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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**

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**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**

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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**

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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**

<b>Item</b> (Car, jewelry, art, etc.)	<b>Location</b>
_____	_____
_____	_____

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**Important Documents**

(Credit cards, passport, health insurance card, etc.)

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# PERSONAL Inventory

ESTATE PLANNING PERSONAL INVENTORY OF MY ASSETS AND  
IMPORTANT DOCUMENTS

## THE MARTIN LAW FIRM, P.C.

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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.