

# BOVESLANGA LAW FIRM

10 Tremont Street, Suite 600 | Boston, MA 02108  
www.bovelanga.com | p 617.720.6040 | f 617.720.1919

**Personal Inventory as of \_\_\_\_\_**

**Instructions: This form is not a legal document.** You may revise or replace it as need be, or you may choose to use another format entirely. In the event of your incapacity, it is important for your fiduciaries and family members to know what obligations you may have so that bills and/or loans can be paid in a timely fashion. It is also important to know the extent of your assets and where they are held – as well as the advisors who manage them - so that funds can be accessed for your care. Further, upon your death, a completed inventory of wealth will make the task of determining assets and obligations easier for your fiduciaries. Let your personal representative and/or trustee know the location of this document. Some of the items may not apply to you, but you should complete the form as thoroughly as possible.

### I. FAMILY INFORMATION: Please use full names.

Legal Name - Spouse #1	Legal Name - Spouse #2
Birth name (if different)	Birth name (if different)
Date of Birth	Date of Birth
S.S. No.	S.S. No.

### II. CONTACTS – provide name, phone number and, if applicable, company

	Spouse #1	Spouse #2
Primary Care Physician		
Other Physician(s)		
Person who knows funeral wishes		

Accountant		
Attorney - Estate Planning		
Attorney - Other		
Insurance Professional		
Financial Advisor		
Veterinarian		
Gardner/Landscaper		

**III. CURRENT SOURCES OF INCOME**

	Spouse #1	Spouse #2
Salary		
Profit Distributions from a business		
Interest & Dividends		
Rental Income After Expenses	\$ /year	\$ /year
Pension	\$ /year	\$ /year
Other Income	\$ /year	\$ /year
Other Income	\$ /year	\$ /year

**IV. FUTURE SOURCES OF INCOME**

**Please indicate below any anticipated income such as deferred compensation, options, buy-out payment, or similar items.**

---

---

---

**V. ASSETS (U.S. and Worldwide)**

**A. REAL ESTATE:**

<b>Address</b>	<b>Company Issuing Mortgage</b>	<b>Caretaker / Manager &amp; Contact Info.</b>

**B. BANK ACCOUNTS, CD'S, MONEY MARKET ACCOUNTS:** Note that details regarding retirement accounts should be provided in Section C, and details regarding non-retirement investments should be provided in Section D. Do not include such details here.

Type of Account (savings, checking, cert. of deposit, etc.)	Account Number	Institution & Contact Info. (if available)	Registration	Designated Beneficiaries (if any)

**C. RETIREMENT ACCOUNTS**

<b>Type of Plan (SEP, SIMPLE, Rollover, Keogh, etc.)</b>	<b>Account Holder</b>	<b>Account Number</b>	<b>Institution &amp; Contact Info. (if available)</b>	<b>Designated Beneficiaries (if any)</b>

**D. NON-RETIREMENT INVESTMENTS:** Also include in this section any certificated shares you may hold outside of a custodian, directly (meaning you have physical certificates) or through a transfer agent, e.g. Computershare.

Type of Account (stocks, bonds, mutual funds, Treasury Bills, etc..)	Account Number	Institution & Contact Info. (if available)	Registration	Designated Beneficiaries (if any)

**E. INSURANCE:** You may attach recent annual policy statements if you have them.

**LIFE INSURANCE:**

<b>Person Insured</b>				
<b>Name of Company</b>				
<b>Policy #</b>				
<b>Face Value</b>				
<b>Cash Value (Loan)</b>				
<b>Beneficiary</b>				
<b>Owner of the Policy</b>				
<b>Type of Policy (Term or Permanent)</b>				
<b>Annualized Premium</b>				
<b>Location of Original Policy</b>				

**Note:** Though other types of insurance *usually* do not pay a death benefit, your estate *may* be entitled to a pro-rata refund of premiums paid if you die part way through the policy year. It is also important that your fiduciary know these policies are in place so that upon your incapacity, the premiums can continue to be paid in a timely fashion to prevent a lapse in coverage.

	Insured	Policy Number	Annualized Premium	Institution & Contact Info. (if available)
Long-term care				
Long-term care				
Disability				
Disability				
Homeowner's				
Umbrella				
Prof. Liability				
Health				
Health				
Automobile				
Automobile				
Other				



**F. BUSINESS INTERESTS:** Please describe any business interests you own, other than publicly traded stock or mutual funds.

Name of Company	Type of Entity (S-corp., C-corp., LLC, Partnership, etc.)	State of Formation (if known)	Ownership Interest		Active role that either spouse serves in the business (e.g. CEO)
			Spouse #1	Spouse #2	

**G. FREQUENT FLYER MILES / REWARD POINTS / SEASON TICKETS:** Here you may list frequent flyer miles or reward points you have accumulated, or season tickets to professional sports or other civic organizations.

Description	Institution	Are you aware of whether the benefit is transferrable?	Contact person if applicable

**H. TANGIBLE PERSONAL PROPERTY / FIREARMS / SPECIAL ASSETS: If you own any tangible personal property with particular monetary or emotional value that is located outside of your home (such as artwork in a gallery), list it here. Also, if you own any firearms or other special assets that require unique attention, please let them here.**

Description of Item / Collection	Location	Contact person if applicable

**VI. PHYSICAL LOCATION OF IMPORTANT DOCUMENTS**

**Estate planning documents:**

**Birth certificates:**

**Adoption papers:**

**Cemetery deed(s):**

**Burial instructions:**

**Marriage / divorce papers:**

**Prenuptial agreements:**

**Loan documents:**

**Military discharge papers:**

**Employee benefits:**

**Passports:**

**Real estate deeds / leases:**

**Safe combination or keys:**

**Naturalization/Immigration:**

**Insurance policies:**

**Stock certificates:**

**Title(s) of automobile(s):**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**VII. GENETIC MATERIAL**

**If either spouse has stored genetic material (or a child's genetic material) please provide further details here:**

Donor	Type of Genetic Material	Company / Custodian & Contact Info.	Contract Signed?	Account number (if applicable)

**VIII. LIABILITIES**

**A. Periodic Loan Payments:** Also include lines of credit, such as credit cards and home equity lines of credit, which may presently have no balance but which may have a balance, or may need to be closed down in the event of your incapacity or death.

Payor	Institution	Account Number	Contact Info

**B. Indicate any other significant debts on which you are liable but are not making payments (e.g. a loan you have co-signed).**

---

---

---

**IX. OTHER IMPORTANT ROLES YOU SERVE**

Do you serve a role on any non-profit boards, or other community, civil, or professional organizations that would need to be contacted in the event of your incapacity or death? If so, please provide contact information and the role(s) you presently serve.

---

---

---

**X. WEBSITE PASSWORDS**

Consider attaching a separate sheet containing URLs (for example, <http://www.example.com>), usernames and passwords for important websites to which you subscribe, particularly those for which you do not receive a paper statement but which: provide a benefit (e.g. online bank account, reward points, etc.); facilitate your payment of an obligation (e.g. mortgage or an unsecured loan); or, contain a social media presence (e.g. Facebook, Twitter, and LinkedIn).