LAW OFFICES
HOFFMAN ♦ DIMUZIO
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

JOSEPH J. HOFFMAN, JR.
KENNETH A. DIMUZIO, SR.
ERNEST L. ALVINO, JR.
ROBERT J. WILTSEE
DANTE B. PARENTI
PETER J. BONFIGLIO, III
DONALD CARUTHERS, III
LEONARD L. GRASSO, JR.*
CRAIG W. KUGLER
ROBERT P. GROSSMAN
MICHAEL W. GLAZE
CHRISTINE DIMUZIO SOROCHEN
CRISTIE R. NASTASI
KENNETH A. DIMUZIO, JR.
JAMES M. CARTER
JAMES S. TAYLOR
JEREMIAH J. ATKINS
JOSEPH J. HOFFMAN, III
RICHARD S. HOFFMAN, JR.
JOHN P. CIOCCO*
COLIN DAVIS
RYAN S. HOFFMAN

OF COUNSEL:
CHARLES J. SPRIGMAN, JR.
JOSEPH J. SLACHETKA
J. R. POWELL
VICTORIA M. DALTON

*Licensed in NJ & PA

Direct Dial: (856) 845-8243
Facsimile: (856) 845-2302
@hoffmandimuzio.com

25-35 Hunter Street
Post Office Box 7
Woodbury, New Jersey 08096

25-35 Hunter Street
Post Office Box 7
Woodbury, New Jersey 08096
Telephone: (856) 845-8243
Facsimile: (856) 845-2302

515 Woodbury-Glassboro Road
Post Office Box 482
Sewell, New Jersey 08080
Telephone: (856) 256-9222
Facsimile: (856) 256-9220

1739-1753 Delsea Drive
Post Office Box 285
Franklinville, New Jersey 08322
Telephone: (856) 694-0306
Facsimile: (856) 694-2737

1719 Rittenhouse Square
Philadelphia, PA 19103
Telephone: (215) 279-9555
Facsimile: (856) 686-3555

January 11, 2016

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: _____

HOFFMAN ♦ DIMUZIO

My Social Security Number is: _____

My Social Security Card is located: _____

My Medicare Number is: _____

My Medicare Card is located: _____

FAMILY HISTORY: (Please check one)

Marital Status:

_____ Single/never married _____ Divorced _____ Widow

_____ Widower _____ Married

If you are married, please list the name of your spouse: _____

Children:

_____ I have children. _____ I have no children

My living children are: (should you need additional room, please attach a separate piece of paper.)

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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 do not have a Living Trust

My Living Trust is located at: _____

My Primary Trustee is: _____

His/her address is: _____

His/her telephone number is: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

INSURANCE:

Private Insurance.

_____ I have health insurance _____ I do not have health insurance

Name of Insurance Company:

My Policy No:

My insurance coverage includes: (please check all that apply)

_____Major Medical _____ Hospitalization _____ Prescriptions

Medicare.

_____ I qualify for Medicare _____ I do not quality for Medicare

Name of Insurance Company: _____

My Policy No. _____

Medicare HMO.

_____ I have a Medicare HMO _____ I do not have a Medicare HMO

Name of Insurance Company:_____

My Policy No: _____

Medigap Insurance.

_____ I have Medigap insurance. _____ I do not have Medigap insurance

Name of Insurance Company: _____

My Policy No: _____

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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._____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

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

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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.

LAW OFFICES
HOFFMAN ♦ DIMUZIO

_____ 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: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

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 ATTTORNEY'S OFFICE

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

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

Name: _____

His/her address is: _____

His/her telephone number is: _____

Name: _____

His/her address is: _____

His/her telephone number is: _____

LAW OFFICES
HOFFMAN ♦ DIMUZIO

ATTACHMENTS SHEETS.

LAW OFFICES
HOFFMAN ♦ DIMUZIO

LAW OFFICES
HOFFMAN ♦ DIMUZIO

LAW OFFICES
HOFFMAN ♦ DIMUZIO

LAW OFFICES

HOFFMAN ♦ DIMUZIO