



## The Estate Planning Inventory

### I. People

#### A. Family

Date \_\_\_\_\_

Full Legal Name	Birthdate	Occupation
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Full Legal Name	Birthdate	Occupation
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Address	City	State/Zip	County
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Home Phone (\_\_\_\_\_) \_\_\_\_\_ Bus. Phone (\_\_\_\_\_) \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Children: If not both spouses, then indicate if child is husband's (H) or wife's (W)

H/W	Full Legal Name	Age	Address (if different than above)
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**B. Special Considerations**

Do you support or expect to support anyone other than spouse and children?

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Do you or any of your dependents have health problems?

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Are there any previous marriages or support obligations?

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**II. Property Inventory (approx. values)**

Please indicate whether properties are owned by (H) husband, (W) wife or (J) joint tenancy (i.e. Stocks \$20,000[H])

<b>ASSETS</b>	<b>LIABILITIES</b>
<b>Cash</b>	
Cash on Hand _____	Credit Card Balances _____
Money Market Funds _____	
<b>Real Estate</b>	
Home Value _____	Mortgage Amount _____
Other Property _____	Mortgage Amounts _____
<b>Personal Property</b>	
Household _____	Personal Loans _____
Automobiles _____	Auto Loans _____
Art, Antiques, _____	
Other Collectibles _____	



**Investments**

Stocks/Bonds \_\_\_\_\_

Govt. Securities \_\_\_\_\_

Mutual Funds \_\_\_\_\_

Other Investments \_\_\_\_\_ Other Indebtedness \_\_\_\_\_

**Retirements**

Group Plan \_\_\_\_\_

IRA/TSA \_\_\_\_\_

Other \_\_\_\_\_

**Life Insurance**

(H) Face Value (\$ \_\_\_\_\_)  
Cash Value \_\_\_\_\_ Loans on Policies \_\_\_\_\_

(W) Face Value (\$ \_\_\_\_\_)  
Cash Value \_\_\_\_\_ Loans on Policies \_\_\_\_\_

**Business Interests**

Business Equity \_\_\_\_\_ Business Liabilities \_\_\_\_\_

**Other (Not previously listed)**

Other Assets \_\_\_\_\_ Other Liabilities \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_ TOTAL LIABILITIES \_\_\_\_\_

**Present Net Worth (Total Assets less Total Liabilities) \$ \_\_\_\_\_**



III. Plans And Objectives

A. Family Priorities

Rate each on a scale of 0 to 5 (0 = not important; 5 = very important)

**Provide Security For Family**

\_\_\_\_\_ Surviving Spouse  
\_\_\_\_\_ Children, Until Age \_\_\_\_\_  
\_\_\_\_\_ Grandchildren, Until Age \_\_\_\_\_

**Deal With Taxes And Probate**

\_\_\_\_\_ Avoid Probate                      \_\_\_\_\_ Reduce Estate Taxes  
\_\_\_\_\_ Reduce Income Tax

**Provide For Better Financial Management**

\_\_\_\_\_ Increase Retirement Income  
\_\_\_\_\_ Better Management of Assets  
\_\_\_\_\_ Retain Business in Family

**Protect Against Hazards To Financial Security**

\_\_\_\_\_ Disability                      \_\_\_\_\_ Retirement  
\_\_\_\_\_ Death                              \_\_\_\_\_ Liability  
\_\_\_\_\_ Unforeseen Emergency

B. Distribution of Assets

Upon my death, I desire my estate to be distributed as follows:

\_\_\_\_\_  
\_\_\_\_\_

Upon the death of the surviving spouse, the estate is to be distributed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



In the event my children, or to other persons named to receive a share of my estate, shall not be living at the time of my death, their share shall be distributed as follows: (list in order of preference, i.e. 1,2,3,4)

- \_\_\_\_\_ To their children in equal shares
- \_\_\_\_\_ To my surviving children
- \_\_\_\_\_ To charity work \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**Comments On Plans And Objectives**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. Personal Representatives**

Executor(s) (personal representatives), guardian(s) and trustee(s) are the people you designate in your estate plan to take care of your family and property in the event of your death.

**A. Executor(s) (personal representatives)**

The person(s) you appoint in your will to pay debts and distribute your property according to the terms of the will.

<b>Executor of Husband's Estate</b>	<b>Executor of Wife's Estate</b>
Name _____	Name _____
City/State _____	City/State _____
<b>Husband's Alternate Executor</b>	<b>Wife's Alternate Executor</b>
Name _____	Name _____
City/State _____	City/State _____



**B. Guardian(s)**

The person(s) you appoint to take care of your children until they reach the age of majority in the event of the death of both parents.

**First:**

**Alternate:**

Name \_\_\_\_\_ Name \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

**C. Trustee(s)**

The person(s) or organization who agrees to manage the assets in accordance with the trust. Even though you require only a will, if you have minor children, a trustee will be necessary to manage the children's assets until your designated distribution date.

**First:**

**Alternate:**

Name \_\_\_\_\_ Name \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

**D. Power of Attorney Designee(s)**

The person(s) who agrees to be your attorney in fact in accordance with the Power of Attorney. Normally, first would be the spouse, then the following would be the alternate:

**(For Husband or if Single)**

**(For Wife or if Single, Alternate)**

Name \_\_\_\_\_ Name \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_



**E. Medical Durable Power of Attorney Designee(s)**

The person(s) who agrees to consult with your physicians and represent your best interests medically when you are incapacitated. Normally, first would be the spouse, then the following would be the alternate:

**(For Husband or if Single)**

**(For Wife or if Single, Alternate)**

Name \_\_\_\_\_ Name \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

**V. Previous Planning And Planners**

Do you currently have a will or other plans for your estate? No \_\_\_\_ Yes \_\_\_\_

If yes, explain: \_\_\_\_\_

Do you currently have an attorney? No \_\_\_\_ Yes \_\_\_\_

If yes, attorney's name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Who has helped you with your financial and estate planning?

\_\_\_\_ Attorney    \_\_\_\_ Financial Planner    \_\_\_\_ Accountant  
\_\_\_\_ Stock Broker    \_\_\_\_ Insurance Agent    \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_