

# PERSONAL INVENTORY



Estate planning personal inventory of my  
assets and important documents

Our personal inventory will provide a complete roadmap to your financial, medical and family information. Your personal inventory will serve as a complement to an effective estate plan, organizing your important documents, making things easier on your loved ones and simplifying the probate and estate administration process.

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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: \_\_\_\_\_

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

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Important Documents

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

[illegible]

### Location

[illegible]

# 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.