



# FAMILY INVENTORY WORKBOOK







# THE LEGACY AT NORTH AUGUSTA

Sponsored by National Lutheran Communities & Services (NLCS), The Legacy at North Augusta is a faith-based, not-for-profit ministry of the Evangelical Lutheran Church In America (ELCA). NLCS honors, inspires, and supports choice and opportunity in partnership with older adults.

We are called to be faithful financial stewards and agents of God's abundant grace, committed to care for our neighbors, emboldened to extend our mission to older adults aging with choice and inspired to seek innovative care interventions that promote aging with dignity and choice.

With integrity and care, our dedicated leadership and team members are called to ensure the well-being of our residents and to provide information appropriate to their individual needs and stage in life.

**By completing this comprehensive Family Inventory Workbook, you will be prepared to:**

- Ensure that your personal information is always current
- Keep your financial information up to date
- Ensure your last wishes are known
- Manage the affairs of a loved one
- Provide for the orderly distribution of your estate
- Create a meaningful legacy

# INTRODUCTION

The Family Inventory Workbook is intended to help you gather a comprehensive list of all information you may need in one convenient place as an easy reference source for your financial matters such as:

- Personal information
- Professional advisors
- Banking
- Credit
- Investments
- Personal assets
- Real estate
- Pension and retirement
- Insurance
- Location of important documents

This workbook is a useful tool for both you, for creating or regularly reviewing your estate plan, and for your family members should you become incapacitated.

You should review this workbook at least every two years or if there is a significant change in the law, your life or financial status. Changes may include, but are not limited to, loss of a spouse or significant other, loss of a child, a change in federal tax law, or receipt of an unexpected gift or inheritance. Due to the level of detail and personal information included in this workbook, be certain to keep your information secure. It is recommended that you consult with legal counsel for answers to questions concerning creating or revising your estate plan. If you have other questions while using this workbook, please contact Sherri Heishman, Philanthropy Director at 540-213-8903.

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The Family Inventory Workbook is offered solely as a service. While we hope that it assists you with planning, it does not constitute an offer of specific legal or financial advice and should not be construed to do so. Because you may have special needs, you should contact your own attorney and other trusted advisors as you deem appropriate. They will be your independent advisors and will have an obligation of trust and confidence to you. With their advice, you may have a customized estate plan that meets your unique planning circumstances.

# 2 PERSONAL INFORMATION

Date prepared: \_\_\_\_\_ Date of most recent update: \_\_\_\_\_

## YOUR INFORMATION

Name:	Date of birth:
SSN:	Place of birth:
Address:	Phone:

## SPOUSE OR PARTNER

Name:	Date of birth:
SSN:	Place of birth:
Address:	Phone:

## DEPENDENTS

Name:	Date of birth:
Relation*:	
SSN:	Place of birth:
Address:	Phone:
Name:	Date of birth:
Relation*:	
SSN:	Place of birth:
Address:	Phone:
Name:	Date of birth:
Relation*:	
SSN:	Place of birth:
Address:	Phone:
Name:	Date of birth:
Relation*:	
SSN:	Place of birth:
Address:	Phone:

\*e.g. son, daughter, grandchild, niece, nephew.

# 3 PROFESSIONAL ADVISORS

## ACCOUNTANT

Name:		Firm:
Address:		
Phone:	Fax:	Email:

## LAWYER

Name:		Firm:
Address:		
Phone:	Fax:	Email:

## INVESTMENT ADVISOR

Name:		Firm:
Address:		
Phone:	Fax:	Email:

## BANKER

Name:		Firm:
Address:		
Phone:	Fax:	Email:

## TRUST COMPANY

Name:		Firm:
Address:		
Phone:	Fax:	Email:

## OTHER

Name:		Firm:
Address:		
Phone:	Fax:	Email:

# 4 BANKING INFORMATION

## ACCOUNTS

1. Name of financial institution:		Name of contact:	
Address:			
Phone:		Balance: \$	
Account number:		Account type*:	
2. Name of financial institution:		Name of contact:	
Address:			
Phone:		Balance: \$	
Account number:		Account type*:	
3. Name of financial institution:		Name of contact:	
Address:			
Phone:		Balance: \$	
Account number:		Account type*:	
4. Name of financial institution:		Name of contact:	
Address:			
Phone:		Balance: \$	
Account number:		Account type*:	

## ATM CARDS

1. Issuer	Card number:
2. Issuer	Card number:
3. Issuer	Card number:

\*Include all banking accounts — e.g. checking, savings.

