## Personal Financial and Estate Inventory

Financial and estate plans take a variety of forms – with additional planning options available each year. Having all the information regarding your estate compiled in one place can be beneficial as you make your plans today and as a record for future reference.

This “Personal and Financial Affairs Record” is designed to serve a number of purposes. At a glance you will be able to locate the most important information regarding your estate and other financial plans. Family and medical history can also be recorded for reference.

Because current data is important to the value of any records, a periodic review of the information you record here is recommended.

We hope this guide is helpful and useful as you consider your current and future financial plans.

### Personal History

Full Legal Name:

Completed this personal record on (Date):

Home Address:

Telephone:

Business Address:

Telephone:

E-mail:

In case of emergency, notify:

Name:

Address:

Telephone:

E-mail:

Name:

Address:

Telephone:

E-mail:

Additional Emergency Information:

Citizenship Information

Date of Birth:

Social Security #:

Place of Birth:

Location:

Citizenship (Country):

Passport Information

Passport Number:

Date issued:

Valid until:

Location:

Medical Information

Primary physician:

Address:

Telephone:

Dentist:

Address:

Telephone:

Other:

Special medications &/or conditions:

Organ donor information:

Funeral Home:

Family History

Spouse’s name:

Address:

Father’s Name:

Mother’s Name:

Maiden Name (if applicable):

Former Spouse’s Name (if applicable):

Address:

Children’s names, ages, addresses:

Grandchildren’s names, ages, addresses:

Other relatives and friends:

Employment/Income Information

Latest employer:

Address:

Telephone:

Date employed:

Position:

Employment Benefits

      Major medical insurance

      Accident & health insurance

      Life insurance       Stock option

      Pension or deferred compensation plan

      Profit sharing       Other

Contact for benefits:

Location of proof of benefits:

Previous employer:

From:       To:

Position:

Address:

Benefits that remain in effect:

Location of proof of benefits:

Military Service

Branch of service:

From:       To:

Rank:

Service:

Discharge date:

Status:

Service-connected disability & income:

Pensions due:

Honors & Achievements

Income Sources

(Sources of income include salary, Social Security, annuities, securities, trusts, pensions, profit-sharing plans, Individual Retirement Accounts [IRAs], Keogh plans, mortgages or other payments owed you.)

Source | Amount of Annual Income

      $

      $

      $

      $

      $

      $

Other Income Sources:

Current Liabilities

Credit cards **|**  Account # **|**  Balance due

      $

      $

      $

            $

            $

Other Credit Cards:

Loans  **|** Account # **|**  Balance due

            $

            $

            $

            $

            $

            $

Other Loans:

Income Tax Records

Location:

Tax advisor:

Address:

Telephone:

Property & Other Tax Records

Location:

Years covered:

Address:

Telephone:

Additional Tax Records:

Assets

Bank Accounts

Financial Institution/ **|** Type of Account/

Account Number **|** Current Balance

1.      

      $

2.

      $

3.

      $

4.

      $

Other Bank Accounts:

Certificates of Deposit

and Investments

1.

      $

2.

      $

3.

      $

4.

      $

Other Certificates of Deposit and Investments:

Special information (such as form of ownership) relating to above information:

Individual Retirement Plans

(Individual Retirement Accounts/Keogh Plans)

Type of **|** Financial Institution/ | Value

Plan **|** Address/Representative

      $

            $

            $

            $

            $

            $

Other Individual Retirement Plans:

(For company-sponsored plan(s), see Addendum.)

Securities/Bonds/Mutual Funds

Asset:

Investment Co./Representative:

Address:

Telephone:

Date acquired:

Cost or basis $:

Current Value $:

Location of documents:

Asset:

Investment Co./Representative:

Address:

Telephone:

Date acquired:

Cost or basis $

Current Value $

Location of documents:

Asset:

Investment Co./Representative:

Address:

Telephone:

Date acquired:

Cost or basis $

Current Value $

Location of documents:

(List any additional securities on Addendum.)

Real Estate Holdings

Description:

City:

State:       County:

Purchase date:       Cost $

Nature of title:

Mortgage balance $

If joint ownership, with whom:

Location of relevant documents:

Description:

City:

State:       County:

Purchase date:       Cost $

Nature of title:

Mortgage balance $

If joint ownership, with whom:

Location of relevant documents:

Other Assets

Description:

Location:

Original Cost $

Current Value $

Description:

Location:

Original Cost $

Current Value $

Additional Other Assets:

Insurance Policies

**Life:**

Company/Agent:

Phone:

Policy #:       Value $

Company/Agent:

Phone:

Policy #:       Value $

Company/Agent:

Phone:

Policy #:       Value $

**Health/Accident:**

Company/Agent:

Phone:

Policy #:       Value $

Coverage:

**Disability:**

Company/Agent:

Phone:

Policy #:       Value $

Coverage:

**Automobile:**

Company/Agent:

Phone:

Policy #:       Value $

Coverage:

**Homeowners:**

Company/Agent:

Phone:

Policy #:       Value $

Coverage:

**Other Insurance Policies:**

Personal Property of Value

(Automobiles, furniture, jewelry, collections, artwork, etc.)

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Item:       Location:

Fair Market Value $

Cost (Basis) $

Other Personal Property of Value:

Location of safe deposit boxes and/or safes

Business Interests

Business information: Proprietorship, partnership, corporation

Description  **|**  Share of Ownership

Other Business Interests:

Persons to contact regarding business interests

(attorneys, accountants, other advisors):

Name:

Business:

Address:

Name:

Business:

Address:

Name:

Business:

Address:

Name:

Business:

Address:

Additional Business Interest Contacts:

Property Distribution Plans

**My Will:**

Location of my will:

Date of will:       Last review:

Date(s) of any codicils or prior wills:

Personal representative (executor/trix):

Address:

Telephone:

Alternate personal representative:

Address:

Telephone:

Estate attorney:

Address:

Telephone:

Other Property Distribution Plans:

Heirs To My Estate

Name:

Address:

Age:       Relationship:

Name:

Address:

Age:       Relationship:

Name:

Address:

Age:       Relationship:

Name:

Address:

Age:       Relationship:

Name:

Address:

Age:       Relationship:

Name:

Address:

Age:       Relationship:

Other Heirs:

Name(s) & address(es) of guardian(s) named in my will for dependents:

Name:

Address:

Name:

Address:

Additional guardians:

Special instructions concerning pets:

Charitable organizations included in my estate plan:

Full name of organization  **|** Bequest

Other Charitable Organizations in my Estate Plan:

Trusts Created by Will

Trustee:

Address:

Beneficiary(ies):

Trustee:

Address:

Beneficiary(ies):

Other Trusts by Will:

Consult these advisors as necessary:

Revocable Living Trusts

Trustee:

Successor Trustee:

Address:

Trust assets:

Beneficiary(ies):

Location of trust agreement:

Other Revocable Living Trusts:

Trusts

Trustee:

Successor Trustee:

Address:

Trust assets:

Beneficiary(ies):

Location of trust agreement:

Other Trusts:

Funeral Instructions

Arrangements to be made by:

Address:

Telephone:

Manner of burial or cremation instructions

Cemetery:

Address:

Type of service I prefer:

I direct that my body be used for these medical purposes:

Please suggest memorial gifts to these organizations:

Organization:

Address:

Organization:

Address:

Organization:

Address:

Organization:

Address:

Organization:

Address:

Other organizations for memorial gifts:

Addendum

Please use this Addendum to list any items that may not be mentioned in the foregoing pages and to list any additional information for any category that does not include enough room.