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SECTION 1 - PERSONAL INFORMATION

Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____

Marital status:

Single Married Civil union Divorced Widowed Legally separated

Spouse's Name: _____

Date of Birth: _____ Social Security No.: _____

Address (if different): _____

Children's Names	Date of Birth	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 2 - OTHER FAMILY MEMBERS

Full name of both parents: _____

Address: _____

Home Phone: _____ Fax: _____ Business Phone: _____

Email: _____

If deceased, date of death: _____

Repeat for additional parents or step-parents on the back of this page.

Full name of sibling: _____

Address: _____

Home Phone: _____ Fax: _____ Business Phone: _____

Email: _____

If deceased, date of death: _____

Full name of sibling: _____

Address: _____

Home Phone: _____ Fax: _____ Business Phone: _____

Email: _____

If deceased, date of death: _____

Full name of sibling: _____

Address: _____

Home Phone: _____ Fax: _____ Business Phone: _____

Email: _____

If deceased, date of death: _____

NOTIFY IN CASE OF EMERGENCY OR DEATH

Name	Relationship	Address	Contact Numbers	Email

SECTION 3 - PROFESSIONAL ADVISORS AND LOCATION OF DOCUMENTS

Lawyer

Name: _____

Address: _____ Phone: _____

Email: _____ Website: _____

Accountant

Name: _____

Address: _____ Phone: _____

Email: _____ Website: _____

Other

Name: _____

Address: _____ Phone: _____

Email: _____ Website: _____

Location of My Documents

I have a safe or safety deposit box. Yes No

Location of key: _____

Financial institution: _____

Box number: _____

Location of my document originals: _____

Location of my document copies: _____

Other: _____

SECTION 4 - HEALTH CARE PROFESSIONALS/MEDICAL INFORMATION

Family doctor's name: _____ Address: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

Other physician's name: _____ Address: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

Repeat for additional physicians or specialists on the back of this page.

Dentist's name: _____ Address: _____

Business Phone: _____ Fax: _____ Home Phone: _____

Email: _____

Optometrist: _____ Clinic name: _____

Address: _____

Business Phone: _____ Fax: _____ Email: _____

Glasses: Yes No Contacts: Yes No

Where were prescription(s) filled? _____

Pharmacy Name: _____ Telephone: _____

Health Insurance

Carrier: _____ Member #: _____ Group #: _____

Location of documents: _____ Contact: _____ Title: _____

Address: _____

Business Phone: _____ Fax: _____

Email: _____

SECTION 5 - LEGAL DOCUMENTS

My Will

I have a will. Yes No

Date of my last will: _____

Location of my last will (or copy): _____

My will was drawn up by a lawyer. Yes No

Name of lawyer: _____

Address: _____

Phone: _____

I have appointed an Executor(s) for my estate

Name(s)	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advance Health Care Directive/Living Will/Medical Power of Attorney

I have an advance health care directive. Yes No

Date of advance health care directive: _____

Location of original or copy of my advance health care directive: _____

My advance health care directive was drawn up by a lawyer. Yes No

Name of lawyer: _____

Address: _____

Phone: _____

My Funeral Arrangements

I have left instructions for my funeral. Yes No

No, my next-of-kin will handle my funeral arrangements. Yes No

No, but I want my remains to be prepared for open-casket viewing burial cremation

Other details: _____

Yes, my instructions are detailed in my will in another document located

I have a pre-arranged funeral contract. Yes No

Funeral home

Name: _____

Address: _____ Phone: _____

Location of documents: _____

My Birth Certificate

Location of my birth certificate: _____

Location of my child's/children's birth certificate(s): _____

Location of the adoption order for: _____

I Was Not Born in the United States

Location of my citizenship certificate: _____

Other information: _____

SECTION 6 - PERSONAL DOCUMENTS

Life Insurance

Business Name: _____ Agent: _____ Title: _____

Address: _____ Business Phone: _____

Fax: _____ Email: _____

Policy No.: _____ Amount: _____

Location of Policy: _____

Repeat for additional policies on the back of this page.

