

# estate inventory



## **A Good Steward's Guide** *What you need to know before you see an attorney.*

In preparation for a visit to your lawyer and for other related purposes, it is strongly recommended that you prepare a memorandum of your personal financial affairs. This information will greatly help your lawyer in advising you and in drafting your will. It will also prove extremely helpful for your executor when the time comes to administer your estate. You can save time, money, and even emotional distress for yourself and your family by keeping this information updated and readily accessible.

This booklet is intended only as a guide, since your circumstances may require more or less information. Whether your estate and/or financial situation is simple, complex, or somewhere in between, we encourage you to record as much information about it as possible. In estate planning matters, more information is always better than less.

When you complete your financial and estate inventory, be sure to provide a copy to your executor and inform your family as to where it can be located. And always bring the information with you when meeting with your attorney. Lastly, just as with a will, your records should be periodically reviewed and updated.

If you wish to have a printed copy of this booklet or our other booklet, *Making Your Will*, please contact the CRS Planned Giving Department at 1-888-277-7575 or email [plannedgiving@crs.org](mailto:plannedgiving@crs.org).



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## Personal Information

This booklet contains complete information about my estate as of

\_\_\_\_\_ Date

### Myself

Full legal name

Other names known by

Permanent residence

City

State

Zip

Home phone

Work phone

Place and date of birth

Citizenship

Location of birth certificate

Social security number

E-mail address (1)

E-mail - password (1)

E-mail address (2)

E-mail - password (2)

Church membership

Primary physician

Address

City

State

Zip

## Marital Status/Information

- Single  Married  
 Widowed  Separated  
 Divorced

If married  N/A

Name of Spouse

Spouse's place and date of birth

Spouse's citizenship

Location of spouse's birth certificate

Spouse's social security number

Date and place of your marriage

Location of marriage certificate

Location of prenuptial agreement if one exists  N/A

If widowed, separated or divorced  N/A

Deceased or former spouse's name

If divorced,  
the place of the divorce, whether it was contested,  
who brought the action

If separated  
by agreement or court action, provide the details and where  
your separation agreement can be found

## Military Service

N/A

Service related disability, income or death benefit

Military Identification #

Branch and rank

Dates of service

## Employment

N/A

Current/most recent employer

Address

City

State

Zip

List work related benefits (pension, profit-sharing, stock options, etc.)

How benefits are payable

Location of documents relating to terms of employment or work related benefits

## Children

N/A

In the lists of names and addresses that follow, make a special notation if any family members are legally incompetent or have special needs.

Child's name

Address

City

State

Zip

Date of birth

Phone

E-mail

Child's name

Address

City

State

Zip

Date of birth

Phone

E-mail

Child's name

Address

City

State

Zip

Date of birth

Phone

E-mail

Child's name

Address

City

State

Zip

Date of birth

Phone

E-mail

**Grandchildren**

N/A

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

Grandchild's name

Date of birth

Parent

## Siblings

N/A

Sibling's name

Address

City

State

Zip

Date of birth

E-mail

Sibling's name

Address

City

State

Zip

Date of birth

E-mail

Sibling's name

Address

City

State

Zip

Date of birth

E-mail

Sibling's name

Address

City

State

Zip

Date of birth

E-mail

Sibling's name

Address

City

State

Zip

Date of birth

E-mail

Sibling's name

Address

City

State

Zip

Date of birth

E-mail



## Property/Asset inventory

### Real Estate

N/A

If more than one residence, list the time spent in each, where you vote and where you pay income taxes

#### Property description

Address

City

State

Zip

Value \$

Mortgage owed

Mortgage payable to

Cost basis

Manner of ownership

- Sole owner  
 Co-owner

#### Property description

Address

City

State

Zip

Value \$

Mortgage owed

Mortgage payable to

Cost basis

Manner of ownership

- Sole owner  
 Co-owner



Property description

Address

City

State

Zip

Value \$

Mortgage owed

Mortgage payable to

Cost basis

Manner of ownership

Sole owner

Co-owner

Property description

Address

City

State

Zip

Value \$

Mortgage owed

Mortgage payable to

Cost basis

Manner of ownership

Sole owner

Co-owner

Income Sources

N/A

Income sources include salaries, social security, pensions, profit-sharing plans, retirement accounts, etc.

