

ASSET MANAGEMENT & TRUST

Personal Estate Planning Organizer



FIRST NORTHERN BANK

ASSET MANAGEMENT & TRUST DEPARTMENT
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Because of the confidential information requested, please complete this document in a private environment. If you will be saving the document, ensure your computer is password protected and the virus protection software on your computer is current.

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

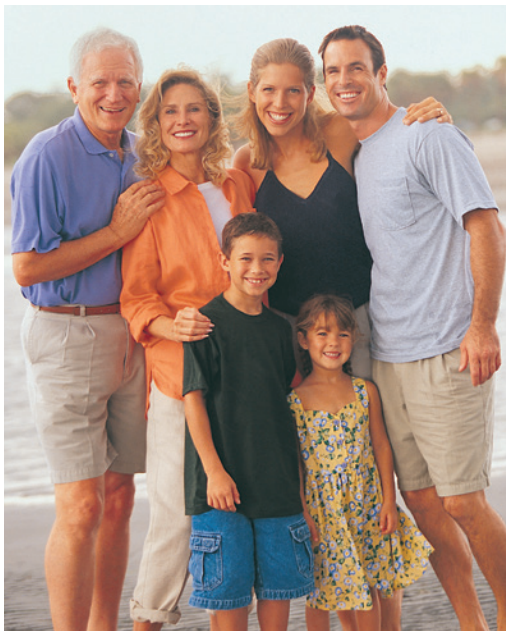
Father _____
FULL NAME BIRTH DATE

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.

WILLS & TRUSTS

I have a Will. I do not have a Will.

Location of original and copies of Will _____

Date of Will _____
MONTH DAY YEAR

Location of original Codicil _____ Date of codicil _____

Executor's Name _____ Address _____
STREET CITY STATE

Witnesses (to Will) Name and Address

NAME STREET CITY STATE

NAME STREET CITY STATE

Guardian (for Children) Name and Address

NAME STREET CITY STATE

I have a Trust.

Name and date of Trust _____
NAME MONTH DAY YEAR

Location of Trust _____ Trust Tax ID _____

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

My spouse has a Trust.

Name and date of Trust _____
NAME MONTH DAY YEAR

Location of Trust _____ Trust Tax ID _____

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

401 (K) PLANS

Name and Address of Company	Account Number
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

OTHER RETIREMENT/PENSION PLANS

Name and Address of Company	Account Number
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

CREDIT CARDS

Name of Company	Address	Card Number

DEBTS

I have the following debts:

Name and Address of Debtor	Reason	Amount

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 _____

