Estate Planning Inventory

Brought to you by:

PERSI

PERSONAL INFORMATION

Name

Social Security #

Birth Date

Health Status | Religious Affiliation

Hobbies / Interests

Primary Residence Street /P.O. Box | City, State, Zip

Secondary Residence

Telephone(s) | V/M Access Codes | Mobile/Cell Phone

Email | Passwords/Access Codes

Family Members*

Name	Relationship / Married?	Birth Date / SSN	Address	Phone	Disability? $$ Support

Executor Name(s) | Alternate

Trustee Name(s) | Alternate

*Include children from former marriages, adopted, foster & deceased children

FAMILY HISTORY

HUSBAND
Name at Birth
Date / Place*
Current Name
Health Issues
Former Marriages? Yes ☐ No ☐

WIFE
Name at Birth
Date / Place*
Current Name
Health Issues
Former Marriages? Yes ☐ No ☐

FATHER
Name at Birth
Date / Place*
Health Issues
Cause of Death / Date
Burial Location
Death Certificate

FATHER
Name at Birth
Date / Place*
Health Issues
Cause of Death / Date
Burial Location
Death Certificate

MOTHER
Name at Birth
Date / Place*
Health Issues
Cause of Death / Date
Burial Location
Death Certificate

MOTHER
Name at Birth
Date / Place*
Health Issues
Cause of Death / Date
Burial Location
Death Certificate

* Citizenship if not United States

Key Advisors

Advisor	Name	Address	Phone
Accountant			
Attorney			
Bank Officer			
Clergy			
Doctor			
Employer			
Executor			
Financial Advisor			
Insurance Agent			
Stock Broker			
Funeral Director			
Tax Consultant			
Trustee			
Landlord			

KEY DATA LOCATOR

Description	Location
Birth Certificates	
Marriage License	
Divorce Papers	
Passports - Name #	
Name #	
Naturalization Papers	
Military Service / Discharge Records	
Education Records	
SS Card	
Insurance Policies*	
Bank Records (statements, etc.)	
Household Property Inventory	
Income Tax Returns	
Employment Records	
Investment Records	
Pension Plan Statements	
Medical Records	
Mortgages, Deeds, Leases, etc.	
Car Titles	
Credit Agreements	
Death Certificates	
Wills^ / Trusts^	
Letters of Instruction^	
Powers of Attorney^	
Durable Powers of Attorney for Health Care^	
Propert Tax Receipts	
Warranties	
Pre/Post Nuptial Agreements	
Other	

*Consider making duplicates, distribute and discuss with family members

^Also need access information

KEY DATA (continued)

SAFE DEPOSIT BOX

Name / Address of Bank:	Box Number:
Number of keys:	Location of keys:
Registered to:	
Other persons having access (signature authority):	
Date of last box inventory:	

CONTENTS:

1
2
3
4
5
6
7
8
9
10
11
12

Items to be kept in Safe Deposit Box:

Stock certificates	Pension Records
Securities / Bonds	Bank Account Records
Certificates of Deposit	Contracts
Titles	Naturalization Papers
Deeds	Jewelry / Valuables
Bills of Sale	Appraisals, etc.

DO NOT to keep in Safe Deposit Box:

Cash, Weapons, or Original Will

KEY DATA (continued)

WILL

Execution Date:	
Last Update:	
Executor:	Successor:
Executor:	Successor:
Children's Guardians:	
Wills prepared by:	
Who has copies:	
Location of Original:	
Changes:	
Date of last change:	
Prepared by:	

TRUST

Type of Trust:
Established by:
Trust for:
Trustee (s):
Beneficiary (ies): Trust prepared by:
Location of Original
Who has copies:

KEY DATA (continued)

LIVING WILL

Will of:	Attorney / Phone:	Location of Original:	Who has Copies:

LETTER OF INSTRUCTION

Written by:	Location of Original:	Who has Copies:

DURABLE POWER OF ATTORNEY

Given to:	Phone:	Location of Original:	Attorney:	Who has Copies:

HEALTH CARE DURABLE POWER OF ATTORNEY

Given to:	Phone:	Location of Original:	Attorney:	Who has Copies:

FUNERAL INSTRUCTIONS

FOR YOU

Arranged by:		Pre-paid?
Burial / Internment / Cremation / Donation:		
Funeral Home:		Viewing Location:
Cemetery:		
Location of Deed / receipt to Plot:		Location of Ashes:
Donation of organs/body:		To Whom:
Type of Service:		
Open/closed casket:		
Religious Service?	Church:	Clergy:
Hymns / Music / Poetry, etc.		
1	2	3
Who should speak?		
Eulogy:	2	3
Flowers or wishes in lieu of flowers (charity)?:		
Guest Book or Memorial Cards?		
Transportation to burial site?		
Tent / Chairs?		
Reception after service?	Location:	
Who should write your obituary?		
Other wishes:		

Note: Executor should ask funeral director for multiple copies of the death certificate for processing insurance, pension, social security, and any other legal claims.

FUNERAL INSTRUCTIONS

FOR YOUR SPOUSE

Arranged by:		Pre-paid?
Burial / Internment / Cremation / Donation:		
Funeral Home:		Viewing Location:
Cemetery:		
Location of Deed / receipt to Plot:		Location of Ashes:
Donation of organs/body:		To Whom:
Type of Service:		
Open/closed casket:		
Religious Service?	Church:	Clergy:
Hymns / Music / Poetry, etc.		
1 2 3		
Who should speak?		
Eulogy: 2 3		
Flowers or wishes in lieu of flowers (charity)?:		
Guest Book or Memorial Cards?		
Transportation to burial site?		
Tent / Chairs?		
Reception after service?	Location:	
Who should write your obituary?		
Other wishes:		

Note: Executor should ask funeral director for multiple copies of the death certificate for processing insurance, pension, social security, and any other legal claims.

