

Know Before I Go

The Family Inventory
Provide key information for your loved ones

Introduction

The Family Inventory guidebook is designed to help you gather a comprehensive list of all information pertaining to your family's current financial status, such as:

- Personal information
- Professional advisors
- Banking
- Investments
- Assets
- Insurance

Completing this inventory is a first step in developing your continuity plan. It will increase the likelihood your assets are accounted for and considered and your beneficiaries are taken care of. An up-to-date inventory will prove invaluable to your surviving heirs, executors, trustees and advisors as your estate is settled.

This inventory is also a useful reference when creating or updating your wealth management plan. It will help you step back and look at your overall financial situation and ensure you have considered all aspects of your financial affairs.

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 secure by adding password protection to your electronic copy and storing any printed copies in a safe place. If you have any questions while using this document, please contact your financial advisor

M&C Complete

M&C Complete is our comprehensive personalized client service model. It is designed to incorporate financial planning, investment management, communication, and holistic advice into each client relationship.

You are an individual, and your wealth management strategy should reflect that. We understand this document is extensive, however, it is meant to be customized to your family needs. Feel free to fill out only components relevant to your personal situation.

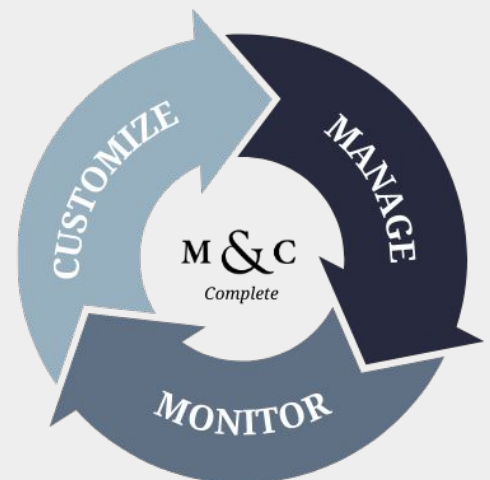


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Personal

| | |
|--------------------------------------|------------------|
| Your full legal name: | |
| Cell phone: | Social Security: |
| Address: | |
| Place of birth: | Birth date: |
| Driver's license: | Passport: |
| Primary care physician name & phone: | |
| Health insurance plan name & ID: | |
| Blood type: | Allergies: |
| Medications and dosages: | |
| | |
| Employer & address: | |
| HR contact name & phone: | |

| | |
|--|------------------|
| Spouse's or partner's full legal name: | |
| Cell phone: | Social Security: |
| Address: | |
| Place of birth: | Birth date: |
| Driver's license: | Passport: |
| Primary care physician name & phone: | |
| Health insurance plan name & ID: | |
| Blood type: | Allergies: |
| Medications and dosages: | |
| | |
| Employer & address: | |
| HR contact name & phone: | |

Emergency Contact List

| | |
|-------------|-------------|
| Name: | |
| Home phone: | Cell phone: |
| Name: | |
| Home phone: | Cell phone: |
| Name: | |
| Home phone: | Cell phone: |

Personal *continued*

Dependents

| | |
|----------------------------------|------------------|
| Name: | |
| Relationship: | Social Security: |
| School name: | |
| School phone: | |
| Health insurance plan name & ID: | |
| Medications & dosages: | |
| Passport: | Birth date: |
| Allergies: | Blood type: |

| | |
|----------------------------------|------------------|
| Name | |
| Relationship: | Social Security: |
| School name: | |
| School phone: | |
| Health insurance plan name & ID: | |
| Medications & dosages: | |
| Passport: | Birth date: |
| Allergies: | Blood type: |

| | |
|----------------------------------|------------------|
| Name | |
| Relationship: | Social Security: |
| School name: | |
| School phone: | |
| Health insurance plan name & ID: | |
| Medications & dosages: | |
| Passport: | Birth date: |
| Allergies: | Blood type: |

