



Together, a better world is possible



Estate Planning Organizer

All the information you need in one place



Together, a better
world is ***possible***

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Getting Organized

This organizer has been designed to help you streamline the process of planning for your future – and the future of your loved ones.

The first step? Making sure that all your financial information is in one place and readily accessible to anyone who might need it.

Of course, the cornerstone of any well-executed estate plan is a will.

While a will is one of the most important documents any of us will create during our lifetime, the majority of Americans don't have one. A recent Gallup poll found that only 44% of Americans have a will. The others never put their wishes in writing.

Without a will, your assets could go into probate and the government then decides how they should be distributed. A will ensures that what you've earned during your lifetime is distributed according to your wishes after you're gone. At the same time, it can also contain important guidance about things that matter deeply to you – for example, guardianship of minor children.

So if you haven't created a will, don't put it off! It's probably simpler than you think. This Estate Planning Organizer will help you prepare for the next steps in planning your future, like meeting with an attorney or even using software or forms provided on a do-it-yourself site.

And while you're thinking about estate planning, we hope you'll consider including Mercy Corps in your plans. Your gift will leave a legacy of brighter tomorrows for people in need. There are many options available to you from a simple bequest to a Donor Advised Fund or even a gift of stocks or real estate.

For more information about including Mercy Corps in your legacy plans, please call (888) 842-0842. Or send us an email at plannedgiving@mercycorps.org. You can also find out more online at mercycorps.org/legacy.

There's never been a better time to plan for your future. If you're ready to get started, turn the page.

If you're considering a gift in your will, here's the language to use:

"I give \$_____ (or describe the real or personal property) to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, to be used to further the mission of Mercy Corps."

Mercy Corps' legal name and address:

Mercy Corps, 45 SW Ankeny St., Portland, OR 97204

Tax ID Number: 91-1148123



45 SW Ankeny Street
Portland, Oregon 97204

Personal and Family Information

We've included space for you to list your personal information and that of all your immediate family members including any children and grandchildren.

Full Name:

Social Security Number:

Current Address:

Date of Birth:

Telephone Number:

Place of Birth:

Email Address:

Father's Name:

Mother's Maiden Name:

Previous Addresses:

Previous Address #1:

Marital Status:

- Single Married Widowed
 Divorced Separated

Spouse's Name (if applicable):

Dates of Residence at Address Listed Above:

Spouse's Date of Birth (if applicable):

Previous Address #2:

Spouse's Occupation (if applicable):

Dates of Residence at Address Listed Above:

Spouse's Social Security Number (if applicable):

Any Former Marriages?

You: Yes No

Your Spouse: Yes No

Are You a U.S. Citizen? Yes No

If not a U.S. citizen by birth, please specify date and place of naturalization:

Naturalization Date: _____

Naturalization Place: _____

Naturalization Papers Located: _____

Is Your Spouse a U.S. Citizen? Yes No

If not a U.S. citizen by birth, please specify date and place of naturalization:

Naturalization Date: _____

Naturalization Place: _____

Naturalization Papers Located: _____

Children From Current Marriage:

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Children From Previous Marriages:

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Children From Your Spouse's Previous Marriages:

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Do any of your children have permanent disabilities? If so, please explain:

Grandchildren:

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Name: _____

Birthdate: _____ Sex: _____

Others to be Considered in Your Estate Plan:

Name: _____

Age: _____ Sex: _____ Relationship: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Name: _____

Age: _____ Sex: _____ Relationship: _____

Charitable Organizations You Support:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Military Service:

Service Serial #: _____ Branch of Service: _____

Dates of Service: _____

Veterans Administration Disability #: _____

Business Or Employment:

Retired From: _____

Employed By: _____

Name of Company: _____

Address: _____

Any financial interests? If so: _____

Any business interests? If so: _____



Notes:

Assets and Liabilities

What do you own ... and what do you owe?

