

ASSET INVENTORY

Bank Name and Address Account Number	Form of Account (Joint, Tentative Trust, etc.) Names of Account	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total: \$ _____

Enter here information pertinent to estate planning decisions:

Are these permanent savings accounts or suspense accounts pending use of funds for other purposes?

U.S. SAVINGS BONDS

Registration of Bonds (Form and Names)	Total Redemption Value of Bonds So Registered	Issue Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total: _____		

Enter here information pertinent to estate planning decisions:

What amounts were contributed by each co-owner?

OTHER BONDS

Description (Issuer Series, Rate, Date Acquired)	Registration of Bonds (form and Names)	Cost or Face Amount	Other Basis	Current Value
<hr/>	<hr/>	\$ <hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>	<hr/>	\$ <hr/>

BOND TOTAL: \$

 TOTAL: \$

Enter here information pertinent to estate planning decisions:

What amounts were contributed by each joint owner?

Any U.S. Treasury bonds redeemable at par to pay Federal Estate tax?

STOCKS

Name of Company and Type of Stock: _____

Number of Shares: _____

Registration of Stock (Form and Names): _____

Date Acquired: _____

Cost or Other Basis: _____

Current Value: _____

Enter here information pertinent to estate planning decisions:

Is portfolio active or stable?

Is purpose of investment program primarily current income or capital appreciation?

Do you have margin account? Cash account?

What amounts were contributed by each joint owner of jointly held stock?

List also other property interests in this area such as warrants, etc.

List all brokers with whom you have account or do business.

REAL ESTATE RESIDENCES

Location Description, Date Acquired: _____

Owners—Form of Ownership-Interest of Each Owner: _____

Cost or Other Basis: _____

Fair Market Value: _____

Mortgages and Other Liens: _____

Your Equity: _____

TOTAL: _____

INSURANCE ON HOMES

Type of Insurance	Name of Company	Policy Number	Expiration Dates	Name of Broker
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Enter here information pertinent to estate planning decisions:

What amounts were contributed by each joint owner?

Do you contemplate any sales of above homes in near future?

REAL ESTATE-INVESTMENTS

Location Description Date Acq'd	Owners-Form of Ownership-Inter- est of Each Owner	Cost or Other Basis	Fair Market Value	Mortgages and Other Liens	Your Equity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL: _____

INSURANCE ON INVESTMENT REALTY

Type of Insurance	Name of Company	Policy Number	Expiration Dates	Name of Broker
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Enter here all information pertinent to estate planning decisions:

Is investment realty owned by corporation in which you hold stock?

If so, give details concerning corporation and stockholders.

NON BUSINESS RECEIVABLES

Debtor	Nature of Debt	Security	Date Due	Face Amount	Current Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL: _____

Enter here other pertinent information:

List any surety or accommodation parties regarding any of the above debts; how payable; names of associates holding interests in receivables, etc.

LIFE INSURANCE

List all policies under which you are the insured.

Name of Company	Type of Policy	Policy Number	Present		Owner	How will	
			Cash Value	Face Amount		Proceeds Be Paid	Beneficiary
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTALS

Enter here information pertinent to estate planning decisions:

Are there any loans under policies?

Have any policies been assigned?

Should you reconsider settlement chosen?

Do you own life insurance on lives of others? If so, give details here including name of insured, face amount of policy, and present cash value.

Who are insurance agents with whom you deal with ?

BUSINESS INTERESTS

Name of Business: _____

Address of Business: _____

Sole proprietorship: _____ Partnership: _____ Close Corporation: _____

Nature of Business enterprise: _____

Names of Partners or Stockholders	Number of Shares or Percentage Interest	Office Held	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Value of interest in business: _____

Have you entered in to any partnership, stockholders', cross-purchase, or stock redemption agreement? If so, describe briefly on this page.

Are there IRC Sec. 303 stock redemption considerations?

Have you retained voting rights in transferred stock? [IRC Sec. 2036 (b)].

If no agreement presently exists, what are your wishes with regard to business interests?

Enter on this page information on family members and key men who can operate business in the event of your death or disability and other facts relating to plans for retention or disposition of business interest?

List facts relating to capital structure of corporation. Does corporation hold treasury stock? Has all authorized stock been issued, etc.?

EMPLOYEE AND RETIREMENT BENEFITS

Employer's Pension, Profit-sharing or Stock Bonus Plans

	Plan 1	Plan 2	Plan 3
Name of Plan	_____	_____	_____
Trustee, Insurance Company, or Administrator	_____	_____	_____
Amount Contributed by Employee	_____	_____	_____
Amount Contributed by Employer	_____	_____	_____
Retirement			

Benefit _____

Death Benefit _____

Present Value of Total

Contributions _____

Amount Vested _____

What are the options available to you? Enter here information pertinent to selection of options offering you maximum advantage for your situation, e.g., payment of lump sum, payment in installments, payment in company stock, payment in the form of an annuity.

Can you borrow from plan? What amounts can you presently withdraw?

Retirement Benefit Plans

Are you contributing to an IRA? If self-employed -- to a Keogh plan?