Personal *continued*

Dependents *continued*

| | |
|----------------------------------|------------------|
| Name: | |
| Relationship: | Social Security: |
| School name: | |
| School phone: | |
| Health insurance plan name & ID: | |
| Medications & dosages: | |
| Passport: | Birth date: |
| Allergies: | Blood type: |

| | |
|----------------------------------|------------------|
| Name | |
| Relationship: | Social Security: |
| School name: | |
| School phone: | |
| Health insurance plan name & ID: | |
| Medications & dosages: | |
| Passport: | Birth date: |
| Allergies: | Blood type: |

| | |
|----------------------------------|------------------|
| Name | |
| Relationship: | Social Security: |
| School name: | |
| School phone: | |
| Health insurance plan name & ID: | |
| Medications & dosages: | |
| Passport: | Birth date: |
| Allergies: | Blood type: |

Personal *continued*

Dependents *continued*

| | |
|--------------------|--------|
| Pediatrician name: | Phone: |
| Address: | |

| | |
|---------------|--------|
| Dentist name: | Phone: |
| Address: | |

| | |
|------------------|--------|
| Specialist name: | Phone: |
| Address: | |

| | |
|-------------------|--------|
| Daycare provider: | Phone: |
| Address: | |

Pets

| | |
|-------------------------|--------|
| Veterinarian name: | Phone: |
| Pet(s) name & type: | |
| Special considerations: | |

Neighbors or friends

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

| | |
|-------|--------|
| Name: | Phone: |
|-------|--------|

Financial

Insurance

| | | |
|-------------------------|------------------------|--------|
| Insurance company name: | Insured name(s): | |
| Agent: | Agent email: | |
| Address: | | Phone: |
| Auto policy: | Homeowner policy: | |
| Life insurance policy: | Long-term care policy: | |
| Policy location: | Umbrella policy: | |
| Username: | Password: | |

| | | |
|-------------------------|------------------------|--------|
| Insurance company name: | Insured name(s): | |
| Agent: | Agent email: | |
| Address: | | Phone: |
| Auto policy: | Homeowner policy: | |
| Life insurance policy: | Long-term care policy: | |
| Policy location: | Umbrella policy: | |
| Username: | Password: | |

| | | |
|-------------------------|------------------------|--------|
| Insurance company name: | Insured name(s): | |
| Agent: | Agent email: | |
| Address: | | Phone: |
| Auto policy: | Homeowner policy: | |
| Life insurance policy: | Long-term care policy: | |
| Policy location: | Umbrella policy: | |
| Username: | Password: | |

| | | |
|-------------------------|------------------------|--------|
| Insurance company name: | Insured name(s): | |
| Agent: | Agent email: | |
| Address: | | Phone: |
| Auto policy: | Homeowner policy: | |
| Life insurance policy: | Long-term care policy: | |
| Policy location: | Umbrella policy: | |
| Username: | Password: | |

Financial *continued*

Financial professional

| | |
|------------------------------|------------|
| Financial professional name: | |
| Phone: | Email: |
| Firm name & address: | |
| Statement location: | |
| Account 1: | Account 2: |
| Account 3: | Account 4: |

| | |
|------------------------------|------------|
| Financial professional name: | |
| Phone: | Email: |
| Firm name & address: | |
| Statement location: | |
| Account 1: | Account 2: |
| Account 3: | Account 4: |

Other professionals

| | |
|----------------------|--------|
| Attorney name: | |
| Phone: | Email: |
| Firm name & address: | |

| | |
|----------------------|--------|
| Attorney name: | |
| Phone: | Email: |
| Firm name & address: | |

| | |
|----------------------|--------|
| Attorney name: | |
| Phone: | Email: |
| Firm name & address: | |

