

# Estate Planning Inventory

*for*

*Provided to you by:*



# Estate Planning Inventory

*Provided to you by IPI Wealth Management, Inc*

Estate planning is an act of love! We are motivated to plan our estate because we care about the people and organizations we love. We want to make life better for them immediately after our death, and the years to follow. Wills and Trusts are very important documents to guide our Personal Representative, or Trustee, in carrying out our wishes. But, it is also an act of love to provide those we leave behind with detailed information and very practical steps to follow in their time of distress.

Now that you have finished our planning process, we encourage you to complete this final phase. We have provided this packet for you to complete for your loved ones. It provides all the information they will need upon your passing to carry out all of your wishes. You have taken the time to thoughtfully plan for the future, and this package houses all the information in one place to guide your loved ones and your professional advisors.

If you are married, we would recommend that each spouse complete a separate inventory. Please be sure to include copies of your important documents in the section provided. You should place this document in a very safe place and share its location with people you trust.

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## Personal Information

Full Legal Name (first, middle, last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Name You Go By: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a citizen of the United States:  Yes  No

Marital Status:  Single  Married  Divorced  Widowed

Legal Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

State of Residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Are you a veteran?  Yes  No Branch of Service: \_\_\_\_\_

### Spouse's Information

Full Legal Name (first, middle, last): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Name They Go By: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a citizen of the United States:  Yes  No

Marital Status:  Single  Married  Divorced  Widowed

Legal Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

State of Residence: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Are you a veteran?  Yes  No Branch of Service: \_\_\_\_\_

## Descendants

Do you have children with special needs?  Yes  No

If so, names: \_\_\_\_\_

Do you have grandchildren with special needs?  Yes  No

If so, names: \_\_\_\_\_

Do you, or your spouse, have any children from another marriage or relationship?  Yes  No

If yes, child's name: \_\_\_\_\_ Child's Biological Parent's Name: \_\_\_\_\_

Do you have any deceased children or grandchildren?  Yes  No

If yes, names: \_\_\_\_\_

## Employment

Are you currently employed?  Yes  No Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

## Retirement Accounts

Where are the records for your retirement accounts? \_\_\_\_\_

Firm: \_\_\_\_\_

Account Administrator: \_\_\_\_\_

Administrator's Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

**Firm:** \_\_\_\_\_

Account Administrator: \_\_\_\_\_

Administrator's Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

**Firm:** \_\_\_\_\_

Account Administrator: \_\_\_\_\_

Administrator's Phone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

**Valuables**

Do you have a safe-deposit box? Yes No If so, how many boxes do you have? \_\_\_\_\_

Name of the firm that holds the box: \_\_\_\_\_

Address of the firm that holds the box: \_\_\_\_\_

Box number? \_\_\_\_\_ Where is the key? \_\_\_\_\_

Who has authority to access the box? \_\_\_\_\_

Where are your life insurance policies and stock, bond, mutual fund statements located?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have intangible property such as copyrights, patents, etc? Yes No

Where are the documents for these items? \_\_\_\_\_

## Real Estate

Where are your real estate holdings? \_\_\_\_\_  
\_\_\_\_\_

Where are the related documents located? \_\_\_\_\_

Where are your titles, abstracts, leases and other important papers located? \_\_\_\_\_

Does your spouse own real estate in another state or country?  Yes  No

If yes, what is the address? \_\_\_\_\_

## Business Ownership

Are you a shareholder in a closely held corporation, a partner in a partnership, or a member of an LLC?

