



WRITING YOUR WILL

Organizing Your Estate Plan

CONGREGATION BETH YAM
ENDOWMENT FUND
4501 MEETING STREET
HILTON HEAD ISLAND, SC 29926
www.bethyam.org

WRITING YOUR WILL -- ORGANIZING YOUR ESTATE PLAN

PERSONAL INFORMATION FOR THE ESTATE OF:

Full Name	
Social Security Number	
Current Address	
Street/City/State/Zip	
Dates of Residence	
Former Address 1	
Street/City/State/Zip	
Dates of Residence	
Former Address 2	
Street/City/State/Zip	
Dates of Residence	
Former Address 3	
Street/City/State/Zip	
Dates of Residence	

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BUSINESS OR EMPLOYMENT

<input type="checkbox"/> Retired from:	<input type="checkbox"/> Employed by:
If retired, retirement date:	
Name of company	
Financial interest, if any	
Other business interests (partner, stockholder or sole proprietor)	
Location of papers	
Pension, retirement or death benefits in which you are a participant	
Plan 1:	Value:
	Beneficiary:
Plan 2:	Value:
	Beneficiary:
Plan 3:	Value:
	Beneficiary:

PERSONAL RECORDS

Date of Birth	
Place of Birth	
Father's Name	
Mother's Maiden Name	
Location of birth certificate	
Wife's maiden name or husband's full name	
Name and dates of birth	
Military service	
Service serial number	
Branch and dates of service	
VA disability number	
Location of discharge papers	

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LAWYER

Name	
Street, City, State, Zip	
Phone	
E-mail	

LAWYER

Name	
Street, City, State, Zip	
Phone	
E-mail	

ACCOUNTANT

Name	
Street, City, State, Zip	
Phone	
E-mail	

ACCOUNTANT

Name	
Street, City, State, Zip	
Phone	
E-mail	

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TAX INFORMATION AND RETURNS

<p>Location where copies of current tax information and recent returns can be found</p>	
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PROPERTY: Safe Deposit Boxes

Box #1 Location		
Branch box number		
Location of key		
Box jointly held with	Name	
	Street, City, State, Zip	
Additional people who have access to the box	Name	
	Street, City, State, Zip	
Box #2 Location		
Branch box number		
Location of key		
Box jointly held with	Name	
	Street, City, State, Zip	
Additional people who have access to the box	Name	
	Street, City, State, Zip	

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BANKING INFORMATION

Checking Accounts		
Account 1	Bank	
	Account number	
	Name(s) on account	
Account 2	Bank	
	Account number	
	Name(s) on account	
Account 3	Bank	
	Account number	
	Name(s) on account	
Account 4	Bank	
	Account number	
	Name(s) on account	
Saving Accounts		
Account 1	Bank	
	Account number	
	Name(s) on account	
Account 2	Bank	
	Account number	
	Name(s) on account	
Account 3	Bank	
	Account number	
	Name(s) on account	

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Investment or Money Market Accounts		
Account 1	Bank	
	Account number	
	Name(s) on account	
Account 2	Bank	
	Account number	
	Name(s) on account	
Certificate(s) of deposit(s)		
Certificate 1	Bank	
	Account number	
	Name(s) on CD	
Certificate 2	Bank	
	Account number	
	Name(s) on CD	
Certificate 3	Bank	
	Account number	
	Name(s) on CD	

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Credit Union Accounts		
Account 1	Name of Credit Union	
	Address	
	Account Number	

401(k) or IRA Accounts		
Account 1	Account Type	
	Account Number	
	Location	
Account 2	Account Type	
	Account Number	
	Location	

Stocks, Bonds and Investments	
Broker	
Phone	
E-mail	
Investment firm	
Street, City, State, Zip	
Location of stock certificates	

U.S. Savings or Government Bonds	
Location of bonds	
Location of record of serial numbers	

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Loans	
Lender	
Street, City, State, Zip	
Type of loan	
Amount of loan	
Location of agreement	
Debts	
The following individuals owe me	
I owe the following individuals	
Location of note, loan agreements, receipts	
Credit Cards	
Card 1	Company
	Card Number
Card 2	Company
	Card Number
Card 3	Company
	Card Number
Card 4	Company
	Card Number
Card 5	Company
	Card Number
Card 6	Company
	Card Number
Card 7	Company
	Card Number
Card 8	Company
	Card Number

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POWER OF ATTORNEY

Name	
Street, City, State, Zip	
Phone	

INSURANCE

Life Insurance		
Policy 1	Company	
	Street, City, State, Zip	
	Policy Number	
	Amount	
	Location of Policy	
	Beneficiary	
Policy 2	Company	
	Street, City, State, Zip	
	Policy Number	
	Amount	
	Location of Policy	
	Beneficiary	
Others holding insurance on my life		
Owners		
Amount		
Beneficiary		
Homeowners' Insurance		
Primary Residence	Property Address	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	

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INSURANCE

Homeowners' Insurance		
Secondary Residence	Property Address	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	
Other Residence	Property Address	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	
Automobile Insurance		
Vehicle #1: Year, Make & Model	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	
Vehicle #2: Year, Make & Model	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	

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INSURANCE

Other Policies (e.g., boat, trailer, theft, liability, etc.)		
Policy 1	Type	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	
Policy 2	Type	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	

Policies Owned on Other Persons		
Policy 1	Name	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	
Policy 2	Name	
	Insured by:	
	Phone Number	
	Policy Number	
	Location of Policy	

Loans Against any Insurance Policy	
Company	
Phone Number	
Amount	
Location of records	

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ANNUITIES

Issued by:	
Street, City, State, Zip	
Amount	
Location of records	

REAL ESTATE

Primary Residence	Location of property	
	Location of deed	
	Mortgage held by	
	Phone Number	
Secondary Residence	Location of property	
	Location of deed	
	Mortgage held by	
	Phone Number	
Other	Location of property	
	Location of deed	
	Mortgage held by	
	Phone Number	
Other	Location of property	
	Location of deed	
	Mortgage held by	
	Phone Number	

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PERSONAL PROPERTY

List automobiles, boats, jewelry, firearms, household items, art, antiques, collections or other items of value.		
Item 1	Type	
	Location	
Item 2	Type	
	Location	
Item 3	Type	
	Location	
Item 4	Type	
	Location	
Item 5	Type	
	Location	
Item 6	Type	
	Location	
Item 7	Type	
	Location	

LAST WILL AND TESTAMENT

Location		
Date		
Executors, Trustees or Guardians		
Contact 1	Name	
	Address	
	Phone	
	Email	
Contact 2	Name	
	Address	
	Phone	
	Email	

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FUNERAL REQUESTS

Religious Affiliation		
Church or synagogue membership		
Street, City, State, Zip		
Phone		
Funeral Home		
Name of funeral home		
Street, City, State, Zip		
Phone		
Funeral instructions, if any:		
Cemetery Plot		
Name of cemetery		
Location of cemetery		
Location of deed		
Persons to be notified at death		
Contact 1	Name	
	Phone	
Contact 2	Name	
	Phone	
Contact 3	Name	
	Phone	
Contact 4	Name	
	Phone	
Contact 5	Name	
	Phone	
Contact 6	Name	
	Phone	
Contact 7	Name	
	Phone	
Contact 8	Name	
	Phone	

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