



LEGACY FAMILY OFFICE®

# Your Asset and Financial Inventory



# The Importance of Your Asset and Financial Inventory

Have you ever had a moment when you are unable to recall which company holds your insurance policy? Or which investment broker manages that fixed income portfolio you invested in years ago? As our lives progress we accumulate a growing number of accounts, legal documents, insurance policies, financial service providers and investment accounts. Over time, these details become spread out among your trusted advisors, piece-meal and unorganized, with the occasional quarterly statement in the mail to jog your memory.

As part of our work with families, we believe it is critical to create a financial inventory of the information that composes your full financial life.

These inventories can come in many formats, and depending on how complicated your wealth may be, a much more in-depth format may be needed. However, the first critical step is to compile a high-level list of all your holdings and structures, along with the contact information for those financial service providers. This document should evolve as your life changes, continuing to grow and change along with your financial picture. We also recommend you work with your trusted wealth advisor in this process.

We've found that the families who have completed this exercise feel more in control over their wealth, organized and confident about their financial circumstances. It also helps family members feel prepared in the event something unexpected occurs. Gathering this amount of information can seem intimidating, but the results are well worth it.

Should you need any assistance in getting started, we are happy to help. Contact us any time.

**LEGACY FAMILY OFFICE**

239.949.1982

[www.legacyfamilyoffice.com](http://www.legacyfamilyoffice.com)

## I. SUMMARY OF PERSONAL INFORMATION

	Client 1	Client 2
Full Legal Name:		
Legal Address:		
Date of Birth:		
Social Security Number:		
Mother's Maiden Name:		
Employer:		
Position:		
Address:		
Work Phone:		
Home Phone:		
Cell Phone:		
Personal Email:		

## II. CRITICAL CONTACTS – PERSONAL

Name	Relation	Contact Info

III. CRITICAL CONTACTS – PROFESSIONAL

Adviser	Name	Company	Contact Information (Phone / Email) & Description of Services Used
Estate Attorney			
Accountant			
Insurance Agent			
Property & Casualty Agent			
Investment Adviser			
Personal Banker			

## IV. SUMMARY OF ESTATE DOCUMENTS

Document		Location of Original Copies
Living Will	Wishes:	
Last Will & Testament		
Trusts		
Power of Attorney (Healthcare)	Primary Agent:  Secondary:	
Power of Attorney (Property)	Primary Agent:  Secondary:	
Other Documents (Describe)		

Trustees	Contact Information

## V. LIST OF ASSETS & LIABILITIES

Liquid Assets			
Type	Accounts	Institution	FMV
Checking / Savings			
Brokerage / Taxable Accounts			
401k			
Retirement Accounts			
Roth IRAs			
Deferred Comp			
Annuities / Pension			
Private Equity			
DAF / Foundation / Charitable Accounts			
Other			

## V. LIST OF ASSETS & LIABILITIES

Business Interests* (Please Note if there is a Buy-Sell Agreement)				
Business Name	Business Type (Partnership, LLC, etc.)	FMV	Ownership %	Location of Key Papers & People to Contact

Real Estate					
Property	Address	Title, Ownership% & Location of Deed	FMV	Cost Basis	Mortgage
Primary Residence					Yes
					No
					Yes
					No
					Yes
					No
					Yes
					No
					Yes
					No
					Yes
					No

V. LIST OF ASSETS & LIABILITIES

Personal Property			
Item	Value	Location of Asset	Location of Deed (If applicable)



## V. LIST OF ASSETS & LIABILITIES

Liabilities - Mortgages & Other Loans							
Property	Original Loan Amount	Current Balance	Term	Interest Rate	Monthly Payment	Balloon Period (Years)	Collateral

Credit Cards				
Issuer	Account Number	Credit Limit	Current Balance	Interest Rate

## VI. INSURANCE POLICIES

Life Insurance					
Company	Type & Term	Owner	Beneficiary	Death Benefit	Cash Value

# VI. INSURANCE POLICIES

Disability Insurance					
Company	Type (Long/Short Term)	Owner	Monthly Benefit	Benefit Period	Elimination Period

Long Term Care Insurance						
Company	Owner	Beneficiary	Daily Amount	Benefit Period	Elimination Period	COLA

Property & Casualty Insurance (Homeowner's, Auto, Umbrella, etc).				
Company	Policy Type	Insured Asset	Insurance Amount	Deductible

## VI. INSURANCE POLICIES

Property & Casualty Insurance (Homeowners, Auto, Umbrella, etc).				
Company	Policy Type	Insured Asset	Insurance Amount	Deductible

## VII. LOCATION OF IMPORTANT DOCUMENTS

Document	Location
Tax Returns	
Social Security & Medicare Records	
Veteran's Benefits	
Safe Deposit Box	
Safe (Location & Combination)	
Car Titles	
Birth Certificate	
Marriage / Divorce Certificate	
Driver's License	
Passport	

## VII. LOCATION OF IMPORTANT DOCUMENTS

Document	Location
Bank Book / Check Book	
Business Agreements / Contracts	
Certificates of Deposit	
Credit Cards	
Household Financial Records	
Medical Records	
Military Service Records	
Social Security Card	
V.A. Claim Number	
Veteran's Discharge Certificate	
W-2 / Earnings Record	

# VIII. INVENTORY OF COMPUTERS & DIGITAL ASSETS

**Description of Important Documents & Information:**

**List of Who Has Access to Each Computer:**

**List of Computers that Contain Family or Personal Photographs:**

**List of Computers that Contain Sensitive Information:**

## VIII. INVENTORY OF COMPUTERS & DIGITAL ASSETS

**Login Names & Passwords:**

## IX. OTHER & MISCELLANEOUS NOTES

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