

# gift planning

AT-A-GLANCE



## 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.

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
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$ _____			

II. Mutual Funds	Estimated Value	Owned By You	Owned By Spouse	Joint Owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$ _____			

III. Bonds, Notes	Estimated Value	Owned By You	Owned By Spouse	Joint Owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$ _____			

IV. Stocks	Estimated Value	Owned By You	Owned By Spouse	Joint Owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$ _____			

Please specify beneficiaries of the listed annuities:

\_\_\_\_\_

IX. IRAs IV. Stocks	Estimated Value	Owned By You	Owned By Spouse	Joint Owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total:	\$ _____			

Please specify beneficiaries of the listed plans:

\_\_\_\_\_

\_\_\_\_\_

X. Life Insurance	Estimated Value	Owned By You	Owned By Spouse	Joint Owners
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)

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

You \_\_\_\_\_  
Spouse \_\_\_\_\_  
Joint \_\_\_\_\_  
\_\_\_\_\_

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estate planning documents**

**Will** (please provide copies)

	YOU	SPOUSE
1. Existing Will	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Expected Beneficiaries

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

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

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

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## Notes

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## Additional information

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

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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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This information is intended to provide a general overview of this gift option. The Nature Conservancy cannot render tax or legal advice, and this information is not intended as such. Because of the complexity of estate planning, it is also important that you confer with a qualified advisor to assess the financial, legal, and tax benefits for your personal situation. We would be happy to answer any questions you may have about this material. Please contact our Gift Planning Team toll-free at (877)-812-3698 or e-mail legacy@tnc.org.