Group Life, Accident, Health, Death Benefit, and Disability Plans

	Plan 1	Plan 2	Plan 3
Name of Plan	_____	_____	_____
Insurer of Trustee	_____	_____	_____
Policy Number	_____	_____	_____

Benefits _____

Beneficiary _____

Options Elected _____

What other options are available to you?

Split-Dollar Life Insurance

Enter here all information relating to split-dollar life insurance, e.g., name of company, policy number, form of agreement, face amount, net amount payable to beneficiary.

Stock Options

Enter her all pertinent information relating to stock options held by you, e.g., option price, number of shares to which options extends, number of shares already purchased, price at which purchased, present market value per share, etc.

Deferred Compensation Contract

Date of execution; provisions for retirement and death benefits.

TOTAL DEATH BENEFITS FROM ALL PLANS _____

*RIGHTS UNDER ESTATES AND TRUSTS INCLUDING
POWERS OF APPOINTMENT*

Rights and interest of trusts set up by yourself

Date trust executed: _____

Name and address of trustee: _____

Duration of trust: _____

Value of initial corpus on date of transfer to trustee: _____

Present market value of total corpus: _____

Rights and interests held by settlor (if none, so state): _____

Is trust revocable?

Rights and interests of other beneficiaries (describe briefly; examine copy of trust instrument):

Details on your powers of appointment:

Rights and interest of your trusts set up by others: _____

Type of trust: Inter vivos _____ Testamentary _____

Name of settlor: _____

Name and address of trustee: _____

Date trust executed if inter vivos: _____

Date will probated if testamentary: _____

Court having supervision of trust: _____

Duration of trust: _____

Present market value of trust corpus: _____

Rights and interest held by you: _____

Is trust revocable? _____

Rights and interests of other beneficiaries: _____

Details on your power of appointment: _____

MISCELLANEOUS ASSETS

Personal Property

(Automobiles, boats, jewelry, furs, silverware, china, art works, books, stamp collections, coin collections, household furniture, etc.)

Description Date Acquired	Location	Current Value	Costs or Other Basis	Insurance Information

SUBTOTAL: _____

Patents, Copyrights, Trademarks

Enter here information pertinent to estate planning decisions, e.g.,
annual income over last few years, anticipated income to expiration date, etc.

Oil and Gas Interest

List all transfers that might be included in gross estate (gifts where donor retained some control, transfers for inadequate consideration, etc.). Examine copies of all gift tax returns:

How much unified credit remains for you and your spouse?

Rights Under Estates Being Administered and Anticipated Inheritances

Enter here all pertinent information:

Safe Deposit Boxes

Name of safe deposit company, address, box number, names and addresses of persons having access, form of registration. Is property of any person in box?

Cemetery Plots

Enter here all information relating to ownership of family burial plots, location of deed.

Other Assets Not Previously Listed

TOTAL - MISCELLANEOUS ASSETS: _____

LIABILITIES

Nature of Debt	Creditor	Amount	Security	Location of Security
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____

SUMMARY SHEET

Assets

Bank Accounts: _____

Bonds (Total U.S. Savings Bonds and others): _____

Stocks: _____

Real Estate - Residences: _____

Real Estate - Investments: _____

Non Business receivables: _____

Life Insurance on your life: _____

Life insurance on lives of others: _____

Business interests: _____

Death Benefits - Employee and Retirement plans: _____

Rights under estates and trusts including powers
of appointment: _____

Miscellaneous assets: _____

ESTIMATED GROSS ESTATE TOTAL: _____

*****DOCUMENTS CHECKLIST (to be examined by attorney as required) AND LOCATION-OTHER
REQUIRED INFORMATION*****

<u>Document</u>	<u>Location</u>
Previous will or wills:	_____
Spouse's will:	_____
Antenuptial agreement:	_____
Copies of income and gift tax returns:	_____
Birth Certificates:	_____
Marriage Certificates:	_____
Divorce Decree:	_____
Separation Agreement:	_____

Family Tree: _____

Military service discharge certificate and
benefits records: _____

Social Security number: _____

Person holding safe deposit keys: _____

Cemetery deed: _____

Name and address of insurance agent: _____

Name and address of stockbroker: _____

Leases: _____

Deeds of residence and business property: _____

Tax receipts: _____

Maps, surveys: _____

Mortgages and notes owned: _____

Mortgages and notes owed: _____

Stock and bond certificates: _____

Bankbooks and bank statements: _____

Records of securities purchased and sold: _____

Life insurance and annuity policies: _____

Fire and other casualty insurance policies: _____

Health and accident policies: _____

Partnership agreement: _____

Stockholders' agreement: _____

Stock redemption agreement: _____

Business continuation agreement: _____

Business legal and accounting records: _____

Employee benefit plan booklets, records
agreements, certificates, account books: _____

Deferred compensation agreement: _____

Copies of trust agreements and wills under which
you have power of appointment and other rights: _____

Trust instruments in which you are settlor: _____

Bills of sale and other evidences of ownership: _____

**The Asset Inventory Form needs to be used with the Estate Analysis Form found in the Financial
Planning Category**