# gift planning
AT-A-GLANCE

The Nature Conservancy
Protecting nature. Preserving life.™

## THE INVENTORY – A FIRST STEP IN YOUR ESTATE PLAN

Once you have hired an attorney, you will usually be asked to fill out an inventory so that your attorney can assess your estate and begin to develop your estate plan. The Nature Conservancy is providing you with this sample inventory to help you begin the estate planning process, clarify your thinking and save you time when you meet with your attorney.

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First, take stock of all of your assets. Consider your investments, real estate, business assets, retirement plans, insurance and personal property. Then, decide what you want to do with these assets and to whom you wish to leave them. Your attorney will advise you on which assets are best left to family, friends or charity from a tax and legal perspective. You should also consider whom you trust to handle your affairs and medical decisions in case of incapacitation. Along with this inventory, you will need to provide your attorney with copies of all existing wills, trusts, powers of attorney, life insurance policies, deeds, retirement plans and other important documents.

### Estate planning inventory checklist

Date: _____/_____/_____

### Personal data

1. Name: ________________________________ 2. Birth Date: _____/_____/_____

3. SS#: __________________________ 4. Citizenship:_______________________

5. Home Address: ______________________________________________________
Street City, State, Zip

6. Home Phone: _________________

7. Business Address: _______________________________________________________
Street City, State, Zip

8. Business Phone: ________________ 9. Occupation: _______________________

The mission of The Nature Conservancy is to conserve the lands and waters on which all life depends.

## Family data

1. Spouse's Name: ___________________________ 2. Birth Date: _____/_____/_____

3. SS#: ___________________________ 4. Citizenship:_________________________

If None: ☐ Single ☐ Widowed ☐ Divorced

5. Business Address:_______________________________________________________
Street City, State, Zip

6. Business Phone: ___________________ 7. Occupation: _______________________

8. Do you have any children? ☐ Yes ☐ No

If Yes, please provide the following information:

| Children: | Birth Date: | SS#: |
|---|---|---|
| ________________________________ | _____/_____/_____ | ____________________ |
| ________________________________ | _____/_____/_____ | ____________________ |
| ________________________________ | _____/_____/_____ | ____________________ |
| ________________________________ | _____/_____/_____ | ____________________ |
| ________________________________ | _____/_____/_____ | ____________________ |

Do you have legal custody of all your children? ☐ Yes ☐ No
If No, who has custody? ______________________________________________________
What is your financial obligation? ____________________________________________
Are any of your children adopted? If so, please list names and dates of adoption
___________________________________________________________________________

## Advisors

1. Legal: ____________________________________________ Phone: _________________

   Address:_____________________________________________________________________
   Street City, State, Zip

2. Taxes: ____________________________________________ Phone: _________________

   Address:_____________________________________________________________________
   Street City, State, Zip

3. Insurance: _________________________________________ Phone: _________________

Address:______________________________________________________________
Street City, State, Zip

4. Investments: ______________________________ Phone: ____________

Address:______________________________________________________________
Street City, State, Zip

5. Bank: __________________________________ Phone: _____________

Address:______________________________________________________________
Street City, State, Zip

6. Other: __________________________________ Phone: ____________

Address:______________________________________________________________
Street City, State, Zip

## Financial information

**Asset Description** (please attach a separate listing if more room is needed)

| I. Bank Accounts, CDs | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| __________ | $__________ | ☐ | ☐ | ☐ |
| __________ | $__________ | ☐ | ☐ | ☐ |
| __________ | $__________ | ☐ | ☐ | ☐ |
| __________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

| II. Mutual Funds | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| __________ | $__________ | ☐ | ☐ | ☐ |
| __________ | $__________ | ☐ | ☐ | ☐ |
| __________ | $__________ | ☐ | ☐ | ☐ |
| __________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

| III. Bonds, Notes | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

| IV. Stocks | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

V. Real Estate

Principal Residence

Address ____________________________________________________________

City _________________________ State _______________ Zip Code __________

Estimated Value $_________ Tax Assessment $ _______________

Ownership ______________________ Amount of Indebtedness, if any _______________

Other Real Estate (vacation home, farm, rental property, etc.)
Please list state of location, estimated value, indebtedness and ownership

1. ______________________________________________________________________
______________________________________________________________________

2. ______________________________________________________________________
______________________________________________________________________

3. ______________________________________________________________________
______________________________________________________________________

VI. Personal Property
Please describe, list estimated value and ownership

1. Furnishings___________________________________________________________
2. Jewelry ____________________________________________________________
3. Automobiles__________________________________________________________
4. Collectibles___________________________________________________________
5. Art _______________________________________________________________
6. Other_______________________________________________________________

VII. Safety Deposit Box
Please describe contents, list estimated value and ownership

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

VIII. Commercial

| Annuities | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

Please specify beneficiaries of the listed annuities:

____________________________________________________________

| IX. IRAs IV. Stocks | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

Please specify beneficiaries of the listed IRAs:

____________________________________________________________

IX. Retirement Plans, Pension, Profit-sharing, 401(k), 403(b), etc.

| | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| ____________ | $__________ | ☐ | ☐ | ☐ |
| Total: | $__________ | | | |

