

# Law Firm of Michael W. Porter

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## ASSET ORGANIZER

Please complete this confidential asset organizer to furnish information which will be used at your initial conference and in the preparation of your estate planning documents. Thorough answers will result in a more accurate estate plan. This organizer should be completed in addition to an Estate Planning Questionnaire  
**THIS ORGANIZER WILL ASSIST YOUR ATTORNEY IN MAKING RECOMMENDATIONS FOR YOU TO AVOID PROBATE, AND THE DELAYS, FEES AND COSTS OF PROBATE.**

### Contact Information

**Your Full Name:** \_\_\_\_\_ Date completed: \_\_\_\_\_  
**Spouse's Full Name:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
**Your CPA or Accountant's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
**Your Financial Advisor's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

### Asset Information

1. **Accounts:** Please list details of your accounts held at financial institutions and investment firms. (Bring copies of statements if you are uncertain of the details):

A. Financial institution name: \_\_\_\_\_  
Financial institution address: \_\_\_\_\_  
Names ("title") on account: \_\_\_\_\_  
Beneficiary on account (if any): \_\_\_\_\_  
Type of account:  Checking  Savings  Money market  Investment  
Value of account: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_

B. Financial institution name: \_\_\_\_\_  
Financial institution address: \_\_\_\_\_  
Names ("title") on account: \_\_\_\_\_  
Beneficiary on account (if any): \_\_\_\_\_  
Type of account:  Checking  Savings  Money market  Investment  
Value of account: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_

C. Financial institution name: \_\_\_\_\_  
Financial institution address: \_\_\_\_\_  
Names ("title") on account: \_\_\_\_\_  
Beneficiary on account (if any): \_\_\_\_\_  
Type of account:  Checking  Savings  Money market  Investment  
Value of account: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_

(Continue on a separate page if necessary)



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**Asset Information continued**

2. Do you lease any **Safe Deposit Boxes**?  Yes  No

A. Location: \_\_\_\_\_ Box #: \_\_\_\_\_  
Signor(s) on box: \_\_\_\_\_

B. Location: \_\_\_\_\_ Box #: \_\_\_\_\_  
Signor(s) on box: \_\_\_\_\_

3. **Real Estate:**  Yes  No

A. Type of real estate:  Home  Condominium  Vacant lot  Rental

Address: \_\_\_\_\_

Names of grantees on deed ("title"): \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_

B. Type of real estate:  Home  Condominium  Vacant Lot  Rental

Address: \_\_\_\_\_

Names on deed ("title"): \_\_\_\_\_

Value: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_

*(Continue on a separate page if necessary)*

**Do you own any real estate in another state or country?**  Yes  No

If so, where? \_\_\_\_\_

**Please bring copies of deeds to all real estate in which you own an interest to your appointment.**

4. **Life Insurance Policies and/or Annuities:**  Yes  No

A. Name of owner: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of beneficiaries: \_\_\_\_\_

Alternate/Contingent beneficiaries (if any): \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_ Death benefit: \$ \_\_\_\_\_

B. Name of owner: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of beneficiaries: \_\_\_\_\_

Alternate/Contingent beneficiaries (if any): \_\_\_\_\_

Cash value: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_ Death benefit: \$ \_\_\_\_\_

C. Name of owner: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of company: \_\_\_\_\_

Name of beneficiaries: \_\_\_\_\_

Alternate/Contingent beneficiaries (if any): \_\_\_\_\_

Cash value: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_ Death benefit: \$ \_\_\_\_\_

*(Continue on a separate page if necessary)*



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**Asset Information continued**

5. **Stocks and/or Bonds in certificate form:**     Yes     No

Name of owner: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name of company: \_\_\_\_\_

Cash value: \$ \_\_\_\_\_ Date value determined: \_\_\_\_\_ Issue date: \_\_\_\_\_

*(Continue on a separate page if necessary)*

6. **Automobiles** that you own (do not list leased vehicles):

A. Year, make & model: \_\_\_\_\_ VIN# \_\_\_\_\_

Names on title: \_\_\_\_\_

B. Year, make & model: \_\_\_\_\_ VIN# \_\_\_\_\_

Names on title: \_\_\_\_\_

C. Year, make & model: \_\_\_\_\_ VIN# \_\_\_\_\_

Names on title: \_\_\_\_\_

7. **OTHER ASSETS: (include assets titled jointly with another person, or otherwise)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous Items**

1. **Have you made any gifts of \$14,000.00 or more to one person during one calendar year?**

Name of recipient: \_\_\_\_\_ Amount of gifts: \_\_\_\_\_

Date of gift: \_\_\_\_\_ Did you file a gift tax return?     Yes     No

Name of recipient: \_\_\_\_\_ Amount of gifts: \_\_\_\_\_

Date of gift: \_\_\_\_\_ Did you file a gift tax return?     Yes     No

Name of recipient: \_\_\_\_\_ Amount of gifts: \_\_\_\_\_

Date of gift: \_\_\_\_\_ Did you file a gift tax return?     Yes     No

Name of recipient: \_\_\_\_\_ Amount of gifts: \_\_\_\_\_

Date of gift: \_\_\_\_\_ Did you file a gift tax return?     Yes     No

*(Continue on a separate page if necessary)*

2. **Do you have any pensions?**     Yes     No

A. Recipient's name: \_\_\_\_\_ Name of company: \_\_\_\_\_

Cash value: \$ \_\_\_\_\_ Amount paid per month: \$ \_\_\_\_\_

Death beneficiary: \_\_\_\_\_

B. Recipient's name: \_\_\_\_\_ Name of company: \_\_\_\_\_

Cash value: \$ \_\_\_\_\_ Amount paid per month: \$ \_\_\_\_\_

Death beneficiary: \_\_\_\_\_

C. Recipient's name: \_\_\_\_\_ Name of company: \_\_\_\_\_

Cash value: \$ \_\_\_\_\_ Amount paid per month: \$ \_\_\_\_\_

Death beneficiary: \_\_\_\_\_



