

Date\_\_\_\_

# ESTATE INVENTORY FORM

First Name	Middle Initial	Spouse	Mid	ddle Initial	Last Name
Address					
City, State, Zip					
His: Birthday			Email A	ddress	
Her: Birthday			Email A	ddress	
His: Home Phone Number		Cel	l Number		
Hers: Home Phone Number		Cel	l Number		
What law firm do you use? F	irm Name		Attorney		Phone No.
What CPA firm do you use?	Firm Name		CPA's Name		Phone No.
Do you have a net-worth statn	nent from your CPA	or attorney?	Yes N	No May	be
Do you have long-term care in	nsurance? Ye	es No			

#### Estate Inventory Form

#### I. Stocks, Bonds, Mututal Funds, CDs, Checking and Savings Accounts

Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name II. Pensions and IRAs	No. Shares/Units	Cost Basis	Current Value
Туре	Name		Account Value
Туре	Name		Account Value
Туре	Name		Account Value
Type III. Notes and Acount	Name s Receivable		Account Value
Description		Initial Value	Remaining Payoff
Description  IV. Notes and Acoun	ts Payable	Initial Value	Remaining Payoff
			D 00
Description		Initial Value	Remaining Payoff
Description Description V. Real Estate		Initial Value Initial Value	Remaining Payoff  Remaining Payoff
Description			
Description V. Real Estate		Initial Value	Remaining Payoff

### Estate Inventory Form

#### VI. Life Insurance (Personal)

Insured	Beneficiary	Туре	Cash Value	Face Value
nsured	Beneficiary	Туре	Cash Value	Face Value
Insured	Beneficiary	Туре	Cash Value	Face Value
Insured	Beneficiary	Туре	Cash Value	Face Value
VII. Life Insurance	e (Business)			
Insured	Beneficiary	Туре	Cash Value	Face Value
Insured	Beneficiary	Туре	Cash Value	Face Value
VIII. Business Infor	rmation			
Type of Business	Personal Ownership	(%) Recent A	Appraisal (Yes/No)	Business Value
IX. Personal Effects	- What do you have in the wa	ay of furniture, jewelry, au	tomobiles, tools and technology	7?
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IX. Personal Effects  Item Description	- What do you have in the wa	ay of furniture, jewelry, au		r? Seplacement Value
Item Description	- What do you have in the wa	ay of furniture, jewelry, au	R	
	- What do you have in the wa	ay of furniture, jewelry, au	R	eplacement Value
Item Description  Item Description	- What do you have in the wa	ay of furniture, jewelry, au	R R	deplacement Value deplacement Value
Item Description  Item Description  Item Description	- What do you have in the wa	ay of furniture, jewelry, au	R R R	Leplacement Value Leplacement Value Leplacement Value
Item Description  Item Description  Item Description	- What do you have in the wa	ay of furniture, jewelry, au	R R R	Leplacement Value Leplacement Value Leplacement Value Leplacement Value
Item Description  Item Description  Item Description  Item Description	- What do you have in the wa	ay of furniture, jewelry, au	R R R	Leplacement Value Leplacement Value Leplacement Value Leplacement Value Leplacement Value
Item Description  Item Description  Item Description  Item Description  Item Description	- What do you have in the wa	ay of furniture, jewelry, au	R R R R R R	Leplacement Value Leplacement Value Leplacement Value Leplacement Value Leplacement Value Leplacement Value
Item Description  Item Description  Item Description  Item Description  Item Description  Item Description		ay of furniture, jewelry, au	R R R R R R	Leplacement Value

### Estate Inventory Form Will Trust None Do you currently have a will or living trust? (Check One) Will Which instrument would you like to use? Trust None 1.a Beyond your spouse, who would you like to become the executor of your estate? (i.e. A "Personal Representative" if you choose a Will or "Successor Trustee" if you choose a Living Trust). \_\_\_ 1.b. Who would you like to name as an alternate executor in the event your first choice cannot/will not serve? \_\_\_\_\_ Yes 2.a. Have you completed an "Advanced Healthcare Directive" form? 2.b. Beyond your spouse, who should be your healthcare representative? 2.c. Who should become your secondary healthcare representative in the event your alternate is not able to serve? His\_\_\_\_\_\_ Hers \_\_\_\_\_ 3.a. Beyond your spouse, who should become your durable (aka general) power of attorney? 3.b. Who should become your secondary durable power of attorney in the event your alternate is not able to serve? Have you completed a "Last Wishes" memo re: the disposition of your body and your memorial service? Have you completed a "Disposition of Tangible Personal Yes Property" Sheet? XII. Children - What are your children's names Date of Birth 1. Date of Birth 3 Date of Birth Date of Birth 5. Date of Birth

## Estate Inventory Form In the event of your premature death, who should be your children's guardian? Name Phone number where they can be reached Address City, State, Zip Who do you select as your alternate guardian, in the event your primary guardian does not survive you, is incapacitated, or chooses not to serve? Name Phone number where they can be reached Address City, State, Zip Who should serve as trustee of the minor children's trust during the period before your children reach the age of majority? Name Phone number where they can be reached Address City, State, Zip How would you like them to receive their inheritance? (Check one) Large lump sum all at once. Please explain: Over a period of time. Please explain: \_\_\_\_\_ A combination of these two. Please explain: \_\_\_\_\_ Haven't decided XII. Grandchildren - List Your Grandchildren's Names 1. Date of Birth 2. Date of Birth 3.

4.

Date of Birth

Date of Birth

Estate Inventory Form					
XIII. Charitable Bequests					
Do you have an interest in supporting a charitable cause(s) through your estate?	Yes	□ No			
Please list charities:					
Special Instructions:					
Charitable Estate Planning Northwest, 3331 NW 179 <sup>th</sup> St., Ridgefi (503) 620-5173 or 360-546-3300 www.CEPNW.com	eld, WA 98642				