Financial *continued*

Other professionals *continued*

| | |
|------------------------|--------|
| Tax professional name: | |
| Phone: | Email: |
| Firm name & address: | |

| | |
|----------------------|-------------------|
| Professional name: | Service Provided: |
| Phone: | Email: |
| Firm name & address: | |

| | |
|----------------------|-------------------|
| Professional name: | Service Provided: |
| Phone: | Email: |
| Firm name & address: | |

| | |
|----------------------|-------------------|
| Professional name: | Service Provided: |
| Phone: | Email: |
| Firm name & address: | |

Financial *continued*

Bank

| | | | |
|---|--|-----------------|---------|
| Bank name: | | Phone: | |
| Address: | | | |
| User name: | | Password: | |
| Checking: | | | |
| Savings: | | | |
| ATM check card: | | PIN: | |
| Certificates of deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount: | Amount: |
| Line of credit: | | Line of credit: | |

| | | | |
|---|--|-----------------|---------|
| Bank name: | | Phone: | |
| Address: | | | |
| User name: | | Password: | |
| Checking: | | | |
| Savings: | | | |
| ATM check card: | | PIN: | |
| Certificates of deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount: | Amount: |
| Line of credit: | | Line of credit: | |

| | | | |
|---|--|-----------------|---------|
| Bank name: | | Phone: | |
| Address: | | | |
| User name: | | Password: | |
| Checking: | | | |
| Savings: | | | |
| ATM check card: | | PIN: | |
| Certificates of deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount: | Amount: |
| Line of credit: | | Line of credit: | |

Financial *continued*

Loans and credit

Home loan

| | |
|------------------|---|
| Mortgage holder: | Phone: |
| Address: | |
| Username: | Password: |
| Account: | Signee: Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> |

| | |
|-------------------------|---|
| Second mortgage holder: | Phone: |
| Address: | |
| Username: | Password: |
| Account: | Signee: Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> |

| | |
|---------------------|---|
| Home equity holder: | Phone: |
| Address: | |
| Username: | Password: |
| Account: | Signee: Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> |

Car loan

| | |
|-----------|---|
| Holder: | Phone: |
| Address: | |
| Username: | Password: |
| Account: | Signee: Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> |

Car loan

| | |
|-----------|---|
| Holder: | Phone: |
| Address: | |
| Username: | Password: |
| Account: | Signee: Self <input type="checkbox"/> Spouse/partner <input type="checkbox"/> |

Financial *continued*

Loans and credit *continued*

Miscellaneous loan

| | |
|-----------|--|
| Holder: | Phone: |
| Address: | |
| Username: | Password: |
| Account: | Signee <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner |

Credit card

| | |
|--|-----------|
| <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other | Account: |
| Billing address: | |
| Username: | Password: |
| Cardholder name: | Phone: |

| | |
|--|-----------|
| <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other | Account: |
| Billing address: | |
| Username: | Password: |
| Cardholder name: | Phone: |

| | |
|--|-----------|
| <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other | Account: |
| Billing address: | |
| Username: | Password: |
| Cardholder name: | Phone: |

| | |
|--|-----------|
| <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other | Account: |
| Billing address: | |
| Username: | Password: |
| Cardholder name: | Phone: |

| | |
|--|-----------|
| <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Other | Account: |
| Billing address: | |
| Username: | Password: |
| Cardholder name: | Phone: |

Financial *continued*

Other financial assets

Mutual funds, stocks, bonds, collectibles, antiques, 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. | | | | \$ |

Safe-deposit box

| | |
|--|-------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address of box location: | |
| Location of key to box: | Box number: |

Home safe

| |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location and combination: |

Real estate holdings

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

| | |
|----------------------|---------------|
| Type of real estate: | |
| Address: | |
| Deed location: | Name on deed: |

Medical history

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had treatment for (add details, if box selected below):

| | |
|--|-------------------------------------|
| <input type="checkbox"/> Cancer: | <input type="checkbox"/> Heart: |
| <input type="checkbox"/> Tuberculosis: | <input type="checkbox"/> Arthritis: |
| <input type="checkbox"/> Kidney disorder: | <input type="checkbox"/> Dementia: |
| <input type="checkbox"/> Diabetes: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Circulatory problems: | |
| <input type="checkbox"/> Allergies, list: | |

