

LAW OFFICES
HOFFMAN ♦ DIMUZIO

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

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INVENTORY PACKET

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INVENTORY OF VALUABLE DOCUMENTS AND/OR IMPORTANT INFORMATION

DATE COMPLETED: _____

PERSONAL INFORMATION:

My full name is: _____
(include maiden name if female and applicable)

Address: _____

My date of birth is: _____

My Birth Certificate is located at: _____

City and State where I was born: _____

My Father's name is: _____

My Mother's maiden name is: _____

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Age as of today's date: _____

_____ I do have a relationship with this child. _____ I do not have a relationship with this child.

Name: _____ _____ Natural Born Child, or
_____ Adopted

Address: _____

Birth date: _____

Age as of today's date: _____

_____ I do have a relationship with this child. _____ I do not have a relationship with this child.

Name: _____ _____ Natural Born Child, or
_____ Adopted

Address: _____

Birth date: _____

Age as of today's date: _____

_____ I do have a relationship with this child. _____ I do not have a relationship with this child.

My deceased children are:

Name: _____ _____ Natural Born Child, or
_____ Adopted

Address: _____

Birth date: _____

Date of death: _____

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Name: _____ Natural Born Child, or
 Adopted

Address: _____

Birth date: _____

Date of death: _____

Name: _____ Natural Born Child, or
 Adopted

Address: _____

Birth date: _____

Date of death: _____

Name: _____ Natural Born Child, or
 Adopted

Address: _____

Birth date: _____

Date of death: _____

REAL ESTATE:

Current Residence.

I own my home.

I rent my home.

If you own your home:

Address: _____

Do you live there currently? Yes No

Is there a mortgage on the property currently? Yes No

If so, the mortgage company's name is: _____

Mortgage Company's address is: _____

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The Loan number is: _____

The deed to the property is located: _____

Mortgage Company's address is:

If there is a mortgage company, do you have mortgage insurance on this property (if there is a current mortgage): _____ Yes _____ No

The mortgage insurance company is: _____

The Policy number is: _____

Investment Property(ies)

_____ I have investment property(ies). _____ I do not have investment property(ies).
(such as vacation homes, property, timeshares)

Address: _____

Do you live there currently? _____ Yes _____ No

Is this property currently rented? _____ Yes _____ No

Is there a mortgage on the property currently? _____ Yes _____ No

If so, the mortgage company's name is: _____

The Loan number is: _____

The deed to the property is located: _____

Mortgage company's address is: _____

If there is a mortgage company, do you have mortgage insurance on this property (if there is a current mortgage): _____ Yes _____ No

The mortgage insurance company is: _____

The Policy number is: _____

Should you need additional room, please attach a separate piece of paper

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PERSONAL PROPERTY (consists of a considerable value):

_____ I have personal property. _____ I do not have personal property.
Please list on a separate piece of paper.

ESTATE PLANNING DOCUMENTS:

Will:

_____ I have a Will _____ I do not have a Will.

My Will is located at: _____

My Executor/Executrix is: _____

His/her address is: _____

His/her telephone number is: _____

My Alternate Executor/Executrix is: _____

His/her address is: _____

His/her telephone number is: _____

Does anyone have a copy of your Will? _____ Yes _____ No

If so, whom: _____

Living Will/Health Care Directive:

___ I have a Living Will/Health Care Directive ___ I do not have a Living Will/Health Care Directive

My Living Will/Health Care Directive is located at: _____

My Primary Health Care Representative is: _____

His/her address is: _____

His/her telephone number is: _____

My Alternate Health Care Representative is: _____

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His/her address is: _____

His/her telephone number is: _____

Does anyone have a copy of your Living Will/Health Care Directive? ____ Yes ____ No

If so, whom: _____

Power of Attorney:

_____ I have a Power of Attorney _____ I do not have a Power of Attorney

My Power of Attorney is located at: _____

My Primary Attorney in Fact is: _____

His/her address is: _____

His/her telephone number is: _____

My Alternate Attorney in Fact is: _____

His/her address is: _____

His/her telephone number is: _____

Does anyone have a copy of your Power of Attorney? ____ Yes ____ No

If so, whom: _____

Living Trust:

_____ I have a Living Trust _____ I have a Living Trust

My Living Trust is located at: _____

My Primary Trustee is: _____

His/her address is: _____

His/her telephone number is: _____

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My Alternate Trustee is: _____

