

# ASSET MANAGEMENT & TRUST

*Personal Estate Planning Organizer*



## **FIRST NORTHERN BANK**

ASSET MANAGEMENT & TRUST DEPARTMENT  
1007 7th Street, Suite M100  
Sacramento, CA 95814  
(916) 325-0050  
[www.thatsmybank.com](http://www.thatsmybank.com)

Investments Not FDIC Insured • May Lose Value • No Bank Guarantee

# PERSONAL INFORMATION

---

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Name at Birth \_\_\_\_\_  
FIRST MIDDLE LAST

Birthday \_\_\_\_\_  
MONTH DAY YEAR

Place of Birth \_\_\_\_\_  
CITY STATE COUNTRY

Present Address \_\_\_\_\_  
STREET CITY STATE

Driver's License Number \_\_\_\_\_

Married to \_\_\_\_\_  
PRESENT NAME MAIDEN OR FORMER NAME

Spouse's Birthday \_\_\_\_\_  
MONTH DAY YEAR

Spouse's Place of Birth \_\_\_\_\_  
CITY STATE COUNTRY

Previous Marriage(s) \_\_\_\_\_  
NAME DATE OF DEATH OR DIVORCE  
\_\_\_\_\_  
NAME DATE OF DEATH OR DIVORCE

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children From Marriage To \_\_\_\_\_  
NAME

NAME BIRTH DATE ADDRESS/EMAIL

NAME BIRTH DATE ADDRESS/EMAIL

NAME BIRTH DATE ADDRESS/EMAIL

Children From Marriage To \_\_\_\_\_  
NAME

NAME BIRTH DATE ADDRESS/EMAIL

NAME BIRTH DATE ADDRESS/EMAIL

NAME BIRTH DATE ADDRESS/EMAIL

# PERSONAL INFORMATION *continued*

---

Citizen of \_\_\_\_\_  By Birth  By Naturalization

Naturalized \_\_\_\_\_  
MONTH DAY YEAR

Location \_\_\_\_\_

Naturalization Number \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# PARENTAL INFORMATION

---

Father \_\_\_\_\_  
FULL NAME BIRTH DATE

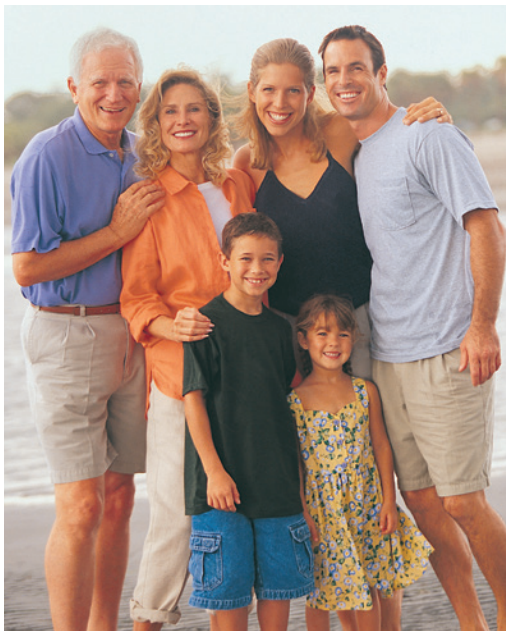
DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
FULL NAME BIRTH DATE

DATE OF DEATH CAUSE PLACE OF BURIAL



Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# RECORD LOCATOR

---

## SAFETY STORAGE

1. Safe Deposit Box # \_\_\_\_\_ Key Location \_\_\_\_\_

Contents: \_\_\_\_\_

2. Safe Deposit Box # \_\_\_\_\_ Key Location \_\_\_\_\_

Contents: \_\_\_\_\_

3. Other Storage \_\_\_\_\_

4. Other Storage \_\_\_\_\_

## RECORD/LOCATION

Birth Certificates \_\_\_\_\_

Marriage Certificates \_\_\_\_\_

Divorce Papers \_\_\_\_\_

Tax Records \_\_\_\_\_

W-2 Forms \_\_\_\_\_

Mortgage \_\_\_\_\_

Title House(s) \_\_\_\_\_

Property Tax Bills \_\_\_\_\_

Title Car(s) \_\_\_\_\_

Title Misc \_\_\_\_\_

Military Records \_\_\_\_\_

Household Records, Bills, etc. \_\_\_\_\_

Guardianship Letters \_\_\_\_\_

Power of Attorney \_\_\_\_\_

Living Will \_\_\_\_\_

Loan Papers \_\_\_\_\_

Keys \_\_\_\_\_

Other Important Documents \_\_\_\_\_

# PERSONAL ADVISORS

---

**Attorney** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Personal Representative/Executor** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Accountant** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Stockbroker** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Stockbroker** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Financial Advisor** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Religious Contact** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Other** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.

