***Personal***

***Asset Inventory***

***Form***

### *Of*

#### Testator’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will Reference No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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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 now may be 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 details in a safe but readily accessible place (Please insert additional pages if the space provided is insufficient) once it is completed, you will appreciate the value of keeping such a record.

It is recommended that this record be revised and updated at least once a year.

Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Personal Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name Of Testator | : |  | | | | | | |
| NRIC No. | : | (New) | | | (Old) | | | |
| Address | : |  | | | | | | |
|  |  |  | | | | | | |
|  |  |  | | | | | | |
|  |  |  | | | | | | |
| Date of Birth | : |  | | Place of Birth | : |  | | |
| Birth Cert. No. | : |  | | Location of B/Cert. | | | : |  |
| Passport No. | : |  | | Location of Passport | | | : |  |
| Marriage Cert. No. | : |  | | Location of M/Cert. | | | : |  |
| Other Documents/Information of importance | | | : |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

B. Family Information

**1. Spouse**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | : |  | |
| NRIC No. | : | (New) | (Old) |
| Address | : |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

**2. Children**

|  |  |  |
| --- | --- | --- |
| a) Name | : |  |
| NRIC / Birth Cert. No. | : |  |
| Address | : |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| b) Name | : |  |
| NRIC / Birth Cert. No. | : |  |
| Address | : |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| c) Name | : |  |
| NRIC / Birth Cert. No. | : |  |
| Address | : |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| d) Name | : |  |
| NRIC / Birth Cert. No. | : |  |
| Address | : |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3. Other dependants (Parents, siblings, etc.)**

|  |  |  |  |
| --- | --- | --- | --- |
| a) Name | : |  | |
| NRIC No. | : | (New) | (Old) |
| Address | : |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| Relationship | : |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| b) Name | : |  | |
| NRIC No. | : | (New) | (Old) |
| Address | : |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| Relationship | : |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| c) Name | : |  | |
| NRIC No. | : | (New) | (Old) |
| Address | : |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| Relationship | : |  | |

**C. Testamentary Matters**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Date of Will** | : |  | | | |
|  | Will Identification No. | : |  | | | |
|  | Holder of Identification Card | : | (a) Name |  | Tel : |  |
|  | (Other than yourself) | : | (b) Name |  | Tel : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | **Executor** | | |
|  | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Contact No. | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.** | **Guardian(s)** | | |
| a) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Contact No. | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Contact No. | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | **Witness to the Will** | | |
| a) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Contact No. | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Contact No. | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.** | **Personal Lawyer** | | |
|  | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Contact No. | : |  |

1. **Insurance Policies**

*(Including all personal and group Life, Accident and Medical and insurance carried by through club, society or association membership*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| b) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| c) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| d) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| e) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| f) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| g) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| h) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| i) | Name of Insurance Co. | : |  | | | |
|  | Policy No. | : |  | Policy Type | : |  |
|  | Sum Assured (RM) | : |  | | | |
|  | Additional Benefits | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agent | : |  | Contact No. | : |  |
|  | Remarks | : |  | | | |

1. **SOCSO**

|  |  |  |
| --- | --- | --- |
| Name of Employer | : |  |
| Socso No. | : |  |
| Location of Socso file | : |  |

1. **EPF/Pension Plans/Retirement Benefit**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | EPF No. | : |  |
|  | Location of EPF file | : |  |
|  | Name of Nominee | : | (a) |
|  |  |  | (b) |
|  |  |  | (c) |
|  |  |  | (d) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.** | **Other Pension Plans/Retirement Benefit** | | | | |
| a) | Name of Company/Organisation | | | : |  |
|  | Address | : |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  | Telephone No. | : |  | | |
|  | Contact Person | : |  | | |
|  | Location of Document | : |  | | |
|  | Remarks | : |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| b) | Name of Company/Organisation | | | : |  |
|  | Address | : |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  | Telephone No. | : |  | | |
|  | Contact Person | : |  | | |
|  | Location of Document | : |  | | |
|  | Remarks | : |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| c) | Name of Company/Organisation | | | : |  |
|  | Address | : |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  | Telephone No. | : |  | | |
|  | Contact Person | : |  | | |
|  | Location of Document | : |  | | |
|  | Remarks | : |  | | |