# 5 CREDIT INFORMATION

## LOAN ACCOUNTS

1. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
2. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
3. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$
4. Name of financial institution:	Name of contact:
Address:	
Phone:	Balance: \$
Account number and loan type*:	Loan amount: \$

## CREDIT CARDS

1. Issuer	Card number:
Expiry date:	Credit limit: \$
2. Issuer	Card number:
Expiry date:	Credit limit: \$
3. Issuer	Card number:
Expiry date:	Credit limit: \$

\*Include all banking liabilities — e.g. mortgage, credit line, loans.

# 6 INVESTMENT INFORMATION

1. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
2. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
3. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
4. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
5. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
6. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
7. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$
8. Firm:	
Account type*:	Account number:
Ownership type/beneficiary:	Value: \$

\*e.g. checking, savings, money market, annuity, etc.



# 7 PERSONAL ASSETS

## ASSETS (E.G. CARS, JEWELRY, ART, ETC.)

Item description	Location	Beneficiary	Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
11.			\$
12.			\$
13.			\$
14.			\$
15.			\$
16.			\$
17.			\$
18.			\$
19.			\$
20.			\$
21.			\$
22.			\$

# 8 REAL ESTATE AND PENSION PLANS

## REAL ESTATE

Principal residence address:

Title held by:

Mortgage held by:

Date of purchase:

Deed location:

Purchase price: \$

Current market value: \$

Beneficiary:

1. Other property address:

Title held by:

Mortgage held by:

Date of purchase:

Deed location:

Purchase price: \$

Current market value: \$

Beneficiary:

2. Other property address:

Title held by:

Mortgage held by:

Date of purchase:

Deed location:

Purchase price: \$

Current market value: \$

Beneficiary:

## PENSION PLANS

1. Company name:

Company contact:

Phone:

Plan type:

Beneficiary:

Value: \$

2. Company name:

Company contact:

Phone:

Plan type:

Beneficiary:

Value: \$

# 9 BUSINESS INVESTMENTS

## PRIVATE CORPORATIONS

1. Company name:

Type\*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

2. Company name:

Type\*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

3. Company name:

Type\*:

Percentage of interest held:

Location of documents:

Legal counsel:

Beneficiary:

Accountant:

**NOTES:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Sole proprietorship, partnership, corporation, etc.

# 10 LIFE INSURANCE

## INDIVIDUAL COVERAGE

1. Issuer:	Insured:
Agent's name:	Phone:
Insurance type*:	Policy number:
Face value: \$	Cash surrender value: \$
Death benefit:	
Contract location:	Beneficiary:
2. Issuer:	Insured:
Agent's name:	Phone:
Insurance type*:	Policy number:
Face value: \$	Cash surrender value: \$
Death benefit:	
Contract location:	Beneficiary:

## GROUP COVERAGE

1. Issuer:	Insured:
Agent's name:	Phone:
Insurance type*:	Policy number:
Face value: \$	Cash surrender value: \$
Death benefit:	
Contract location:	Beneficiary:
2. Issuer:	Insured:
Agent's name:	Phone:
Insurance type*:	Policy number:
Face value: \$	Cash surrender value: \$
Death benefit:	
Contract location:	Beneficiary:

\*e .g. Term coverage, Permanent coverage, etc.