Source

Value \$

Source

Value \$

Source

Value \$

Source

Value \$

Source

Value \$

Source

Value \$

**Checking and Savings Accounts**  N/A

Account Number

Financial institution

Value \$

Account Number

Financial institution

Value \$

Account Number

Financial institution

Value \$

Account Number

Financial institution

Value \$

Account Number

Financial institution

Value \$

**Certificates of Deposit**  N/A

Account Number

Financial institution

Value \$

Account Number

Financial institution

Value \$

**Stocks, Bonds, Mutual Funds**  N/A

Description

Company

Value \$

Cost basis

Description

Company

Value \$

Cost basis

Description

Company

Value \$

Cost basis

### Household Furnishings

N/A

Item

Value \$

Item

Value \$

Item

Value \$

Item

Value \$

Item

Value \$

### Vehicles

N/A

Vehicle

Value \$

Vehicle

Value \$

### Money Owed to You

N/A

Source

Value \$

Source

Value \$

Source

Value \$

**Insurance Policy Benefits**  N/A

Policy Number

Institution

Value \$

Policy Number

Institution

Value \$

Policy Number

Institution

Value \$

Policy Number

Institution

Value \$

**Military Service Death Benefits**  N/A

Description

Value \$

**Expected Inheritance**  N/A

Source

Value \$

**Other Assets**  N/A

Description

Value \$

Description

Value \$

Description

Value \$

Description

---

Value \$

Description

---

Value \$

Description

---

Value \$

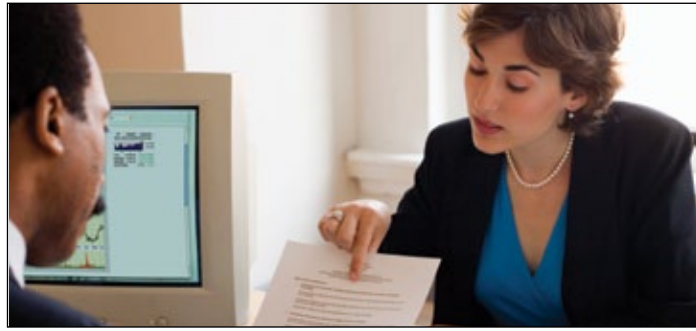
**Notes**

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**Total Estate Value**

Add the preceding dollar values to determine the total value for each category listed below. Then, using this work sheet, total these amounts to determine the approximate value of your estate.

Real Estate	<input type="text"/>
Income Sources	<input type="text"/>
Checking and Savings Accounts	<input type="text"/>
Certificates of Deposit	<input type="text"/>
Stocks, Bonds and Mutual Funds	<input type="text"/>
Household Furnishings	<input type="text"/>
Vehicles	<input type="text"/>
Money Owed to You	<input type="text"/>
Insurance Policy Benefits	<input type="text"/>
Military Service Death Benefits	<input type="text"/>
Expected Inheritance	<input type="text"/>
Other Assets	<input type="text"/>
<b>Total Estate Value \$</b>	<input type="text"/>



# End of Life Arrangements

## Living Will N/A

A *living will* allows you to specify the type of care and degree of medical intervention you want in the event of a life-threatening condition.

Where is it located?

## Durable Power of Attorney N/A

A *durable power of attorney* allows you to appoint someone who can make financial and health care decisions for you in the event you become incapacitated.

Where is it located?

## Executor N/A

Name

Address

City

State

Zip

Phone

E-mail

## Co-Executor N/A

Name

Address

City

State

Zip

Phone

E-mail

**Alternate Executor**

N/A

Name

Address

City

State

Zip

Phone

E-mail

**Funeral Arrangements**

N/A

Funeral Arrangements Continued



## Beneficiary Information

Name

Address

City

State

Zip

Phone

E-mail

Bequest in dollars, specific property or percentage of estate

Name

Address

City

State

Zip

Phone

E-mail

Bequest in dollars, specific property or percentage of estate



Name

Address

City

State

Zip

Phone

E-mail

Bequest in dollars, specific property or percentage of estate

Name

Address

City

State

Zip

Phone

E-mail

Bequest in dollars, specific property or percentage of estate

Name

Address

City

State

Zip

Phone

E-mail

Bequest in dollars, specific property or percentage of estate

Name

Address

City

State

Zip

Phone

E-mail

Bequest in dollars, specific property or percentage of estate



## Other Estate Related Information

### Accountant

N/A

Name

Address

City

State

Zip

Phone

E-mail

### Attorney

N/A

Name

Address

City

State

Zip

Phone

E-mail

### Financial Advisor

N/A

Name

Address

City

State

Zip

Phone

E-mail

### Location of Income Tax Records

**Location of Safe Deposit Box**  N/A

Institution

Address

City

State Zip

Phone

E-mail

**Location of Trust Documents**  N/A

Institution

Address

City

State Zip

Phone

E-mail

**Notes**

**Loan Repayment**  N/A

Individuals from whom I expect repayment of loans and amounts loaned

Individual

Address

City

State Zip

Phone

E-mail

Amount Loaned \$

Individual

Address

City

State Zip

Phone

E-mail

Amount Loaned \$

## Debts

N/A

Amount of any debts including names and addresses of persons to whom I am indebted and the basis for the liability

### Individual/Institution

Address

City

State Zip

Phone

E-mail

Amount Borrowed \$

### Individual/Institution

Address

City

State Zip

Phone

E-mail

Amount Borrowed \$

### Individual/Institution

Address

City

State Zip

Phone

E-mail

Amount Borrowed \$

### Individual/Institution

Address

City

State Zip

Phone

E-mail

Amount Borrowed \$

### Individual/Institution

Address

City

State Zip

Phone

E-mail

Amount Borrowed \$



## **Documentation To Bring To Your Attorney**

- Documents where you are given the right to exercise a power of appointment under someone's will or under a trust
- Copies of any trusts you have created or trusts where you are named beneficiary
- Names and addresses of those you wish to be your executors, trustees and guardians
- Your deceased spouse's will and federal estate tax return, if one was filed, and any gift tax returns filed during his or her lifetime
- Copy of any pre-nuptial agreement, if applicable



## Notes



## Remembering Catholic Relief Services in Your Will or Trust

CRS is exempt from federal income tax and is classified as a 501(c)(3) organization.

The agency's name and address for use in a will, trust or other instrument of transfer is:

**Catholic Relief Services-USCCB  
228 West Lexington Street  
Baltimore, Maryland 21201-3443**

Our Federal Tax identification number is 13-5563422.

Also, see page 23 in **Making Your Will: A Good Steward's Guide** for sample bequest wording.

If you have any questions about making a bequest to CRS, or any other charitable legacy arrangement please contact our Planned Giving Department as shown below:



✉ CRS Planned Giving Department  
228 West Lexington Street  
Baltimore, MD 21201-3443

☎ 1-888-277-7575

📧 [plannedgiving@crs.org](mailto:plannedgiving@crs.org)

[Catholic Relief Services](#)

estate inventory: *A Good Steward's Guide*

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