1. **Bank Accounts**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) | Name of Bank | : |  | | | |
|  | Bank Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | A/C Type | : |  |
|  | Location of Records | : |  | | | |
|  | Joint A/c Name (if any) | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| b) | Name of Bank | : |  | | | |
|  | Bank Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | A/C Type | : |  |
|  | Location of Records | : |  | | | |
|  | Joint A/c Name (if any) | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| c) | Name of Bank | : |  | | | |
|  | Bank Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | A/C Type | : |  |
|  | Location of Records | : |  | | | |
|  | Joint A/c Name (if any) | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| d) | Name of Bank | : |  | | | |
|  | Bank Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | A/C Type | : |  |
|  | Location of Records | : |  | | | |
|  | Joint A/c Name (if any) | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| e) | Name of Bank | : |  | | | |
|  | Bank Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | A/C Type | : |  |
|  | Location of Records | : |  | | | |
|  | Joint A/c Name (if any) | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| f) | Name of Bank | : |  | | | |
|  | Bank Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | A/C Type | : |  |
|  | Location of Records | : |  | | | |
|  | Joint A/c Name (if any) | : |  | | | |

1. **Safe Deposit Box**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name of Bank | : |  |
|  | Bank Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Box No. | : |  |
|  | Key Located at | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name of Bank | : |  |
|  | Bank Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Box No. | : |  |
|  | Key Located at | : |  |

1. **Income Tax**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Income Tax No. | : |  |
|  | Accountant Name | : |  |
|  | Accountant Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Location of Document | : |  |

**J. Credit/Charge Cards**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name of Company/Bank | : |  |
|  | Credit/Charge Card No. | : |  |
|  | Card Expiry Date | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name of Company/Bank | : |  |
|  | Credit/Charge Card No. | : |  |
|  | Card Expiry Date | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| c) | Name of Company/Bank | : |  |
|  | Credit/Charge Card No. | : |  |
|  | Card Expiry Date | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| d) | Name of Company/Bank | : |  |
|  | Credit/Charge Card No. | : |  |
|  | Card Expiry Date | : |  |

**K. Immovable Properties**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) | Type of Property | : |  | | | |
|  | Location Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Co-owner(s) (if any) | : |  | | | |
|  | Land/Strata Title No. | : |  | | | |
|  | Location of Title Deeds | : |  | | | |
|  | Outstanding Loan Amount | : |  | | | |
|  | Bank/Finance Company Name | : |  | | | |
|  | Branch Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Insurance Company | : |  | | | |
|  | Policy No. | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agents Name | : |  | Tel No. | : |  |
|  | Sum Insured - Fire | : |  | | | |
|  | - Theft | : |  | | | |
|  | - Liability | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| b) | Type of Property | : |  | | | |
|  | Location Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Co-owner(s) (if any) | : |  | | | |
|  | Land/Strata Title No. | : |  | | | |
|  | Location of Title Deeds | : |  | | | |
|  | Outstanding Loan Amount | : |  | | | |
|  | Bank/Finance Company Name | : |  | | | |
|  | Branch Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Insurance Company | : |  | | | |
|  | Policy No. | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agents Name | : |  | Tel No. | : |  |
|  | Sum Insured - Fire | : |  | | | |
|  | - Theft | : |  | | | |
|  | - Liability | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| c) | Type of Property | : |  | | | |
|  | Location Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Co-owner(s) (if any) | : |  | | | |
|  | Land/Strata Title No. | : |  | | | |
|  | Location of Title Deeds | : |  | | | |
|  | Outstanding Loan Amount | : |  | | | |
|  | Bank/Finance Company Name | : |  | | | |
|  | Branch Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Insurance Company | : |  | | | |
|  | Policy No. | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agents Name | : |  | Tel No. | : |  |
|  | Sum Insured - Fire | : |  | | | |
|  | - Theft | : |  | | | |
|  | - Liability | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| d) | Type of Property | : |  | | | |
|  | Location Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Co-owner(s) (if any) | : |  | | | |
|  | Land/Strata Title No. | : |  | | | |
|  | Location of Title Deeds | : |  | | | |
|  | Outstanding Loan Amount | : |  | | | |
|  | Bank/Finance Company Name | : |  | | | |
|  | Branch Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Name of Insurance Company | : |  | | | |
|  | Policy No. | : |  | | | |
|  | Location of Policy | : |  | | | |
|  | Agents Name | : |  | Tel No. | : |  |
|  | Sum Insured - Fire | : |  | | | |
|  | - Theft | : |  | | | |
|  | - Liability | : |  | | | |