My Investments

I have accounts and other investments. Yes No

PERSONAL Inventory

Financial institution or company _____

Address: _____

Telephone number: _____

Name of contact person: _____

Account number Category (savings, checking, mutual funds, etc.)

1) _____

2) _____

3) _____

Financial institution or company _____

Address: _____

Telephone number: _____

Name of contact person: _____

Account number Category (savings, checking, mutual funds, etc.)

1) _____

2) _____

3) _____

Financial institution or company _____

Address: _____

Telephone number: _____

Name of contact person: _____

Account number Category (savings, checking, mutual funds, etc.)

1) _____

2) _____

3) _____

Location of my bank books, bank teller cards and checkbooks: _____

Location of my investment documents and records: _____

My Credit Cards

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Issuer: _____ Number: _____

Other Insurance

Home

Insurer: _____

Address: _____

Telephone number: _____

Automobile

Insurer: _____

Address: _____

Telephone number: _____

Other

Insurer: _____

Address: _____

Telephone number: _____

My Income Tax Returns

My accountant

Name: _____

Address: _____

Telephone number: _____

Location of my previous income tax returns: _____

SECTION 7 - DEBTORS, DEBTS AND FINANCIAL OBLIGATIONS

My Debtors

The following people or organizations owe me money:

Debtor

Contact person: _____

PERSONAL Inventory

Address: _____

Telephone number: _____

Describe the debt: _____

Debtor

Contact person: _____

Address: _____

Telephone number: _____

Describe the debt: _____

Debtor

Contact person: _____

Address: _____

Telephone number: _____

Describe the debt: _____

My Debts and Financial Obligations

I have a Line of Credit. Yes No

Financial institution: _____

Account number: _____

Life Insurance Yes No

Location of contract: _____

I have a personal loan. Yes No

Financial institution: _____

Account number: _____

Life Insurance Yes No

Location of contract: _____

I have a personal debt. Yes No

Name of creditor: _____

Address: _____

Telephone number: _____

Location of document: _____

SECTION 8 - HOME AND OTHER REAL ESTATE PROPERTY

Personal Residence

I am a tenant. Yes No

Owner: _____

Address: _____

Telephone number: _____

Location of my copy of the lease: _____

I am the sole owner of my home. Yes No

I am a joint owner of my home with Yes No

Name: _____

Address: _____

Telephone number: _____

Location of purchase contract and other documents: _____

I am an owner who holds a mortgage. Yes No

Financial institution or company who holds mortgage: _____

Account number: _____

Life Insurance: Yes No

Disability Insurance: Yes No

Location of contract: _____

Location of Deed: _____

Income Property/Rental Property/Other Property

I am the sole owner of a rental property. Yes No

I am a joint owner of a rental property with Yes No

Name: _____

Address: _____

Telephone number: _____

PERSONAL Inventory

Location of contract and other documents: _____

I have a mortgage on this property. Yes No

Financial institution or company who holds mortgage: _____

Account number: _____

Life Insurance: Yes No

Disability Insurance: Yes No

Location of contract: _____

Secondary Residence

I am the sole owner of my secondary residence. Yes No

I am a joint owner of a secondary residence with Yes No

Name: _____

Address: _____

Telephone number: _____

Location of purchase contract and other documents: _____

I have a mortgage on this property. Yes No

Financial institution or company who holds mortgage: _____

Account number: _____

Life Insurance: Yes No

Disability Insurance: Yes No

Location of contract: _____

SECTION 9 - OTHER PERSONAL EFFECTS

I have made an inventory of all my personal effects. Yes No

Inventory of Personal Effects

Item (Car, jewelry, art, etc.)	Location
_____	_____
_____	_____

PERSONAL Inventory

ESTATE PLANNING PERSONAL INVENTORY OF MY ASSETS AND
IMPORTANT DOCUMENTS

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The Martin Law Firm is an estates and probate law firm located in Blue Bell, Montgomery County, PA. Our experienced estates and probate lawyers help individuals, partners and families with estate planning, probate and estate administration throughout Montgomery County, PA and its surrounding areas.