

Estate Inventory Form

I. Stocks, Bonds, Mutual Funds, CDs, Checking and Savings Accounts

Name	No. Shares/Units	Cost Basis	Current Value
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II. Pensions and IRAs

Type	Name	Account Value
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Type	Name	Account Value
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Type	Name	Account Value
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Type	Name	Account Value
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III. Notes and Accounts Receivable

Description	Initial Value	Remaining Payoff
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Description	Initial Value	Remaining Payoff
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IV. Notes and Accounts Payable

Description	Initial Value	Remaining Payoff
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Description	Initial Value	Remaining Payoff
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V. Real Estate

Description	Current Mortgage Balance	Current Value
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Description	Current Mortgage Balance	Current Value
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Description	Current Mortgage Balance	Current Value
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Estate Inventory Form

VI. Life Insurance (Personal)

Insured	Beneficiary	Type	Cash Value	Face Value
Insured	Beneficiary	Type	Cash Value	Face Value
Insured	Beneficiary	Type	Cash Value	Face Value
Insured	Beneficiary	Type	Cash Value	Face Value

VII. Life Insurance (Business)

Insured	Beneficiary	Type	Cash Value	Face Value
Insured	Beneficiary	Type	Cash Value	Face Value

VIII. Business Information

Type of Business	Personal Ownership (%)	Recent Appraisal (Yes/No)	Business Value
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IX. Personal Effects - What do you have in the way of furniture, jewelry, automobiles, tools and technology?

Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value
Item Description	Replacement Value

X. Future Inheritances

From Whom?	When	Amounts
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Estate Inventory Form

Do you currently have a will or living trust? (Check One)

Will

Trust

None

1. Which instrument would you like to use?

Will

Trust

None

1.a Beyond your spouse, who would you like to become the executor of your estate? (i.e. A "Personal Representative"

if you choose a Will or "Successor Trustee" if you choose a Living Trust). _____

1.b. Who would you like to name as an alternate executor in the event your first choice cannot/will not serve? _____

2.a. Have you completed an "Advanced Healthcare Directive" form?

Yes

No

2.b. Beyond your spouse, who should be your healthcare representative?

His _____ Hers _____

2.c. Who should become your secondary healthcare representative in the event your alternate is not able to serve?

His _____ Hers _____

3.a. Beyond your spouse, who should become your durable (aka general) power of attorney?

3.b. Who should become your secondary durable power of attorney in the event your alternate is not able to serve?

4. Have you completed a "Last Wishes" memo re: the disposition of your body and your memorial service?

Yes

No

5. Have you completed a "Disposition of Tangible Personal Property" Sheet?

Yes

No

XII. Children - What are your children's names

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

4. _____ Date of Birth _____

5. _____ Date of Birth _____

Estate Inventory Form

In the event of your premature death, who should be your children's guardian?

Name

Phone number where they can be reached

Address

City, State, Zip

Who do you select as your alternate guardian, in the event your primary guardian does not survive you, is incapacitated, or chooses not to serve?

Name

Phone number where they can be reached

Address

City, State, Zip

Who should serve as trustee of the minor children's trust during the period before your children reach the age of majority?

Name

Phone number where they can be reached

Address

City, State, Zip

How would you like them to receive their inheritance? (Check one)

Large lump sum all at once. Please explain: _____

Over a period of time. Please explain: _____

A combination of these two. Please explain: _____

Haven't decided

XII. Grandchildren - List Your Grandchildren's Names

1. _____ Date of Birth

2. _____ Date of Birth

3. _____ Date of Birth

4. _____ Date of Birth