Your assets can include property such as real estate, boats and automobiles, companies, and personal property such as jewelry and artwork. Try to estimate the approximate value of each asset you own. Liabilities are what you owe to others and can include a mortgage, loans or other types of debt.

ASSETS

Real Estate:

Type: _____

Address: _____

Owner: _____ Type of Ownership: _____

Purchase Date: _____ Cost Basis: _____

Mortgage Balance: _____ Market Value: _____

Type: _____

Address: _____

Owner: _____ Type of Ownership: _____

Purchase Date: _____ Cost Basis: _____

Mortgage Balance: _____ Market Value: _____

Personal Property:

(personal items, automobile(s), jewelry, furniture, household items, artifacts, etc. included)

Item: _____

Location: _____ Approximate Value if Sold Today: \$ _____

Item: _____

Location: _____ Approximate Value if Sold Today: \$ _____

Item: _____

Location: _____ Approximate Value if Sold Today: \$ _____

Item: _____

Location: _____ Approximate Value if Sold Today: \$ _____

Item: _____

Location: _____ Approximate Value if Sold Today: \$ _____

Safe Deposit Boxes:

Box #: _____ Box Location: _____ Key Location: _____

Box #: _____ Box Location: _____ Key Location: _____

Stored Property:

Name of Storage Facility: _____

Address of Storage Facility: _____

Storage Unit #: _____ Access Code: _____

Intellectual Property:

Patents: _____

Copyrights: _____

BUSINESS INTERESTS

Business Name: _____

Business Activity: _____

Net Profit: (before taxes & owner's earnings) _____ Any Projected Future Change: _____

Business Life Insurance Beneficiary: _____

Type of Business: Sole Proprietorship Partnership Personal Holding Company
 C Corporation S Corporation Professional Corporation

Is there a Buy/Sell Agreement? Yes No

If yes, please describe: _____

Owner/Key Employee:

Name: _____ Age: _____

of Shares or % Owned: _____ Annual Income: _____ Include in Buy/Sell? Yes No

Name: _____ Age: _____

of Shares or % Owned: _____ Annual Income: _____ Include in Buy/Sell? Yes No

Name: _____ Age: _____

of Shares or % Owned: _____ Annual Income: _____ Include in Buy/Sell? Yes No

Name: _____ Age: _____

of Shares or % Owned: _____ Annual Income: _____ Include in Buy/Sell? Yes No

Upon death, business is to be:

- Liquidated Continued by Heirs Sold to Surviving Owners
 Sold to Key Employees Other

LIABILITIES

Current Bills:

Property on Which it is Owned: _____

_____ Amount: \$ _____

Property on Which it is Owned: _____

_____ Amount: \$ _____

Property on Which it is Owned: _____

_____ Amount: \$ _____



Credit Cards:

Company: _____ Card Number: _____

Online Username: _____ Online Password: _____

Company: _____ Card Number: _____

Online Username: _____ Online Password: _____

Company: _____ Card Number: _____

Online Username: _____ Online Password: _____

Notes Payable:

Property on Which it is Owned: _____

_____ Amount: \$ _____

Property on Which it is Owned: _____

_____ Amount: \$ _____

Bank Loans:

Property on Which it is Owned: _____

_____ Amount: \$ _____

Property on Which it is Owned: _____

_____ Amount: \$ _____

Property on Which it is Owned: _____

_____ Amount: \$ _____

Other Loans:

Property on Which it is Owned: _____

_____ Amount: \$ _____

Property on Which it is Owned: _____

_____ Amount: \$ _____

Notes:

Account Information

Because many people have a number of accounts, located in different banks and institutions, it may be helpful to list them below.