Medical professional:

| | |
|-----------------|--------|
| Name: | Phone: |
| Treats me for: | |
| Address/clinic: | |

| | |
|-----------------|--------|
| Name: | Phone: |
| Treats me for: | |
| Address/clinic: | |

| | |
|-----------------|--------|
| Name: | Phone: |
| Treats me for: | |
| Address/clinic: | |

| |
|--|
| I have a living will: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of document: |
| Additional remarks: |

| |
|--|
| Do not resuscitate instruction: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of document: |
| Additional remarks: |

| |
|---|
| I am an organ donor: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional remarks: |

Your funeral and will

Preplanned funeral

| | |
|---|----------------|
| Funeral home: | |
| Contact name: | Phone: |
| Details: | |
| <input type="checkbox"/> Cemetery burial <input type="checkbox"/> Cremation | |
| Plot location or cremated remains: | Deed location: |

Your will

| | |
|-------------------------|----------------|
| Date of last will: | 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: | |

Your spouse's or partner's funeral and will

Preplanned funeral

| | |
|----------------|----------------|
| Funeral home: | |
| Contact name: | Phone: |
| Details: | |
| Cemetery plot: | |
| Plot location: | Deed location: |

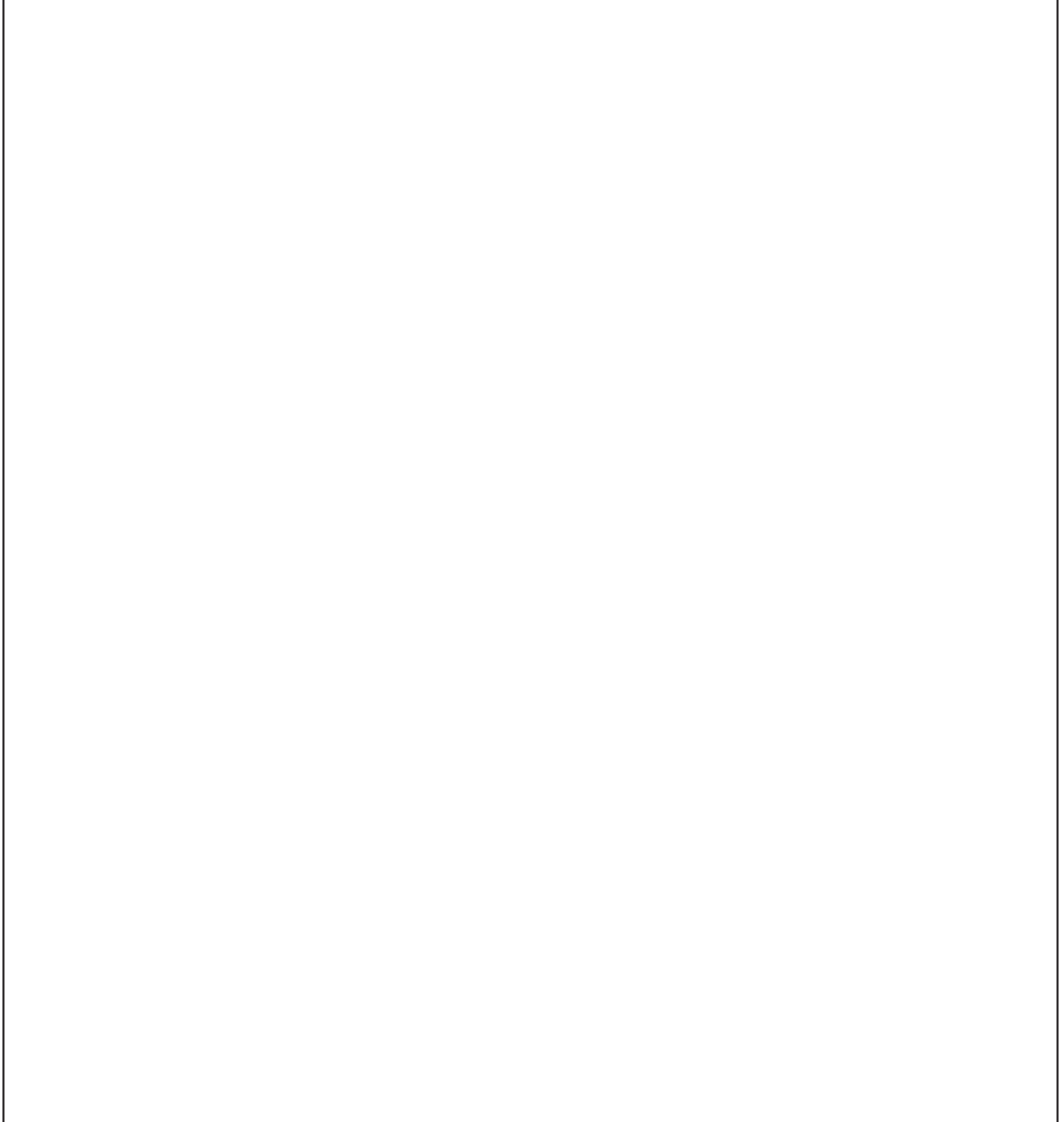
Your spouse's or partner's will

| | |
|-------------------------|----------------|
| Date of last will: | Will location: |
| Lawyer: | Phone: |
| Address: | |
| Executor(s)/trustee(s): | Phone: |
| Address: | |

