Appendix — The Organizer

This is the part of the book your family will hold onto. Everything you learned in the chapters comes together here, in one set of fill-in pages. Work in pencil, because life changes and your Organizer should change with it. Review it once a year on your Estate Check-up Day (Chapter 14). Keep the finished book somewhere safe but findable — a fireproof box or a labeled shelf beats a hiding spot. And tell one trusted person where it lives. A completed Organizer nobody can find is just a shoebox with better handwriting.

One safety rule for every page that follows: this book is a **map, not a vault**. Record locations, company names, and the last four digits of account numbers. Never write full account numbers, Social Security numbers, PINs, or passwords in these pages.

How to use these pages. Don't try to finish the Organizer in one sitting. Fill in what you know tonight, then chase one missing piece each week. Where a section says "one block per account," copy the block onto a fresh page or use the printable download for as many entries as you need. Cross out lines that don't apply to you — a crossed-out line tells your family "I checked; there's nothing here," which is worth just as much as a filled-in one. And date everything. A dated entry lets your family judge how fresh the map is.

A. Personal Information & Key Contacts

Start here. These are the facts and phone numbers your family will need in the first days, gathered in one place so nobody has to dig through drawers for them.

My Information

- Full legal name: ____
- Other names I have used (maiden name, prior married name):

  ____
- Date of birth: ____
- Place of birth: ____
- Home address: ____
- Phone: ____
- Email: ____
- My Social Security card is kept: ____ *(location only — never write the number here)*
- Birth certificate location: ____
- Marriage certificate / divorce decree location: ____
- Citizenship or immigration papers (if any) location: ____
- Military service? (branch, dates): ____
- DD-214 location: ____
- Employer (or former employer, if retired) & HR phone: ____

My Immediate Family

(Repeat for spouse, each child, and anyone else your executor should know about.)

Name	Relationship	Phone	City/State

My Key People

These are the professionals from your Critical Five list (Chapter 2) — the people your family should call in the first week.

- Executor named in my will: ____
- Phone: ____
- Attorney: ____
- Firm & phone: ____
- CPA / tax preparer: ____
- Phone: ____
- Financial advisor: ____
- Firm & phone: ____
- Insurance agent(s): ____
- Phone: ____
- Financial power of attorney agent: ____
- Phone: ____
- Healthcare proxy / agent: ____
- Phone: ____
- Clergy or spiritual advisor (if any): ____

- Phone: ______________________________________

My Doctors

Doctor / Specialty	Practice name	Phone
Primary care: ______		

- Pharmacy & phone: ____
- Current medications list is kept: ____
- Allergies my family should know about: ____

Who Depends on Me

If anyone — or any animal — relies on you day to day, write it here so care never skips a beat.

- Person or pet in my care: ____
- Daily needs in one or two sentences (medications, food, routines):

  ____
- Who I'd want to step in first: ____
- Phone: ____
- Backup person: ____
- Phone: ____
- Veterinarian (for pets) & phone: ____
- Care instructions or guardianship wishes are written down at:

  ____

Household Quick Reference

Small facts that save big headaches: the details someone would need to keep your household running for a few weeks.

- Utilities (electric, gas, water, trash) — providers & paid from which account:

  ____

- Internet & cell phone providers: ______________________________________

- Landlord or HOA contact (if any): ______________________________________

- Lawn, snow, cleaning, or caregiver services that come to the house:

  ____

- Spare house key location / entry code stored where: ______________________________________

- Anything in the house that needs regular attention (plants, sump pump, pool):

  ____

B. Master Asset Inventory

This is the centerpiece of the whole Organizer — the map from Chapter 7. Estimates are fine, last four digits only, and every entry you add saves your family a phone call, a search, or a loss.

Prepared by: ____

Date: ____

Last reviewed: ____

B-1. Bank & Cash Accounts

(One block per account. Copy the block for as many accounts as you have — the small and forgotten ones count most.)

- Institution name & phone: ____
- Account type (checking / savings / CD / credit union): ____
- Account number (last 4 digits only): ____
- Approximate value & date: ____
- POD beneficiary named? (yes / no / who): ____
- Where statements are kept / paperless?: ____

—

- Institution name & phone: ____
- Account type (checking / savings / CD / credit union): ____
- Account number (last 4 digits only): ____
- Approximate value & date: ____
- POD beneficiary named? (yes / no / who): ____
- Where statements are kept / paperless?: ____

—

- Institution name & phone: ____
- Account type (checking / savings / CD / credit union): ____
- Account number (last 4 digits only): ____
- Approximate value & date: ____
- POD beneficiary named? (yes / no / who): ____
- Where statements are kept / paperless?: ____

Old and small accounts count most — forgotten money is still your family's money. Check your email inbox and phone apps for statement notifications you've stopped noticing.