**Other** \_\_\_\_\_  
NAME EMAIL  
STREET CITY STATE TELEPHONE NO.



# FINANCIAL ACCOUNTS

---

## BANK ACCOUNTS *(Savings & Loans, Credit Union)*

Name Of Institution	Account Number	Type of Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Checkbooks, Passbooks, Statements and Canceled Checks \_\_\_\_\_

\_\_\_\_\_

## MUTUAL FUNDS

Fund Name and Company	Number of Shares	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ANNUITIES

Name of Company	Policy Number	Annuitant
_____	_____	_____
_____	_____	_____
_____	_____	_____



# FINANCIAL ACCOUNTS *continued*

## SAVINGS BONDS *(held in physical form)*

Name	Number of Shares	Location of Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OTHER BONDS *(held in physical form)*

Bond Number	Maturity Value	Maturity Date	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## STOCKS *(held in physical form)*

Name	Number of Shares	Location of Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____



Financial Account Information is located \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# DIGITAL ASSETS INVENTORY

---

In the event of disability or death, the following is provided to my Executor, Trustee, or Durable Power of Attorney Agent for access to my on-line accounts, including email.

Name: \_\_\_\_\_

Web address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Logon/Username: \_\_\_\_\_

Password: \_\_\_\_\_

Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_

Web address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Logon/Username: \_\_\_\_\_

Password: \_\_\_\_\_

Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_

Web address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Logon/Username: \_\_\_\_\_

Password: \_\_\_\_\_

Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_

Web address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Logon/Username: \_\_\_\_\_

Password: \_\_\_\_\_

Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_

Web address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Logon/Username: \_\_\_\_\_

Password: \_\_\_\_\_

Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_  
Web address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Logon/Username: \_\_\_\_\_  
Password: \_\_\_\_\_  
Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_  
Web address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Logon/Username: \_\_\_\_\_  
Password: \_\_\_\_\_  
Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_  
Web address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Logon/Username: \_\_\_\_\_  
Password: \_\_\_\_\_  
Secret Question & Answer: \_\_\_\_\_

Name: \_\_\_\_\_  
Web address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Logon/Username: \_\_\_\_\_  
Password: \_\_\_\_\_  
Secret Question & Answer: \_\_\_\_\_

*Digital Assets can include;*

**PERSONAL**

Computer  
Tablet  
e-Reader  
Smartphone  
Documents  
Photos  
iTunes  
Netflix

**SOCIAL MEDIA**

Facebook  
Twitter  
LinkedIn  
YouTube  
Yelp

**FINANCIAL**

Bank accounts  
PayPal  
eBay  
Amazon  
Investment accounts  
Retirement accounts  
Loans  
Online bill pay  
IRS e-filing  
Credit cards

**INTERNET SITES**

Domain names  
Blogs  
Websites  
Email accounts  
Online retail accounts  
Cloud storage - iCloud  
Google Docs  
Password Vaults

**BUSINESS**

Customer information database  
Inventory  
Client records  
Patient records  
eBay accounts  
Data backup accounts  
Banking

**LOYALTY PROGRAMS**

Airline miles  
Grocery store  
Credit card points

# INSURANCE POLICIES

---

## LIFE INSURANCE

Name of Company	Policy Number	Amount of Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Policies \_\_\_\_\_  
\_\_\_\_\_

## HEALTH INSURANCE

*(Disability Income, Medical and Hospitalization, Long-Term-Care, Accident and Travel, etc.)*

Name of Company	Policy Number	Type of Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Policies \_\_\_\_\_  
\_\_\_\_\_