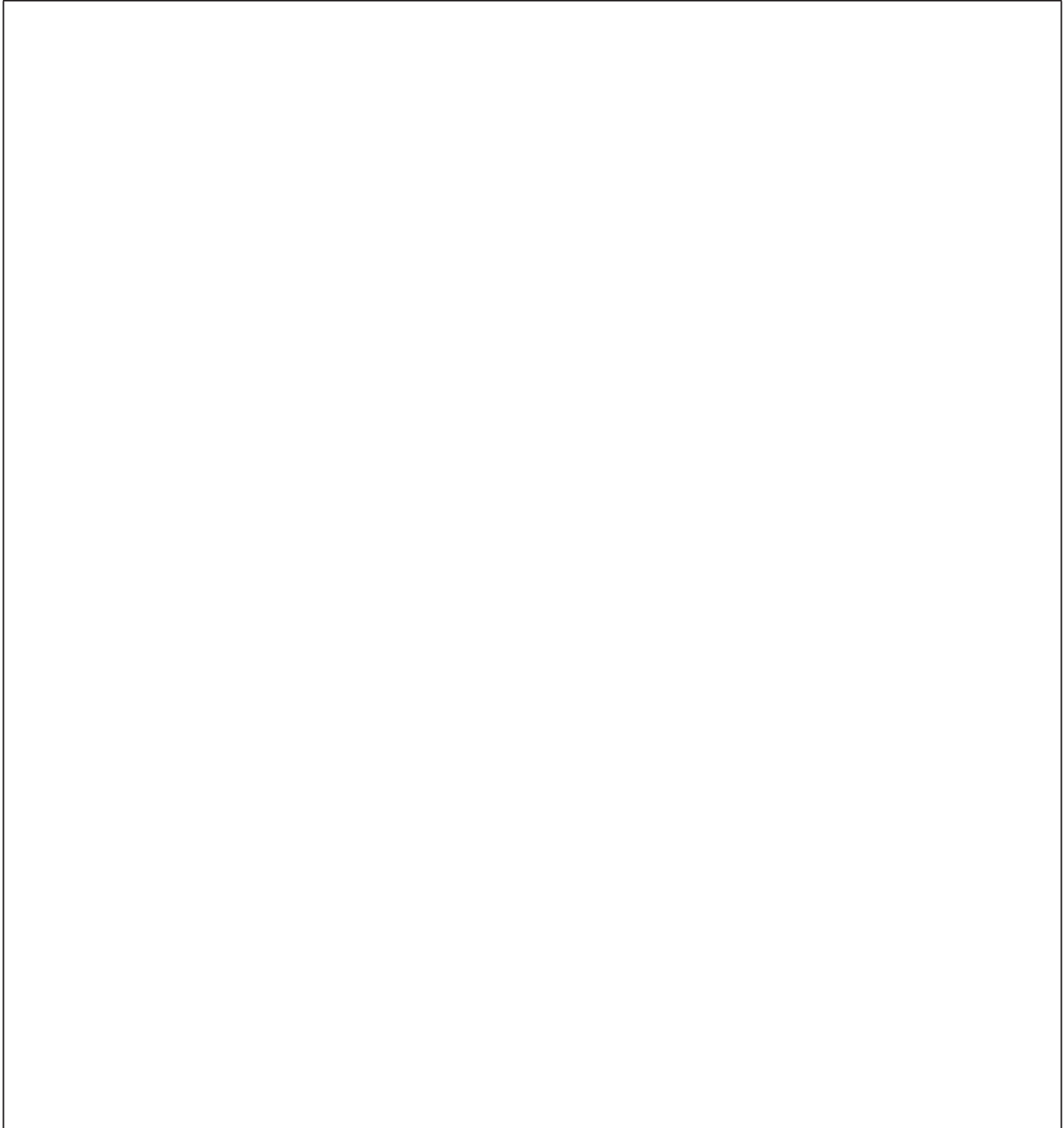
Beneficiaries

| | |
|------------------------------------|--------|
| Name: | Phone: |
| Address: | |
| Name: | Phone: |
| Address: | |
| Name: | Phone: |
| Address: | |
| Name: | Phone: |
| Address: | |
| Name: | Phone: |
| Address: | |
| Will instructions/special clauses: | |

Additional notes/requests



Additional notes/requests



Resources

Government organizations

Social Security
Administration

1-800-772-1213
www.ssa.gov

FEMA (Federal Emergency
Management Agency)

1-800-621-FEMA (3362)
www.fema.gov

IRS (Internal
Revenue Service)

1-800-829-1040
www.irs.gov

Glossary

Beneficiary — a person (or organization or charity) who receives a benefit under a will or trust

Capital gain — profit realized on the sale of an asset or the profit deemed to be realized if the asset has been sold at the time of the owner's death

Codicil — a formal amendment that modifies the terms of a will

Estate — the total sum of a person's assets

Executor — the person or trust company appointed in a will to control and protect the estate's assets, pay off any debts, and distribute property as directed by the will

Guardian — the person or person(s) appointed in a will or by the court to have custody of minor children or their assets

Inter vivos trust (living trust) — a trust created by a trust deed to take effect during the lifetime of the creator of the trust

Intestate — a person who dies without a will

Issue — descendants of a person, including not only children but grandchildren, great grandchildren and more remote descendants

Personal property — all property except for real estate and buildings; also known as "personality" (as opposed to "real property" or "realty")

Personal representative — the individual administering the estate, whether an executor or administrator

Probate — the official confirmation of a will by the courts, confirming the executor's legal right

Real property — land and buildings; also known as "real estate" or "realty"

Residuary Beneficiary — the beneficiary to whom the residue of the estate is left

Residue — that portion of an estate remaining after all debts, taxes and expenses have been paid and all specific bequests and specific devises have been made

Specific bequest — a gift under a will of a specific item of personal property or a specific amount of cash

Specific devise — a gift under a will of a specific parcel of real property

Testamentary trust — a trust created by a will

Testator or testatrix — the person who makes the will

Trustee — one who manages property or money for another

Will — the legal statement of a person's wishes concerning the disposal of his or her property after death