Yes  No

If yes, please list the name of the corporation or partnership: \_\_\_\_\_

If yes, name the contact person and their phone number: \_\_\_\_\_

## Pledges to Charity & Agreements

Have you signed an Organ Donor Card or Pledge?  Yes  No

If yes, where is it located? \_\_\_\_\_

If married, do you have a written prenuptial or marital agreements?  Yes  No

If yes, where is it located? \_\_\_\_\_

Have you made a pledge to a charity?  Yes  No

How much was the pledge? \_\_\_\_\_

When was the pledge made? \_\_\_\_\_

Which Charity is to benefit? \_\_\_\_\_

Where is the pledge? \_\_\_\_\_

When will the pledge be completely paid? \_\_\_\_\_

## Wills & Trusts

Do you have a Will?  Yes  No

Date Drafted: \_\_\_\_\_

Do you have a Living Will?\*  Yes  No

Date Drafted: \_\_\_\_\_

Do you have one or more Trust?  Yes  No

If yes, how many? \_\_\_\_\_

When were they drafted? \_\_\_\_\_

\_\_\_\_\_

Do you have a Healthcare Power of Attorney?

Date Drafted: \_\_\_\_\_

Who is your Agent? \_\_\_\_\_

Who is your Alternate Agent? \_\_\_\_\_

Do you have a Durable Power of Attorney?

Date Drafted: \_\_\_\_\_

Who prepared your Durable Power of Attorney? \_\_\_\_\_

Who is your Agent? \_\_\_\_\_

Who is your Alternate Agent? \_\_\_\_\_

When is it effective? \_\_\_\_\_

Are you a beneficiary of a Trust?  Yes  No

If yes, who is the Trustee? \_\_\_\_\_

What is the name of the Trust? \_\_\_\_\_

What is the account number of the Trust? \_\_\_\_\_

### Who Have You Named to be Your:

Personal Representative of your Will: \_\_\_\_\_

Have you discussed with them their willingness to serve?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Trustee: \_\_\_\_\_

Have you discussed with them their willingness to serve?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Personal Representative of your Will: \_\_\_\_\_

Have you discussed with them their willingness to serve?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Trustee: \_\_\_\_\_

Have you discussed with them their willingness to serve?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian and Trustee for minor children: \_\_\_\_\_

Have you discussed with them their willingness to serve?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian for your aging relatives: \_\_\_\_\_

Have you discussed with them their willingness to serve?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*You can find Advance Directives for your state at the following website:

[www.caringinfo.org/i4a/pages/index.cfm?pageid=3289](http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3289)

## Pet Information

### Pet #1

Pet Name: \_\_\_\_\_ Pet Species: \_\_\_\_\_

Color: \_\_\_\_\_ Breed/Description: \_\_\_\_\_

Pet's Veterinarian (Name/Clinic): \_\_\_\_\_

Vet's Phone Number: \_\_\_\_\_

What special care needs does this pet have? \_\_\_\_\_

\_\_\_\_\_

### Pet #2

Pet Name: \_\_\_\_\_ Pet Species: \_\_\_\_\_

Color: \_\_\_\_\_ Breed/Description: \_\_\_\_\_

Pet's Veterinarian (Name/Clinic): \_\_\_\_\_

Vet's Phone Number: \_\_\_\_\_

What special care needs does this pet have? \_\_\_\_\_

\_\_\_\_\_

### Pet #3

Pet Name: \_\_\_\_\_ Pet Species: \_\_\_\_\_

Color: \_\_\_\_\_ Breed/Description: \_\_\_\_\_

Pet's Veterinarian (Name/Clinic): \_\_\_\_\_

Vet's Phone Number: \_\_\_\_\_

What special care needs does this pet have? \_\_\_\_\_

\_\_\_\_\_

## Professional Advisors

*These individuals are to be contacted upon my death.*

### Estate Planning Attorney

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### CPA

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Insurance Agent

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Investment Advisor

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Banker**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Health Insurance Agent**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Stock Broker**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Who Should Be Contacted?

