

# INVENTORY & PLANNING GUIDE



A GIFT FROM

**Calumet College**  
of St. Joseph



# AN INVENTORY BOOKLET

## For Your Important Estate Planning Information

Provide your family and loved ones with a one-stop guide that can help identify and locate all your important documents when it comes time to settle your affairs. Once you have completed this guide, give a copy to your executor and attorney, keep the original with your other important papers, and update it at least every two to three years. If you are married, have your spouse complete his or her own separate guide.

Your legal name \_\_\_\_\_

Legal name of spouse \_\_\_\_\_

Maiden name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birthdate \_\_\_\_\_

Today's Date \_\_\_\_\_

*For additional copies of this booklet or an editable electronic version, please contact the Institutional Advancement Office at 219.473.4388 or [development@ccsj.edu](mailto:development@ccsj.edu).*

# Will

Do you have one? ☐ Yes ☐ No

Location of original document \_\_\_\_\_

\_\_\_\_\_

Date created \_\_\_\_\_

Name of lawyer who prepared the document \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Name of executor \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

## Top Five Reasons to Make a Will

- To make sure family and loved ones will be financially secure
- To specify the executor of person(s) who will oversee your affairs
- To ensure that your assets are distributed according to your wishes
- To minimize or eliminate the share of your estate that will go to taxes
- To bequeath a gift to a charitable organization that has touched your life

# Funeral and Burial Preferences

Funeral home \_\_\_\_\_  
\_\_\_\_\_

Name of funeral director \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

☐ Military funeral requested \_\_\_\_\_

☐ Cemetery plot or vault was prearranged \_\_\_\_\_

Cemetery name and location \_\_\_\_\_  
\_\_\_\_\_

Section number \_\_\_\_\_

Plot number \_\_\_\_\_

Location of deed to plot \_\_\_\_\_  
\_\_\_\_\_

Cremation? ☐ Yes ☐ No

If yes, instructions for your remains \_\_\_\_\_  
\_\_\_\_\_

Other specific instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorial gifts should be made to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Power of Attorney

With a power of attorney, you allow someone to act on your behalf in the event that you are unable to do so. For example, you could be on an extended vacation or affected by a temporary medical condition. The power of attorney allows the holder of the power to transact business, including buying, selling, and gathering assets; discharging debts; and handling real estate.

Do you have one? ☐ Yes ☐ No

Location of original document \_\_\_\_\_

Name of person(s) given the power to act \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

## Health Care Power of Attorney/Living Will

A power of attorney for health care designates a person to make health care decisions if you are unable, and sets down guidelines for levels of treatment and life sustaining devices. It may also encompass or be accompanied by a living will, directing whether life sustaining procedures should be used to prolong life when it's medically determined that no hope of recovery remains.

Do you have a health care power of attorney? ☐ Yes ☐ No

Do you have a living will? ☐ Yes ☐ No

Location of original document(s) \_\_\_\_\_

\_\_\_\_\_

Name of person(s) given the power to act \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

# Important Phone Numbers

Organ Bank or Hospital (If Organ Donor) \_\_\_\_\_  
\_\_\_\_\_

Organization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

## Family Members

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

## Friends

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

## Clergy

Name	_____	Phone	_____
Name	_____	Phone	_____

## Employer/Business Associates

Name	_____	Phone	_____
Name	_____	Phone	_____

# Important Documents

## Property Deeds

Do you own any real property? ☐ Yes ☐ No

Location of deed(s) \_\_\_\_\_  
\_\_\_\_\_

Address(es) of real estate you own \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Trusts

Type of trust \_\_\_\_\_

Location of trust \_\_\_\_\_

Attorney who drafted the trust \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

## Life Insurance Policies

**Company** \$ \_\_\_\_\_

Face amount \$ \_\_\_\_\_

Policy number \_\_\_\_\_

Type of policy \_\_\_\_\_

Location \_\_\_\_\_

Beneficiary/ies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Life Insurance Policies** *(continued)*

**Company** \$ \_\_\_\_\_

Face amount \$ \_\_\_\_\_

Policy number \_\_\_\_\_

Type of policy \_\_\_\_\_

Location \_\_\_\_\_

Beneficiary /ies \_\_\_\_\_

\_\_\_\_\_

**Company** \$ \_\_\_\_\_

Face amount \$ \_\_\_\_\_

Policy number \_\_\_\_\_

Type of policy \_\_\_\_\_

Location \_\_\_\_\_

Beneficiary /ies \_\_\_\_\_

\_\_\_\_\_

**Employee Benefits and Business Interests**

**Pensions/Profit Sharing/401(k)/403(b) Plans**

Brief description \_\_\_\_\_

Location \_\_\_\_\_

Death benefits payable to \_\_\_\_\_

**Deferred Compensation Plan**

Brief description \_\_\_\_\_

Location \_\_\_\_\_

Death benefits payable to \_\_\_\_\_

**Individual Retirement Accounts (IRA)**

Brief description \_\_\_\_\_

Location \_\_\_\_\_

Death benefits payable to \_\_\_\_\_

\_\_\_\_\_

**Group Life Insurance**

Face amount \$ \_\_\_\_\_

Payable to \_\_\_\_\_

**Other Employee Benefits**

\_\_\_\_\_

\_\_\_\_\_

**Buy-Sell Agreement for Business Interests**

General description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of professional and business arrangements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Financial Accounts

(CDs, Stocks, Bonds, Mutual Funds & Money Market Accounts)

**Name of Bank** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of account ☐ Checking ☐ Savings ☐ Other

In name of \_\_\_\_\_

Account number \_\_\_\_\_

Type of account ☐ Checking ☐ Savings ☐ Other

In name of \_\_\_\_\_

Account number \_\_\_\_\_

Death benefits payable to \_\_\_\_\_

**Name of Bank** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of account ☐ Checking ☐ Savings ☐ Other

In name of \_\_\_\_\_

Account number \_\_\_\_\_

Type of account ☐ Checking ☐ Savings ☐ Other

In name of \_\_\_\_\_

Account number \_\_\_\_\_

Death benefits payable to \_\_\_\_\_

**Stockbroker's Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

In name of \_\_\_\_\_

Account number \_\_\_\_\_

# Safe Deposit Box

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Box number \_\_\_\_\_

Key location \_\_\_\_\_

## Keep in a Safe Deposit Box:

- Originals of birth, marriage, and death certificates; adoption papers; divorce decrees
- Deeds, titles, mortgage papers, and lease contracts
- Military records and citizenship papers
- Stock and bond certificates
- Insurance photos of the contents of your home
- Valuable collectibles

## Don't Keep in a Safe Deposit Box:

- Your will
- A living will
- Originals of power of attorney authorization
- An inventory of the contents in your safe deposit box

## Passwords

Passwords for your computer login screen, email accounts, and other password protected accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Consider a Memorial Gift

The passing of someone close to you is rightfully a time for remembrance, reflection, and recognition. Many people search for ways to commemorate the life of a husband, wife, dear friend, or family member—to make a lasting statement about what that person meant to them.

You can make a gift that will stand as a memorial to a loved one and at the same time, advance our mission in a meaningful way. It is hard to imagine a more thoughtful, satisfying plan. How you decide to honor this special person is up to you. Possibilities include immediate gifts, bequests from wills or living trusts, and gifts from which you or family members keep lifetime benefits.

Friends who include Calumet College of St. Joseph in their estate plans continue the mission of the College for future generations.

**Please consider:**

- Naming us in your will or living trusts
- Naming us as a full or partial beneficiary of your life insurance
- Naming us as a full or partial beneficiary of a retirement account, IRA, CD, or bank account

Your financial advisor or estate planner can assist you with the many tax benefits you may also be able to take advantage of with a planned gift. We would be pleased to discuss with you the many ways you can remember Calumet College of St. Joseph in your estate plan.

**Notes**

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# Pets

**Pet type/name** \_\_\_\_\_

Feeding instructions \_\_\_\_\_

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

**Pet type/name** \_\_\_\_\_

Feeding instructions \_\_\_\_\_

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

Veterinarian business name \_\_\_\_\_

Veterinarian name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Person(s) designated to continue pet care \_\_\_\_\_

Phone number of designee(s) \_\_\_\_\_

# Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Calumet College of St. Joseph**  
**2400 New York Avenue**  
**Whiting, Indiana 46394**

**Institutional Advancement Office**  
**219.473.4388**  
**[development@ccsj.edu](mailto:development@ccsj.edu)**