

It's Good to Have a Plan

Get Organized

With passing comes paperwork.

When the time comes, completing out after-life documents and tasks will be seamless. Use this worksheet to outline key information. Write down your loved one's details or get yourself organized. When you've filled out Solace's Get Organized worksheet, keep it in a secure place where it can be found by loved ones.

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Personal Information

Everything but the kitchen sink.

Let's start learning about you. Here, you can record your personal details, from medical to marital, education to employment - and more.

Your Details

Name	Address	
Date of Birth	City	State
SSN #	ZIP	
Citizenship		

Your Passport

Number	Issue Date	
Location of Passport	City of Issue	State of Issue

Persons to Notify in an Emergency

Name	Address	
Relation	City	State
Phone	ZIP	

Persons to Notify in an Emergency Continued

Name	Address	
Relation	City	State
Phone	ZIP	

Name	Address	
Relation	City	State
Phone	ZIP	

Marital Information

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated	<input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Widowed

Married to	Date
Place of Marriage	Location of Marriage Certificate

Marital Information Continued

Previously Married to Date

Terminated by

- ☒ Divorce
- ☐ Annulment
- ☐ Separation
- ☐ Death

Location of Termination Papers

Family Records

Father's Full Name Father's Place of Birth

Father's Date of Birth

Mother's Full Name Mother's Place of Birth

Mother's Date of Birth

Child's Full Name Child's Address

Child's City Child's State

Family Records Continued

Child's Full Name

Child's Address

Child's City

Child's State

Child's Full Name

Child's Address

Child's City

Child's State

Child's Full Name

Child's Address

Child's City

Child's State

Grandchild's Name

Grandchild's Name

Grandchild's Name

Grandchild's Name

Grandchild's Name

Grandchild's Name

Other Close Relative

Other Close Relative

Other Close Relative

Other Close Relative

Medical Information

Physician

Dentist

Specialist

Specialist

Other Details

Military Service

Have Served

Have Not Served

Country Served

Date Served From

Date Served To

Branch

Serial Number

Grade

Service Connected Disability

☐

Have

☐

Do Not Have

Claim #

Military Honors or Decorations:

Location of Discharge, Disability or Honors Papers

Education

School Attended	Degrees / Diplomas
Special Honors	Location of Diplomas
School Attended	Degrees / Diplomas
Special Honors	Location of Diplomas
School Attended	Degrees / Diplomas
Special Honors	Location of Diplomas

Religious, Fraternal, Professional Organizations and Affiliations

Name of Organization
Name of Organization
Name of Organization
Name of Organization

Current Personal Employment Business Information

Employed by / Title

Address

Location of Employment Agreement / Proof of Benefits

Professional Advisors

Financial Advisor

Email / Phone

Executor

Email / Phone

Trust Officer

Email / Phone

Attorney

Email / Phone

Accountant

Email / Phone

Insurance Agent

Email / Phone

Power of Attorney

Email / Phone

Professional Advisors Continued

Health Care Power of Attorney

Email / Phone

Relatives and Friends to Notify

Name of Friend or Relative

Relationship

Address 1

Email

Phone

Address 2

Name of Friend or Relative

Relationship

Address 1

Email

Phone

Address 2

Name of Friend or Relative

Relationship

Address 1

Email

Phone

Address 2

An aerial photograph showing a dense forest of evergreen trees meeting a body of water. The water is a deep blue with some white rapids or currents visible near the shoreline. The forest is thick and green, with some trees showing signs of age or decay.

Financial Information

**All the details
on your dough.**

Use this section to organize your
assets and accounts.

Benefits in Which I Participate

Pension / Deferred Compensation Plan

Profit Sharing 401(k) Plan

Stock Options

Other

Other

Location of Documents

Income

Salary

Stocks / Bonds

Interest

Trusts

Social Security

Mortgages

Annuities

Pension

Other

Location of Documents

Accounts Receivable

I am owed money / other assets

Yes

No

Location of Documents

Liabilities

I owe money or I am obligated financially for the following:

Bank Loans

Name of Bank

Account #

Mortgage

Name of Bank

Account #

Liabilities Continued

Home Equity Line of Credit

Name of Bank Account #

Credit Card

Type of Card Issuing Bank

Account #

Credit Card

Type of Card Issuing Bank

Account #

Credit Card

Type of Card Issuing Bank

Account #

Credit Card

Type of Card Issuing Bank

Account #

Other

Location of Documents

Bank Accounts

Name of Bank

Type of Account

Address 1

Account #

Phone

Address 2

Name of Bank

Type of Account

Address 1

Account #

Phone

Address 2

Name of Bank

Type of Account

Address 1

Account #

Phone

Address 2

Record of Personal & Financial Information & Affairs Continued

Owned Real Estate

Location of Deeds, Titles, Other Documents

Securities

Individual Account	Name of Institution
--------------------	---------------------

