



OREGON LIONS  
Sight & Hearing Foundation

## ESTATE INVENTORY FORM

*Confidential: This information is strictly confidential and cannot be shared with anyone without explicit permission.*

Planning Makes the Difference

DATE

First Name	Spouse	Last Name
Address		
City	State	Zip

Marital Status

Single	Married	Widowed	Divorced	Separated

	Soc. Sec. #	Birthday	Email Address
His			
Hers			

	Home Phone #	Cell #	Work #
His			
Hers			

Do you have an attorney?

Firm's Name	Attorney's Name	Phone #

Do you have an accountant?

Firm's Name	CPA's Name	Phone #

Do you have a net-worth statement from your CPA or attorney?  Yes  No  Maybe

Do you have long-term disability care insurance?  Yes  No

## Oregon Lions Sight & Hearing Foundation Estate Inventory Form

### I. STOCK, BONDS, MUTUAL FUNDS, CDs, CHECKING AND SAVINGS ACCOUNTS

Name	# Shares/Units	Cost Basis	Current Value

### II. RETIREMENT ACCOUNTS: PENSIONS & IRAS

Type	Name	Account Value

### III. NOTES & ACCOUNTS RECEIVABLE

Description	Initial Value	Remaining Payoff

### IV. NOTES & ACCOUNTS PAYABLE

Description	Initial Value	Remaining Payoff

### V. REAL ESTATE

Description	Current Mortgage Balance	Current Value

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**VI. REAL ESTATE: MORTGAGES, TRUST DEEDS, LOANS**

Description	Terms	Present Balance

**VII. LIFE INSURANCE (Personal)**

Company	Insured	Beneficiary	Type	Cash Value	Face Value

**VIII. LIFE INSURANCE (BUSINESS)**

Insured	Beneficiary	Status	Cash Value	Face Value

**IX. BUSINESS INFORMATION**

Type of Business	Percent Ownership	Recent Appraisal		Business Value
	%	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
	%	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$

**X. PERSONAL EFFECTS**

What do you have in the way of furniture, jewelry, automobiles, tools and technology?

Item Description	Present Value

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### XI. FUTURE INHERITANCES (Do you expect to receive an inheritance?)

From Whom?	When	Amounts

### XII. PERSONAL (Please see Oregon Lions Estate Planning Guide Glossary of Terms)

Do you currently have a will or living trust? (Check One)	<input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> None	
Which instrument would you prefer to use?	<input type="checkbox"/> Will <input type="checkbox"/> Trust <input type="checkbox"/> None	
Who would you like to become the executor of your estate? <small>(i.e. A Personal representative if you choose a Will or a Successor Trustee if you choose a Living Trust).</small>		
Who would you like to name as an alternate executor in the event your first choice cannot/will not serve?		
Beyond your spouse, who should be your alternate power of attorney for healthcare?	His	
	Hers	
Who should become your secondary power of attorney for healthcare in the event your alternate is not able to serve?	His	
	Hers	
Beyond your spouse, who should become your general power of attorney?		
Do you have a secondary general power of attorney in the event your alternate is not able to serve?		
Have you completed an "Advanced Healthcare Directive" form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like a copy of an "Advanced Healthcare Directive" form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a safety deposit box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Disposition of your Body? (Check all that apply)

	Buried	Cremated	Vital Organs Harvested, Then Buried	Vital Organs Harvested, Then Cremated	Body used for Medical Research Indefinitely	Other
His						
Hers						

#### Have you registered as an organ, tissue or eye donor?

His	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hers	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Oregon Lions Sight & Hearing Foundation Estate Inventory Form

### XIII. CHILDREN

What are your Children's Names?	DOB
1.	
2.	
3.	
4.	
5.	

In the event of your premature death, who should be your children's guardian?

Name	Phone # where they can be reached	
Address		
City	State	Zip

Who do you select as your alternate guardian, in the event your primary guardian does not survive you, is incapacitated, or chooses not to serve?

Name	Phone # where they can be reached	
Address		
City	State	Zip

Who should serve as trustee of the minor children's trust your estate would create during the period before your children reach the age of majority?

Name	Phone # where they can be reached	
Address		
City	State	Zip

How would you like them to receive their inheritance? (Check one)

- Large lump sum all at once. Please explain: \_\_\_\_\_
- Over a period of time. Please explain: \_\_\_\_\_
- A combination of these two. Please explain: \_\_\_\_\_
- Haven't decided

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XIV. ANNUAL INCOME

Salary	Spouse Salary	Investment Income	Other
\$	\$	\$	\$

XV. GRANDCHILDREN

List Your Grandchildren's Names	DOB
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

XVI. CHARITABLE BEQUESTS

Do you have an interest in supporting a charitable cause(s) through your estate?  Yes  No

Please list charities you plan to support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_