



HAMMOND ILES  
WEALTH ADVISORS  
Planning for life & legacy



# Family Inventory Workbook



[WWW.HAMMONDILES.COM](http://WWW.HAMMONDILES.COM)

Hammond Iles Wealth Advisors | 100 Great Meadow Rd. Suite 701 | Wethersfield, CT 06109 | 800.416.1655  
Advisory Services offered through Hammond Iles Wealth Advisors. Securities offered through Ceros Financial Services, Inc.,  
Member FINRA/SIPC (Not affiliated with Hammond Iles Wealth Advisors).



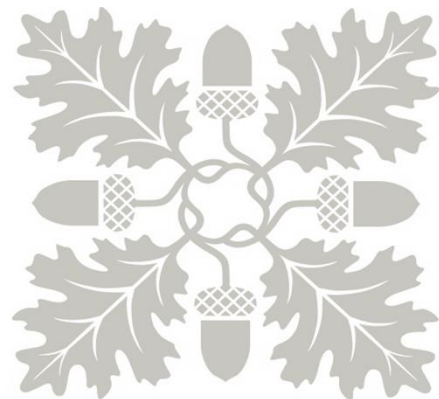
## Hammond Iles Wealth Advisors

Hammond Iles Wealth Advisors addresses your multi-faceted financial concerns to simplify your life, give you the freedom to pursue your other priorities and provide you with the confidence to achieve your goals.

Whether you need assistance managing your family's wealth, maximizing your business investments or providing a gift to charity, we bring together the solutions you need for life and legacy.

With integrity and care, our dedicated team of specialists provide solutions personalized for your individual needs and stage in life.

- Accumulating wealth and growing your assets
- Protecting your wealth by managing risk
- Managing affairs for a loved one
- Creating an income stream
- Transferring wealth to your heirs
- Creating an enduring legacy



The Family Inventory workbook can help you gather a comprehensive list of all information pertaining to your family’s current financial picture, such as:

- > Personal information
- > Professional Advisors
- > Banking
- > Investments
- > Assets
- > Pension and Retirement
- > Insurance

This inventory is a useful reference for you and your family members should you become incapacitated, or as a step in reviewing or developing your estate plan.

You should update this document whenever significant changes in your family’s financial status occur. Due to the level of detail and personal information, be sure to keep the information safe and secure. If you have any questions while using this workbook, please contact your personal advisor at (800) 416-1655.



1.	Introduction .....	1
2.	Personal information .....	2
3.	Professional advisors .....	3
4.	Banking information .....	4
5.	Credit information .....	5
6.	Investment information .....	6
7.	Personal assets .....	7
8.	Real estate and pension plans .....	8
9.	Business investments .....	9
10.	Life insurance .....	10
11.	Other insurance .....	11
	Other life coverage .....	11
	Group health insurance .....	11
	Private disability insurance .....	11
	Critical illness /disability insurance .....	12
	Property insurance .....	12
	Other insurance .....	12
12.	Location of other important documents .....	13
13.	Your funeral and Will .....	14
	Pre-planned funeral .....	14
	Your Will .....	14
	Beneficiaries .....	14
14.	Your spouse’s or partner’s pre-planned funeral and Will .....	15
	Pre-planned funeral .....	15
	Your spouse’s or partner’s Will .....	15
	Beneficiaries .....	15
15.	Power of Attorney .....	16
	Spouse’s or partner’s Power of Attorney .....	16
	Computer and online account information .....	17

## 2 > Personal Information

Date prepared:	Date of most recent update:
Your name:	Date of birth:
SSN:	Place of birth:
Address:	Phone:
Spouse's or partner's name:	Date of birth:
SSN:	Place of birth:
Address:	Phone:
<b>Dependents</b>	
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*:
5. 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:

\*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, etc.)

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:	

## 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:	



## 13 > 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:



## 16 > Computer, Social Media, and Online Account Information

(e.g. Email and social media accounts, user name, password, email you signed up with.)

