ☐ No

HEALTH CARE PROXY

A health care proxy allows you to appoint someone to make health care decisions in the event that you are unable to do so. Some people appoint a spouse or family member as their “health care agent”; others use an attorney.

Do you have a current Health Care Proxy? ☐ Yes ☐ No

If you answered “yes,” where is it kept?

______________________________

Who have you named as your health care agent?

Name: __________________________________________

Address: _______________________________________

______________________________

If you answered “no,” would you like to have one prepared by your attorney on your behalf?  ☐ Yes ☐ No

POWER OF ATTORNEY

Name: _________________________________________ Phone #: ______________________

Address: ________________________________________________________________________

______________________________

Email Address: ____________________________________________
**Distribution Of Estate:**

[specific bequests]

Will all of your estate go to your spouse? □ Yes □ No

Beneficiary’s Name: __________________________ Relationship: __________________________
Address: ________________________________________________________________
______________________________________________________________

Item Designated to Beneficiary: _____________________________________________
______________________________________________________________

Beneficiary’s Name: __________________________ Relationship: __________________________
Address: ________________________________________________________________
______________________________________________________________

Item Designated to Beneficiary: _____________________________________________
______________________________________________________________

**Residue & Remainder:**

(Please fill out the following fields with the individuals and/or charitable organizations designated to receive the remainder of your estate after expenses have been paid and all specific bequests made.)

Beneficiary’s Name: __________________________ Relationship: __________________________
Address: ________________________________________________________________
______________________________________________________________

Amount or % Designated to Beneficiary: ___________________________________________

Beneficiary’s Name: __________________________ Relationship: __________________________
Address: ________________________________________________________________
______________________________________________________________

Amount or % Designated to Beneficiary: ___________________________________________
Contingency Provision for Distribution Of Estate:
(Please fill out the following fields with the information on how assets will be distributed in the event that above-named individuals or organizations are not in existence at the time of your estate plan distribution.)

Beneficiary’s Name: ___________________________ Relationship: __________________________
Address: ____________________________________________________________________________
____________________________________________________________________________________
Amount or % Designated to Beneficiary: __________________________________________________

Beneficiary’s Name: ___________________________ Relationship: __________________________
Address: ____________________________________________________________________________
____________________________________________________________________________________
Amount or % Designated to Beneficiary: __________________________________________________
Special Instructions

Are there any special wishes that you would like others to follow after you’re gone? If you have any special funeral or burial instructions, you can write them below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Notes:

________________________________________________________________________
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________________________________________________________________________
Glossary

A definition of terms used in My Estate Planning Organizer

**Asset** An item of ownership that has value and can be converted into cash.

**Beneficiary** Is someone or some organization that is the recipient of a portion of your estate, including property, accounts, life insurance cash gifts, or other gifts.

**Bequest** The act of giving something in your will.

**Executor** This is the person that you elect to administer the wishes set out in your will.

**Health Care Proxy** A legal a document that appoints an "agent" to carry out your health care wishes in the event that you are unable to do so.

**Liability** Debts (such as a mortgage or loan) or money owed.

**Living Trust** A trust in which you transfer assets to others during your lifetime which then revert to the beneficiary(ies) upon your death.

**Living Will** A legal document that expresses your wishes regarding life support and other types of medical interventions.

**Power of Attorney** Provides another person with the power to act in legal or financial matters if you are unable to do so.

**Personal Property** Can include artwork, businesses, jewelry, furniture and antiques, boats — all property of value with the exception of land.

**Will (Last Will and Testament)** A legal document containing information about what should happen to your assets and estate after you’ve passed away.

Bequest Language

The following is sample language that you and your advisers can use to make a gift to Mercy Corps

**Specific Bequest** Mercy Corps would receive a specific gift or item of property.

“I give $______ (or describe the real or personal property) to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, to be used to further the mission of Mercy Corps.”

**Residuary Bequest** Mercy Corps would receive a gift from your remaining estate after any specific distributions have been made.

“[I give to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, all (or ___%) of the rest, residue and remainder of my estate, to be used to further the mission of Mercy Corps.”

**Contingent Bequest** Mercy Corps would receive a gift from your estate if, and only if, one or more of your named beneficiaries does not survive you.

“I give $___ to (name of beneficiary). If (name of beneficiary) does not survive me, this bequest will lapse and pass to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, to be used to further the mission of Mercy Corps.”
Together, a better world is possible