B-2. Investment & Retirement Accounts

(One block per account — including any 401(k) left behind at a former employer.)

- Institution & phone: ____
- Type (401(k) / IRA / Roth / brokerage / pension / annuity / savings bonds):

  ____
- From a current or former employer? Which?: ____
- Account number (last 4): ____
- Approximate value: ____
- Beneficiary named & last verified (date): ____
- TOD designation on brokerage account? (yes / no): ____

—

- Institution & phone: ____
- Type (401(k) / IRA / Roth / brokerage / pension / annuity / savings bonds):

  ____
- From a current or former employer? Which?: ____
- Account number (last 4): ____
- Approximate value: ____
- Beneficiary named & last verified (date): ____
- TOD designation on brokerage account? (yes / no): ____

—

- Institution & phone: ____
- Type (401(k) / IRA / Roth / brokerage / pension / annuity / savings bonds): ____
- From a current or former employer? Which?: ____
- Account number (last 4): ____
- Approximate value: ____
- Beneficiary named & last verified (date): ____
- TOD designation on brokerage account? (yes / no): ____

Savings bonds deserve a line of their own — note where the paper bonds are, or that they live in a TreasuryDirect account: ____

B-3. Real Estate

(One block per property, including land and timeshares.)

- Property address & type (home / rental / land / timeshare):

  ____

- How titled (sole / joint / trust / TOD deed): ____

- Deed location: ____

- Mortgage? Lender & approximate balance: ____

- Property tax & insurance paid from which account?: ____

- Keys, codes, or property manager my family should know about:

  ____

—

- Property address & type (home / rental / land / timeshare):

  ____

- How titled (sole / joint / trust / TOD deed): ____

- Deed location: ____

- Mortgage? Lender & approximate balance: ____

- Property tax & insurance paid from which account?: ____

- Keys, codes, or property manager my family should know about:

  ____

B-4. Vehicles & Titled Property

Vehicle / boat / RV (year, make, model)	Title location	Loan? Lender	Approx. value

B-5. Valuables & Personal Property

Jewelry, collections, tools, firearms, artwork, heirlooms — especially anything meant for a specific person. Match the "intended recipient" column to your will so there are no arguments later.

Item & location	Approx. value / appraisal on file?	Intended recipient

B-6. Business & Other Interests

- Business name & my ownership share: ____
- Key contact (partner, accountant, attorney): ____
- Phone: ____
- Where agreements (operating, buy-sell, partnership) are kept:

  ____
- What should happen to my share, in one sentence: ____

B-7. Money Owed to Me

Who owes it	How much	Written note exists? Where?

B-8. What I Owe (Debts)

Your estate settles these before anyone inherits, so your executor needs this list on day one. Mark anything on autopay — if an account freezes, those payments start bouncing.

Lender	Type (mortgage / card / loan / medical)	Approx. balance	Autopay? From which account?

C. Account & Password Register

This page tells your family *where access lives* — it does not hold the access itself.

> **Security note — read before filling in this page.**
>
> Never write a password, PIN, or security-question answer anywhere in this book. If this Organizer is ever lost, borrowed, or stolen, nothing on this page should open a single account. Record only **where** your passwords are stored: the name of your password manager, and where the sealed envelope with the master password lives. That one envelope, in one secure place, is the only key your family needs (Chapter 10 explains the full strategy).

- Password manager I use (name of the app): ____
- The sealed master-password envelope is located: ____
- Emergency access feature turned on? Who is named?: ____
- If I use a written password list instead, it is kept: ____ *(one secure place — not taped in a drawer)*
- Phone passcode: stored where: ____
- Computer/tablet passcodes: stored where: ____
- Home safe combination: stored where, and who else knows it: ____

Online Accounts (usernames only — no passwords)

List the accounts your family would need to reach or close: banking, utilities, shopping, government sites. The username tells them which door; the password manager holds the key.

Account (bank, utility, shopping, etc.)	Username or email used	Notes

If a password manager feels like too much this month, a written list kept in one secure place is still better than nothing — just note that place above, tell your executor, and refresh the list twice a year.

D. Insurance & Benefits Register

This is the money your family shouldn't have to hunt for (Chapter 8). A named company can be called; a mystery policy pays nobody.

Prepared by: ____

Date: ____

D-1. Life Insurance

(One block per policy — including group policies through work.)

