

The Estate Organizer

Date: _____



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What are the first steps to take after a loved one dies?

1. If the deceased is an organ donor, immediately contact the agency that they are registered with. If there is strictly a notation on their license, the hospital may take the necessary steps to utilize the organs.

Contact the funeral home. If applicable, bring the deed to the grave plot, pre-paid cremation documents, military discharge papers (this may provide a small stipend for the burial and an American flag), and/or any written instructions on the deceased's viewing and burial preferences.

Plan the memorial service. Make the appropriate arrangements for the memorial service, as applicable. This may include contacting your family's clergyman, or working with the funeral home to arrange a service.

Write the obituary. Jot down pertinent information about the person's life, education, career, military service, notable achievements, etc. which will help the funeral director in compiling the information for the local newspapers.

Obtain death certificates. Ask the funeral director for as many copies of the Death Certificate as there are accounts or assets in the deceased's name. Each credit card company will likely request a copy when you transfer the account from joint to single. Request a minimum of 10 copies.

Review the Last Will and Testament. Everyone should have an updated Will as it allows the deceased to have their wishes carried out.

Contact former/current employers. Ask the Human Resources Department to mail beneficiary summary and distribution information on any or all of the following: life insurance, accident insurance, profit sharing plan, retirement plan, flexible spending plan, etc. If you go back to every employer that person has had you may discover a pension or annuity benefit that the deceased forgot to document in The Resource Book. Make sure your family is still covered by health insurance and find out how long it will last.

Contact Social Security. Contact the local Social Security office and notify them of the death. If the deceased was married at the time of death, they may require a certified copy of the Marriage Certificate as well as a copy of the Death Certificate.

Contact life insurance and annuity providers. Obtain any policies and process death benefits, confirming which claims are available to you. Ask which payout method will best suit your needs.

Access safe deposit box. The Executor may want to access the safe deposit box to retrieve instructions, policies and valuables that may be stored there. The location of the safe deposit key should be listed in The Resource Book. In order to access the safe deposit box you will either need to be a co-signer on the box, get a Power of Attorney or a copy of the Will which tells the Bank that you have legal access.

Call the accountant. The Executor should bring the Accountant into the loop as soon as possible, since work may be done to ensure that the final income tax returns are done in a timely manner and to determine if any estate tax returns need to be filed (by nine months after death). The Accountant may also be able to direct you regarding the deceased assets, tax situation, etc.

Call the attorney. Simple estates may not require an attorney. However, if an estate reaches a certain asset size or if there are Trusts or other complex arrangements in place, it may be advisable to have an attorney handle the affairs. Even in the case of simple estates, contact the attorney regarding legal notice to be filed such as Notice to Creditors.

Close credit cards. Contact the credit card companies regarding the procedure to close accounts unless they are joint accounts. If joint accounts, have the deceased removed from the account.

Credit report. Contact one of the three major credit reporting agencies to obtain a credit report, which might contain unknown open credit accounts. This can easily be done on the internet.

Pay the bills. Utility, credit, hospital bills, mortgage and other payments should continue in a timely manner after death. The Executor needs to ensure that these payments are made and that a record of the expenses is kept up to date, as the Accountant will need this when filing the returns

Cancel subscriptions. If the deceased had a cell phone, most carriers will cancel the agreement, even if the term is not up, at no charge. Any other monthly or annual memberships need to be cancelled.

Notify the post office. If you are the Executor, you will want to forward mail to your address.

Change ownership. While you are settling the estate, bank, brokerage and other accounts, you will need to have the ownership changed. To do this, you will need a copy of the Death Certificate. It is important that the person listed on the deceased bank account as "beneficiary", close out the accounts. Most banks will "freeze" the account once notified of the death, unless the proper beneficiary, along with the Death Certificate, request the funds.

Place the pets. If the deceased has left specific instructions about the placement of their pets, follow their instructions.

PERSONAL INFORMATION

Note: This form may be used to help you and your loved ones quickly access essential information in case of an emergency, natural disaster, or death

	SELF	SPOUSE
First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>
Father's Full Name	<input type="text"/>	<input type="text"/>
Mother's Full Name	<input type="text"/>	<input type="text"/>
Primary Address	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
Passport	<input type="text"/>	<input type="text"/>
Driver's License	<input type="text"/>	<input type="text"/>
Military Service	<input type="text"/>	<input type="text"/>

Notes

CHILDREN

Note: This form may be used to help you and your loved ones quickly access essential information in case of an emergency, natural disaster, or death