BANK ACCOUNTS

Checking Account(s):

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Balance: \$ _____

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Balance: \$ _____

Saving Account(s):

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Balance: \$ _____

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Balance: \$ _____

Certificates Of Deposit(s):

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on CD: _____ Balance: \$ _____

Type: _____ Maturity Date: _____

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on CD: _____ Balance: \$ _____

Type: _____ Maturity Date: _____

Credit Union Account:

Credit Union Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Amount: \$ _____

Credit Union Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Amount: \$ _____



INVESTMENTS ACCOUNTS

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Account: \$ _____

Individual Securities: _____

Individual Security Name: _____

Type (Stock, Bond, Mutual Fund): _____ Owner: _____

Number of Shares: _____ Original Cost: \$ _____ Current Value: \$ _____

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Account: \$ _____

Individual Securities: _____

Individual Security Name: _____

Type (Stock, Bond, Mutual Fund): _____ Owner: _____

Number of Shares: _____ Original Cost: \$ _____ Current Value: \$ _____

Bank Name: _____ Address: _____

Account #: _____

Online Username: _____ Online Password: _____

Name(s) on Account: _____ Account: \$ _____

Individual Securities: _____

Individual Security Name: _____

Type (Stock, Bond, Mutual Fund): _____ Owner: _____

Number of Shares: _____ Original Cost: \$ _____ Current Value: \$ _____

INDIVIDUAL RETIREMENT ACCOUNT – 401K

Individual Retirement Account(s):

Is this account a Roth IRA? If so, please check here.

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

Is this account a Roth IRA? If so, please check here.

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

401(K), 403(B) Plans:

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

Tax Deferred Annuity:

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

Qualified Pension Or Profit Sharing Plan:

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

Account #: _____

Owner: _____ Beneficiary: _____

Value: \$ _____ Institution Where Held: _____

Online Username: _____ Online Password: _____

LIFE INSURANCE

This can include your own personal life insurance policy or one through your workplace.

Company: _____

Name of Insured: _____ Owner: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Policy #: _____

Online Username: _____ Online Password: _____

Death Benefit: _____

Company: _____

Name of Insured: _____ Owner: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Policy #: _____

Online Username: _____ Online Password: _____

Death Benefit: _____

Company: _____

Name of Insured: _____ Owner: _____

Primary Beneficiary: _____ Contingent Beneficiary: _____

Policy #: _____

Online Username: _____ Online Password: _____

Death Benefit: _____

MEDICAL INSURANCE

Long-Term Care Insurance Policy:

Owner: _____ Beneficiary: _____

Value: \$ _____ Insurance Company Agent: _____

Hospitalization:

Owner: _____ Beneficiary: _____

Value: \$ _____ Insurance Company Agent: _____

Surgical:

Owner: _____ Beneficiary: _____

Value: \$ _____ Insurance Company Agent: _____

Major Medical:

Owner: _____ Beneficiary: _____

Value: \$ _____ Insurance Company Agent: _____

Accident & Health:

Owner: _____ Beneficiary: _____

Value: \$ _____ Insurance Company Agent: _____

HOMEOWNERS INSURANCE

Primary Residence:

Property Address: _____

Company: _____ Policy #: _____

Online Username: _____ Online Password: _____

Secondary Residence:

Property Address: _____

Company: _____ Policy #: _____

Online Username: _____ Online Password: _____

CAR INSURANCE

Vehicle #1:

Make & Model: _____

Company: _____ Policy #: _____

Online Username: _____ Online Password: _____

Vehicle #2:

Make & Model: _____

Company: _____ Policy #: _____

Online Username: _____ Online Password: _____

Vehicle #3:

Make & Model: _____

Company: _____ Policy #: _____

Online Username: _____ Online Password: _____

Notes:

Legal Documents

These critical documents will let others know what your wishes are both before and after you're gone. They may be kept in your home or in a safe deposit box. Simply list where they can be found.

WILL

Location of Will: _____ Date of Will: _____

Primary Executors, Personal Representatives, Guardians Or Trustees:

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Secondary Executors, Personal Representatives, Guardians Or Trustees:

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

LIVING WILL

A living will is a written document that states your medical desires in the case that you are incapacitated and unable to provide informed consent. Many people use them to express their wishes regarding end of life treatments and extraordinary measures.