*In addition to my Professional Advisors, please contact the following upon my death:*

### Employer

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Personal Rep, Trustee or Administrator

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Business Partner or Associate

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Minister, Pastor, Rabbi or Spiritual Leader

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Charity**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Funeral Planning & the First 48 Hours

### Funeral Home

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

### Service

Do you wish to have your service held somewhere other than the funeral home above?  Yes  No

If so, where: \_\_\_\_\_

Do you want a religious or secular funeral service? \_\_\_\_\_

Who do you want to lead the eulogy? \_\_\_\_\_

What are the songs you prefer? \_\_\_\_\_

\_\_\_\_\_

What scriptures or poems do you wish to be read? \_\_\_\_\_

\_\_\_\_\_

Who do you want as casket bearers?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Resting Place or Cremation

Do you have a cemetery plot or mausoleum space?  Yes  No

If yes, where is it located? \_\_\_\_\_

If yes, where is the deed of ownership located? \_\_\_\_\_

How do you want your ashes cared for, if you desire cremation? \_\_\_\_\_

\_\_\_\_\_

## Information Needed by the Funeral Home

Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Military Service: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Special Wishes & Desires: \_\_\_\_\_

List of Family Members: \_\_\_\_\_

Organizational Membership: \_\_\_\_\_

What do you want on the gravestone? \_\_\_\_\_

Cemetery plot location: \_\_\_\_\_

Cemetery plot deed number: \_\_\_\_\_

Location of cemetery plot deed: \_\_\_\_\_

Do you have funeral home insurance? \_\_\_\_\_

Should donations be made to charity in lieu of flowers? \_\_\_\_\_

Will the casket be open or closed? \_\_\_\_\_

Will a meal follow the service?  Yes  No If so, where? \_\_\_\_\_

Who will be staying at your house during the funeral? \_\_\_\_\_

Who will manage sending out thank you cards? \_\_\_\_\_

Should the funeral home contact Social Security concerning death benefits?  Yes  No

## Automatic Drafts

Please list any automatic drafts setup for your accounts.

Institution	Account Name	Payee	Draft Date	Amount

## Copies of Documents

Copies of the following documents should also be included with this package for quick and easy access, along with the location of the original documents.

### Personal Information

Driver's License	Original(s) Location: _____
Social Security Card	Original(s) Location: _____
Birth Certificate	Original(s) Location: _____
Citizenship Papers (if applicable)	Original(s) Location: _____
Veteran Discharge Papers	Original(s) Location: _____
Marriage Certificate	Original(s) Location: _____
Prenuptial/Marriage Agreement	Original(s) Location: _____
Divorce/Settlement Papers	Original(s) Location: _____

### Wills & Trusts

Will	Original(s) Location: _____
Living Will:	Original(s) Location: _____
Durable Power of Attorney:	Original(s) Location: _____
Healthcare Power of Attorney:	Original(s) Location: _____
Trusts	Original(s) Location: _____
Charitable Trust/Gift Annuities:	Original(s) Location: _____

### Health Care

Health Insurance Card	Original(s) Location: _____
Medicare/Medicaid Card/Papers	Original(s) Location: _____

### Real Estate Holdings

Deed(s)	Original(s) Location: _____
Abstracts	Original(s) Location: _____
Leases	Original(s) Location: _____
Related Documents	Original(s) Location: _____

### Valuables

Life Insurance Policies	Original(s) Location: _____
Stocks	Original(s) Location: _____
Bonds	Original(s) Location: _____
Mutual Fund Statements	Original(s) Location: _____
Car Title(s)	Original(s) Location: _____
Jewelry	Original(s) Location: _____
Other: _____	Original(s) Location: _____
Other: _____	Original(s) Location: _____

### Pledges to Charity & Agreements

Organ Donor Card	Original(s) Location: _____
Pledges to Charity	Original(s) Location: _____

### Financial

Tax Returns	Original(s) Location: _____
Credit Card Records	Original(s) Location: _____
Bank Statements	Original(s) Location: _____
CD's	Original(s) Location: _____
Retirement Account Statements	Original(s) Location: _____

### Cemetery Plot/Mausoleum Space

Deed of Ownership	Original(s) Location: _____
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