



**ESTATE INVENTORY SHEET
FOR**



Name (Print):

*** TO BE STORED WITH YOUR LAST WILL AND TESTAMENT ***

Be sure to store your will, this sheet and your financial documents/records in a secure place.

PART I--PERSONAL DATA

FULL NAME	
NAME ON BIRTH CERTIFICATE	
OTHER NAMES USED	
COUNTRY OF CITIZENSHIP	
STATE OF RESIDENCE	
DATE OF BIRTH	

PART II--FAMILY DATA REGARDING MOTHER

FULL NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
DATE OF DEATH	
PRESENT/LAST ADDRESS	

PART III--FAMILY DATA REGARDING FATHER

FULL NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
DATE OF DEATH	
PRESENT/LAST ADDRESS	

PART IV--FAMILY DATA REGARDING SPOUSE

FULL MARRIED NAME	
NAME ON BIRTH CERTIFICATE	
DATE OF BIRTH	
PLACE OF BIRTH	
DATE OF MARRIAGE	

PART V--FAMILY DATA REGARDING BROTHERS AND SISTERS

FULL NAME	

PART VI--FAMILY DATA REGARDING CHILDREN

FULL NAME	

PART VII--FAMILY DATA REGARDING GRANDCHILDREN

FULL NAME	

PART VIII--PERSONAL ASSOCIATIONS

(LIST HERE YOUR CLOSEST FRIEND, ATTORNEY, PHYSICIAN, ACCOUNTANT, AND INSURANCE AGENT)

CLOSEST FRIEND	NAME	PHONE #
	ADDRESS	
ATTORNEY	NAME	PHONE #
	ADDRESS	

PART VIII--PERSONAL ASSOCIATIONS (CONTINUED)

PHYSICIAN	NAME	PHONE #
	ADDRESS	
ACCOUNTANT	NAME	PHONE #
	ADDRESS	
INSURANCE AGENT	NAME	PHONE #
	ADDRESS	

PART IX--OCCUPATIONAL AND EMPLOYMENT DATA

OCCUPATION	
NAME OF EMPLOYER	
ADDRESS OF EMPLOYER	
PHONE NUMBER OF EMPLOYER	
POSITION HELD	
DATE FIRST EMPLOYED	

PART X--INSURANCE DATA--PERSONAL PROPERTY OR HOMEOWNER'S INSURANCE

NAME OF NSURANCE COMPANY	
ADDRESS OF INSURANCE COMPANY	
EFFECTIVE DATE OF POLICY	
PROPERTY INSURED	
TYPE AND AMOUNT OF COVERAGE	
POLICY NUMBER	

PART XI--INSURANCE DATA--REAL ESTATE INSURANCE

NAME OF NSURANCE COMPANY	
ADDRESS OF INSURANCE COMPANY	
EFFECTIVE DATE OF POLICY	
PROPERTY INSURED	
TYPE AND AMOUNT OF COVERAGE	
POLICY NUMBER	

PART XII--INSURANCE DATA--PERSONAL CATASTROPHE LIABILITY INSURANCE

NAME OF NSURANCE COMPANY	
ADDRESS OF INSURANCE COMPANY	
EFFECTIVE DATE OF POLICY	
AMOUNT OF COVERAGE	
POLICY NUMBER	

PART XIII--INSURANCE DATA--AUTOMOBILE INSURANCE

NAME OF NSURANCE COMPANY	
ADDRESS OF INSURANCE COMPANY	
EFFECTIVE DATE OF POLICY	
TYPE AND AMOUNT OF COVERAGE	
LIABILITY	
COLLISION	
COMPREHENSIVE	
MEDICAL	
UNINSURED/UNDERINSURED MOTORIST	
OTHER	
POLICY NUMBER	

PART XIV--INSURANCE DATA--RECREATION VEHICLE INSURANCE

NAME OF NSURANCE COMPANY	
ADDRESS OF INSURANCE COMPANY	
EFFECTIVE DATE OF POLICY	
TYPE AND AMOUNT OF COVERAGE	
LIABILITY	
COLLISION	
COMPREHENSIVE	
MEDICAL	
UNINSURED MOTORIST	
OTHER	
POLICY NUMBER	

PART XV--INSURANCE DATA--MEDICAL INSURANCE

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME OF INSURANCE COMPANY(IES)	
ADDRESS OF INSURANCE COMPANY(IES)	
EFFECTIVE DATE(S) OF POLICY(IES)	
AMOUNT OF COVERAGE (EACH POLICY)	
POLICY NUMBER(S)	

PART XVI--INSURANCE DATA--LIFE INSURANCE

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME(S) OF NSURANCE COMPANY(IES)	
ADDRESS OF INSURANCE COMPANY(IES)	
EFFECTIVE DATE(S) OF POLICY(IES)	
AMOUNT OF COVERAGE (EACH POLICY)	
POLICY NUMBER(S)	
PRIMARY BENEFICIARY(IES)	
SECONDARY BENEFICIARY(IES)	

PART XVII--ASSETS DATA--CHECKING ACCOUNT(S)

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME OF BANK(S)	
LOCATION(S) OF BANK(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
ACCOUNT NUMBER(S)	

PART XVIII--ASSETS DATA--SAVINGS ACCOUNT(S)

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME OF BANK(S)	
LOCATION(S) OF BANK(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
ACCOUNT NUMBER(S)	

PART XIX--ASSETS DATA--CERTIFICATE(S) OF DEPOSIT

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME OF BANK(S)	
LOCATION(S) OF BANK(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
CERTIFICATE NUMBER(S)	

PART XX--ASSETS DATA--BONDS

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME(S)	
LOCATION(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
BOND NUMBER(S)	

PART XXI--ASSETS DATA--PREFERRED STOCK

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME(S)	
LOCATION(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
STOCK NUMBER(S)	

PART XXII--ASSETS DATA--COMMON STOCK

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME(S)	
LOCATION(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
STOCK NUMBER(S)	

PART XXIII--ASSETS DATA--MUTUAL FUNDS

IF MORE SPACE IS NEEDED, LIST ON A SEPARATE SHEET OF PAPER AND ATTACH TO THIS DOCUMENT

NAME(S)	
LOCATION(S)	
TYPE(S) OF OWNERSHIP (JOINT/INDIVIDUAL)	
ACCOUNT NUMBER(S)	

PART XXIV--IMPORTANT ITEMS LOCATION DATA

<u>ITEM</u>	<u>LOCATION DOCUMENTS(S) IS/ARE KEPT</u>
SAFETY DEPOSIT BOX	
SAFETY DEPOSIT BOX KEY	
IMPORTANT PAPERS IN RESIDENCE	
ORIGINAL COPY OF LAST WILL AND TESTAMENT	
COPY OF LAST WILL AND TESTAMENT	
ORIGINAL OF TRUST AGREEMENTS	
ORIGINAL OF CONTRACTUAL PAPERS	
COPY OF CONTRACTUAL PAPERS	
BIRTH CERTIFICATE(S)	