Do you currently have a Living Will? Yes No

If you answered "yes," where is it kept?

If you answered no, would you like to have one prepared by your attorney on your behalf?

Yes No

HEALTH CARE PROXY

A health care proxy allows you to appoint someone to make health care decisions in the event that you are unable to do so. Some people appoint a spouse or family member as their "health care agent"; others use an attorney.

Do you have a current Health Care Proxy? Yes No

If you answered "yes," where is it kept?

Who have you named as your health care agent?

Name: _____

Address: _____

If you answered "no," would you like to have one prepared by your attorney on your behalf?

Yes No

POWER OF ATTORNEY

Name: _____ Phone #: _____

Address: _____

Email Address: _____

Distribution Of Estate:

(specific bequests)

Will all of your estate go to your spouse? Yes No

Beneficiary's Name: _____ Relationship: _____

Address: _____

Item Designated to Beneficiary: _____

Beneficiary's Name: _____ Relationship: _____

Address: _____

Item Designated to Beneficiary: _____

Residue & Remainder:

(Please fill out the following fields with the individuals and/or charitable organizations designated to receive the remainder of your estate after expenses have been paid and all specific bequests made.)

Beneficiary's Name: _____ Relationship: _____

Address: _____

Amount or % Designated to Beneficiary: _____

Beneficiary's Name: _____ Relationship: _____

Address: _____

Amount or % Designated to Beneficiary: _____

Contingency Provision for Distribution Of Estate:

(Please fill out the following fields with the information on how assets will be distributed in the event that above-named individuals or organizations are not in existence at the time of your estate plan distribution.)

Beneficiary's Name: _____ Relationship: _____

Address: _____

Amount or % Designated to Beneficiary: _____

Beneficiary's Name: _____ Relationship: _____

Address: _____

Amount or % Designated to Beneficiary: _____

Special Instructions

Are there any special wishes that you would like others to follow after you're gone? If you have any special funeral or burial instructions, you can write them below.

Glossary

A definition of terms used in My Estate Planning Organizer

Asset An item of ownership that has value and can be converted into cash.

Beneficiary Is someone or some organization that is the recipient of a portion of your estate, including property, accounts, life insurance cash gifts, or other gifts.

Bequest The act of giving something in your will.

Executor This is the person that you elect to administer the wishes set out in your will.

Health Care Proxy A legal a document that appoints an “agent” to carry out your health care wishes in the event that you are unable to do so.

Liability Debts (such as a mortgage or loan) or money owed.

Living Trust A trust in which you transfer assets to others during your lifetime which then revert to the beneficiary(ies) upon your death.

Living Will A legal document that expresses your wishes regarding life support and other types of medical interventions.

Power of Attorney Provides another person with the power to act in legal or financial matters if you are unable to do so.

Personal Property Can include artwork, businesses, jewelry, furniture and antiques, boats — all property of value with the exception of land.

Will (Last Will and Testament) A legal document containing information about what should happen to your assets and estate after you’ve passed away.

Bequest Language

The following is sample language that you and your advisers can use to make a gift to Mercy Corps

Specific Bequest *Mercy Corps would receive a specific gift or item of property.*

“I give \$_____ (or describe the real or personal property) to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, to be used to further the mission of Mercy Corps.”

Residuary Bequest *Mercy Corps would receive a gift from your remaining estate after any specific distributions have been made.*

“I give to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, all (or ___%) of the rest, residue and remainder of my estate, to be used to further the mission of Mercy Corps.”

Contingent Bequest *Mercy Corps would receive a gift from your estate if, and only if, one or more of your named beneficiaries does not survive you.*

“I give \$___ to (name of beneficiary). If (name of beneficiary) does not survive me, this bequest will lapse and pass to Mercy Corps, a nonprofit corporation of the State of Washington, headquartered in Oregon, to be used to further the mission of Mercy Corps.”

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