His/her address is: _____

His/her telephone number is: _____

Does anyone have a copy of your Living Trust? _____ Yes _____ No

If so, whom: _____

BANKING:

Checking Accounts:

_____ I have a Checking Account. _____ I do not have a Checking Account.

Bank Name: _____

Branch Address in which you do business with: _____

Account Number: _____

My checkbook is located at: _____

My cancelled checks are located at: _____

My monthly statements are located at: _____

Additional Checking Accounts:

_____ I have additional checking accounts _____ I do not have an additional checking Accounts.

If so,:

Bank Name: _____

Branch Address in which you do business with: _____

Account Number: _____

My checkbook is located at: _____

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My cancelled checks are located at: _____

My monthly statements are located at: _____

Savings Account:

_____ I have an additional Savings Account _____ I do not have an additional Savings Account

Bank Name: _____

Branch Address in which you do business with: _____

Account Number: _____

My monthly statements are located at: _____

Additional Savings Accounts:

_____ I have a Checking Account. _____ I do not have a Checking Account.

Bank Name: _____

Branch Address in which you do business with: _____

Account Number: _____

My monthly statements are located at: _____

Certificate of Deposit:

_____ I have a Certificate of Deposit _____ I do not have a Certificate of Deposit

Certificate of Deposit Number: _____

Face value amount: _____

My Certificate of Deposit is located at: _____

Additional Certificates of Deposit:

_____ I have additional Certificates of Deposit _____ I do not have additional Certificate of Deposit

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Certificate of Deposit Number: _____

Face value amount: _____

My Certificate of Deposit is located at: _____

Money Market Funds:

____ I have a Money Market Fund _____ I do not have a Money Market Fund

Money Market Fund Number: _____

Bank/InstitutionName: _____

Branch Institution Address: _____

My monthly statements are located at: _____

Additional Money Market Funds:

____ I have additional Money Market Funds _____ I do not have additional Money Market Funds

Money Market Fund Number: _____

Bank/InstitutionName: _____

Branch Institution Address: _____

My monthly statements are located at: _____

Safety Deposit Box:

____ I have a Safety Deposit Box _____ I do not have a Safety Deposit Box

My box number is: _____

My Safety Deposit Box is located at: _____
(banking institution)

My key is located: _____

Those who have the right to enter my Safety Deposit Box is/are: _____

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The following items are in my Safety Deposit Box: _____

Annuity:

_____ I have an Annuity _____ I do not have an Annuity

Annuity is with: (company): _____

Policy Number: _____

Purchase Price: _____

The Annuity is located at: _____

Additional Annuities:

_____ I have an additional Annuity _____ I do not have an additional Annuity

Annuity is with: (company): _____

Policy Number: _____

Purchase Price: _____

The Annuity is located at: _____

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Medicare Part D. coverage.

_____ I have Medicare Part D. coverage. _____ I do not have Medicare Part D. coverage

Name of Insurance Company: _____

My Policy No: _____

Life Insurance.

_____ I have Life Insurance _____ I do not have Life Insurance

Name of Insurance Company: _____

My Policy No: _____

Face Amount: _____

The policy is located at: _____

Additional Life Insurance Policies.

_____ I have Life Insurance _____ I do not have Life Insurance

Name of Insurance Company: _____

My Policy No: _____

Face Amount: _____

The policy is located at: _____

Disability Insurance.

_____ I have disability insurance. _____ I do not have disability insurance

Name of Insurance Company: _____

My Policy No: _____

Face Amount: _____

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The policy is located at: _____

Additional Disability Insurance.

_____ I have additional disability insurance. _____ I do not have additional disability insurance

Name of Insurance Company: _____

My Policy No: _____

Face Amount: _____

The policy is located at: _____

Long Term Care Insurance.

_____ I have Long Term Care Insurance _____ I do not have Long Term Health Care Insurance

Name of Insurance Company: _____

My Policy No: _____

Face Amount: _____

The policy is located at: _____

Additional Long Term Care Insurance.

_____ I have additional Long Term Care Insurance

_____ I do not have additional Long Term Health Care insurance

Name of Insurance Company: _____

My Policy No: _____

Face Amount: _____

The policy is located at: _____

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PENSION, IRA, 401K AND OTHER RETIREMENT PLANS.

Pension.

_____ I have a pension.

_____ I do not have a pension.

My Pension Administrator is: _____

My Plan Name is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my pension are located at: _____

Additional Pension Plans.

