



APC Financial
Group, Ltd.
Living right calls for the right plan

1150 W. Northwest Highway, Suite A
Mt. Prospect, IL 60056
Phone 847.255.7212
Fax 847.255.0529
www.apc-cpa.com

Financial & Estate Planning

Organizer

Securities offered through Cetera Financial Specialists LLC, (doing insurance business in CA as CFGFS Insurance Agency) member FINRA/SIPC.
Advisory services offered through Cetera Investment Advisers LLC. Cetera entities are under separate ownership from any other entity.

Financial & Estate Planning Organizer

The following pages of financial and estate planning information serve to aid my/our family in settling my/our estate, when the time arises.

I/We have signed this document this _____ day of _____ 20____.

Print Name(s): _____

Signed: _____

Copies of this document were provided to:

Please Note: *This document is **not** intended to replace my/our will or other estate planning documents that I/we have signed. However, each family member, Executor, Trustee, and Guardian can use this and the other documents signed by me/us to help guide them in making any discretionary decisions for my/our family.*

Professional Advisors

Some of the people you will need to contact are listed below.

APC Financial Group, Ltd.

Financial Advisor:

Name: Anthony P. Canonaco

Address: 1150 W. Northwest Hwy.

Mt. Prospect, IL 60056

Phone: 847-255-7212

Personal Banker:

Name: _____

Address: _____

Phone: _____

Accountant:

Name: _____

Address: _____

Phone: _____

Attorney:

Name: _____

Address: _____

Phone: _____

Insurance Agent:

Name: _____

Address: _____

Phone: _____

Stockbroker:

Name: _____

Address: _____

Phone: _____

Pension Plan Administrator:

Name: _____

Address: _____

Phone: _____

Pension Plan Administrator:

Name: _____

Address: _____

Phone: _____

Other:

Name: _____

Address: _____

Phone: _____

Other:

Name: _____

Address: _____

Phone: _____

Assets

Below is a list of bank accounts and major assets/receivables outside of what APC Financial Group, Ltd. currently manages.

Bank Name:	Account Type	Account Number
_____	Ckg/Sav/CD	_____
_____	Ckg/Sav/CD	_____
_____	Ckg/Sav/CD	_____
_____	Ckg/Sav/CD	_____

Residence: _____ **2nd Home:** _____
Value: _____ Value: _____

Collectibles: _____ **Collectibles:** _____
Value: _____ Value: _____

Receivables: _____ **Receivables:** _____
Value: _____ Value: _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____
Documents are located: _____ Documents are located: _____

Asset Name: _____ **Asset Name:** _____
Value: _____ Value: _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____
Documents are located: _____ Documents are located: _____

Asset Name: _____ **Asset Name:** _____
Value: _____ Value: _____
Contact: _____ Contact: _____
Phone: _____ Phone: _____
Documents are located: _____ Documents are located: _____

Liabilities

I/We have the following liabilities.

Mortgage:

Institution: _____
Amount Due: _____
Contact: _____
Phone: _____
Documents are located: _____

2nd Mortgage:

Institution: _____
Amount Due: _____
Contact: _____
Phone: _____
Documents are located: _____

Home Equity Line of Credit:

Institution: _____
Amount Due: _____
Contact: _____
Phone: _____
Documents are located: _____

Auto Loan:

Institution: _____
Amount Due: _____
Contact: _____
Phone: _____
Documents are located: _____

Other:

Institution: _____
Amount Due: _____
Contact: _____
Phone: _____
Documents are located: _____

Other:

Institution: _____
Amount Due: _____
Contact: _____
Phone: _____
Documents are located: _____

We presently own the following credit cards:

Institution Name	Card Type	Account Number
_____	V/MC/AX/D	_____
_____	V/MC/AX/D	_____
_____	V/MC/AX/D	_____
_____	V/MC/AX/D	_____

Insurance Coverage

I/We own the following types of insurance protection.

Life Insurance Policies:

Type	Owner	Beneficiaries (P/C)	Face Amount	Existing Loans	Cash Value

Life Insurance policy contracts are located: _____

Disability Insurance Policies:

Company	Policy Location

❖ If I/We become disabled, please make sure to pay the premiums on the policies that will still provide a benefit for my/our family. Verify whether or not the Life and Disability policies include a “pre-payment of premiums” benefit.

Long Term Care Insurance Policies:

Company	Policy Location

Health Insurance Policies:

Company	Policy Location

Other Insurance Policies:

Type	Company	Policy Location
Auto		
Home		
Umbrella		
Boat/Airplane		

Employment

I/We have the following benefits through these current or former employers.

<i>Employer Name</i>	<i>Dates Employed</i>	<i>Phone Number and Address</i>	
<input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> LTC		<input type="checkbox"/> 401K <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Stock Options <input type="checkbox"/> Other	
<input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> LTC		<input type="checkbox"/> 401K <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Stock Options <input type="checkbox"/> Other	
<input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> LTC		<input type="checkbox"/> 401K <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Stock Options <input type="checkbox"/> Other	
<input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Disability <input type="checkbox"/> LTC		<input type="checkbox"/> 401K <input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Stock Options <input type="checkbox"/> Other	

Documents

I/We have executed each of the following documents.

