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**Asset Organizer**

*Please complete this confidential asset organizer to furnish information which will be used at your initial consultation and in the preparation of your estate planning documents. Thorough answers will result in a more accurate estate plan. The Asset Organizer should be completed along with your Estate Planning Questionnaire. Estate planning is an important tool to help you avoid probate.*

Contact Information

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

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

CPA/Accountant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Financial Advisor/Financial Planner: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Asset Information

1. Accounts: Please list details of your accounts held at financial institutions and investment firms. Please bring copies of your statements if you are uncertain of details.

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

Address: \_\_\_\_\_

Account name/Title: \_\_\_\_\_

Account Number or ID: \_\_\_\_\_

Beneficiary on Account (if any) \_\_\_\_\_

Type of account: \_\_\_\_\_

Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Address: \_\_\_\_\_

Account name/Title: \_\_\_\_\_

Account Number or ID: \_\_\_\_\_

Beneficiary on Account (if any) \_\_\_\_\_

Type of account: \_\_\_\_\_

Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Address: \_\_\_\_\_

Account name/Title: \_\_\_\_\_

Account Number or ID: \_\_\_\_\_

Beneficiary on Account (if any) \_\_\_\_\_

Type of account: \_\_\_\_\_

Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Address: \_\_\_\_\_

Account name/Title: \_\_\_\_\_

Account Number or ID: \_\_\_\_\_

Beneficiary on Account (if any) \_\_\_\_\_

Type of account: \_\_\_\_\_

Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Account name/Title: \_\_\_\_\_  
Account Number or ID: \_\_\_\_\_  
Beneficiary on Account (if any) \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Account name/Title: \_\_\_\_\_  
Account Number or ID: \_\_\_\_\_  
Beneficiary on Account (if any) \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Account name/Title: \_\_\_\_\_  
Account Number or ID: \_\_\_\_\_  
Beneficiary on Account (if any) \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Account name/Title: \_\_\_\_\_  
Account Number or ID: \_\_\_\_\_  
Beneficiary on Account (if any) \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

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

Account name/Title: \_\_\_\_\_  
Account Number or ID: \_\_\_\_\_  
Beneficiary on Account (if any) \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Value of account: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

2. Safety Deposit Box

Location: \_\_\_\_\_

Box #: \_\_\_\_\_

Signor(s) on box: \_\_\_\_\_

Location: \_\_\_\_\_

Box#: \_\_\_\_\_

signor(s) on box: \_\_\_\_\_

3. Real Estate

Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

Homestead: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) on Deed: \_\_\_\_\_

Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_

***Please bring copies of your deeds to all real estate in which you have an interest to your consultation.***

4. Life Insurance Policies and/or Annuities

Name of owner: \_\_\_\_\_

Policy #: \_\_\_\_\_

Company: \_\_\_\_\_

Name of beneficiary(s): \_\_\_\_\_

Alternate beneficiary(s) if any: \_\_\_\_\_

Cash Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Company: \_\_\_\_\_  
Name of beneficiary(s): \_\_\_\_\_  
Alternate beneficiary(s) if any: \_\_\_\_\_  
Cash Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Company: \_\_\_\_\_  
Name of beneficiary(s): \_\_\_\_\_  
Alternate beneficiary(s) if any: \_\_\_\_\_  
Cash Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Company: \_\_\_\_\_  
Name of beneficiary(s): \_\_\_\_\_  
Alternate beneficiary(s) if any: \_\_\_\_\_  
Cash Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Company: \_\_\_\_\_  
Name of beneficiary(s): \_\_\_\_\_  
Alternate beneficiary(s) if any: \_\_\_\_\_  
Cash Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Company: \_\_\_\_\_  
Name of beneficiary(s): \_\_\_\_\_  
Alternate beneficiary(s) if any: \_\_\_\_\_  
Cash Value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

5. Stocks and/or Bonds

Name of owner: \_\_\_\_\_  
Certificate #: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Issue date: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Certificate #: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Issue date: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Certificate #: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Issue date: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Certificate #: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Issue date: \_\_\_\_\_

