



PERSONAL AND FINANCIAL INVENTORY

PART ONE

Client Information

Name:		SSN:	
Name on Birth Certificate:		Birth Date:	
Other Names:			
Birthplace (Hospital)		City:	
County:	State:	Country:	
Location of Certificate:			
Notes:			

Family Contact

Name:			Relationship:
Address:			Role:
City:	State:	Zip:	E-mail:
Home Phone:	Work Phone:		Cell phone:
Notes:			

Current (Primary) Address

Address:			Dates:
City:	State:	Zip:	Phone:
Notes:			

Prior and Additional Address(es)

Address:			Dates:
City:	State:	Zip:	Country:
Notes:			

Spouse

Name:		SSN:	
Marriage Date:	Location:		
Marriage Documents Location:			
Notes:			

Former Marriage(s)

Name:		SSN:	
Address:	City:	State:	Zip:
Marriage Dates:	Location:		
Marriage Documents Location:			
Notes:			

Family Members

Name:		Relationship:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail:	Date of Birth:		
Notes:			

Others

Name:		Role: Executor/Successor Trustee	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail:	Relationship:		
Notes:			

Professional Advisors

Name:		Firm:	
Address:	City:	State:	Zip:
Office Phone:	Home Phone:	Cell Phone:	
E-mail:		Relationship: Attorney	
Notes:			

Name:		Firm:	
Address:	City:	State:	Zip:
Office Phone:	Home Phone:	Cell Phone:	
E-mail:		Relationship: Accountant	
Notes:			

Name:		Firm:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail:		Relationship:	
Notes:			

Education

High School		Phone:	
Address:	City:	State:	Zip:
Level Attained:		Dates Attended:	
Notes:			

College		Phone:	
Address:	City:	State:	Zip:
Level Attained:		Dates Attended:	
Notes:			

Religious Affiliation

Organization:		Contact:	
Address:	City:	State:	Zip:
Phone:	Dates:		
Notes:			

Military Service

Branch:	Service Dates:
Service Number:	Rank Achieved:
Location of Documents:	
Notes:	

Service or Fraternal Organization

Organization:		Chapter:	
Address:	City:	State:	Zip:
Phone:	Membership Number:	Rank:	
Notes:			

Burial Society or Mortuary

Organization:		Chapter:	
Address:	City:	State:	Zip:
Phone:	Member Number:	Date Enrolled:	
Notes:			

Cemetery

Organization:		Plot ID:	
Address:	City:	State:	Zip:
Phone:	Document Location:		Date Enrolled:
Notes:			

Advance Need Insurance or Arrangements

Organization:		Policy or other ID:	
Address:	City:	State:	Zip:
Phone:	Document Location:		Date Enrolled:
Notes:			

PART TWO

Medical Information

Name:		Relationship:	
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
E-mail:		Role: Healthcare Proxy	
Health Care Directive Title:			Date Signed
Document Location:			
Notes:			

Name:		Affiliation:	
Address:	City:	State:	Zip:
Office Phone:	Emergency Phone:	Other Phone:	
E-mail:		Role: Primary Care Physician	
Notes:			

Medical Insurance

Company: Medicare		Member Number:	
Coverage – Parts: _____ A: _____			
Medicare Health Plan (HMO/PPO):		Policy Number:	
Address:	City:	State:	Zip:
Phone:	Fax Phone:	E-mail:	
Prescription Drug Plan:		Policy Number	
Address:	City:	State	Zip:
Phone:	Fax Phone:	E-mail:	
Notes:			

Company:		Policy Number:	
Broker:			
Address:		City:	State: Zip:
Office Phone:	Fax Phone:		E-mail:
Persons Covered:		Type of Coverage:	
Sponsoring Group:		Policy Location:	
Notes:			

Long-Term Care Insurance

Company:		Policy Number:	
Broker:			
Address:		City:	State: Zip:
Office Phone:	Fax Phone:		E-mail:
Persons Covered:		Type of Coverage:	
Sponsoring Group:		Policy Location:	
Notes:			

PART THREE

IMPORTANT DOCUMENTS

Address Book

Description:	
Location:	
Electronic Version Location:	Password:
Notes:	

Will

Location:
Executor:
Attorney:
Notes:

Living Trust

Location:
Trustee:
Attorney:
Notes:

Final Arrangements Document

Location:
Contact:
Attorney:
Notes:

Disability and Life Insurance Policies

Company:		Policy Number:	
Broker:			
Address:		City:	State: Zip:
Office Phone:	Fax Phone:		E-mail:
Persons Covered:		Type of Coverage:	
Sponsoring Group:		Policy Location:	
Beneficiary:		Coverage Amount:	
Notes:			

