ASSET WORKSHEET:

Making Sure Your Affairs Are in Order

Include this Asset Worksheet in your Estate Information Packet. Use this Word document as a guide, or modify it to suit your needs. Type your information, or handwrite it. The important thing is that you get it done. Remember to update your information periodically.

Section 1: Assets and loans

Bank accounts

Bank name, branch, address, phone number:

Account type:

Account number:

Name(s) on account:

Approximate value:

Beneficiary:

Location of statements and blank checks:

Credit cards

Lender name, address, phone number:

Account number:

Name(s) on account:

Credit limit and amount owed:

Location of statements:

Credit union accounts

Credit union name, branch, address, phone number:

Account type:

Account number:

Name(s) on account:

Approximate value:

Beneficiary:

Location of statements and blank checks:



Investments: Stocks, bonds, mutual funds, etc.

Investment firm name, address, phone number:

Account type:

Account number:

Name(s) on account:

Approximate value:

Beneficiary:

Location of statements:

Personal property: Motor vehicles, boats, etc.

Lender name, address, phone number:

Property type:

Account number:

Name(s) on account:

Vehicle identification number and license plate information:

Approximate value and amount owed:

Location of statements:

Personal property continued: Jewelry, art, collectibles, etc.

Property type:

Description and location:

Approximate value:

Personal, student and other loans

Lender name, address, phone number:

Account number:

Name(s) on account:

Amount owed:

Location of statements:

Real estate

Lender name, address, phone number:

Property type:

Account number:

Name(s) on account:



Approximate value and amount owed: Beneficiary:

Location of statements:

Retirement accounts, such as 401(k), 403(b), IRA or annuities

Company name, address, phone number:

Account type:

Account number:

Name on account:

Approximate value:

Beneficiary:

Location of statements:

Retirement pay and pensions

Employer plan name, address, phone number:

Account type:

Account number:

Name on account:

Approximate value of benefits:

Beneficiary:

Location of statements:

Social Security benefits

Address, phone number:

Social Security number:

Approximate value of benefits:

Beneficiary:

Location of statements:

Section 2: Insurance

Insurance: Auto

Insurance company name, address, phone number:

Account number:



Name(s) on account:

Description of coverage:

Location of statements:

Insurance: Health/health savings account

Insurance company name, address, phone number:

Account number:

Name(s) on account:

Description of coverage:

Location of statements:

Insurance: Homeowners

Insurance company name, address, phone number:

Account number:

Name(s) on account:

Description of coverage:

Location of statements:

Insurance: Life

Insurance company name, address, phone number:

Account number:

Name on account:

Beneficiaries:

Description of coverage:

Location of statements:

Insurance: Long-term care

Insurance company name, address, phone number:

Account number:

Name on account:

Description of coverage:

Location of statements:

