

Inventory – Client Worksheet

Real Estate

Address:

Co-Owners:

Do you have the original or a copy of the property deed? YES NO

Estimated Value:

Address:

Co-Owners:

Do you have the original or a copy of the property deed? YES NO

Estimated Value:

Bank Accounts

Name of Bank:

Account #:

Type of Bank Account: Checking Savings Money Market

Joint Account Holder:

Balance on date of death:

Name of Bank:

Account #:

Type of Bank Account: Checking Savings Money Market

Joint Account Holder:

Balance on date of death:

Name of Bank:

Account #:

Type of Bank Account: Checking Savings Money Market

Joint Account Holder:

Balance on date of death:

Vehicles

Year: Make: Model:

VIN #:

Estimated value:

Year: Make: Model:

VIN #:

Estimated value:

Household Goods and Furniture

Location Address:

Estimated Value:

Clothing and Jewelry

Location Address:

Estimated Value:

Other Property

Claims Owed to the Estate

Debtor Name:

Amount: