

ORGANIZER KIT

When a loved one passes, that is not the easiest time to try to get organized!

Grieving can make it a challenge to focus on many of the important matters that will need to be addressed. Our Family Organizer can help you and your family avoid that stress and frustration.

Name: _____

Address: _____

Phone: _____

DMI

DMI

What do we do when a loved one passes? Many of us find ourselves in a state of shock, particularly when that loved one's death occurs unexpectedly. We grieve, of course, and we seek solace from our family and friends.

But then what do we do? You may find your situation is similar to that of many couples where one of you "handles the finances."

You may know the names of the companies, your account numbers or your policy numbers, but does your spouse, your kids or whomever you have decided to leave in charge of your affairs when you pass away?

When a loved one passes, that is not the easiest time to try to get organized!

Preparation is key, which is why for years we have encouraged our own families, friends and clients to use our Family Organizer.

Our Family Organizer is a simple but important document because it makes it easier for your loved ones to manage things when you're gone.

We encourage you to spend time as soon as possible completing our Family Organizer. Then sit down with your spouse, your kids or whomever will manage your affairs, and review it with them. Share with them how critical it is that they have easy access to all this important information.

Make sure they keep copies of it and that you keep a copy in a location where your spouse and family knows where to find it.

Grieving can make it a challenge to focus on many of the important matters that will need to be addressed. Our Family Organizer can help you and your family avoid that stress and frustration.

Kind Regards,

DMI

KEY ADVISORS TO BE CONTACTED

Accountant _____

Phone _____

Address _____

Attorney _____

Phone _____

Address _____

Life Insurance Agent _____

Phone _____

Address _____

Auto Insurance Agent _____

Phone _____

Address _____

Bank _____

Phone _____

Address _____

Clergyman/Rabbi _____

Phone _____ Church/Synagogue _____

Address _____

Doctor _____

Phone _____ Hospital _____

Address _____

Employer _____

Phone _____ Company _____

Address _____

Financial Advisor _____

Phone _____ Firm _____

Address _____

DMI

LIFE INSURANCE

Insurance Company _____
Policy Number _____ Type* _____
Insured _____
Owner _____
Beneficiary _____
Contingent Beneficiary _____
Death Benefit _____ Policy Date _____
Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

Insurance Company _____
Policy Number _____ Type* _____
Insured _____
Owner _____
Beneficiary _____
Contingent Beneficiary _____
Death Benefit _____ Policy Date _____
Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

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Insured _____
Owner _____
Beneficiary _____
Contingent Beneficiary _____
Death Benefit _____ Policy Date _____
Premium _____

*Term, whole life, variable life, universal life, survivorship, group life, split dollar, annuity

DMI

LONG-TERM CARE INSURANCE

Insurance Company _____
Policy Number _____ Type _____
Insured _____
Owner _____
Beneficiary _____
Contingent Beneficiary _____
Death Benefit _____ Policy Date _____
Premium _____

DISABILITY INSURANCE

Insurance Company _____
Policy Number _____ Type _____
Insured _____
Owner _____
Beneficiary _____
Contingent Beneficiary _____
Death Benefit _____ Policy Date _____
Premium _____

FUNERAL EXPENSE TRUST

Insurance Company _____
Policy Number _____ Type _____
Insured _____
Owner _____
Beneficiary _____
Contingent Beneficiary _____
Death Benefit _____ Policy Date _____
Premium _____

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BANK, BROKERAGE AND ANNUITY ACCOUNTS

Company _____
Account Number _____
Type of Account _____
Owner _____
Account Representative _____
Phone Number _____

Company _____
Account Number _____
Type of Account _____
Owner _____
Account Representative _____
Phone Number _____

Company _____
Account Number _____
Type of Account _____
Owner _____
Account Representative _____
Phone Number _____

Company _____
Account Number _____
Type of Account _____
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DMI

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Account Representative _____
Phone Number _____

Company _____
Account Number _____
Type of Account _____
Owner _____
Account Representative _____
Phone Number _____

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RELATIVES AND CLOSE FRIENDS TO BE CONTACTED

Name _____
Relationship _____
Phone Number _____
Address _____

Name _____
Relationship _____
Phone Number _____
Address _____

Name _____
Relationship _____
Phone Number _____
Address _____

Name _____
Relationship _____
Phone Number _____
Address _____

Name _____
Relationship _____
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Name _____
Relationship _____
Phone Number _____
Address _____

Name _____
Relationship _____
Phone Number _____
Address _____

DMI

FUNERAL INSTRUCTIONS

I have attached as Exhibit "B" to this letter my personal wishes regarding my last rites and burial services.

OTHER INSTRUCTIONS TO MY FAMILY