

ESTATE PLANNING INVENTORY CHECKLIST

PERSONAL DATA	DATE
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Name _____ Birth Date ___/___/___ SS# _____

Legal Address: _____ Citizenship _____

Street _____
 Phone _____

City, State, Zip _____

Bus. Address: _____ Occupation _____

Street _____
 Phone _____

City, State Zip _____

FAMILY DATA

Spouse's Name _____ Birth Date ___/___/___ SS# _____

If None: Single _____ Widowed _____ Divorced _____ Citizenship _____

Bus. Address: _____ Occupation _____

Street _____
 Phone _____

City, State Zip _____

Children:	Birth Date	SS#	Annual Financial Obligation
_____	___/___/___	_____	\$ _____
_____	___/___/___	_____	\$ _____
_____	___/___/___	_____	\$ _____
_____	___/___/___	_____	\$ _____

Other dependents: _____ Address _____ Birth Date _____ SS# _____

FINANCIAL ADVISORS

	Name	Address	Phone
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Life Underwriter	_____	_____	_____
Investments	_____	_____	_____
Bank	_____	_____	_____

FINANCIAL INFORMATION

ASSET DESCRIPTION	BOOK VALUE	CURRENT MARKET VALUE		
		OWNED BY YOU	OWNED BY SPOUSE	OWNED JOINTLY
I. Bank accounts, CD's				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____
II. Mutual Funds				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____
III. Bonds, Notes				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____
IV. Stocks				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____

ASSET DESCRIPTION	BOOK VALUE	CURRENT MARKET VALUE			INDEBTEDNESS
		OWNED BY YOU	OWNED BY SPOUSE	OWNED JOINTLY	
V. Real Estate					
A. Residence, Vacation, Rental					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
B. Farm					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Machinery _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Livestock _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Grain _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Buildings _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
C. Commercial, Other Business					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
VI. Tangible Personal Property					
Furnishings _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Jewelry _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Automobiles _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Collections _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ASSET DESCRIPTION	VALUE	OWNED BY YOU	OWNED BY SPOUSE	LOANS	PRIMARY BENEFICIARY	CONTINGENT BENEFICIARY
VII. Annuities						
_____	\$ _____	\$ _____	\$ _____		_____	_____
_____	\$ _____	\$ _____	\$ _____		_____	_____
_____	\$ _____	\$ _____	\$ _____		_____	_____
_____	\$ _____	\$ _____	\$ _____		_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____		_____	_____
VIII. IRAs						
_____	\$ _____	\$ _____	\$ _____		_____	_____
_____	\$ _____	\$ _____	\$ _____		_____	_____
_____	\$ _____	\$ _____	\$ _____		_____	_____
_____	\$ _____	\$ _____	\$ _____		_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____		_____	_____
IX. Retirement Plans Pension, Profit-sharing, 401k						
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
X. Life Insurance						
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____
TOTAL:	\$ _____	\$ _____	\$ _____	\$ _____	_____	_____

SUMMARY OF FINANCIAL INFORMATION

<u>TOTAL ASSETS</u>	<u>OWNED BY YOU</u>	<u>OWNED BY SPOUSE</u>	<u>OWNED JOINTLY</u>
Bank Accounts/CD's	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Bonds, Notes	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Real Estate (combined)	\$ _____	\$ _____	\$ _____
Tangible Property	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
IRAs	\$ _____	\$ _____	\$ _____
Retirement Plans	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
GROSS ESTATE	\$ _____	\$ _____	\$ _____
<u>TOTAL LIABILITIES</u>			
Total Indebtedness	\$ _____	\$ _____	\$ _____
TOTAL NET WORTH	\$ _____	\$ _____	\$ _____

NOTES

ESTATE PLANNING

<u>You</u>		<u>The Will</u>	<u>Spouse</u>	
Yes	No	Existing Will?	Yes	No
____/____/____		Date of Will	____/____/____	
____/____/____		Date of Last Codicil	____/____/____	
_____		Name of Executor(s)	_____	
_____		Name of Successor Executor	_____	
_____		Name of Trustee(s)	_____	
_____		Name of Successor Trustee(s)	_____	
_____		Name of Guardian(s)	_____	
_____			_____	

<u>You</u>		<u>Other Estate Planning Documents</u>	<u>Spouse</u>	
Yes	No	Revocable Living Trust	Yes	No
Yes	No	Investment Management	Yes	No
Yes	No	Insurance Trust	Yes	No
Yes	No	Charitable Trust	Yes	No
Yes	No	Employee Benefits	Yes	No
Yes	No	IRA Rollover	Yes	No
Yes	No	Living Will	Yes	No
Yes	No	Durable Power of Attorney Health Care	Yes	No
Yes	No	Durable Power of Attorney	Yes	No
Yes	No	Standby Conservatorship	Yes	No
Yes	No	Premarital Agreement	Yes	No
Yes	No	Buy-Sell Agreement	Yes	No
Yes	No	Personal Property List	Yes	No

NOTES

OBJECTIVES, ANTICIPATIONS, EXPECTATIONS

1. Do you expect to receive gifts or inheritances? Yes No
If so, from whom? _____ Anticipated amount \$ _____

2. Describe any health problems or special needs of you or your family members.

3. Would you like assistance handling your money in the event of other spouse's incapacity or death? Yes No

4. What are your financial objectives? Please list in order of priority.
a. _____ b. _____
c. _____ d. _____

5. What is most important to you for the investing of your money (income, safety of principal, return, etc.)?

6. What do you expect in terms of inflation? _____
Return on investment? _____ %

7. Are you satisfied with your investment results? Yes No
If so, why? If not, why not?

8. Expected major discretionary expenditures in the future.

9. If you own a business, what are your successive management plans?

Possible future sale? Yes No When? _____

10. Comments/Concerns.