- Insurance company & phone: ____
- Policy number: ____
- Type (term / whole / group): ____
- Death benefit amount: ____
- Beneficiary (primary / contingent): ____
- Where the policy document is kept: ____
- Premiums paid from which account / through which employer?:

  ____

—

- Insurance company & phone: ______________________________________
- Policy number: ______________________________________
- Type (term / whole / group): ______________________________________
- Death benefit amount: ______________________________________
- Beneficiary (primary / contingent): ______________________________________
- Where the policy document is kept: ______________________________________
- Premiums paid from which account / through which employer?:

  ____

Not sure whether an old policy still exists? Note the company name anyway — your family can run it through the NAIC Life Insurance Policy Locator.

D-2. Health & Long-Term Care Coverage

- Medicare number & plan: ______________________________________
- Card kept: ______________________________________
- Supplement / Advantage insurer & policy #: ______________________________________
- Dental / vision policies & numbers: ______________________________________
- Long-term-care policy? Insurer, policy #, and where the policy lives:

  ____

D-3. Home, Auto & Other Insurance

- Homeowner's/renter's insurer, policy #, agent phone: ____

- Auto insurer, policy #, vehicles covered: ____

- Umbrella or other policies: ____

D-4. Pensions & Annuities

- Company & phone: ____

- Survivor benefit option?: ____

- Where statements are kept: ____

D-5. Employer Benefits (current and former employers)

- Employer & HR contact: ____

- Group life / retirement plan / other benefits: ____

D-6. Social Security — Notes for My Family

- My Social Security card is kept: ____ *(location, not the number)*

- Reminder for family: the funeral home usually reports the death to Social Security — give them the number. Then call 1-800-772-1213 about the $255 lump-sum death payment (2-year deadline, by phone) and monthly survivor benefits. Details at ssa.gov/survivor.

D-7. Veterans Benefits — Notes for My Family

- Veteran in the family? (who, branch, dates of service): ____

- DD-214 discharge papers location: ____

- Reminder for family: file VA Form 21P-530EZ for burial allowances, ask about free burial in a VA national cemetery, and check VA.gov for current amounts — they change each October.

E. Document Locator — Where Everything Lives

Think of this page as the master map. Your family doesn't need to know what every document says; they need to know where it is and who has a copy. Be specific: "gray filing cabinet, second drawer" beats "somewhere in the office."

Document	Location (be exact)	Who has copies / access
Will (original)		
Trust documents		
Financial power of attorney		
Healthcare proxy / advance directive		
HIPAA release		
Deed(s) to real estate		
Vehicle titles		
Tax returns (last 3 years)		
Birth certificate		
Marriage certificate / divorce decree		

Document	Location (be exact)	Who has copies / access
Military records (DD-214)		
Insurance policies		
Final wishes summary (Section H)		
Master-password envelope		

- Home safe: location, and where the key or combination is kept:

  ____

- Safe deposit box (if any): bank, box number, key location, who is on the signature card:

  ____

- Attorney or probate court holding any originals: ____

- **Reminder:** the original will does *not* belong in a safe-deposit box — the box may be frozen exactly when your family needs it most (Chapter 7).

A note for whoever uses this page one day: most of these documents will be needed as originals or certified copies. Order 10–12 certified copies of the death certificate through the funeral home at the start — banks, insurers, and government offices each want their own, and ordering them all at once is faster and cheaper than going back later.

F. Beneficiary Audit

Beneficiary forms quietly override your will (Chapter 6), so this may be the highest-stakes page in the book. Rerun it every year on your Estate Check-up Day — a divorce, a death, or a new grandchild can make last year's answers wrong.

Last full audit completed on: ____

Account / policy	Held at	Primary beneficiary	Contingent beneficiary	Last checked (date)
401(k): ______				
IRA / Roth: ______				
Life insurance: ______				
Pension / annuity: ______				
POD bank account: ______				
TOD brokerage: ______				
TOD deed (if my state allows): ______				
Other: ______				

Three questions to ask about every line: Is anyone listed who shouldn't be (an ex-spouse, someone who has died)? Is a contingent beneficiary named in case the first person can't inherit? Does each entry still match what my will intends?

If any answer bothers you, don't just fix it here — call the institution and change the actual form on file. The form is what pays; this page is only your record of it. Ask for written confirmation of the change and note the date in the last column.

G. Digital Estate Register

Your digital life is a real part of your estate (Chapter 10). This register is the plain-language map: what exists and where access instructions live. As everywhere in this book — **no passwords on these pages.**

G-1. Email Accounts

Email comes first, because password resets for everything else flow through it.

Email address	Provider (Gmail, iCloud, etc.)	Primary or old/secondary?