Please specify beneficiaries of the listed plans:

____________________________________________________________________________

____________________________________________________________

| X. Life Insurance | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ______________ | $____________ | ☐ | ☐ | ☐ |
| ______________ | $____________ | ☐ | ☐ | ☐ |
| ______________ | $____________ | ☐ | ☐ | ☐ |
| ______________ | $____________ | ☐ | ☐ | ☐ |
| Total: | $____________ | | | |

Please specify beneficiaries of the listed policies:
________________________________________________________________________________

Are there any loans? If so, please list indebtedness ___________________________________

XI. Business Interests (corporate, partnership, proprietorship, etc.)

| | Estimated Value | Owned By You | Owned By Spouse | Joint Owners |
|---|---|---|---|---|
| ______________ | $____________ | ☐ | ☐ | ☐ |
| ______________ | $____________ | ☐ | ☐ | ☐ |
| ______________ | $____________ | ☐ | ☐ | ☐ |
| ______________ | $____________ | ☐ | ☐ | ☐ |
| Total: | $____________ | | | |

Are there any loans? If so, please list indebtedness ___________________________________

**Indebtedness Description** (please list any liabilities that are not already listed under the Asset Description section; attach a separate listing if more room is needed)

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________

## Summary of financial information

**Total assets**

| | Owned By You | Owned By Spouse | Owned Jointly |
|---|---|---|---|
| 1. Bank Accounts/CDs | $________________ | $________________ | $________________ |
| 2. Mutual Funds | $________________ | $________________ | $________________ |
| 3. Bonds, Notes | $________________ | $________________ | $________________ |
| 4. Stocks | $________________ | $________________ | $________________ |
| 5. Real Estate | $________________ | $________________ | $________________ |
| 6. Tangible Property | $________________ | $________________ | $________________ |
| 7. Annuities | $________________ | $________________ | $________________ |
| 8. IRAs | $________________ | $________________ | $________________ |
| 9. Retirement Plans | $________________ | $________________ | $________________ |
| 10. Life Insurance | $________________ | $________________ | $________________ |
| 11. Business Interests | $________________ | $________________ | $________________ |
| **Total assets** | $________________ | $________________ | $________________ |

| **Total liabilities** | Owned By You | Owned By Spouse | Owned Jointly |
|---|---|---|---|
| 1. Auto Loans | $________________ | $________________ | $________________ |
| 2. Personal Loans | $________________ | $________________ | $________________ |
| 3. Mortgages | $________________ | $________________ | $________________ |
| 4. Business Loans | $________________ | $________________ | $________________ |
| 5. Pledges | $________________ | $________________ | $________________ |
| 6. Life Insurance | $________________ | $________________ | $________________ |
| 7. Other | $________________ | $________________ | $________________ |
| Total Indebtedness | $________________ | $________________ | $________________ |
| **Total net worth** | $________________ | $________________ | $________________ |

**Inheritance** (please describe any anticipated inheritances or gifts)

______________________________________________________________________________

______________________________________________________________________________

_______________________________________

**Income** (please list annual income from all sources)

You ____________________________________________
Spouse __________________________________________
Joint ___________________________________________
_______________________________________________

## Notes

_______________________________________________
_______________________________________________
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_______________________________________________

## Estate planning documents

**Will** (please provide copies)

| | YOU | SPOUSE |
|---|---|---|
| 1. Existing Will | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | ______/______/______ | ______/______/______ |
| 2. Date of Will | ______/______/______ | ______/______/______ |
| 3. Date of Last Codicil | ______/______/______ | ______/______/______ |
| | ______/______/______ | ______/______/______ |
| 4. Name of Executor | ____________________ | ____________________ |
| 5. Name of Guardian(s) | ____________________ | ____________________ |

**Other Estate Planning Documents** (please describe and provide copies - examples may include: living trusts, insurance trusts, living wills, health care proxy, power of attorney, charitable trust, charitable gift annuity, premarital agreement, etc.)

| | **YOU** | **SPOUSE** |
|---|---|---|
| 1. ________________________ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 2.________________________ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 3. ________________________ | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 4.________________________ | ☐ Yes ☐ No | ☐ Yes ☐ No |

## Expected Beneficiaries

**Family Beneficiaries** (list names and what you wish to give)

**Non-Family Beneficiaries** (list names and what you wish to give)

**Charitable Beneficiaries** (list names and what you wish to give)

## Notes

## Additional information

1. Describe any health problems or special needs of you or your family members.

2. If you have minor children, please list your choices of guardians in case of your death(s):

Primary Guardian

Name: ______________________________ Phone: ____________

Address:________________________________________________
Street City, State, Zip

Relationship: ___________________________________________

Alternate Guardian

Name: ______________________________ Phone: ____________

Address:________________________________________________
Street City, State, Zip

Relationship: ___________________________________________

3. If you have minor children, do you want their share of your estate to be distributed outright when they attain the age of majority (age 18), or retained in a trust fund to be administered for their benefit until a specified age?

______________________________________________________________________

______________________________________________________________________

__________________________________________________

## Notes

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## Questions for your attorney

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