<i>Document</i>	<i>Date Signed</i>	<i>Location</i>
Adoption Agreement		
Auto Registration		
Auto/Boat Title		
Birth Certificate		
Burial Agreement		
Charitable Trust		
Citizenship Papers		
Custodial Account		
Divorce Decree of Settlement		
General Power of Attorney		
Insurance Beneficiary Designation		
Insurance Trust		
Living Trust		
Living Will		
Marriage Certificate		
Medical Directive		
Medical Files		
Medical Power of Attorney		
Minor's Trust		
Organ Donation		
Passport		
Past Tax Returns		
Post-Nuptial Agreement		

Documents *(Continued)*

Pre-Nuptial agreement		
Retirement Plan Beneficiary Designation		
Safe Deposit Box Key(s)		
Savings Passbooks		
Social Security Cards		
Stock Share Certificates		
Will & Last Testament		
Other		
Other		
Other		
Other		
Other		

I/We have appointed the following persons to act my/our behalf if disabled:

❖ Financial Power of Attorney:

➤ 1st _____ 2nd _____

❖ Medical Power of Attorney:

➤ 1st _____ 2nd _____

❖ Guardian over my property:

➤ 1st _____ 2nd _____

❖ Guardian for person: _____

➤ 1st _____ 2nd _____

❖ Guardian for person: _____

➤ 1st _____ 2nd _____

❖ Guardian for person: _____

➤ 1st _____ 2nd _____

In The Event of My Death

I/We have ____ have not ____ made prearrangements at this time.

Even though I/WE have not, I/We would like the following to be my/our wishes:

I/We wish to be buried at _____

next to _____ (fill in if appropriate).

I/We do ____ do not ____ want to be cremated.

My/Our prearrangement information follows.

Funeral Home: _____ Phone #:

Address: _____

Cemetery: _____ Phone #:

Address: _____

Other _____ Details:

Documentation _____ can _____ be _____ found:

I/We have ____ have not ____ prepaid burial costs with the funeral home.

I/We have ____ have not ____ prepaid burial costs with the cemetery.

Family History

Name: _____ DOB: _____ City/State: _____

Parents: _____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

Grandparents: _____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

Siblings: _____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____

Spouse: _____ DOB: _____ City/State: _____

Parents: _____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

Grandparents: _____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

Siblings: _____ DOB-DOD: _____ Live/Buried at: _____
_____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____

Children: _____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____

_____ DOB-DOD: _____ Live/Buried at: _____

_____ (or) I/We have no children.

Interesting Family History: _____

Executor's Checklist

Below is a helpful list the executor may use to settle my estate. I/We have appointed the following persons to act as my/our Executor:

➤ 1st _____ 2nd _____

Before acting on any of these items below it is recommended you contact Odyssey Personal Financial Advisors, and/or an estate attorney, and/or an accountant for guidance.

Study the Will

1. Locate the will
2. Locate and notify the witnesses
3. Meet with family members the attorney, and other interested persons to discuss the provisions of the will
4. Note any special instructions
5. Confer with the attorney who will represent the estate

Arrange for Probate

6. Notify creditors.
7. Notify post office to forward mail
8. Give notice of appointment to banks, investment brokers, and others
9. Arrange for bond
10. Open bank accounts for estate
11. Discontinue telephone service and other utilities, when advisable

Assemble, Inventory, and Take Custody of Assets

12. Search for assets
13. List contents of all safe-deposit boxes
14. Assemble supporting data and establish the value of the assets in the estate
15. Have assets appraised by a qualified appraiser when advisable or required by law
16. File claim for any veteran's or Social Security benefits that are due
17. File claim for life insurance payable to the estate
18. Inspect all real estate
19. Study leases and mortgages
20. Examine all policies of insurance on real estate and personal property

Administer the Estate

21. Collect all income, receivables, and other moneys due to the decedent or estate
22. Review estate securities, and analyze market and investment trends; keep a detailed record of all income, expenses, and estate transactions
23. Study any business interest that the decedent owned
24. Have periodic meetings with the attorneys representing the estate, the beneficiaries, and other interested in the estate.
25. Examine each claim against the estate for reasonableness and validity
26. Through an attorney, file all necessary petitions and account with the court

Consider Non-Probate Assets

27. Ascertain whether all or some portion of jointly owned property with the right of survivorship is includable in the decedent's gross estate for federal estate tax purposes

Executor's Checklist (*Continued*)

28. Examine all insurance policies on the decedent's life, trusts in which he or she had an interest, and property over which he or she held any powers, to determine whether any such asset is includable in the estate for tax purposes
29. Determine whether any trust created by the decedent is includable in the estate
30. If the decedent was the beneficiary of a trust, determine whether the GST tax applies
31. Determine whether demands should be made against persons who receive property outside of the will for their proportionate share of the death taxes

Assume Responsibility for Income Tax Returns.

32. File the final return for the decedent
33. Determine whether the estate will adopt a calendar or fiscal year accounting period
34. Prepare for any audit by tax authorities of income tax returns filed by the decedent
35. File income tax returns for the estate during the period of administration
36. Decide whether to include the accrued interest on US Savings Bonds
37. Consider the income of beneficiaries in making distributions of property from the residuary estate
38. Select a date for such distributions that results in overall income tax economy for both the estate and the beneficiaries
39. Provide beneficiaries with the income tax basis of assets distributed in kind
40. Decide whether to take certain medical expenses as income or estate tax deductions

Assume Responsibility for Death of Taxes

41. Ascertain whether any credit is available against the federal state tax for property taxed in another estate
42. File a federal estate tax return within nine months of death
43. Obtain a federal estate tax release so that chattels may be distributed as soon as possible
44. Decide whether the estate is to be valued as of the date of death or six months later
45. File state inheritance and estate tax returns as may be required; apportion and collect death taxes from the beneficiaries where required by law

Distribute the Estate

46. Make partial distributions as the estate administration progresses
47. Prepare data for final accounting; show all assets, income, and disbursements
48. Distribute the assets in accordance with the will
49. Receive releases from the beneficiaries and, in some states, be discharged by the court

