

# ASSET INVENTORY

Your Asset Inventory provides a comprehensive list of your property, financial accounts, insurance policies, and vehicles. This inventory will assist in determining title transfers to your Living Trust and appropriate beneficiary designations. A current inventory is also helpful for your Successor Trustee and beneficiaries.

If a category does not apply to you, please skip it or mark N/A. We will discuss each asset and determine the assets that will be transferred to your Living Trust.

## REAL PROPERTY

*(Trust, Warranty, or Quitclaim Deed)*

### PROPERTY

### ADDRESS

Principal Place of Residence

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Property Index Number (PIN):

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Second Home

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Property Index Number (PIN):

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Investment Property

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Property Index Number (PIN):

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**LOANS OWED TO YOU**

**CHECKING ACCOUNTS**

BANK NAME & ADDRESS	CURRENT NAME OF ACCOUNT	ACCT #

**SAVINGS ACCOUNTS**

BANK NAME & ADDRESS	CURRENT NAME OF ACCOUNT	ACCT#

**CERTIFICATES OF DEPOSIT**

BANK NAME & ADDRESS	CURRENT OWNER	CD#

**STOCKS/BONDS/MUTUAL FUNDS/U.S. SAVINGS BONDS/  
CRYPTO/NFT**

INVESTMENT TYPE	FINANCIAL INSTITUTION	ACCT #

# EMPLOYER-PROVIDED BENEFITS

*Deferred Compensation, 457(b), 401(k), 403(b)*

TYPE OF BENEFIT	ACCOUNT OR POLICY #	BENEFICIARIES
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____

# INDIVIDUAL RETIREMENT ACCOUNTS

*Roth and Traditional IRAs*

INSTITUTION NAME/ADDRESS	ACCOUNT #	BENEFICIARIES
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____

# LIFE INSURANCE POLICIES

COMPANY NAME/ADDRESS	INSURED/POLICY#	BENEFICIARIES
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		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____
		1st _____
_____		2nd _____

# AUTO AND HOMEOWNERS INSURANCE POLICIES

COMPANY NAME/ ADDRESS	INSURANCE TYPE
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_____	
_____	
_____	
_____	

# VEHICLES

VEHICLE MODEL AND YEAR	STATE LICENSED
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_____	
_____	
_____	
_____	

# RECREATIONAL VEHICLES

*Motorcycles, Boats, RVs*

VEHICLE MODEL AND YEAR

STATE LICENSED

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# BUSINESSES

*Professional Licenses, D.B.A., Corporations, LLCs*

BUSINESS NAME      OWNER/SHAREHOLDER

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# YOUR PROFESSIONAL ADVISORS

*Attorney, CPA, Financial Advisor, Insurance Agent*

NAME/PROFESSION      PHONE NUMBER

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