



Once you have hired an attorney, he or she will ask you to provide information about yourself, your family, and your assets. Your attorney will need this information to begin developing your estate plan. This inventory can help you organize your information, although some attorneys may prefer to use their own inventory forms.

In addition to an inventory, you will need to provide your attorney with copies of wills, trusts, powers of attorney, retirement plan accounts, life insurance policies, deeds, and other relevant documents.

Estate planning inventory checklist

Date: ____/____/____

Personal data

Name Birth date Home phone

Home address City, state, ZIP code

Business address City, state, ZIP code

Business phone Occupation

Family data

Spouse's name: Birth date

If none: Single Widowed Divorced

Business Address City, State, ZIP code

Do you have any children: Yes No

If yes, please provide the following information:

Child's name: Birth date

Child's name: Birth date

Child's name: Birth date

Child's name: Birth date

Child's name: Birth date

Do you have legal custody of all your children? Yes No

If no, who has custody? _____

What is your financial obligation? _____

Are any of your children adopted? If so, please list names and dates of adoption _____

Advisors

Legal: _____ Phone _____

Address: _____
Street City, state, ZIP code

Taxes: _____ Phone _____

Address: _____
Street City, state, ZIP code

Insurance: _____ Phone _____

Address: _____
Street City, state, ZIP code

Investments: _____ Phone _____

Address: _____
Street City, state, ZIP code

Bank: _____ Phone _____

Address: _____
Street City, state, ZIP code

Other: _____

Address: _____
Street City, state, ZIP code

Financial information

Asset description (attach a statement or separate listing if more room is needed)

Bank accounts CDs	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total:

Mutual funds	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total:

Bonds, notes	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total:

Stocks	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total:

Real estate

Principal residence

Address _____

City _____ State _____ ZIP code _____

Estimated value \$ _____ Tax assessment \$ _____

Ownership _____ Amount of indebtedness, if any _____

Other real estate (vacation home, farm, rental property, etc.)

Please list state of location, estimated value, indebtedness, and ownership

1. _____

2. _____

3. _____

Personal property

Please describe and list estimated value and ownership

Furnishings _____

Jewelry _____

Automobiles _____

Collectibles _____

Art _____

Other _____

Safe deposit box

Please describe contents and list estimated value and ownership

Commercial annuities	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:				

Please specify beneficiaries of the listed annuities:

IRAs, stocks	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:				

Please specify beneficiaries of the listed IRAs and stocks:

Retirement plans, pension, profit-sharing, 401(k), 403(b), etc.

	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:				

Please specify beneficiaries of the listed plans:

Life insurance	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:				

Please specify beneficiaries of the listed policies:

Are there any loans? If so, please list indebtedness _____

Business interests (corporate, partnership, proprietorship, etc.)

	Estimated value	Owned by you	Owned by spouse	joint owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totals:				

Are there any loans? If so, please list indebtedness _____

Indebtedness description (please list any liabilities that are not already listed; attach a separate listing if more room is needed)

Summary of financial information

Total assets	Owned by you	Owned by spouse	Owned jointly
Bank accounts/CDs	\$ _____	\$ _____	\$ _____
Mutual funds	\$ _____	\$ _____	\$ _____
Bonds, notes	\$ _____	\$ _____	\$ _____
Stocks	\$ _____	\$ _____	\$ _____
Real estate	\$ _____	\$ _____	\$ _____
Tangible property	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
IRAs	\$ _____	\$ _____	\$ _____
Retirement plans	\$ _____	\$ _____	\$ _____
Life insurance	\$ _____	\$ _____	\$ _____
Business interests	\$ _____	\$ _____	\$ _____
Total assets	\$ _____	\$ _____	\$ _____
Total liabilities	Owned by you	Owned by spouse	Owned jointly
Auto loans	\$ _____	\$ _____	\$ _____
Personal loans	\$ _____	\$ _____	\$ _____
Mortgages	\$ _____	\$ _____	\$ _____
Business loans	\$ _____	\$ _____	\$ _____
Pledges	\$ _____	\$ _____	\$ _____
Life insurance	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total indebtedness	\$ _____	\$ _____	\$ _____
Total net worth	\$ _____	\$ _____	\$ _____

Inheritance (please describe any anticipated inheritances or gifts)

Income (please list annual income from all sources)

You _____
Spouse _____
Joint _____

Notes

Estate planning documents

Will (please provide copies)

	YOU	SPOUSE
Existing will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of will	____/____/____	____/____/____
Date of last codicil	____/____/____	____/____/____
Name of executor	_____	_____
Name of guardian(s)	_____	_____

Other estate planning documents (Please describe and provide copies. Examples may include living trusts, insurance trusts, living wills, health care proxy, power of attorney, charitable trust, charitable gift annuity, premarital agreement, etc.)

	YOU	SPOUSE
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Expected beneficiaries

Family beneficiaries (list names and what you wish to give)

Non-family beneficiaries (list names and what you wish to give)

Charitable beneficiaries (list names and what you wish to give)

Notes

Additional information

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

If you have minor children, please list your choices of guardians in case of your death(s):

Primary guardian

Name _____ Phone _____

Address _____
Street City, state, ZIP code

Relationship _____

Alternate guardian

Name _____ Phone _____

Address _____
Street City, state, ZIP code

Relationship _____

If you have minor children, do you want their share of your estate to be distributed outright when they attain the age of majority (age 18), or retained in a trust fund to be administered for their benefit until a specified age?

Notes

Questions for your attorney
