

**Estate Planning
Book of**

Courtesy of:

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This booklet has been prepared to assist
clients in organizing their assets.
This information will be very
helpful to the administrator of your estate.
Please use the book for additional
assets or information.

George R. Mayer

NAME _____
First Middle Last

ADDRESS _____

TELEPHONE #: (Home) _____ (Work) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____ RELIGIOUS AFFILIATION _____

MOTHER'S MAIDEN NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

FATHER'S NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NAME OF SPOUSE _____

DATE OF MARRIAGE _____ DEATH _____ DIVORCE _____

SEPARATION AGREEMENT _____ PRENUPTIAL AGREEMENT _____

CHILDREN

NAME _____

ADDRESS _____

TELEPHONE _____ DATE OF BIRTH _____ PLACE _____

SPOUSE'S NAME _____

GRANDCHILDREN _____

NAME _____

ADDRESS _____

TELEPHONE _____ DATE OF BIRTH _____ PLACE _____

GRANDCHILDREN _____

NAME _____

ADDRESS _____

TELEPHONE _____ DATE OF BIRTH _____ PLACE _____

GRANDCHILDREN _____

ASSETS

REAL ESTATE:

LOCATION _____

OWNER (S) OF RECORD _____ DATE PURCHASED _____

MORTGAGOR _____ MORTGAGE AMOUNT _____

LOCATION _____

OWNER (S) OF RECORD _____ DATE PURCHASED _____

MORTGAGOR _____ MORTGAGE AMOUNT _____

BUSINESS INTEREST:

NAME _____ ADDRESS _____

TYPE OF BUSINESS _____ % OF OWNERSHIP _____

OWNER (S) OF RECORD _____ DATE ACQUIRED _____

BANK ACCOUNT:

BANK/LOCATION	ACCOUNT #	TYPE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAFE DEPOSIT BOX:

BANK _____ LOCATION _____

BOX # _____ LOCATION OF KEYS _____

CONTENTS _____

SECURITIES & INVESTMENTS:

COMPANY	ACCOUNT #	TYPE
_____	_____	_____
_____	_____	_____

LIFE INSURANCE:

COMPANY	POLICY #	FACE AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPANY	POLICY #
HOMEOWNER INSURANCE: _____	_____
AUTOMOBILE INSURANCE: _____	_____
MEDICAL INSURANCE: _____	_____

DEBTS I OWE:

DESCRIPTION	TERM	BALANCE	LOCATION OF DOCUMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEBTS OWED ME:

DESCRIPTION	TERM	BALANCE	LOCATION OF DOCUMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD:

COMPANY _____ FROM _____ TO _____
COMPANY _____ FROM _____ TO _____
COMPANY _____ FROM _____ TO _____

MILITARY SERVICE:

BRANCH _____ RANK _____ SERVICE # _____
SERVICE DATE FROM _____ TO _____ DISABILITY YES ___ NO ___
RETIREMENT/DEATH BENEFITS: _____

ADVISERS

ATTORNEY

NAME _____ PHONE _____

ADDRESS _____

ACCOUNTANT

NAME _____ PHONE _____

ADDRESS _____

INVESTMENT BROKER

NAME _____ PHONE _____

ADDRESS _____

INSURANCE AGENT

NAME _____ PHONE _____

ADDRESS _____

FUNERAL

FUNERAL HOME _____

PLACE OF BURIAL _____

SERVICE _____

MUSIC _____

INSTRUCTIONS _____

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