BOVESLANGA

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

Personal Inventory as of

I. FAMILY INFORMATION: Please use full names.

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

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		

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

III. CURRENT SOURCES OF INCOME

/year	4	\$ /year	Other Income
	9 6	\$ /year	Other Income
/year	9 69	\$ /year	Pension
/year	€9	\$ /year	Rental Income After Expenses
			Interest & Dividends
			Profit Distributions from a business
			Salary
Spouse #2		Spouse #1	

IV. FUTURE SOURCES OF INCOME

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V. ASSETS (U.S. and Worldwide)

A. REAL ESTATE:

			Address
			Company Issuing Mortgage
			Caretaker / Manager & Contact Info.

B. <u>BANK ACCOUNTS, CD'S, MONEY MARKET ACCOUNTS</u>: 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.

C. RETIREMENT ACCOUNTS

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

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.

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					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:

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

your incapacity, the premiums can continue to be paid in a timely fashion to prevent a lapse in coverage. 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

	Insured	Policy Number	Annualized Premium	Institution & Contact Info. (if available)
Long-term care				
Long-term care				
Disability				
Disability				
Homeowner's				
Umbrella				
Prof. Liability				
Health		9 9 9 9		
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 T
			Type of Entity (S-corp., C-corp., LLC, Partnership, etc.)
			State of Formation (if known)
		Spouse #1	Ownership Interest
		Spouse #1 Spouse #2	o Interest
:		business (e.g. CEO)	Active role that either spouse serves in the

G. <u>FREQUENT FLYER MILES / REWARD POINTS / SEASON TICKETS</u>: 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

any firearms or other special assets that require unique attention, please let them here. 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

			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

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 ion the event of your incapacity or death.

			Payor
			Institution
Daga 17 of 12			Account Number
			Contact Info

X. WEBSITE PASSWORDS Consider attaching a separate sheet containing URLs (for example, http://www.example.com), usernames and passwords for important		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.	IX. OTHER IMPORTANT ROLES YOU SERVE		
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B. Indicate any other significant debts on which you are liable but are not making payments (e.g. a loan you have co-signed).

presence (e.g. Facebook, Twitter, and LinkedIn).

bank account, reward points, etc.); facilitate your payment of an obligation (e.g. mortgage or an unsecured loan); or, contain a social media websites to which you subscribe, particularly those for which you do not receive a paper statement but which: provide a benefit (e.g. online