Tax Records

Location of Returns Not Filed:
Location of Filed Returns:
Location of Supporting Materials:
Location and Password for Tax Software:
Preparer:
Notes:

Other Important Documents

Document: Passport	Country	ID Number:
Location:		
Notes:		

Document: Citizenship/Immigration:	ID Number:
Location:	
Notes:	

Document: Driver's License/I.D. Card/Donor Card	ID Number:
Location:	
Notes:	

Document: Employment Records	
Location:	
Notes:	

Document:	ID Number:
Location:	
Notes:	

PART FOUR
SECURED PLACES AND PASSWORDS

Secured Places

Type of Secured Place: Safe Deposit Box
Location of Secured Place:
Location of Key:
Password or Combination:
Other Entry Instructions:
Notes:

Type of Secured Place: Home Safe
Location of Secured Place:
Location of Key:
Password or Combination:
Other Entry Instructions:
Notes:

Type of Secured Place: Post Office Box
Location of Secured Place:
Location of Key:
Password or Combination:
Other Entry Instructions:
Notes:

Type of Secured Place: Public Storage
Location of Secured Place:
Location of Key:
Password or Combination:
Other Entry Instructions:
Notes:

Type of Secured Place: (Wine, Cigar, Meat, Cheese, Tools, Gym, Equipment Lockers)
Location of Secured Place:
Location of Key:
Password or Combination:
Other Entry Instructions:
Notes:

Type of Secured Place:
Location of Secured Place:
Location of Key:
Password or Combination:
Other Entry Instructions:
Notes:

Passwords

Type: Internet Account	Account ID:
Location:	Password:
Notes:	

Type: Accounting Software	Account ID:
Location:	Password
Notes:	

Type:	Account ID:
Location:	Password
Notes:	

PART FIVE REAL ESTATE

Real Estate Owned

Property Type: Single-family residence			Ownership: Sole
Address:			Purchase Date:
City:	State:	Zip:	Purchase Price:
Other Owner(s):			Ownership %:
Mortgage Holder(s):			Mortgage Payment(s):
Location of Deed & Purchase Papers:			
Location of Financing Documents:			
Location of Receipts, etc.:			
Alarm Company:		Phone:	Code:
Panel Location:		Secret Word:	
Notes:			

Real Estate Rentals

Rental Type:			Start Date:
Address:			End Date:
City:	State:	Zip:	Rent:
Owner:			Phone:
Manager:			Phone:
Location of Rental Agreement:			
Alarm Company:		Phone:	Code:
Panel Location:		Secret Word:	
Notes:			

Homeowners or Renters Insurance

Company:		Policy Number:	
Broker:			
Address:		City:	State: Zip:
Office Phone:	Fax Phone:		E-mail:
Property Covered:		Type of Coverage:	
Floaters:			
Policy Location:		Coverage Amount:	
Notes:			

PART SIX
BUSINESS INTERESTS

Business Name:		Structure:	
My Title & Function:			
Primary Contact:			
Address:		City:	State: Zip:
Office Phone:	Other Phone:		E-mail:
Value of My Interest (Est.):	Purchase Date:	Purchase Price:	
Location of Operating Agreement, etc.:			
Notes:			

PART SEVEN VEHICLES

Automobiles, Boats, Planes, etc.

Vehicle Type:	Make:	Model:
Model Year:	VIN:	Purchase/Lease Date::
License Number:	State:	Mileage:
Condition:		
Lessor/Lender:		Payment:
Contact:		Phone:
Location of Lease/Loan, Title, Registration Documents:		
Location of Vehicle and Keys:		
Alarm Control:		Operating Instructions:
Notes:		

Vehicle Insurance

Company:			Policy Number:	
Broker:				
Address:		City:	State:	Zip:
Office Phone:	Fax Phone:		E-mail:	
Drivers Covered:		Vehicles Covered:		
Policy Location:				
Coverage Amount:	Premium Amount:		Premium Due Date:	
Notes:				

PART EIGHT OTHER PROPERTY AND INSURANCE

Jewelry

Description:			
Identification Marks:			
Acquired	Date:	How Acquired:	Cost:
Last Appraisal	Date:	Amount:	Location:
Insurance Company and Policy Number:			
Notes:			

Coins, Cards, Stamps, Records & Other Collections

Description:			
Identification Marks:			
Acquired	Date:	How Acquired:	Cost:
Last Appraisal	Date:	Amount:	Location:
Insurance Company and Policy Number:			
Notes:			

Art

Description:			
Identification Marks:			
Acquired	Date:	How Acquired:	Cost:
Last Appraisal	Date:	Amount:	Location:
Insurance Company and Policy Number:			
Notes:			

Musical Instruments

Description:			
Identification Marks:			
Acquired	Date:	How Acquired:	Cost:
Last Appraisal	Date:	Amount:	Location:
Insurance Company and Policy Number:			
Notes:			

Antiques and Collectables

Description:			
Identification Marks:			
Acquired	Date:	How Acquired:	Cost:
Last Appraisal	Date:	Amount:	Location:
Insurance Company and Policy Number:			
Notes:			

Family Heirlooms, Photos and Memorabilia

Description:			
Identification Marks:			
Acquired	Date:	How Acquired:	Cost:
Last Appraisal	Date:	Amount:	Location:
Insurance Company and Policy Number:			
Notes:			

Intellectual Property (Patents, Copyrights, etc.)