Account #	Contact Name	Phone
-----------	--------------	-------

Joint Account	Name of Institution
---------------	---------------------

Account #	Contact Name	Phone
-----------	--------------	-------

IRA	Name of Institution
-----	---------------------

Account #	Contact Name	Phone
-----------	--------------	-------

401K	Name of Institution
------	---------------------

Account #	Contact Name	Phone
-----------	--------------	-------

Record of Personal & Financial Information & Affairs Continued

Personal Property

I have prepared an inventory of my valuable personal property

☐ Yes ☐ No

Location of Inventory

Location of Lists of Personal Assets and Suggested Distribution, or Attach:

Other Accounts (eg HAS, 529, Alternative Investments)

Other Accounts (eg HAS, 529, Alternative Investments)

Safe Deposit Box

Name of Bank / Type of Box

Location of Key

In Whose Name

Personal Safe

Location

Combination

Contents

Contents

Location of Other Hidden Assets (Cash / Jewelry)

Location

Contents

Location

Contents

Insurance

**Put your
policies here.**

Use this section to organize your
insurance policy information.



Insurance Policies

I Have the Following Life Insurance Policies:

Company	Policy # / Amount of Benefit
---------	------------------------------

Name of Insured	Beneficiary / Contact Info
-----------------	----------------------------

Company	Policy # / Amount of Benefit
---------	------------------------------

Name of Insured	Beneficiary / Contact Info
-----------------	----------------------------

Company	Policy # / Amount of Benefit
---------	------------------------------

Name of Insured	Beneficiary / Contact Info
-----------------	----------------------------

I Have the Following Other Types of Policies

Automobile Insurance	Policy #
----------------------	----------

Homeowners Insurance	Policy #
----------------------	----------

Other Insurance	Policy #
-----------------	----------



Digital

Download your info here.

Outline your digital footprint.

Computer / Location

User ID / Password

Answer to Security Question

Computer / Location

User ID / Password

Answer to Security Question

Email Account

User ID / Password

Answer to Security Question

Email Account

User ID / Password

Answer to Security Question

Website

User ID / Password

Answer to Security Question

Computer and Online Login Information Continued

Website	User ID / Password
---------	--------------------

Answer to Security Question

Website	User ID / Password
---------	--------------------

Answer to Security Question

Legal

**If there's a will,
there's a way.**

Keep record of your wills, trust documents and other important legal documents.

Last Will & Testament

I have/have not made a will.

☐

Yes, I have

☐

No, I have not

Date of my Last Will and Testament

Executor / Personal Representative(s)

Address

Email

Phone

Attorney Who Drafted my Will

Address

Email

Phone

Location of my Last Will and Testament

I have/have not made changes (codicil(s) to my will

☐

Yes, I have

☐

No, I have not

Date(s) of Codicil(s)

Location of Codicils(s)

Other Details

Living Will/Health Care Directive

I have/have not made a living will/health care directive

☐ Yes, I have ☐ No, I have not

Date

Attorney Who Drafted Living Will / Health Care Directive Address

Email Phone

Location of my Living Will / Health Care Directive

I have/have not informed my physician that I have a living will/health care directive

Yes, I have No, I have not

Name of Physician Notified

Other Details

Trust Documents

I have/have not created trusts in my lifetime

☐ Yes, I have ☐ No, I have not

Details of my Trust Agreement(s)

Trust Documents Continued

Attorney Who Drafted my Trust

Address

Email

Phone

Location of my Trust Agreement(s)

I have/have not made amendments to my trust(s)

☐ Yes, I have ☐ No, I have not

Dates of Amendment(s)

Location of Amendment(s)

Trustee

Successor Trustee

Other Details

Trust Officer

Phone

Location of other important items

Automobile Registration / Keys

Other Vehicle Registration / Keys

Other Vehicle Registration / Keys

Other Vehicle Registration / Keys

Income Tax Records / Returns

Other Records / Documents

Notes



Need to add anything
we didn't cover? There's
space for it here.

Other Important Information

Other Important Information

Great job.

You did it - congratulations!

When the time comes, you and your family will be ready. Store this document somewhere safe - either in digital form or printed out - and don't forget to share with your loved ones.