

RAMSEY LAW, PLLC

Important Information Organizer For:

-THIS DOCUMENT IS NOT A WILL-

1. WILL

a. Do you have a last will and testament? _____

b. I keep my Will in the following location:

c. Drafting attorney: _____

2. GENERAL POWER OF ATTORNEY

d. Do you have a financial Power of Attorney? _____

e. I keep my Power of Attorney in the following location:

f. Drafting attorney: _____

3. HEALTH CARE POWER OF ATTORNEY

a. Do you have a Medical Power of Attorney? _____

b. I keep my Power of Attorney in the following location:

4. DECLARATION OF GUARDIAN

a. Do you have a Declaration of Guardian? _____

b. I keep my Declaration of Guardian in the following location:

5. LIVING WILL

a. Do you have a Living Will (aka Directive to Physicians)? _____

b. I keep my Living Will in the following location:

6. TRUST

a. Do you have a trust? _____

b. I keep the trust document in the following location:

c. Drafting attorney: _____

7. DOCUMENTS FOR MINOR CHILDREN.

a. Do you have any other documents with instructions or designations regarding your children? _____

b. I have executed the following documents for my children:

c. I keep these documents in the following location:

8. REAL ESTATE

a. Do you or your spouse own real estate? _____

b. List addresses or identifying information:

c. I keep the deeds and mortgage documents in the following location:

9. VEHICLES

a. Do you or your spouse own a vehicle? _____

b. List vehicles:

c. I keep the title documents in the following location:

10. BUSINESS

a. Do you or your spouse own a business? _____

b. Name(s) of business: _____

c. What is your role in the business? _____

d. Do the governing documents you establish who will manage and/or inherit your interest in the business if something happens to you? _____

e. Have the partners, if any, executed documents establishing how partners can buy out a deceased partner's family members and/or whether family can take over management of the business? _____

11. SAFE DEPOSIT

a. Do you or your spouse have a safe deposit box? _____

b. If so, it is located at: _____

12. DISABILITY AND LONG TERM CARE INSURANCE

a. Do you have a disability or long term care policy? YES / NO

b. I keep my policy in the following location:

c. Policy type, provider and account number:

15. LIFE INSURANCE

a. I keep my policies in the following location(s):

b. Name each policy provider and account number

16. DISABILITY, HEALTH, BUSINESS AND OTHER INSURANCE

a. Policy provider	Type of policy	Account Number	Beneficiary
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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17. INCOME/INHERITANCE

a. Are you a beneficiary or do you expect to be the beneficiary of any Will, Trust or other source of income from a third party? If so, please specify:

18. DEBTS OWED TO YOU

- a. List any lawsuit judgments, promissory notes, loans, contracts or other debts that someone else owes you, including the name of the debtor, where the paperwork evidencing the debt is located, whether there is collateral, how much is owed, etc.

19. CRYPTOCURRENCY

- a. If you own Bitcoin or other cryptocurrency, please provide detailed instructions below regarding how your agent, executor, trustee or beneficiary can access and distribute this currency, including required devices, passwords, codes and other information.

- b. I have recorded a video showing exactly how to access my cryptocurrency and I keep that video in the following location:

- c. It is important that you preserve the following computers or devices to access my cryptocurrency:

- d. The following information will help in calculating and paying any required taxes related to the cryptocurrency:

20. CREDITORS

- a. Utilities: _____
- b. Mobile Phone: _____
- c. Subscriptions: _____
- d. Memberships: _____
- e. Credit Cards: _____
- f. Loans: _____
- g. Unpaid Pledges to Charity: _____
- h. Lawsuits: _____
- i. Leases/Contracts: _____
- j. Other: _____

21. FUNERAL PLAN

- a. Do you have a written plan for your funeral? _____
- b. Have you prepaid your funeral? _____
- c. Have you purchases a burial plot? _____
- d. I keep my funeral/burial documents in the following location:

22. VETERANS

- a. Are you or your spouse a veteran? _____
- b. I keep the discharge certificate(s) in the following location:

23. Do you receive any kind of income that might have survivor benefits or beneficiaries (Social Security, pension, etc.)

24. I keep a list of my passwords and online login information here:

25. I keep my Driver's License here:

Are you an organ donor? _____

26. I keep my Social Security Card or number here:

27. The names of my immediate relatives, whether alive or deceased, are as follows:

Spouse: _____

Children: _____

Parents: _____

Siblings: _____

