

Getting Organized

**Use the tab or arrow buttons to fill out this form electronically.
Save a copy for easy revision and E-mail a copy to your attorney.**

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Check documents completed and filed with this Organizer:

- Will
- Living Trust
- Power of Attorney for Property Management
- Advance Health Care Directive

The Fine Arts Museums of San Francisco is pleased to offer this Estate Planning Organizer to assist you with your estate plan. We encourage you to consult with qualified legal counsel. If you have questions about the organizer, please contact Pam Earing in the Development Department at 415-750-8940 or pearing@famsf.org.

**Fine Arts Museums of San Francisco
de Young Museum
50 Hagiwara Tea Garden Drive
San Francisco, CA 94118**

Estate Inventory Form

1. Name

Address

City State Zip

Phone (Home)

(Work)

(Mobile)

Email

Date of Birth

Place of Birth

Social Security Number

U.S. Citizen?

Single

Married

Widowed

Separated

Divorced

2. Spouse

Date of Birth

Place of Birth

Social Security Number

U.S. Citizen?

3. Children

Name

Age

Address

(A)

(B)

(C)

(D)

(E)

(F)

4. Grandchildren

Name	Age	Parent
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		

The following is meant to give your attorney a good idea of the total value of your estate. Knowing your total worth is important to determine the type of estate plan that will keep your estate tax as low as possible.

5. Real Estate Information (Description = home, vacation, rental, commercial)

A. Description	Market Value	Debt
Location		

B. Description	Market Value	Debt
Location		

C. Description	Market Value	Debt
Location		

D. Description	Market Value	Debt
Location		

E. Description	Market Value	Debt
Location		

F. Description	Market Value	Debt
Location		

G. Description	Market Value	Debt
Location		

H. Description	Market Value	Debt
Location		

TOTAL:
(Total value of real estate = market value less debt)

6. Personal Property: *Please list approximate current value*

Automobile(s)

Savings and Checking Accounts

Stocks/Bonds

Household Furnishings

Other Personal Assets

7. Death Benefits from Insurance

8. Expected inheritance

9. TOTAL VALUE OF ESTATE:

(Add all of the above, including total real estate value)

10. Name of Bank(s)

11. Names of stocks, bonds and other investment

12. Executor/Trustee Alternate

13. Funeral Arrangements

14. Beneficiary Information

Names of Persons or Charitable Organizations

1

2

3

4

5

6

7

8

9

10.

11.

12.

Values Planning Questions to Ask before You Plan Your Estate

1. How do you want to be remembered? By whom?
2. What values do you want to pass on to others?
3. What kind of legacy do you want to leave to friends, loved ones, your community?
4. If you have children, how do you want your children to use this legacy?
5. Will beneficiaries be able to use what they receive as you intend?
6. What causes do you support? Do you want to support them through your estate?
7. Are there other causes you would like to support?
8. What is your plan to achieve these goals?

Final Arrangements

The following reflects my wishes regarding my final arrangements. I record them here to guide those responsible for carrying out my wishes and to help ensure all arrangements reflect my life, loves and values.

Signature

Date

Miscellaneous Notes, Reflections, or Instructions

A List of Where Things Are

At the time of a person's sudden illness or death, family members or friends are often faced with the need for specific information. It is extremely helpful for them to have access to a record of insurance papers, marriage and birth certificates, bank account numbers, investments, etc.

For married couples, each spouse should compile separate information and prepare separate documents, although many of the materials will be the same.

The following check list will allow your loved ones to locate crucial documents and information at the time of incapacitation or death. It is important to keep the list up to date. Make sure by at least one other family member or a close friend knows where this list is. Review the information periodically, preferably with the person(s) who must use the information. We suggest that you make one or more copies of the following list after completing it. Keep one copy in the organizer and put others in sealed envelopes and give them to trusted persons.