	CHILD #	CHILD #
First Name		
Middle Name		
Last Name		
Maiden Name		
Mother's Maiden Name		
Primary Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email		
Date of Birth		
Social Security Number		
Passport		
Military Service		
Notes		

LOCATION OF IMPORTANT DOCUMENTS

Note: This form may be used to help you and your loved ones quickly access essential information in case of an emergency, natural disaster, or death

	SELF	SPOUSE	CHILDREN
Birth Certificate			
Marriage Certificate			
Prenuptial Agreement			
Divorce Decree			
Social Security Card			
Passport			
Driver's License			
Military Discharge			
Death Certificate			
Estate Plan Records			
Will			
Trust			
Living Will			
Healthcare Power of Attorney			
Durable Power of Attorney			
Letter of Instruction			
Financial Records			
Tax Records			
Insurance Records			
Monthly Bill File			
Cancelled Checks			
Computer Password/Files			
Safe Deposit Location			
Safe Deposit Box Key			
Names on Account			
Fire-Proof Box Location			
Fire-Proof Box Key			
Home Keys			
Car Keys			
Notes			7

REAL ESTATE

Primary Residence

Address

City, State, Zip

Description

Name on Title

Cost

Appraised Value

Fair Market Value

Mortgage Balance

Mortgage Holder

Account Number

Contact

Phone

Fax

Location of Title

Location of Deed

Location of Insurance

Location of Copies

Notes

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REAL ESTATE (continued)

Other Property

Address

City, State, Zip

Description

Name on Title

Cost

Appraised Value

Fair Market Value

Mortgage Balance

Mortgage Holder

Account Number

Contact

Phone

Fax

Location of Title

Location of Deed

Location of Insurance

Location of Copies

Notes

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CASH ACCOUNTS

Examples: Cash, Cash Deposits, Checking, Savings, Money Market, CDs, Short-Term U.S. Treasury Bills, Promissory Notes

	ACCOUNT 1	ACCOUNT 2
Financial Institution	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Name(s) on account	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
How Owned	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Account Type	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
City, State, Zip	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Contact	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Account Number	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
ATM Card Number	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Security ID number	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
ATM Expiration date	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
PIN	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Website	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
User ID	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Password	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Contact Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Office Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Cell Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Email	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Card	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Records	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Checkbook	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Balance	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Notes	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>

INVESTMENTS

Examples:

Investment Accounts, Brokerage Accounts, Individual Stocks and Bonds, Municipal Bonds, Long-term U.S. Notes and Bonds, Limited Partnerships

	ACCOUNT	ACCOUNT
Financial Institution		
Name(s) on account		
How Owned		
Account Type		
Value		
Cost Basis		
Address		
City, State, Zip		
Contact		
Account Number		
Card Number		
Security ID number		
Expiration date		
PIN		
Website		
User ID		
Password		
Contact Name		
Office Phone		
Home Phone		
Cell Phone		
Email		
Location of Card		
Location of Records		
Location of Checkbook		
Balance		
Notes		

INSURANCE POLICIES

Examples:

Life, Term, Group, Accidental Death, Mortgage, Union, Memberships,
Employer Provided, Credit Card, Long Term Disability, Home
Warranty

	POLICY	POLICY
Company Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Account Number	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Name(s) on policy	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
How Owned	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Type	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Beneficiaries	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Contingent Beneficiaries	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Cash Value	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Loans	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
City, State, Zip	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Contact Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Office Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Cell Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Email	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Website	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
User ID	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Password	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Policy	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Claims	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Statements	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Notes	<input style="width: 100%; height: 100px;" type="text"/>	<input style="width: 100%; height: 100px;" type="text"/>

RETIREMENT ACCOUNTS

Examples:

Pension Plans, 401K, ESOP, IRA, ROTH IRA, Profit Sharing Plans,
Stock Options, Deferred Compensation

	ACCOUNT	ACCOUNT
Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Name(s) on account	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
How Owned	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Type of Account	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Account Number	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Vested	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Current Value	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Beneficiary	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Retirement Benefits	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Death Benefits	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
City, State, Zip	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Contact Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Office Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Home Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Cell Phone	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Email	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Website	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
User ID	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Password	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Policy	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Calims	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Location of Statements	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Notes	<input style="width: 100%; height: 100px;" type="text"/>	<input style="width: 100%; height: 100px;" type="text"/>

