

The family inventory

Provide key information for
your loved ones





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Introduction

The Family Inventory guidebook is designed to help you gather a comprehensive list of all information pertaining to your family's current financial status, such as:

- Personal information
- Professional advisors
- Banking
- Investments
- Assets
- Insurance

Completing this inventory is a first step in developing your estate plan. It will increase the likelihood your assets are accounted for and considered and your beneficiaries are taken care of. An up-to-date inventory will prove invaluable to your surviving heirs, executors, trustees and advisors as your estate is settled.

This inventory is also a useful reference when creating or updating your wealth management plan. It will help you step back and look at your overall financial situation and ensure you have considered all aspects of your financial affairs.

You should update this document whenever significant changes in your family's financial status occur. Due to the level of detail and personal information, be sure to keep the information secure by adding password protection to your electronic copy and storing any printed copies in a safe place. If you have any questions while using this document, please contact your financial advisor.

About us

Our firm provides comprehensive services to address your multifaceted financial concerns, simplify your life, give you freedom to pursue your other priorities and provide you with confidence to achieve your goals.

Whether you need assistance managing your family's wealth, maximizing your business investments or providing stewardship for nonprofit assets, we can provide the solutions you need in key areas such as wealth management planning, private banking, investment management, and estate and trust services.

Our firms provides the specific services you need, today and in the future, and your financial advisor tailors them to your individual needs. Your financial advisor, supported by a team of specialists, helps you address your wealth management needs through each stage of your life:

- Accumulating wealth and growing your assets
- Protecting your wealth by managing risk
- Managing the affairs of a loved one
- Converting your wealth to an income stream
- Transferring wealth to your heirs
- Creating an enduring legacy

Personal

Your full legal name:	
Cell phone:	Social Security:
Address:	
Place of birth:	Birth date:
Driver's license:	Passport:
Primary care physician name & phone:	
Health insurance plan name & ID:	
Blood type:	Allergies:
Medications and dosages:	
Employer & address:	
HR contact name & phone:	

Spouse's or partner's full legal name:	
Cell phone:	Social Security:
Address:	
Place of birth:	Birth date:
Driver's license:	Passport:
Primary care physician name & phone:	
Health insurance plan name & ID:	
Blood type:	Allergies:
Medications and dosages:	
Employer & address:	
HR contact name & phone:	

Emergency contact list

Name:	
Home phone:	Cell phone:
Name:	
Home phone:	Cell phone:
Name:	
Home phone:	Cell phone:

Personal *continued*

Dependents

Name:	
Relationship:	Social Security:
School name:	
School phone:	
Health insurance plan name & ID:	
Medications & dosages:	
Passport:	Birth date:
Allergies:	Blood type:

Name	
Relationship:	Social Security:
School name:	
School phone:	
Health insurance plan name & ID:	
Medications & dosages:	
Passport:	Birth date:
Allergies:	Blood type:

Name	
Relationship:	Social Security:
School name:	
School phone:	
Health insurance plan name & ID:	
Medications & dosages:	
Passport:	Birth date:
Allergies:	Blood type:

Personal *continued*

Dependents *continued*

Name:	
Relationship:	Social Security:
School name:	
School phone:	
Health insurance plan name & ID:	
Medications & dosages:	
Passport:	Birth date:
Allergies:	Blood type:

Name	
Relationship:	Social Security:
School name:	
School phone:	
Health insurance plan name & ID:	
Medications & dosages:	
Passport:	Birth date:
Allergies:	Blood type:

Name	
Relationship:	Social Security:
School name:	
School phone:	
Health insurance plan name & ID:	
Medications & dosages:	
Passport:	Birth date:
Allergies:	Blood type:

Personal *continued*

Dependents *continued*

Pediatrician name:	Phone:
Address:	

Dentist name:	Phone:
Address:	

Specialist name:	Phone:
Address:	

Daycare provider:	Phone:
Address:	

Pets

Veterinarian name:	Phone:
Pet(s) name & type:	
Special considerations:	

Neighbors or friends

Name:	Phone:
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Name:	Phone:
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Name:	Phone:
-------	--------

Name:	Phone:
-------	--------

Name:	Phone:
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Financial

Insurance

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Financial *continued*

Insurance *continued*

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Insurance company name:	Insured name(s):	
Agent:	Agent email:	
Address:		Phone:
Auto policy:	Homeowner policy:	
Life insurance policy:	Long-term care policy:	
Policy location:	Umbrella policy:	
Username:	Password:	

Financial *continued*

Financial professional

Financial professional name:	
Phone:	Email:
Firm name & address:	
Statement location:	
Account 1:	Account 2:
Account 3:	Account 4:

Financial professional name:	
Phone:	Email:
Firm name & address:	
Statement location:	
Account 1:	Account 2:
Account 3:	Account 4:

Other professionals

Attorney name:	
Phone:	Email:
Firm name & address:	

Attorney name:	
Phone:	Email:
Firm name & address:	

Attorney name:	
Phone:	Email:
Firm name & address:	

Financial *continued*

Other professionals *continued*

Tax professional name:	
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Professional name:	Service Provided:
Phone:	Email:
Firm name & address:	

Financial *continued*

Bank

Bank name:		Phone:	
Address:			
User name:		Password:	
Checking:			
Savings:			
ATM check card:		PIN:	
Certificates of deposit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Amount:
Line of credit:		Line of credit:	