Where Things Are

<i>Documents or Information</i>	<i>Location</i>
<i>What may be needed in an emergency</i>	
Address and phone numbers of doctors, dentists, attorney, home health care workers, family members, close friends	
Passport, citizenship papers	
Social Security card	
Birth certificate	
Drivers license	
Marriage certificate	
Medical insurance cards	
Safe deposit box and keys	
Safe and combination	

Pre-nuptial agreement	
Divorce papers	
Adoption paper	
<i>Estate Planning Documents</i>	<i>Location</i>
Will	
Living trust	
Advance health care directive	
Power of attorney for property	
Desires regarding last ceremonies	
Pre-paid burial plot or columbarium	
Pre-paid cremation papers	
Name and address of executor (Will)	
Name and address of successor trustee(s) (Living Trust)	
County issuing death certificate A sufficient number of copies are needed to transfer ownership of accounts and titles to property.	
Preferred professional funeral director	
<i>Items needed for in case of serious illness</i>	<i>Location</i>
Advance health care directive	
Durable power or attorney for property	
Financial institutions power of attorney forms (for institution who will not accept the general power of attorney form)	
Health care insurance card	

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Medicare/MediCal cards	
Financial and Investment Documents	Location
Retirement plan(s) statements	
Retirement plan(s) beneficiary designations	
Company benefits such as deferred comp.	
Private investment accounts	
Stock certificates not held in an account	
On-line securities transaction information	
Mutual fund account statements	
Documents showing basis of stock	
Financial Documents (Personal)	Location
Past years' tax returns	
Gift tax returns, if any	
Debts owed	
Active loans you've made to individuals	
Mortgage documents	
Property tax records	
Rental and lease agreements	
Real estate deeds	
Motor vehicle title papers	
Charitable pledges outstanding	
Charitable donor-advised fund	

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Charitable remainder trust or charitable pooled income fund	
Appraisal or inventory of valuable tangible personal property (art, jewelry, etc.)	
Financial Documents (Bank or Credit)	Location
Passbooks and statements	
Checkbooks and statements	
Credit cards and accounts statements	
Money market accounts and statements	
Insurance and Annuities	Location
Life Insurance documents	
Group life insurance	
Health and auto insurance cards	
Home insurance	
Other property insurance (rental)	
Commercial annuities	
Charitable annuities	
Beneficiary forms for insurance policies	
Veterans insurance benefits	
Miscellaneous Items	Location

Remembering the Fine Arts Museums of San Francisco

TO USE IN YOUR WILL OR LIVING TRUST—IN CONSULTATION WITH YOUR ATTORNEY

I give devise and bequeath to the Fine Arts Museums of San Francisco, located in San Francisco, CA, (Tax Identification Number: 94-3045948), the sum of _____ dollars (\$ _____)

OR _____ percent (_____ %) of the rest, residue and remainder of my estate

OR the following described property:

for the benefit of its general purposes or _____ (specific the program you wish to support).

Legacy Society Membership Form

Pam Earing
Director of Individual Giving
Fine Arts Museums of San Francisco
50 Hagiwara Tea Garden Drive
San Francisco, CA 94109-5611

Dear Ms. Earing,

(Check one):

- I have remembered the Fine Arts Museums of San Francisco through a bequest in my will or trust or in some other way. Please enroll me in the Museums' Legacy Society. *You **may** publish my name on the Museums' Legacy Society donor roll.*
- I have remembered the Fine Arts Museums of San Francisco through a bequest in my will or trust or in some other way. Please enroll me in the Museums' Legacy Society. ***Do not, however, publish my name.***

Name(s) (Please Print) _____

Name(s) as you prefer it/them to appear on donor recognition materials:

Address _____

City _____ State _____ Zip _____

Signature: _____

Date: _____

The more information we have regarding your gift, the better able we are to make sure your wishes are honored. If you are comfortable doing so, please note below the type of gift you have made. Completing this section is *not* required for FAMSf Legacy Society membership nor does this form have any legal force.

We have provided for the Fine Arts Museums of San Francisco as follows:

- Charitable bequest (Indicate type of bequest): specific amount
 percentage
 whatever's left over (residual)
 if all heirs deceased (contingent)

Charitable remainder trust

Charitable gift annuity

Retirement plan designation :

Insurance designation

Pooled income fund account

Charitable lead trust

Other _____

Estimated gift value (optional) _____

Name of person or entity responsible for transfer: _____

Phone number of same: _____