ASSET INVENTORY

For My Executor/Administrator

Basic Personal Information:

Full Name: _____ _____ _____
First *Middle* *Last*

Address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

Social Security Number: _____ Date of Birth:_____/_____/_____

Spouse Full Name: _____ _____ _____
First *Middle* *Last*

Address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

Social Security Number: _____ Date of Birth:_____/_____/_____

PO Box owned (if any): _____ Location: _____
PO Box #

Location of PO Box Key: _____

Place of Birth: _____ _____ _____
City *State* *Zip Code*

Family/Beneficiaries:

Child #1 or Beneficiary #1 Full Name:

_____ _____ _____
First *Middle* *Last*

Relationship: _____ Gender: _____

Address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

Date of Birth:_____/_____/_____

ASSET INVENTORY
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Child #2 or Beneficiary #2 Full Name:

_____ _____ _____
First *Middle* *Last*

Relationship: _____ Gender: _____

Address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

Date of Birth:_____/_____/_____

Child #3 or Beneficiary #3 Full Name:

_____ _____ _____
First *Middle* *Last*

Relationship: _____ Gender: _____

Address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

Date of Birth:_____/_____/_____

If any child is a minor, have you named a guardian? If yes, who?

_____ _____ _____
First *Middle* *Last*

Relationship: _____ Gender: _____

Address: _____ _____ _____ _____
Street Address *City* *State* *Zip Code*

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Estate Planning:

Do you have any of the following estate planning documents in place? Check all that apply:

Statutory Durable Power of Attorney (Financial)	☐	Signed on: **_____/_____/_____**
Medical Power of Attorney	☐	Signed on: _____/_____/_____
Directive to Physicians (Living Will)	☐	Signed on: _____/_____/_____
Last Will & Testament	☐	Signed on: _____/_____/_____
Trust - is it irrevocable or revocable?	☐	Signed on: _____/_____/_____
Transfer on Death Deed/Instrument	☐	Signed on: _____/_____/_____

Where are these original documents located? If in a safe, what is the combination or where is the key?

_____

Location of documents and/or safe

_____ _____

Safe Combination *Location of safe key*

Attorney who prepared these documents: _____

Bank Accounts (Checking and Savings):

_____ _____

Bank Name *Contact Info*

_____ _____

Account # *Named Beneficiary*

_____ _____

Bank Name *Contact Info*

_____ _____

Account # *Named Beneficiary*

ASSET INVENTORY
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Brokerage Firm and Contact Info:

_____ _____
Account # *Named Beneficiary*

Brokerage Firm and Contact Info:

_____ _____
Account # *Named Beneficiary*

Brokerage Firm and Contact Info:

_____ _____
Account # *Named Beneficiary*

Stocks, Bonds, CDs:

_____ _____ _____
Name of Stock, Bond, CD, Etc. *Account #* *# of Shares*

_____ _____ _____
Name of Stock, Bond, CD, Etc. *Account #* *# of Shares*

_____ _____ _____
Name of Stock, Bond, CD, Etc. *Account #* *# of Shares*

Individual Retirement Accounts (IRAs):

_____ _____
Investment Firm Name *Contact Info*

_____ _____
Account # *Named Beneficiary*

_____ _____
Investment Firm Name *Contact Info*

_____ _____
Account # *Named Beneficiary*

_____ _____
Investment Firm Name *Contact Info*

_____ _____
Account # *Named Beneficiary*

ASSET INVENTORY
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Social Security Benefits:

Name of account where Social Security benefits are deposited:_____

Digital Assets:

Name of Account: _____

User ID: _____ Password: _____

Name of Account: _____

User ID: _____ Password: _____

Employer Sponsored Retirement Plans/Benefits:

Employer Plan Contact Info: _____

_____ _____

Account # *Named Beneficiary*

Employer Plan Contact Info: _____

_____ _____

Account # *Named Beneficiary*

Employee Stock Option:

Employer Plan Contact Info: _____

_____ _____

Account # *Named Beneficiary*

ASSET INVENTORY
For My Executor/Administrator

Deferred Compensation:

Employer Plan Contact Info: _____

_____ _____
Account # *Named Beneficiary*

Pension/Profit Sharing:

Employer Plan Contact Info: _____

_____ _____
Account # *Named Beneficiary*

Veterans Government Benefits:

Contact Info: _____

_____ _____
Account # *Named Beneficiary*

Real Estate Owned:

Type of Property/Address/Location: _____

_____ _____
Mortgage Company *Amt Owed as of*

Is this property rented out? If yes, name of tenant: _____

_____ _____
Phone # of Tenant *Written Lease? Location*

ASSET INVENTORY
For My Executor/Administrator

Type of Property/Address/Location: _____

_____ _____
Mortgage Company *Amt Owed as of*

Is this property rented out? If yes, name of tenant: _____

_____ _____
Phone # of Tenant *Written Lease? Location*

Type of Property/Address/Location: _____

_____ _____
Mortgage Company *Amt Owed as of*

Is this property rented out? If yes, name of tenant: _____

_____ _____
Phone # of Tenant *Written Lease? Location*

Rent:

Do I rent my home?: _____ To whom do I owe rent?: _____

_____ _____
Monthly Rent *Address and Phone # of Landlord*

Safe Deposit Box:

Bank Name: _____ Box #: _____

_____ _____
Contents *Location of Key*

Who else has access to the Safe Deposit Box: _____

ASSET INVENTORY
For My Executor/Administrator

Personal Property (automobiles, mobile homes, boats, trailers):

_____ _____
Make/Model/Year *Name Titled in*

_____ _____
Make/Model/Year *Name Titled in*

_____ _____
Make/Model/Year *Name Titled in*

Jewelry/Collectibles/Other:

_____ _____
Gun Type *Location*

_____ _____
Gun Type *Location*

_____ _____
Gun Type *Location*

Other Items of Value: _____

Insurance:

Life Insurance

_____ _____
Name of Insurance Company *Policy #*

_____ _____
Beneficiary *Any loans?*

_____ _____
Face Value *Cash Value*

_____ _____
Name of Insurance Company *Policy #*

_____ _____
Beneficiary *Any loans?*

_____ _____
Face Value *Cash Value*

ASSET INVENTORY

For My Executor/Administrator

_____ _____

Name of Insurance Company *Policy #*

_____ _____

Beneficiary *Any loans?*

_____ _____

Face Value *Cash Value*

Do You Have Annuities?: _____ _____

Type *Payout Structure*

Long-Term Care Insurance *Name of Insurance Company* *Policy #*

_____ _____

Beneficiary *Address and Phone #*

_____ _____

Home Owners: *Name of Insurance Company* *Policy #*

_____ _____

Automobile: *Name of Insurance Company* *Policy #*

_____ _____

Disability: *Name of Insurance Company* *Policy #*

_____ _____

Unsecured Debt (debt that is not tied to an asset like a home or automobile might be). Most often credit card debt, personal loans, medical debt, utility bills or other instances in which credit was given without any collateral requirement.

Lender/Credit Card Company: _____

_____ _____
Type *Balance*

Address/Phone Number of Company: _____

Lender/Credit Card Company: _____

_____ _____
Type *Balance*

Address/Phone Number of Company: _____

Lender/Credit Card Company: _____

_____ _____
Type *Balance*

Address/Phone Number of Company: _____

Lender/Credit Card Company: _____

_____ _____
Type *Balance*

Address/Phone Number of Company: _____

ASSET INVENTORY
For My Executor/Administrator

Debts Owed to Myself:

Borrower	Contact Info	Balance Outstanding

Business Interests:

Business Name	Ownership Interest %	Entity Type
Business Name	Ownership Interest %	Entity Type

Inheritance:
I expect I could receive an inheritance, of which details are below:

Name of Person	Relation

Type of inheritance (property, money, life insurance proceeds, automobile, etc.)

Additional Information:

People to notify of my demise: _____

My Attorney:

Name	Address/Phone #

Financial Advisor/Planner:

Name/Company	Address/Phone #

ASSET INVENTORY

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My Doctors (include eye doctor, dentist, primary, etc.):

_____ _____

Name *Type of Doctor*

_____

Address/Phone #

_____ _____

Name *Type of Doctor*

_____

Address/Phone #

_____ _____

Name *Type of Doctor*

_____

Address/Phone #

_____ _____

Name *Type of Doctor*

_____

Address/Phone #

_____ _____

Name *Type of Doctor*

_____

Address/Phone #

My Insurance Broker:

_____ _____

Name *Address/Phone*

My Accountant:

_____ _____

Name *Address/Phone*

ASSET INVENTORY

For My Executor/Administrator

Location of important documents:
All of these are things you can gather and put in the same, safe place now to make it easier for your loved ones later.

*Car Title:*_____

*Birth Certificate:*_____

*Estate Planning Documents:*_____

*Life Insurance Policies:*_____

*Deeds:*_____

*Marriage License:*_____

*Social Security Card:*_____

*Divorce Decree:*_____

*Passport:*_____

*Insurance Cards:*_____

*Death Certificates:*_____

*Court Judgements:*_____

*Military Papers:*_____

*Citizenship/Adoption Papers:*_____

*Mortgage/Loan Paperwork:*_____

*Business Documents:*_____

*Hidden Cash or Valuables:*_____

*Other:*_____