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
- Professionals
- 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 set up. 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 professional.

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 firm provides the specific services you need, today and in the future, and your financial professional tailors them to your individual needs. Your financial professional, 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:

Family members

Include children, grandchildren, and other loved ones:

Name:	Date of birth:	Relationship:	Marital status:	Notes:

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:	

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Life insurance policy:Long-term care policy:Policy location:Umbrella policy:	Auto policy:		
Policy location: Umbrella policy:			
Username: Password:	Policy location:		
	Username:	Password:	

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:		

Other professionals		
Tax professional name:		
Phone:	Email:	
	Enidii:	
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:		

Bank			
Bank name:	Phone:		
Address:			
User name:	Password:		
Checking:			
Savings:			
ATM check card:	PIN:		
Certificates of deposit: \Box Yes \Box No Amount:	Amount:	Amount:	
Line of credit:	Line of credit:		
Bank name:	Phone:		
Address:			
User name:	Password:		
Checking:			
Savings:			
ATM check card:	PIN:		
Certificates of deposit: \Box Yes \Box No Amount:	Amount:	Amount:	
Line of credit:	Line of credit:		
Bank name:	Phone:		
Address:			
User name:	Password:		
Checking:			
Savings:			
ATM check card: PIN:			
Certificates of deposit: \Box Yes \Box No Amount:	Amount:	Amount:	
Line of credit:	Line of credit:		

Loans and credit	
Home loan	
Mortgage holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: 🗌 Self 🗌 Spouse/partner
Second mortgage holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: 🗌 Self 🗌 Spouse/partner
Home equity holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: 🗌 Self 🗌 Spouse/partner
Car loan	
Loan holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: 🗌 Self 🔲 Spouse/partner
Car loan	
Loan holder:	Phone:
Address:	
Username:	Password:
Account:	Signee: 🗌 Self 🗌 Spouse/partner

Loans and credit continued		
Miscellaneous Ioan		
Holder:	Phone:	
Address:		
Username:	Password:	
Account:	Signee: 🗌 Self 🗌 Spouse/po	ırtner
Credit card		
🗌 Visa 🗌 Amex 🗌 MasterCard 🗌 Discover 🗌 Other	Account:	
Billing address:		
Username: Password:		
Cardholder name:		Phone:
□ Visa □ Amex □ MasterCard □ Discover □ Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:		Phone:
□ Visa □ Amex □ MasterCard □ Discover □ Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:		Phone:
□ Visa □ Amex □ MasterCard □ Discover □ Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:		Phone:
□ Visa □ Amex □ MasterCard □ Discover □ Other	Account:	
Billing address:		
Username:	Password:	
Cardholder name:		Phone:

Jtual funds, stocks, bonds,	collectibles, antiques, etc.		
Item description	Location	Beneficiary	Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
ó.			\$
7.			\$
3.			\$
9.			\$
0.			\$
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
0.			\$

Safe-deposit box

Yes
No

Address of box location:

Location of key to box:
Box number:

Home safe

🗌 Yes 🗌 No

Location and combination:

Locker	
🗌 Gym 🔲 Country club 🗌 Other	
Member name:	
Name and address of facility:	
Locker:	Lock combination:
□ Gym □ Country club □ Other	
Member name:	
Name and address of facility:	
Locker:	Lock combination:
□ Gym □ Country club □ 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):			
Cancer:	🗆 Heart:		
□ Tuberculosis:	Arthritis:		
□ Kidney disorder:	Dementia:		
Diabetes:	□ Other:		
□ Circulatory problems:			
□ 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: Yes No			
Location of document:			
Additional remarks:			
Do not resuscitate instruction: 🗌 Yes 🗌 No			
Location of document:			
Additional remarks:			
I am an organ donor: 🗌 Yes 🗌 No			
Additional remarks:			

Your funeral and will

Preplanned funeral		
Funeral home:		
Contact name:		Phone:
Details:		
□ Cemetery burial □ 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:	
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:

Digital assets

Computer, smartphone, tablet, camera, and backup media (hard drive, USB flash drive, CD/DVD)			
Model/item description	Location (if applicable)	Username	Password

Software (tax preparation, bookkeeping, photo/video editing)			
Name	Location	Username	Password

Digital assets continued

Critical files on computer or cloud storage			
Service or computer name	Username (if applicable)	Password (if applicable)	

Online personas (personal or business websites, blogs, domains, social media)		
URL	Username (if applicable)	Password (if applicable)

Notes

Resources

Government organizations

Social Security Administration (800) 772-1213 | www.ssa.gov

FEMA

(Federal Emergency Management Agency) (800) 621-FEMA (3362) | www.fema.gov

IRS (Internal Revenue Service) (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



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