## PROPERTY/CASUALTY INSURANCE

*(Auto Coverage, Homeowner's and Rental Coverage, Personal Liability/Umbrella Policies, etc.)*

Name of Company	Policy Number	Amount of Coverage	Type of Coverage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of Policies \_\_\_\_\_  
\_\_\_\_\_

# OTHER SOURCES

---

## ORGANIZATION BENEFITS

*Benefits may be available to your survivors based on membership in certain organizations, such as professional organizations, trade associations, unions, etc.*

Organization	Types of Benefits
_____	_____
_____	_____
_____	_____
_____	_____

Information is located \_\_\_\_\_

## GOVERNMENT LIFE INSURANCE

Serial Number \_\_\_\_\_

Branch of Military \_\_\_\_\_

Dates of Service \_\_\_\_\_

Information is located \_\_\_\_\_

## OTHER POTENTIAL GOVERNMENT COVERAGE

	Amount	Account or Claim Number
Veteran's	_____	_____
Civil Service	_____	_____
Railroad Retirement	_____	_____
Active Military	_____	_____
Local/State Employment	_____	_____

Information is located \_\_\_\_\_

# EMPLOYMENT BENEFITS

---

## CURRENT EMPLOYER

Current Employer Name and Address

NAME	STREET	CITY	STATE
POSITION/TITLE	DATE OF HIRE		

Potential eligible benefits available in the event of my death:

- |  |  |
|--|--|
| <input type="checkbox"/> Group Life Insurance                            | <input type="checkbox"/> Workmen's Compensation                        |
| <input type="checkbox"/> Group Health Insurance ( <i>death benefit</i> ) | <input type="checkbox"/> Deferred Compensation                         |
| <input type="checkbox"/> Unpaid Salary                                   | <input type="checkbox"/> Profit Sharing ( <i>survivor's benefits</i> ) |
| <input type="checkbox"/> Pension ( <i>survivor's benefits</i> )          | <input type="checkbox"/> Other   |

Information is located \_\_\_\_\_  
\_\_\_\_\_

Contact person at work \_\_\_\_\_  
NAME PHONE

# PENSIONS/RETIREMENT

---

## PENSION PLANS

Name and Address of Employer ( <i>Current and Prior</i> )	Pension Identification Number
_____	_____
_____	_____
_____	_____

## INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Name and Address of Company	Account Number
_____	_____
_____	_____
_____	_____
_____	_____

# PENSIONS/RETIREMENT *continued*

---

## KEOGH PLAN

Name and Address of Company	Account Number
_____	_____
_____	_____
_____	_____

## 401 (K) PLANS

Name and Address of Company	Account Number
_____	_____
_____	_____
_____	_____

## OTHER RETIREMENT/PENSION PLANS

Name and Address of Company	Account Number
_____	_____
_____	_____
_____	_____

Pension/Retirement Information located \_\_\_\_\_  
\_\_\_\_\_



# SOCIAL SECURITY

---

## SOCIAL SECURITY INFORMATION

My Social Security Number \_\_\_\_\_

My Spouse's Social Security Number \_\_\_\_\_

My Children's Social Security Number(s):

NAME	NUMBER
NAME	NUMBER
NAME	NUMBER
NAME	NUMBER

# BUSINESS INTEREST

---

## BUSINESS OWNERSHIP

I have an ownership interest in the following business(es):

Name and Address of Business	Type of Business	% Ownership Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____

# LEGAL ACTION

---

## LEGAL ACTION

*Uncollected legal judgment, pending lawsuit or claim, etc.*



Name and Address of Company

Account Number






# FINAL WISHES

---

I would like:

- A Funeral Service
- No Service
- A Memorial Service
- Any of the preceding as selected by my heirs

I would like the Funeral, Memorial or Service to take place at:

- House of Worship
- My Home
- Any of the preceding as selected by my heirs
- Funeral Home
- Other \_\_\_\_\_

My preferences are:

Name of House of Worship \_\_\_\_\_

Name of Religious Leader \_\_\_\_\_

Name of Funeral Home/Funeral Director \_\_\_\_\_

Other requests for my Funeral/Memorial/Service \_\_\_\_\_

Additional personal preferences and wishes \_\_\_\_\_

I have made funeral prearrangements. The information is as follows \_\_\_\_\_

