

Legacy Society 

 American  
Lung  
Association.



# My Planning Organizer

*This booklet belongs to:*

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# FAMILY INFORMATION

## About Me

My name

Address

City/State/Zip

Home phone/Cell phone

Email address

Birth date/Place of birth

Social Security no./Driver's license no.

Current employer

Address

## About My Spouse

Name

Home phone / Cell phone

Email address

Birth date/Place of birth

Date of death/resting place

Social Security no./Driver's license no.

Current employer

Address

## Notes

## About My Children

Child's name

Birth date/Social Security no.

Spouse's name (if applicable)

Home phone/Cell phone

Address

City/State/Zip

Grandchildren's names/Birth dates

Child's name

Birth date/Social Security no.

Spouse's name (if applicable)

Home phone/Cell phone

Address

City/State/Zip

Grandchildren's names/Birth dates

Child's name

Birth date/Social Security no.

Spouse's name (if applicable)

Home phone/Cell phone

Address

City/State/Zip

Grandchildren's names/Birth dates

If you have more children, list them on a separate sheet of paper and keep it with this document.

## OTHER IMPORTANT INFORMATION

### Accountant

\_\_\_\_\_  
Name/Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

### Estate Planning Attorney

\_\_\_\_\_  
Name/Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

### Car Insurance

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Policy no.

### Homeowners/Renters Insurance

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Policy no.

### Long-Term Care Insurance

\_\_\_\_\_  
My insurance company

\_\_\_\_\_  
Policy no.

\_\_\_\_\_  
My spouse's insurance company (if different)

\_\_\_\_\_  
Policy no.

### Financial Advisor

\_\_\_\_\_  
Name/Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

### Power of Attorney for Health Care

☐ Completed a power of attorney for health care.

\_\_\_\_\_  
(1) Name/Phone

\_\_\_\_\_  
(1) Address

\_\_\_\_\_  
(2) Name/Phone

\_\_\_\_\_  
(2) Alternate Address

### Power of Attorney for Property

☐ Completed a power of attorney for financial matters.

\_\_\_\_\_  
(1) Name/Phone

\_\_\_\_\_  
(1) Address

\_\_\_\_\_  
(2) Name/Phone

\_\_\_\_\_  
(2) Alternate Address

### Executor of Estate

\_\_\_\_\_  
(1) Name/Phone

\_\_\_\_\_  
(1) Address

\_\_\_\_\_  
(2) Name/Phone

\_\_\_\_\_  
(2) Alternate Address

*If your will leaves assets to a trust, indicate the trustee responsible for distribution to the beneficiaries or for continued management.*

### Trustee

\_\_\_\_\_  
(1) Name/Phone

\_\_\_\_\_  
(1) Address

\_\_\_\_\_  
(2) Name/Phone

\_\_\_\_\_  
(2) Alternate Address

*"Whether it's air pollution, climate change, tobacco use, asthma, COPD, or lung cancer, the Lung Association is leading the way, providing hope for a better future. I want to continue their critical work through my living trust." — Betty Toole*

# ASSETS

## Real Estate

### Primary residence address

Name(s) on title

Purchase price/Current value (approx.)

Loan balance/Bank

### Secondary property address

Name(s) on title

Purchase price/Current value (approx.)

Loan balance/Bank

If you have additional properties, list them on a separate piece of paper and keep it with this guide.

## Financial Details

### Cash/Brokerage Accounts (Non-IRA)

Includes checking accounts, CDs, money market accounts, brokerage accounts

Account type/Account #

Institution

Owner name

Value as of MM/DD/YYYY

Account type/Account #

Institution

Owner name

Value as of MM/DD/YYYY

## Retirement Accounts

Includes pensions, profit sharing, IRAs, 401Ks, etc.

Institution/Account type/Account #

Owner name

Value as of MM/DD/YYYY

Institution/Account type/Account #

Owner name

Value as of MM/DD/YYYY

## Stocks, Bonds and Mutual Funds

Not held in a brokerage account.

Description/Owner name

Date purchased/Cost basis

Description/Owner name

Date purchased/Cost basis

## Commercial Annuities

Institution

Account #/Value

Owner name

Institution

Account #/Value

Owner name

You can be the driving force for a world without lung disease when you partner with the American Lung Association

## ASSETS *(continued)*

### *Charitable Gift Annuities*

Organization

Annuitant(s)

Donation amount

Organization

Annuitant(s)

Donation amount

### *Life Insurance*

Company/Policy #

Insured/Owner

Death benefit \$/Beneficiary

Company/Policy #

Insured/Owner

Death benefit \$/Beneficiary

*If you have additional assets, list them on a separate sheet of paper and keep it with this document.*

### *Business Interests Owned*

Name of company

Address

Donation amount

Cost basis

Title/Ownership

Name of company

Address

Donation amount

Cost basis

Title/Ownership

*Additional Assets Not Listed (Include owner and value)*

## LIABILITIES

### *Loans or Debt, in Addition to Mortgages*

Loan amount

Payable to

For

Loan amount

Payable to

For

### *Credit Cards*

Financial institution

Account #

Financial institution

Account #

Financial institution

Account #

# WHERE MY IMPORTANT DOCUMENTS ARE KEPT

## Safe Deposit Box

Location	Number	Co-owner, if any
Location of key		

## Storage Unit

Storage unit name/address	Unit #	Access code
List other places and locations of keys, if applicable, where important items may be found:		

## Passwords

For	User ID	Password
For	User ID	Password
For	User ID	Password
For	User ID	Password
For	User ID	Password

## We're Here to Help

If you are considering leaving a gift for the American Lung Association or would like to make your gift in honor or memory of a loved one, please contact us for assistance in creating your legacy. Notifying the American Lung Association of your intention ensures that your wishes are honored.

With your legacy gift, you can become a champion for a world without lung disease.



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Serving donors in Alaska, California,  
Hawaii, Idaho, Montana, Oregon,  
Washington, Wyoming

Visit our legacy website at [Legacy.Lung.org](https://Legacy.Lung.org) for more information.

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