



Your Personal Assets Inventory



Nathan Littauer Foundation, Inc.

A Foundation for the Future

INVENTORY OF ASSETS AND VALUABLE DOCUMENTS

GENERAL KEYPOINTS

Knowing at all times what personal papers and property(ies) you have and where they are is basic to sound personal management. Such a record of past transactions will help you and your family to realistically plan for the future and to face emergencies with minimum difficulties. If you have yet to catalogue your important papers, may be, now is the best time to do it.

The following pages may be of assistance. Fill in the spaces provided and keep this record of your personal detail in a safe but readily accessible place (Please insert additional pages if the space provided is insufficient).

We recommend that this record be revised and updated at least once a year.

Latest review date

1. PERSONAL INFORMATION

NAME/ID/ADDRESS	
Full Name	
Social Security Number	
Date of Birth	
Place of Birth	
Location of Birth Certificate	
Additional Items	

2. LEGAL MATTERS

My Will is located at	
The date of this Will is	
My Estate Planner	
Address of Estate Planner	
Telephone number of Estate Planner	

2. LEGAL MATTERS (CONT'D)

a. Name of Executor/Trustee	
Address of Executor/Trustee	
Telephone number of Executor/Trustee	
b. Name of Executor/Trustee	
Address of Executor/Trustee	
Telephone number of Executor/Trustee	
c. My personal lawyer is	
Address of lawyer	
Telephone of lawyer	



3. LIFE INSURANCE

I realize that my survivors must have almost immediate access to my insurance policies, since many of them provide for some advance payment before probate of my Will, and in view of this the companies in question must be notified immediately.

The Life Insurance Policies I own are noted below:

a. Name of Insurance Company	
Policy Number	
Insured Amount	
Additional Benefits	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	
b. Name of Insurance Company	
Policy Number	
Insured Amount	
Additional Benefits	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	

3. LIFE INSURANCE (CONT'D)

c. Name of Insurance Company	
Policy Number	
Insured Amount	
Additional Benefits	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	
d. Name of Insurance Company	
Policy Number	
Insured Amount	
Additional Benefits	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	

4. PROPERTY INSURANCE

The property insurance(s) are detailed below

a. Property Insured	
Name of Insurance Company	
Policy Number	
Insured Amount	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	
b. Property Insured	
Name of Insurance Company	
Policy Number	
Insured Amount	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	

5. AUTOMOBILE INSURANCE

My automobile(s) insurance is detailed below

a. Vehicle Insured	
Name of Insurance Company	
Policy Number	
Insured Amount	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	
b. Vehicle Insured	
Name of Insurance Company	
Policy Number	
Insured Amount	
Location of Policy	
Agent	
Address of Agent	
Phone number of Agent	

6. PERSONAL ACCIDENT INSURANCE

a. Name of Insurance Company	
Policy Number	
Location of Policy	
Insured Amount	
Agent	
Address of Agent	
Phone number of Agent	
b. Name of Insurance Company	
Policy Number	
Location of Policy	
Insured Amount	
Agent	
Address of Agent	
Phone number of Agent	
c. Name of Insurance Company	
Policy Number	
Location of Policy	
Insured Amount	
Agent	
Address of Agent	
Phone number of Agent	

7. HEALTH INSURANCE

The health insurance policy(ies) I own are detailed below. Benefits may also be available through my employer.

a. Name of Insurance Company	
Policy Number or Certificate Number	
Location of Policy	
Insured Amount	
Agent	
Address of Agent	
Phone number of Agent	
Type of Coverage	
b. Name of Insurance Company	
Policy Number or Certificate Number	
Location of Policy	
Insured Amount	
Agent	
Address of Agent	
Phone number of Agent	
Type of Coverage	

8. GROUP LIFE INSURANCE

My Group Life Insurance is carried by my employer. He should be notified at once.