_____ I have additional pension plan(s)

_____ I do not have additional pension plan(s)

My Pension Administrator is: _____

My Plan Name is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my pension are located at: _____

Individual Retirement Accounts (IRA).

_____ I have an IRA.

_____ I do not have an IRA.

My IRA is with the following Institution. _____

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My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my IRA are located at: _____

Additional Individual Retirement Accounts (IRA).

_____ I have additional IRA(s). _____ I do not have additional IRA(s).

My IRA is with the following Institution. _____

My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my IRA are located at: _____

401K Accounts/Plan:

_____ I have a 401k account _____ I do not have a 401k account.

My 401k account is with the following Institution. _____

My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my 401k are located at: _____

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Additional 401K Accounts.

_____ I have additional 401k account(s) _____ I do not have additional 401k account(s).

My 401k account is with the following Institution. _____

My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my 401k are located at: _____

403B Accounts/Plan:

_____ I have a 403B account _____ I do not have a 403B account.

My 403B account is with the following Institution. _____

My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my 403B are located at: _____

Additional 403B Accounts.

_____ I have additional 403B account(s) _____ I do not have additional 403B account(s).

My 403B account is with the following Institution. _____

My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to my 403B are located at: _____

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Additional Retirement Plans.

Type of Account: _____

My Plan/Identification Number is: _____

Address is: _____

Telephone Number: _____

Any and all documents related to the above are located at: _____

INVESTMENT ACCOUNTS:

_____ I have investment accounts such as stocks, bond, mutual funds and or similar type accounts.

_____ I do not have investment accounts such as stocks, bond, mutual funds and or similar type accounts.

Any and all documents related to the above account(s) are located at: _____

Investment Advisor.

_____ My investments are held by my investment supervisor.

_____ My investments are not held by my investment supervisor.

Stock Certificates.

_____ My stock certificates in my possession.

_____ My stock certificates are not in my possession.

My stock certificates are located at: _____

List of Investments:

_____ A list of my investments is attached hereto. _____ A list of my investments is not attached hereto

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CREDIT CARDS:

Account Information:

_____ I have outstanding balances on my credit cards

_____ I do not have any outstanding credit card balances.

Attached hereto is a list of my credit cards, showing banks, accounts numbers and balances.

Credit Card Insurance Information:

_____ I have credit card insurance benefits, (travel insurance, disability insurance, and or death benefits).

_____ I do not have credit card insurance benefits, (travel insurance, disability insurance, and or death benefits).

Attached hereto is a list of any and all insurance benefit information.

ADVISORS:

My attorney is: _____

His/her address is: _____

His/her telephone number is: _____

My Primary Doctor is: _____

His/her address is: _____

His/her telephone number is: _____

My Accountant is: _____

His/her address is: _____

His/her telephone number is: _____

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My Stock Broker/Investment Advisor is: _____

His/her address is: _____

His/her telephone number is: _____

My Religious Advisor/Clergy: _____

His/her address is: _____

His/her telephone number is: _____

Other: _____

His/her address is: _____

His/her telephone number is: _____

Other: _____

His/her address is: _____

His/her telephone number is: _____

FUNERAL ARRANGEMENTS:

Funeral Director: _____

His/her address is: _____

His/her telephone number is: _____

_____ I want a viewing .

_____ I do not want a viewing.

_____ I want to be buried.

_____ I do not want to be buried.

_____ I want to be cremated.

_____ I do not want to be cremated.

_____ I want a church service.

_____ I do not want a church service.

_____ I want a service in the funeral home.

_____ I do not want a church service in the funeral home.

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_____ I have prepaid for my funeral.

_____ I have not prepaid for my funeral.

The contract and/or any documents surrounding my prepaid funeral are located at: _____

_____ I own a cemetery plot.

_____ I do not own a cemetery plot.

_____ I own a mausoleum plot.

_____ I do not own a cemetery plot.

The plot is located at: _____

Other: _____

PEOPLE TO NOTIFY IN CASE OF EMERGENCY OR DEATH:

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

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His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

ADDITIONAL SHEETS ATTACHED:

_____ I have attached additional sheets to this form.

_____ I have not attached additional sheets to this form.

The total number of sheets attached hereto is: _____

_____ A COPY OF THIS FORM **IS** ON FILE AT MY ATTORNEY'S OFFICE

_____ A COPY OF THIS FORM IS **NOT** ON FILE AT MY ATTORNEY'S OFFICE

Additional Persons who possess a copy of this form, if any.

Name: _____

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His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