Name of owner: \_\_\_\_\_  
Certificate #: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Date of valuation: \_\_\_\_\_ Issue date: \_\_\_\_\_

6. Automobiles, Boats, or Other Vehicles that you own

Year, make & model: \_\_\_\_\_  
VIN#: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

Year, make & model: \_\_\_\_\_  
VIN#: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

Year, make & model: \_\_\_\_\_  
VIN#: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

Year, make & model: \_\_\_\_\_  
VIN#: \_\_\_\_\_  
Name(s) on title: \_\_\_\_\_

**Miscellaneous Items**

1. Have you made any gifts of \$14,000.00 or more to one person during one calendar year?

Name of recipient: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date of gift: \_\_\_\_\_ Did you file a gift tax return? Yes \_\_\_ No \_\_\_

Name of recipient: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date of gift: \_\_\_\_\_ Did you file a gift tax return? Yes \_\_\_ No \_\_\_

Name of recipient: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date of gift: \_\_\_\_\_ Did you file a gift tax return? Yes \_\_\_ No \_\_\_

Name of recipient: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date of gift: \_\_\_\_\_ Did you file a gift tax return? Yes \_\_\_ No \_\_\_

Name of recipient: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date of gift: \_\_\_\_\_ Did you file a gift tax return? Yes \_\_\_ No \_\_\_

2. Do you have any pensions?

Recipient name: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Amount paid per month: \_\_\_\_\_  
Death beneficiary: \_\_\_\_\_

Recipient name: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Amount paid per month: \_\_\_\_\_  
Death beneficiary: \_\_\_\_\_

Recipient name: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Amount paid per month: \_\_\_\_\_  
Death beneficiary: \_\_\_\_\_

Recipient name: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Amount paid per month: \_\_\_\_\_  
Death beneficiary: \_\_\_\_\_

Recipient name: \_\_\_\_\_  
Name of company: \_\_\_\_\_  
Cash value: \_\_\_\_\_ Amount paid per month: \_\_\_\_\_  
Death beneficiary: \_\_\_\_\_

3. Are you the beneficiary of any trust?

Name of trust: \_\_\_\_\_  
Date of trust: \_\_\_\_\_ Value: \_\_\_\_\_

Name of trust: \_\_\_\_\_  
Date of trust: \_\_\_\_\_ Value: \_\_\_\_\_

Name of trust: \_\_\_\_\_  
Date of trust: \_\_\_\_\_ Value: \_\_\_\_\_

4. Do you have any debts which are secured by any assets (e.g. real estate mortgage, automobile loans, etc.)?

Lender name & address: \_\_\_\_\_

What asset is held as security? \_\_\_\_\_

Balance owed? \_\_\_\_\_

Lender name & address: \_\_\_\_\_

What asset is held as security? \_\_\_\_\_

Balance owed? \_\_\_\_\_

Lender name & address: \_\_\_\_\_

What asset is held as security? \_\_\_\_\_

Balance owed? \_\_\_\_\_

Lender name & address: \_\_\_\_\_

What asset is held as security? \_\_\_\_\_

Balance owed? \_\_\_\_\_

Lender name & address: \_\_\_\_\_

What asset is held as security? \_\_\_\_\_

Balance owed? \_\_\_\_\_

5. What Digital Assets do you own? (“Digital assets” include files stored on digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smart phones, and any similar digital device. The term “digital assets” also includes but is not limited to emails received, email accounts, digital music, digital photographs, digital videos, software licences, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts and similar digital items.) List account names, account numbers, Logins, etc, for your digital assets that have value. Do not list passwords.

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6. Does the total value of your assets exceed \$5,000,000.00? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Estate tax planning may be necessary for estates exceeding \$5,000,000.00.)

This confidential Asset Organizer will be used to assist in the preparation of your estate planning documents. It has no legal effect as to the disposition of your assets after your death or incapacity. If you have any questions while completing this form, please do not hesitate to contact our office.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_