1. **Other Personal Loan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) | Name of Bank | : |  | | | |
|  | Branch Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | Loan Type | : |  |
|  | Loan Amount | : |  | | | |
|  | Collatoral Charge | : |  | | | |
|  | Location of Records | : |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| b) | Name of Bank | : |  | | | |
|  | Branch Address | : |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  |  |  |  | | | |
|  | Account No. | : |  | Loan Type | : |  |
|  | Loan Amount | : |  | | | |
|  | Collatoral Charge | : |  | | | |
|  | Location of Records | : |  | | | |

1. **Investment Information**
2. **Equity Investment**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name of Brokerage Company | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Broker/Remisier Name | : |  |
|  | Contact No. | : |  |
|  | CDS Account No. | : |  |
|  | Margin Financing Amount | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name of Brokerage Company | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Broker/Remisier Name | : |  |
|  | Contact No. | : |  |
|  | CDS Account No. | : |  |
|  | Margin Financing Amount | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| c) | Name of Brokerage Company | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Broker/Remisier Name | : |  |
|  | Contact No. | : |  |
|  | CDS Account No. | : |  |
|  | Margin Financing Amount | : |  |

1. **Unit Trust/Mutual Fund**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) | Name of Management Company | : |  | | | |
|  | Name of Fund | : |  | | | |
|  | Location of Certificates/Records | : |  | | | |
|  | Unit Trust Consultant Name | : |  | Tel No. | : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| b) | Name of Management Company | : |  | | | |
|  | Name of Fund | : |  | | | |
|  | Location of Certificates/Records | : |  | | | |
|  | Unit Trust Consultant Name | : |  | Tel No. | : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| c) | Name of Management Company | : |  | | | |
|  | Name of Fund | : |  | | | |
|  | Location of Certificates/Records | : |  | | | |
|  | Unit Trust Consultant Name | : |  | Tel No. | : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| d) | Name of Management Company | : |  | | | |
|  | Name of Fund | : |  | | | |
|  | Location of Certificates/Records | : |  | | | |
|  | Unit Trust Consultant Name | : |  | Tel No. | : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| e) | Name of Management Company | : |  | | | |
|  | Name of Fund | : |  | | | |
|  | Location of Certificates/Records | : |  | | | |
|  | Unit Trust Consultant Name | : |  | Tel No. | : |  |

1. **Shares in Sdn. Bhd./Non-listed Company/Partnership/Sole-Proprietor**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name of Company | : |  |
|  | No. of Shares/% Owned | : |  |
|  | Location of Share Certificates | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name of Company | : |  |
|  | No. of Shares/% Owned | : |  |
|  | Location of Share Certificates | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| c) | Name of Company | : |  |
|  | No. of Shares/% Owned | : |  |
|  | Location of Share Certificates | : |  |

1. **Golf/Vacation /Club Membership**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name of Club | : |  |
|  | Membership No. | : |  |
|  | Location of Documents | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name of Club | : |  |
|  | Membership No. | : |  |
|  | Location of Documents | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| c) | Name of Club | : |  |
|  | Membership No. | : |  |
|  | Location of Documents | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| d) | Name of Club | : |  |
|  | Membership No. | : |  |
|  | Location of Documents | : |  |

1. **Other Investments and Location of Documents**

|  |
| --- |
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1. **Personal Private Debtors/Creditors**
2. **Debtors**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Tel No. | : |  |
|  | Amount Owed to you | : |  |
|  | Location of Document | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Tel No. | : |  |
|  | Amount Owed to you | : |  |
|  | Location of Document | : |  |

1. **Creditors**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Tel No. | : |  |
|  | Amount Owed by you | : |  |
|  | Location of Document | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Name | : |  |
|  | Address | : |  |
|  |  |  |  |
|  |  |  |  |
|  | Tel No. | : |  |
|  | Amount Owed by you | : |  |
|  | Location of Document | : |  |

1. **Special Hobby/Collection**

|  |  |  |  |
| --- | --- | --- | --- |
| a) | Hobbies/Collections | : |  |
|  | Collection kept at | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| b) | Hobbies/Collections | : |  |
|  | Collection kept at | : |  |

1. **Funeral Arrangement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructions/Arrangements | | : | |  |
|  | | | | |
|  | | | | |
| Location of Documents | : | |  | |

1. **Additional Special Information/Instructions**

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