G-2. Cloud Storage & Photos

- Photo storage (iCloud, Google Photos, other): ____
- File storage (Drive, Dropbox, OneDrive, other): ____
- What matters most in there (e.g., "all family photos since 2004"):

  ____

G-3. Social Media & Memorial Preferences

Platform	Username	What I want (memorialize / delete / family decides)
Facebook		
Instagram		
LinkedIn		
Other: ______		

G-4. Subscriptions & Auto-Payments to Cancel

Service	Billed to which card/account	Approx. monthly cost

- Loyalty programs, miles, points worth claiming: ____

G-5. Devices

Device (phone, computer, tablet)	Unlock info is stored where? (location only)

G-6. Cryptocurrency (if any)

A map only — never the keys. **Seed phrases and recovery words do not belong in this book, and never in a will** (a will becomes a public court record).

- Coins I own (types, rough amounts): ____
- Exchanges where I hold accounts: ____
- Wallets that exist (hardware / app — name them): ____
- The recovery plan (seed phrase on paper or steel) is stored:

  ____ *(location only)*
- One trusted person who knows this exists: ____

G-7. Legacy Contacts — Setup Checklist

The free platform tools legally outrank your will for those accounts, so check these boxes and date them.

☐ **Apple Legacy Contact** set up

- Access key printed and filed at: ____
- Date completed: ____

☐ **Google Inactive Account Manager** set up; trusted contacts chosen (date:

____)

☐ **Facebook memorialization** choice made — legacy contact named or deletion chosen (date:

____)

☐ Digital assets mentioned in my will or estate documents (the *location* of this register, not passwords)

☐ One trusted person told where this register lives

H. Final Wishes Summary

These answers spare your family dozens of decisions on their hardest days (Chapter 11). Rough, penciled answers are fine — a written wish beats a perfect intention every time.

- I prefer: ☐ Burial ☐ Cremation ☐ Green burial ☐ Donation to medical science ☐ Undecided — my family may choose
- Service: ☐ Religious service at ____ ☐ Simple gathering ☐ Celebration of life ☐ No service
- Preferred funeral home (optional): ____
- Prepaid arrangements? (contract, cemetery plot, niche, marker) — what exists and where the papers are:

  ____
- Music, readings, or personal touches I'd love: ____
- People I'd like to take part (speakers, pallbearers, readers): ____
- Charity for memorial donations, if any (instead of flowers?):

  ____
- My obituary: key facts to include, and anything to leave out:

  ____
- Photo I'd like used (and where it's saved): ____
- Organ donor: ☐ Yes, registered with ____ ☐ No
- Money set aside for final expenses — mark all that apply:

☐ POD account at: ____

- Beneficiary on that account: ____

☐ Life insurance ☐ Prepaid contract

☐ Other: ____

- One sentence to my family about spending: ____

- People to call personally in the first 48 hours (names + numbers):

  ____

- Clergy or officiant to contact (if any): ____

- Where my other final-wishes papers live (plot deed, prepaid contract, letters):

  ____

Signed: ____

Date: ____

I. Letter to My Family

This is the page your family will read first, so write it last — after the rest of the Organizer is filled in. Put it in the front of this book, and give a copy to your executor. Use your own words wherever mine don't sound like you; a letter that sounds like you is worth more than a perfect one.

> Dear ____,
>
> If you are reading this, you need to find things quickly. Here is the map. Please don't rush, and please take care of each other.
>
> **Where everything is:**
>
> This Organizer lives at: ____
>
> My original will is at: ____
>
> My attorney is: ____
>
> My attorney's phone: ____
>
> My executor is ____
>
> Executor's phone: ____
>
> My powers of attorney and healthcare documents are at: ____
>
> My master-password envelope is at: ____ — it opens my password manager and digital accounts.
>
> My final wishes summary is Section H of this book. Funeral money is:
>
> ____
>
> **First calls to make** — name, how they know me, phone:
>
> 1. ____
>
> 2. ____
>
> 3. ____
>
> **The first 48 hours — a short checklist:**

☐ Call the people listed above; let them help you

☐ My healthcare proxy is: ____

☐ The documents are at: ____

☐ Contact the funeral home (my preference is in Section H) — decisions can wait; nothing must happen today

☐ Request 10–12 certified copies of the death certificate through the funeral home

☐ Find this Organizer's Section E for every document location — you do not need to search the house

☐ Do **not** rush to close accounts, move money, or sign anything; there is time for all of it

Everything you need is in these pages. I did this so your job would be smaller and your grief could just be grief.

With all my love, ____

Date: ____

You've reached the end of the Organizer — which means your family will never have to start from zero. Review these pages once a year, keep them where your one trusted person can find them, and consider this gift given. For printable versions of every worksheet in this book.