OTHER ASSETS

Government Benefits

Business Interests

Future Inheritance

Copyrights/Patents

LOANS TO OTHERS

Examples: Relatives, Businesses, Charities, Religious Organizations

Name	
Address	
City, State, Zip	
Phone Number	
Account Number	

Amount	
Term	
Interest	
Payment Due	
Balance	

Location of Contract	
Location of Receipts	

Notes	
-------	--

CREDIT CARDS

	CARD #	CARD #
Owner	<input type="text"/>	<input type="text"/>
How Owned	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>
Card Number	<input type="text"/>	<input type="text"/>
Security ID number	<input type="text"/>	<input type="text"/>
Expiration date	<input type="text"/>	<input type="text"/>
PIN	<input type="text"/>	<input type="text"/>
Website	<input type="text"/>	<input type="text"/>
User ID	<input type="text"/>	<input type="text"/>
Password	<input type="text"/>	<input type="text"/>
Balance	<input type="text"/>	<input type="text"/>
Interest Rate	<input type="text"/>	<input type="text"/>
Monthly Payment	<input type="text"/>	<input type="text"/>
Location of Card	<input type="text"/>	<input type="text"/>
Location of Statements	<input type="text"/>	<input type="text"/>
Notes	<input style="height: 150px;" type="text"/>	<input style="height: 150px;" type="text"/>

LOANS

Examples: Auto, Home Improvement, Personal, Line of Credit, Stock Margin Loans

	LOAN #	LOAN #
Account Name	<input type="text"/>	<input type="text"/>
Owner	<input type="text"/>	<input type="text"/>
How Owned	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
Account Number	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>
Website	<input type="text"/>	<input type="text"/>
User ID	<input type="text"/>	<input type="text"/>
Password	<input type="text"/>	<input type="text"/>
Balance	<input type="text"/>	<input type="text"/>
Interest Rate	<input type="text"/>	<input type="text"/>
Monthly Payment	<input type="text"/>	<input type="text"/>
Location of Cards	<input type="text"/>	<input type="text"/>
Location of Statements	<input type="text"/>	<input type="text"/>
Notes	<input style="height: 150px;" type="text"/>	<input style="height: 150px;" type="text"/>

PROFESSIONAL CONTACTS

Examples: Employers, Financial Consultants, Trustees, Executors, Advisors,
Landlord, Property Manager, Real Estate Agent

	SELF	SPOUSE
EMPLOYER		
Address		
City, State, Zip		
Supervisor		
Office Phone		
Home Phone		
Cell Phone		
Email		
Human Resources		
Claim Phone		
 ATTORNEY		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
 TAX ADVISOR / CPA		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		

PROFESSIONAL CONTACTS (continued)

Examples: Employers, Financial Consultants, Trustees, Executors, Advisors,
Landlord, Property Manager, Real Estate Agent

	SELF	SPOUSE
INSURANCE AGENT		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Claim Phone		
FINANCIAL ADVISOR		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
OTHER		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		

HEALTHCARE PROVIDERS

Examples: All Doctors, Dentists, Specialists etc. Include Conditions, Blood Type, Medications, Medical Allergies, Family Medical History

	SELF	CONDITION / PRESCRIPTIONS
PRIMARY CARE		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Insurance Plan Number		
DENTIST		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Insurance Plan Number		
OTHER		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Insurance Plan Number		
Notes		

HEALTHCARE PROVIDERS (continued)

Examples: All Doctors, Dentists, Specialists etc. Include Conditions, Blood Type, Medications, Medical Allergies, Family Medical History

	SPOUSE / CHILDREN	CONDITION / PRESCRIPTIONS
PRIMARY CARE		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Insurance Plan Number		
DENTIST		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Insurance Plan Number		
OTHER		
Name		
Company		
Address		
City, State, Zip		
Office Phone		
Home Phone		
Cell Phone		
Email		
Insurance Plan Number		

SAFE DEPOSIT BOX ITEMS

We recommend that a video or pictures of household items be kept in your safe deposit box in case of fire / theft. Make sure to include any improvements you have completed on the house and continue to update the photos/video.

Passports and birth certificate originals should be kept in your safe deposit box. A photo copy of the passport should be placed into the box too, in case your original is lost when you are using it.

Any original stock certificates should be placed in the box.

Your original Will, Trust and the Durable Power of Attorney for Healthcare should be kept in the box. A photo copy should be made to accompany this Resource Book.

The original Deed to your house or any other property, along with the Pink slip to your automobiles, motor home, trailer, jet skis, etc., should be placed in the box.

Valuable jewelry that is not worn should be placed into the box.

Any other items of substantial value that are not regularly used should be placed in the box.

Regular computer backup files for important data such as financial records and passwords. These would be important information that would be difficult to recreate or which would create a major inconvenience if lost.