

CLIENT ESTATE PLANNING INVENTORY
Please attach/include copies of documents if available
Please add additional sheets if more space needed

PERSONAL DATA

Name _____	Spouse's Name _____
Address _____	Phone No. _____
	Email Address _____
Soc. Sec. No. (Self) _____	Spouse's Soc. Sec. No. _____
Date of Birth (Self) _____	Date of Birth (Spouse) _____
Date of Marriage _____	Place of Marriage _____

Children's Name, Address & Phone #	Social Security Number	Date of Birth
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BANK ACCOUNTS / CD'S / BROKERAGE ACCOUNTS

Type of Account	Account No.	How Titled	Value	Name and Location of Financial Institution

VEHICLES

Model and Year	In the name of:	Lienholder and Balance	Current Value

REAL ESTATE

Description and Location of Property	In the Name(s) of	Mortgage Holder & Balance	Acquisition Date / Cost	Current FMV

INVESTMENTS (if not already listed)
Stocks

Company	Number of Shares	Serial No. of Certificate	Date(s) Acquired	Cost per Share	Market Value	In Whose Name(s)

Location of Stock Certificates _____

Bonds

Bonds, Savings Bonds, and U.S. Government Securities

Company	Interest Rate	Certificate No.	Maturity Date	Purchase Price	Value at Maturity	If Registered, In Whose Name(s)

Location _____

Mutual Funds

Company	Type of Fund	Date(s) Acquired	Amount Invested	Market Value	In Whose Name(s)

MISCELLANEOUS ASSETS IN EXCESS OF \$1,000

Boats and RVs not titled, Jewelry, Valuable Collections, and other Significant Assets not already listed

Description of Property	Value	Location of Property

INSURANCE POLICIES

Annuities

Company	Description	Value	Location of Contract

Life Insurance

Company & Agent	Policy Number	Face Amount	Policy Loan?	Beneficiaries Named

Long-Term Disability Coverage

Company & Agent	Policy Number	Policy Amount	Type of Policy	Person Covered

Nursing Home Coverage

Company & Agent	Policy Number	Policy Amount	Type of Policy	Person Covered

RETIREMENT PLANS
IRAs, 401(k)s, Pensions, and other Retirement Accounts

Company	Type of Plan	Value	Beneficiaries Named

SOLE PROPRIETORSHIPS, TRUSTS, and BUSINESS INTERESTS

Name of Entity and Business Form (i.e. Sole Proprietor, Partnership, LLC, Corp., etc...)	Percent Owned	Value of Interest	Owner, Partner, Co-Owner?

RENTS AND ROYALTIES

Description of Property	Amount of Income per Year/Month	Tenant/Lessee	Term of Obligation (lease, contract, etc.)	Date Payment Due

RECORD OF GIFTS (of over \$10,000.00 each)

Recipient	Date Made	Amount	Gift Tax Paid?	Nature of Gift

MONEY OWED TO ME/US

Loaned To	Date of Loan	Amount	Amount Still Owing

Location of note(s) _____

LIABILITIES

Creditor Name & Address	Amount Owed	Purpose	Date Due

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Monroe, WI 53566-0710
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