

ESTATE INVENTORY & EVALUATION

Personal Information

Name _____

Partner's Name _____

Your Date of Birth _____ Partner's Date of Birth _____

Number of Children _____ Children's Ages _____

Your Health Status _____

Partner's Health Status _____

Earned Income _____

Investment Income _____

Total Annual Income _____

Estate Planning Data

Current Will Yes No

Existing Trust Arrangements Yes No

If so, what type? _____

Estate Planning Goals

Asset Inventory

Value

Residence(s)	\$ _____
Real Estate	\$ _____
Business Interests	\$ _____
Securities	\$ _____
Cash	\$ _____
Personal Property	\$ _____
Retirement Plans	\$ _____
Life Insurance (Face Amount)	\$ _____
Other	\$ _____
TOTAL	\$ _____