



# THE SIMPLE ESTATE INVENTORY FORM

## A TOOL DESIGNED TO ASSIST INDIVIDUALS AND FAMILIES IN DETERMINING ESTATE VALUE AND WILL PREPARATION

This form is designed as a guideline for calculating the current value of an estate, and is useful in preparing a more complete estate plan. This form is not presented as 100 percent inclusive. There may be assets or categories of assets not mentioned here, which will be required to be noted on IRS Form 706. For the most accurate and effective plan possible, list all assets within the estate, and seek the advice and counsel of a qualified professional.

Description	Fair Market Value	Original Cost	Current Yield
A. Real Estate			
Home			
Other(Rentals, Land, Oil Leases):			
1.			
2.			
3.			
4.			
<i>Total Value of Property</i>			
B. Stocks, Bonds, Annuities			
1.			
2.			
3.			
4.			
5.			
<i>Total Value of Stocks and Bonds</i>			
C. Cash, Mortgages, Notes Receivable (CDs, Savings, etc.)			
1.			
2.			
3.			
4.			
5.			
<i>Total Cash, Mortgages, Notes</i>			
D. Life Insurance	Death Benefit	Current Cash Value	Current Yield
1.			
2.			
3.			
4.			
<i>Total Life Insurance</i>			
E. Jointly Owned Property	Value of Share	Original Investment	Current Yield
1.			
2.			
<i>Total Jointly Owned Property</i>			
F. IRAs/Qualified Plans	Fair Market Value	Original Cost	Current Yield
1.			
2.			
3.			
4.			
<i>Total IRAs/Qualified Plans</i>			



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G.	Miscellaneous Property (Collectible, Guns, Antiques, Stamps, Coins, Etc.)		
	Home Furnishings/Furniture		
	Automobiles		
	Other Property		
	<i>Total Miscellaneous Property</i>		
	<i>Subtotal from this Page</i>		
	<i>Subtotal from Previous Page</i>		
<b>TOTAL CURRENT VALUE OF ESTATE</b>			

### Personal History

Completed By \_\_\_\_\_ ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Full Legal Name) Month Day Year

Address \_\_\_\_\_ Telephone \_\_\_\_\_ (B) \_\_\_\_\_ (H)

Spouse: \_\_\_\_\_ Anniversary \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Full Legal Name) Month Day Year

Date of Birth (Self) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Spouse) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Social Security Number (Self) \_\_\_\_\_ (Spouse) \_\_\_\_\_

Bank Deposit Box: Location \_\_\_\_\_ No. \_\_\_\_\_ Access: \_\_\_\_\_

### DOCUMENT INVENTORY

Yes	No	Location
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate (Self) _____
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate (Spouse) _____
<input type="checkbox"/>	<input type="checkbox"/>	Marriage Certificate _____
<input type="checkbox"/>	<input type="checkbox"/>	Passport (Self) _____ / _____ (Spouse) _____ / _____ <small>Number Exp. Date Number Exp. Date</small>
<input type="checkbox"/>	<input type="checkbox"/>	Will (Self) _____
<input type="checkbox"/>	<input type="checkbox"/>	Will (Spouse) _____
<input type="checkbox"/>	<input type="checkbox"/>	Durable Power of Attorney (Self) _____
<input type="checkbox"/>	<input type="checkbox"/>	Durable Power of Attorney (Spouse) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medical Power of Attorney (Self) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medical Power of Attorney (Spouse) _____
<input type="checkbox"/>	<input type="checkbox"/>	Physicians Directive (Self) _____
<input type="checkbox"/>	<input type="checkbox"/>	Physicians Directive (Spouse) _____

### ADVISORS

#### Attorney

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

#### Tax Accountant

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

#### Financial Advisor

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_