



"Professionals With A Personal Touch"

Licensed in Wisconsin & Illinois

Innovators in Insurance & Investments

Date of Appointment ___ / ___ / ___

Time _____

Place _____

Estate Inventory Form

Legal Name _____ (_____)
(First) (Mi) (Last) (Nickname)

S/NS SS# ___-___-___ Birthdate ___/___/___

Spouse _____ S/NS SS# ___-___-___ Birthdate ___/___/___

Child _____ S/NS SS# ___-___-___ Birthdate ___/___/___

Child _____ S/NS SS# ___-___-___ Birthdate ___/___/___

Child _____ S/NS SS# ___-___-___ Birthdate ___/___/___

Child _____ S/NS SS# ___-___-___ Birthdate ___/___/___

Home Address _____ Phone _____

Bus. Add. _____ Phone _____

Number of Employees _____ Position _____

Spouse's Bus. Add. _____ Phone _____

Number of Employees _____ Position _____

Email _____

Email #2 _____

DL# _____ Exp _____ ST _____

Spouse DL# _____ Exp _____ ST _____

Your tax preparer is: _____

Your attorney is: _____

How would you like our firm to help you