

# FAMILY INVENTORY

(PLEASE COMPLETE IN INK)

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We prefer to *have this Inventory and Assessment returned to us at least three days prior to your appointment* so we have enough time to understand the specifics of your family before our meeting.

**If you need assistance completing the information,  
call our office (808-244-3905) and we will help you.**

DON'T WORRY ABOUT TOTAL ACCURACY - JUST DO THE BEST YOU CAN

WE LOOK FORWARD TO SEEING YOU!

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**Obenauf Law Group**

The Elder Law Center of Hawaii

1930 E Vineyard | Wailuku, HI 96793 PHONE  
244-3905 | [www.obenauflawgroup.com](http://www.obenauflawgroup.com)

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

# PERSONAL INFORMATION

## CLIENT INFORMATION

Legal Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veteran (Y/N): \_\_\_\_\_

Citizen (Y/N): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SPOUSE INFORMATION

Legal Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Prefer to be called: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veteran (Y/N): \_\_\_\_\_

Citizen (Y/N): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Financial Advisor/Accountant/CPA: \_\_\_\_\_

Marital Status:      ☐ Married      ☐ Single      ☐ Divorced      ☐ Widowed

## CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

| Name  | Birth date | Relationship |
|-------|------------|--------------|
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |
| _____ | _____      | _____        |

## ADDITIONAL INFORMATION YOU WANT TO SHARE WITH ME

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## INCOME/ASSET/LIABILITY INFORMATION

Monthly Client's Income:

Earned Income From Labor: \_\_\_\_\_

Social Security Income: \_\_\_\_\_

Pension Income: \_\_\_\_\_

Other: \_\_\_\_\_

Monthly Spouse's Income:

Earned Income From Labor: \_\_\_\_\_

Social Security Income: \_\_\_\_\_

Pension Income: \_\_\_\_\_

Other: \_\_\_\_\_

## REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.  
(Please list the manner in which title is held – Tenancy by Entirety, Joint Tenant with Right of Survivorship, Tenant in Common)

| Address (or description) | Owner | Market Value | Equity |
|--------------------------|-------|--------------|--------|
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |
| _____                    | _____ | _____        | _____  |

## BANK ACCOUNTS

Type: Checking Accounts "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM", (indicate type below DO NOT include IRA's or 401(k)'s here.

*Note: If account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.*

| Name of Institution | Type  | Owner | Amount      |
|---------------------|-------|-------|-------------|
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
| _____               | _____ | _____ | _____       |
|                     |       |       | Total _____ |

## STOCKS AND BONDS

Type: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

| Stocks, Bonds or Investment Account | Type  | Owner | Amount      |
|-------------------------------------|-------|-------|-------------|
| _____                               | _____ | _____ | _____       |
| _____                               | _____ | _____ | _____       |
| _____                               | _____ | _____ | _____       |
| _____                               | _____ | _____ | _____       |
|                                     |       |       | Total _____ |

## LIFE INSURANCE POLICIES, LONG-TERM CARE POLICIES, AND/OR ANNUITIES

Type: Term, whole life, split dollar, group life, long-term care, or annuity. Additional Information: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premiums and who is the life insurance agent.

|             |  |
|-------------|--|
| _____       |  |
| _____       |  |
| _____       |  |
| _____       |  |
| Total _____ |  |

## RETIREMENT PLANS

Type: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k). Additional Information: Describe type of plan, plan name, current value of plan and any other pertinent information.

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Total \_\_\_\_\_

## BUSINESS INTEREST

Type: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. Additional Information: Give a description of the interests, who has the interest, your ownership in the interests and the estimated value of the interest.

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Total \_\_\_\_\_

## MONEY OWED TO YOU

| Name of Debtor | Date of Note | Maturity Date | Owed To | Current Balance |
|----------------|--------------|---------------|---------|-----------------|
|----------------|--------------|---------------|---------|-----------------|

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total \_\_\_\_\_

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

Type: Gift or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through judgment in a lawsuit. Describe in appropriate detail

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Total \_\_\_\_\_