Description:		
Identification Number:		
Creation Date:	Registration Date:	Value:
Licensees:		
Documentation Location:		
Notes:		

Other Property

Type: Country Club Membership	Member ID:
Contact:	Phone:
Location of Membership Documents:	
Notes:	

Type: Season's Tickets	Member ID:
Contact:	Phone:
Location of Membership Documents:	
Notes:	

Other Property Insurance

Company:		Policy Number:	
Broker:			
Address:	City:	State:	Zip:
Office Phone:	Fax Phone:	E-mail:	
Property Covered:		Type of Coverage:	
Floaters:			
Policy Location:		Coverage Amount:	
Notes:			

PART NINE FINANCES

Durable Power of Attorney for Finances

Attorney-in-Fact:		E-mail:	
Address:			
City:		State:	Zip:
Home Phone:	Work Phone:		Cell Phone:
Document Location:			Dated:
Attorney:			
Notes:			

Alternate Attorney-In-Fact		E-mail:	
Address:			
City:		State:	Zip:
Home Phone:	Work Phone:		Cell Phone:
Notes:			

Current Income

Payer:		ID Number:
Income Type:	Usual Payment Amount:	Schedule:
Payment Mode:	Institution:	Account Number:
Location of Documents:		
Notes:		

Social Security

Payer: Social Security		ID Number:
Income Type:	Usual Payment Amount:	Schedule:
Payment Mode:	Institution:	Account Number:
Location of Documents:		
Notes:		

IRAs (Traditional, Roth, SEP, etc.)

Payer:		ID Number:
Income Type:	Usual Payment Amount:	Schedule:
Payment Mode:	Institution:	Account Number:
Location of Documents:		
Notes:		

Retirement Plans (401k, 403b, etc.)

Payer:		ID Number:
Income Type:	Usual Payment Amount:	Schedule:
Payment Mode:	Institution:	Account Number:
Location of Documents:		
Notes:		

Annuities

Payer:		ID Number:
Income Type:	Usual Payment Amount:	Schedule:
Payment Mode:	Institution:	Account Number:
Location of Documents:		
Notes:		

Pensions

Employer:		Dates Employed:
ID Number:	Usual Payment Amount:	Schedule:
Payment Mode:	Institution:	Account Number:
Location of Documents:		
Notes:		

Brokerage Accounts

Brokerage Company:	Account Number:
Other Account Holders:	
Beneficiaries:	
Location of Documents:	
Notes:	

Securities (Bonds, Shares, Promissory Notes, etc.)

Security:	ID Number:
Other Account Holders:	
Beneficiaries:	
Location of Documents:	
Notes:	

Other Financial Accounts (Checking, Savings, MM, CD, etc.)

Type:	Institution:	Account Number:
Other Account Holders:		
Beneficiaries:		
Location of Documents:		
Notes:		

ATM/Debit Card

Institution:	Card Number:
Account Number:	Password/Code/PIN:
Others With Cards for This Account:	
Location of Documents:	
Notes:	

Money Owed to Me

Debtor:	Relationship:		
Type of Debt:	Original Amount:	Balance:	
Date Initiated:	Loan Terms:		
Location of Documents:			
Notes:			

PART TEN

DEBTS

Credit Cards (VISA, MC, Stores, etc.)

Card Type:	Card Number:
Card Issuer:	Password/Code/PIN:
Others With Cards for This Account:	
Location of Documents:	
Notes:	

Money I Owe (Mortgage, ELOC, Signature Loan, etc.)

Creditor:	Type of Debt:
Account Number:	Amount Borrowed:
Repayment Terms:	
Location of Documents:	
Notes:	

Regular Expenses (Gas, Electric, Water, Gardener, etc.)

Provider:	Account Number:
Average Bill Amount:	Service/Product:
Automatic Payment Information:	
Location of Documents:	
Notes:	

Other Commitments

Pets and Livestock:	
Location:	Monthly Upkeep:
Contact Person:	
Location of Documents:	
Notes:	

Person or Organization:
Commitment:
Contact Person:
Location of Documents:
Notes:

Notes: