

ESTATE INVENTORY FORM

	D (
	Date		
First Name	Middle Initial Spouse	Middle Initia	I Last Name
Address	· 		
City, State, Zip			
His: Birthday		Email Address	
Her: Birthday		Email Address	
His: Home Phone N	Number	Cell Nu	umber
ers: Home Phone Number		Cell No	umber
What law firm do y	ou use? Firm Name	Attorney	Phone No.
What CPA firm do y	ou use? Firm Name	CPA's Name	Phone No.
Do you have a net-	worth statment from your CPA or atto	rney?	Maybe
Do you have long-t	erm care insurance?	No	

I. Stocks, Bonds, Mututal Funds, CDs, Checking and Savings Accounts

Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name	No. Shares/Units	Cost Basis	Current Value
Name II. Pensions and IR	No. Shares/Units	Cost Basis	Current Value
	Name		Account Value
Type	ivaille		Account value
Туре	Name		Account Value
 Type	Name		Account Value
,			
Туре	Name unts Receivable		Account Value
Type III. Notes and Acou		Initial Value	Account Value Remaining Payoff
Type III. Notes and Acou	unts Receivable	Initial Value Initial Value	
Type III. Notes and Acou Description Description	unts Receivable		Remaining Payoff
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Type III. Notes and Acou Description IV. Notes and Aco Description Description	unts Receivable	Initial Value Initial Value	Remaining Payoff Remaining Payoff Remaining Payoff
Type III. Notes and Acou Description Description IV. Notes and Acou Description	unts Receivable	Initial Value Initial Value	Remaining Payoff Remaining Payoff Remaining Payoff
Type III. Notes and Acou Description IV. Notes and Aco Description Description V. Real Estate	unts Receivable	Initial Value Initial Value Initial Value	Remaining Payoff Remaining Payoff Remaining Payoff Remaining Payoff

VI. Life Insurance (Personal)

Insured Bene Insured Bene Insured Bene VII. Life Insurance (Business	eficiary eficiary eficiary s)	Type Type Type Type	Cash Value Cash Value Cash Value Cash Value	Face Value Face Value Face Value	
Insured Bene Insured Bene VII. Life Insurance (Business Insured Bene	eficiary eficiary s)	Туре	Cash Value	Face Value	
Insured Bene VII. Life Insurance (Business Insured Bene	eficiary s)				
VII. Life Insurance (Business Insured Bene	s)	Туре	Cash Value	Face Value	
Insured Bene					
	eficiary				
Insured Bene		Туре	Cash Value	Face Value	
	eficiary	Туре	Cash Value	Face Value	
VIII. Business Information					
Type of Business Person	onal Ownership	n (%) Recen	t Appraisal (Yes/No)	Business Value	
Item Description				eplacement Value	
em Description			R	eplacement Value	
rem Description			R	Replacement Value	
tem Description			R	eplacement Value	
tem Description			R	eplacement Value	
tem Description			R	eplacement Value	
Itana Dagariatian			R	eplacement Value	
nem Description					
			R	eplacement Value	
Item Description Item Description X. Future Inheritances			R	eplacement Value	

Estate Inventory Form Will Trust None Do you currently have a will or living trust? (Check One) Trust Will None Which instrument would you like to use? 1.a Beyond your spouse, who would you like to become the executor of your estate? (i.e. A "Personal Representative" if you choose a Will or "Successor Trustee" if you choose a Living Trust). 1.b. Who would you like to name as an alternate executor in the event your first choice cannot/will not serve? Yes 2.a. Have you completed an "Advanced Healthcare Directive" form? 2.b. Beyond your spouse, who should be your healthcare representative? His _____ Hers ____ 2.c. Who should become your secondary healthcare representative in the event your alternate is not able to serve? His______ Hers _____ 3.a. Beyond your spouse, who should become your durable (aka general) power of attorney? 3.b. Who should become your secondary durable power of attorney in the event your alternate is not able to serve? 4. Have you completed a "Last Wishes" memo re: the disposition Yes of your body and your memorial service? Have you completed a "Disposition of Tangible Personal Yes Property" Sheet? XII. Children - What are your children's names Date of Birth Date of Birth 3 Date of Birth Date of Birth Date of Birth

In the event of your premature death, who should be your children's guardian?

Name	Phone number where they can be reached			
Address				
City, State, Zip				
Who do you select as your alternate guardian, in the event your primary guardian does not survive you is incapacitated, or chooses not to serve?				
Name	Phone number where they can be reached			
Address				
City, State, Zip				
Who should serve as trustee of the minor children's to children reach the age of majority?	rust during the period before your			
Name	Phone number where they can be reached			
Address				
City, State, Zip How would you like them to receive their inheritance	e? (Check one)			
Large lump sum all at once. Please explain:				
Over a period of time. Please explain:				
A combination of these two. Please explain:				
Haven't decided				
XII. Grandchildren - List Your Grandchildren's Names				
1.	Date of Birth			
2.	Date of Birth			
3.	Date of Birth			
4.	Date of Birth			

XIII. Charitable Bequests Yes No Do you have an interest in supporting a charitable cause(s) through your estate? Please list charities: **Special Instructions:**

Charitable Estate Planning Northwest, 3331 NW 179th St., Ridgefield, WA 98642 (503) 620-5173 or 360-546-3300 www.CEPNW.com