Bank name:		Phone:	
Address:			
User name:		Password:	
Checking:			
Savings:			
ATM check card:		PIN:	
Certificates of deposit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Amount:
Line of credit:		Line of credit:	

Bank name:		Phone:	
Address:			
User name:		Password:	
Checking:			
Savings:			
ATM check card:		PIN:	
Certificates of deposit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Amount:
Line of credit:		Line of credit:	

Financial *continued*

Loans and credit

Home loan

Mortgage holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner

Second mortgage holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner

Home equity holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner

Car loan

Holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner

Car loan

Holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/partner

Financial *continued*

Loans and credit *continued*

Miscellaneous loan

Holder:	Phone:
Address:	
Username:	Password:
Account:	Signee <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner

Credit card

<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:	Phone:	

<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:	Phone:	

<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:	Phone:	

<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:	Phone:	

<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:	Phone:	

Financial *continued*

Other financial assets

Mutual funds, stocks, bonds, collectibles, antiques, etc.

	Item description	Location	Beneficiary	Value
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.				\$
20.				\$

Safe-deposit box

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of box location:	
Location of key to box:	Box number:

Home safe

<input type="checkbox"/> Yes <input type="checkbox"/> No
Location and combination:

Financial *continued*

Locker

<input type="checkbox"/> Gym <input type="checkbox"/> Country club <input type="checkbox"/> Other	
Member name:	
Name and address of facility:	
Locker:	Lock combination:

<input type="checkbox"/> Gym <input type="checkbox"/> Country club <input type="checkbox"/> Other	
Member name:	
Name and address of facility:	
Locker:	Lock combination:

<input type="checkbox"/> Gym <input type="checkbox"/> Country club <input type="checkbox"/> Other	
Member name:	
Name and address of facility:	
Locker:	Lock combination:

Real estate holdings

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Type of real estate:	
Address:	
Deed location:	Name on deed:

Medical history

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had treatment for (add details, if box selected below):

<input type="checkbox"/> Cancer:	<input type="checkbox"/> Heart:
<input type="checkbox"/> Tuberculosis:	<input type="checkbox"/> Arthritis:
<input type="checkbox"/> Kidney disorder:	<input type="checkbox"/> Dementia:
<input type="checkbox"/> Diabetes:	<input type="checkbox"/> Other:
<input type="checkbox"/> Circulatory problems:	
<input type="checkbox"/> Allergies, list:	

Medical professional:

Name:	Phone:
Treats me for:	
Address/clinic:	

Name:	Phone:
Treats me for:	
Address/clinic:	

Name:	Phone:
Treats me for:	
Address/clinic:	

I have a living will: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of document:
Additional remarks:

Do not resuscitate instruction: <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of document:
Additional remarks:

I am an organ donor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional remarks:

Your funeral and will

Preplanned funeral

Funeral home:	
Contact name:	Phone:
Details:	
<input type="checkbox"/> Cemetery burial <input type="checkbox"/> Cremation	
Plot location or cremated remains:	Deed location:

Your will

Date of last will:	Will location:
Lawyer:	Phone:
Address:	
Executor(s)/trustee(s):	Phone:
Address:	

Beneficiaries

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Will instructions/special clauses:	

Your spouse's or partner's funeral and will

Preplanned funeral

Funeral home:	
Contact name:	Phone:
Details:	
Cemetery plot:	
Plot location:	Deed location:


Your spouse's or partner's will

Date of last will:	Will location:
Lawyer:	Phone:
Address:	
Executor(s)/trustee(s):	Phone:
Address:	


Beneficiaries

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Will instructions/special clauses:	

Additional notes/requests

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Additional notes/requests

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Resources

Government organizations

Social Security Administration

1-800-772-1213
www.ssa.gov

FEMA (Federal Emergency Management Agency)

1-800-621-FEMA (3362)
www.fema.gov

IRS (Internal Revenue Service)

1-800-829-1040
www.irs.gov

Glossary

Beneficiary — a person (or organization or charity) who receives a benefit under a will or trust

Capital gain — profit realized on the sale of an asset or the profit deemed to be realized if the asset has been sold at the time of the owner's death

Codicil — a formal amendment that modifies the terms of a will

Estate — the total sum of a person's assets

Executor — the person or trust company appointed in a will to control and protect the estate's assets, pay off any debts, and distribute property as directed by the will

Guardian — the person or person(s) appointed in a will or by the court to have custody of minor children or their assets

Inter vivos trust (living trust) — a trust created by a trust deed to take effect during the lifetime of the creator of the trust

Intestate — a person who dies without a will

Issue — descendants of a person, including not only children but grandchildren, great grandchildren and more remote descendants

Personal property — all property except for real estate and buildings; also known as "personality" (as opposed to "real property" or "realty")

Personal representative — the individual administering the estate, whether an executor or administrator

Probate — the official confirmation of a will by the courts, confirming the executor's legal right

Real property — land and buildings; also known as "real estate" or "realty"

Residuary Beneficiary — the beneficiary to whom the residue of the estate is left

Residue — that portion of an estate remaining after all debts, taxes and expenses have been paid and all specific bequests and specific devises have been made

Specific bequest — a gift under a will of a specific item of personal property or a specific amount of cash

Specific devise — a gift under a will of a specific parcel of real property

Testamentary trust — a trust created by a will

Testator or testatrix — the person who makes the will

Trustee — one who manages property or money for another

Will — the legal statement of a person's wishes concerning the disposal of his or her property after death