# 11 OTHER INSURANCE

Health card number: \_\_\_\_\_

## OTHER LIFE COVERAGE (E.G. TRAVEL INSURANCE, CREDIT CARDS,

1. Issuer:	Insured:
Insurance type:	Policy number:
Death benefit:	Contract location:
2. Issuer:	Insured:
Insurance type:	Policy number:
Death benefit:	Contract location:

## GROUP HEALTH INSURANCE

1. Insurance company:	
Contact name:	Phone:
Group:	Coverage for:
2. Insurance company:	
Contact name:	Phone:
Group:	Coverage for:

## PRIVATE DISABILITY INSURANCE

1. Insurance company:	
Contact name:	Phone:
Coverage type/person insured:	Policy number:
Coverage: \$	Annual premium: \$
Benefit period:	
2. Insurance company:	
Contact name:	Phone:
Coverage type/person insured:	Policy number:
Coverage: \$	Annual premium: \$
Benefit period:	

# 11 OTHER INSURANCE

## CRITICAL ILLNESS / LONG-TERM CARE / DISABILITY INSURANCE

1. Insurance company:

Contact name:

Phone:

Coverage type/person insured:

Certificate/policy number:

Coverage: \$

Annual premium: \$

Benefit period:

## PROPERTY INSURANCE (HOME / AUTO / OTHER)

1. Property description:

Insurance company:

Contact name:

Phone:

Policy number:

Contract location:

2. Property description:

Insurance company:

Contact name:

Phone:

Policy number:

Contract location:

3. Property description:

Insurance company:

Contact name:

Phone:

Policy number:

Contract location:

## OTHER COVERAGE (E.G. MORTGAGE, CREDIT CARDS, ETC.)

1. Insurance company:

Coverage for:

Policy number:

Coverage: \$

Contract location:

2. Insurance company:

Coverage for:

Policy number:

Coverage: \$

Contract location:

# 12 LOCATION OF OTHER IMPORTANT DOCUMENTS

Your birth certificate:	
Spouse's or partner's birth certificate:	
Children's birth certificates:	
Marriage license:	
Medical records:	
Physician's name:	Phone:
Physician's name:	Phone:
Physician's name:	Phone:
Physician's name:	Phone:
Physician's name:	Phone:
Physician's name:	Phone:
Citizenship and passport papers:	
Income tax returns:	
Custody/adoption papers:	
Pre-nuptial/cohabitation papers:	
Separation/divorce papers:	
Social Security cards:	
Other:	
Other:	
Other:	

# 13 YOUR FUNERAL AND WILL

## PRE-PLANNED FUNERAL

Funeral home:

Contact name:

Phone:

Details:

Cemetery plot:

Plot location:

Deed location:

## YOUR WILL

Date of last Will/Codicil:

Will location:

Lawyer:

Phone:

Address:

Executor(s)/trustee(s):

Phone:

Address:

## BENEFICIARIES

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Will instructions/special clauses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 14 YOUR SPOUSE'S OR PARTNER'S FUNERAL AND WILL

## YOUR SPOUSE'S OR PARTNER'S PRE-PLANNED FUNERAL

Funeral home:

Contact name:

Phone:

Details:

Cemetery plot:

Plot location:

Deed location:

## YOUR SPOUSE'S OR PARTNER'S WILL

Date of last Will/Codicil:

Will location:

Lawyer:

Phone:

Address:

Executor(s)/trustee(s):

Phone:

Address:

## BENEFICIARIES

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Will instructions/special clauses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 15 POWER OF ATTORNEY

## POWER OF ATTORNEY

Location:	Type:
Powers given to:	Phone:
Address:	
Lawer:	Phone:
Address:	

## YOUR SPOUSE’S OR PARTNER’S POWER OF ATTORNEY

Location:	Type:
Powers given to:	Phone:
Address:	
Lawer:	Phone:
Address:	

## NOTES

Location:	Type:
Powers given to:	Phone:
Address:	
Lawer:	Phone:
Address:	

Please indicate any other important information; e.g. child support, other outstanding debts, trusts, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMPUTER, SOCIAL MEDIA, AND ONLINE ACCOUNT INFORMATION

## NOTES



## NOTES

## NOTES

[illegible]

*The content contained in this Family Inventory Workbook was originally  
created by Hammond Iles Wealth Advisors. [www.hammondiles.com](http://www.hammondiles.com)*

*The Legacy at North Augusta, Inc., is a tax-exempt, charitable organization  
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