Name of Employer	
Address of Employer	
Amount of Group Insurance	
Name of Proper Contact at Employer	

9. PENSION PLANS/CPF

My employer may also carry a Pension Plan in which I participate. The person, named above, under Name of Proper Contact at Employer will be aware of this and can provide proper information.

I understand that benefits may be available to my beneficiary/beneficiaries through the Central Provident Fund (CPF). To find out exactly what benefits my beneficiary/beneficiaries is/are entitled to receive, and how to apply for them, it is necessary to contact:

CPF	
Name of Proper Contact at Pension Plan	

10. CERTIFICATES

My Marriage Certificate is located at	
Military records are located at	
My passport is located at	
Other personal records are located at	

11. BANK ACCOUNT(S)

My Bank Accounts are listed below

a. Name of Bank	
Branch	
Account Number	
Type of Account	
Location of Records	
b. Name of Bank	
Branch	
Account Number	
Type of Account	
Location of Records	
c. Name of Bank	
Branch	
Account Number	
Type of Account	
Location of Records	

12. SAFE DEPOSIT BOX

a. Name of Bank	
Branch	
Account Number	
Type of Account	
Location of Records	
b. Name of Bank	
Branch	
Account Number	
Type of Account	
Location of Records	

13. INCOME TAX

Copies of my income tax returns, together with all receipts are located	
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14. CREDIT/CHARGE CARDS

My credit/charge cards and their numbers are:

a. Name of Company	
Credit/Charge Account Number	
Expiration Date	
b. Name of Company	
Credit/Charge Account Number	
Expiration Date	
c. Name of Company	
Credit/Charge Account Number	
Expiration Date	
d. Name of Company	
Credit/Charge Account Number	
Expiration Date	
e. Name of Company	
Credit/Charge Account Number	
Expiration Date	
f. Name of Company	
Credit/Charge Account Number	
Expiration Date	

15. IMMOVABLE PROPERTY

I have the following immovable properties (land, house, building, etc.):

a. Type of Property	
Location	
Name of Co-owner(s) (if any)	
Title Number	
Location of Title Deeds	
Property Charged (Mortgaged) to:	
Loan Amount	
b. Type of Property	
Location	
Name of Co-owner(s) (if any)	
Title Number	
Location of Title Deeds	
Property Charged (Mortgaged) to:	
Loan Amount	
c. Type of Property	
Location	
Name of Co-owner(s) (if any)	
Title Number	
Location of Title Deeds	
Property Charged (Mortgaged) to:	
Loan Amount	

16. INVESTMENTS

1. My Stock Broker

a. Name of Company	
Address	
Account Number	
Contact Person (Remisier/Dealer)	
b. Name of Company	
Address	
Account Number	
Contact Person (Remisier/Dealer)	
c. Name of Company	
Address	
Account Number	
Contact Person (Remisier/Dealer)	
d. Name of Company	
Address	
Account Number	
Contact Person (Remisier/Dealer)	
e. Name of Company	
Address	
Account Number	
Contact Person (Remisier/Dealer)	

16. INVESTMENTS (CONT'D)

3. Unit Trust

a. Name of Management Company	
Name of Fund	
Location of Certificates	
b. Name of Management Company	
Name of Fund	
Location of Certificates	
c. Name of Management Company	
Name of Fund	
Location of Certificates	
d. Name of Management Company	
Name of Fund	
Location of Certificates	
e. Name of Management Company	
Name of Fund	
Location of Certificates	
f. Name of Management Company	
Name of Fund	
Location of Certificates	
g. Name of Management Company	
Name of Fund	
Location of Certificates	

21. COLLECTIONS

I am a Collector. This collection should be evaluated by a proper appraisal.

a. I collect	
Collection held at	
b. I collect	
Collection held at	
c. I collect	
Collection held at	

22. LODGES, SOCIETIES, CLUBS, ALUMNAE PROFESSIONAL ASSOCIATION AND UNIONS

a. Name of Organization	
Address	
Contact	
b. Name of Organization	
Address	
Contact	
c. Name of Organization	
Address	
Contact	