EMPLOYMENT

FOR YOU

Name:
Present Employer:
Address/Phone number:
Job Title:
Current gross/net salary:
Date of review:
Location of previous employment records:
Location of resume information:

FOR YOUR SPOUSE

Name:
Present Employer:
Address/Phone number:
Job Title:
Current gross/net salary:
Date of review:
Location of previous employment records:
Location of resume information:

REAL ESTATE

Provide copies if possible (deeds, leases,rights, contracts, etc.)

PRIMARY RESIDENCE	INVESTMENT PROPERTY
Street Address:	Street Address:
	Type(residential/commercial, etc.)
Legal description:	Legal description:
Assessor's parcel:	Assessor's parcel:
Purchase date:	Purchase date:
Name(s) on deed:	Name(s) on deed:
Mortgage/Contract holder:	Mortgage/Contract holder:
Mortgage/Contract amount:	Mortgage/Contract amount:
Interest rate:	Interest rate:
Monthly payment: Due Date:	Monthly payment: Due Date:
Improvements:	Improvements:
Date: Final cost:	Date: Final cost:
Contractor:	Contractor:
Annual Taxes: Due Date:	Annual Taxes: Due Date:

LOCATION OF PAPERS	LOCATION OF PAPERS
Deed:	Deed:
Closing:	Closing:
Mortgage:	Mortgage:
Leases:	Leases:
Insurance:	Insurance:
Title Ins Policy:	Title Ins Policy:
Tax receipts	Tax receipts
Abstracts:	Abstracts:
Surveys:	Surveys:
Homestead:	Homestead:
Water rights:	Water rights:
Outstanding lien(s):	Outstanding lien(s):
Lien(s) paid:	Lien(s) paid:

BANKING INFORMATION

Name of Institution	Address	Name(s) on Acct	Acct #	Balance/Date	Fees	PIN #	Power of Attorney	Required Signatures	Automatic Bill Pay
Checking									
Business									
Foreign									
Savings									
Business									
Foreign									

Name of Institution	Address	Name(s) on Acct	Acct #	Balance/Date	Fees	Yield	Purchase Date	Amount	Maturity Date
Certificate of Deposit									
Other									

INSURANCE CONTRACTS

Location of policies

Type	Insured	Company & Address	Policy #	Owner	Agent / Phone	Face Value	Cash Value/ Loans?	Premium Due Date	Beneficiary/ Deductible
Health									
Property									
Life									
Disability									
Auto									
Home									
Veteran's									
Medicare / Medicaid									
Medicare Supplement									
Long-Term Care									
Other									

DEBT RECORDS

Creditor	Address	Phone	Acct #	Amount / Date	Monthly Payment	Interest Rate	Collateral	Due Date
Business								

Debt Elimination Plan:

Note: Make sure payer/executor is provided with access to accounts. Ask that these accounts be **paid immediately** and cards destroyed.

NOTES & AMOUNTS RECEIVABLE

Debtor	Payee	Original Amount	Signed/ Established	Purpose/ Type Debt	Security Depositc	Copy Location

Include all monies owed to you, including trust deeds, mortgages, court orders, and other **documented** amounts. Provide copies if possible If forgivable, say so.

RETIREMENT ACCOUNTS

VESTED BENEFITS

Source	Beneficiary	Date Payable	Monthly Amount	Survivor Benefits

These include pension, social security, vetrans benefits, fraternal associations, etc.

RETIREMENT PLANS [401(K); 457(B); IRA, etc.]

Type	Name / Address	Acct #	Name of Account	Value / Date	Loans	Beneficiaries

INVESTMENT/SECURITIES ACCOUNTS

Company or Broker	Acct #	Owner	Stock / Bond / Mutual Fund	Certificate #'s	Value

INVESTMENTS

STOCKS

Stockholder	Name of Stock	# of Shares	Advisor/ Broker	Location of Paperwork

SAVINGS CERTIFICATES

Name on Certificate	Depositor	Certificate #	Location of Paperwork

SAVINGS BONDS

Held By	Type	Series #	Location of Bonds

OTHER RIGHTS & INTERESTS

VEHICLES (including boats, motor homes, ATVs, etc.)

Manufacturer	Year	Serial #	Owner on Title	Location	Location of Keys

Special Instructions:

BUSINESS INTERESTS

Name	Location	Type of Entity	Description of Interest	Certicicate #	Agreement Dates	Restrictions

OTHER

Type	Full Description
Club Memberships	
Timeshare Interests	
Royalties	
Copyrights, patents, etc.	
Inheritances	
Other	

List all others, including rights under existing trusts, powers of appointment, etc.

MISCELLANEOUS

Cash, Precious metals, etc.	Location
Home Safe	Location of Key / Combination

STORAGE UNITS

Company	Renter	Combo/Key Location	Location of Documents	Entrance Code	Inventory

INVENTORY

VALUABLES (Jewelry, Art, China, Collectibles, etc.)

Item Description - Serial #	Location	Desired Beneficiary

INVENTORY (continued)

Item	Description (Mfr/Model)	Purchase Date	Receipt/ Warranty	Original Cost	Current Value

Marital Status

Form of Ownership	Desired Beneficiary