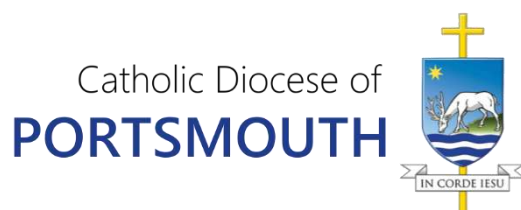


Asset Inventory Record



Asset Inventory

This booklet is intended to help you and your loved ones. It is an easy way for you to record essential and practical information about yourself, and is yours to keep. We recommend you store it in a safe place and remember to update it if any of the information changes.



Also available:

- **Instructions for my Catholic Funeral**
- **Estate Planning – A Will Planner**
- **Guidelines for Funerals and Care of the Terminally Ill**

Download at: <https://portsmouthdiocese.org.uk/legacy>

or scan the QR code:



Personal Details

Name:

Surname:

Any other name known as:

Citizenship:

Complete address:

Postcode:

Best telephone number:

Email address:

Date of birth:

Place of birth:

Occupation:

Employer name and address:

Postcode:

National Insurance Number

Father's full name:

Father's birthplace:

Mother's full name:

Mother's birthplace

Marriage

Spouses' name:

Spouses' surname:

Spouses' citizenship:

Spouses' date of birth:

Spouses' place of birth:

Spouses' National Insurance Number:

Spouses' telephone:

Spouses' email:

Location of Marriage Certificate:

Date and Place of Marriage:

Baptism

Name of Church: _____

Church Address: _____

Postcode: _____

Baptism date: _____

Location of Baptism Certificate: _____

Children

Please include any children from any previous marriage or relationship.

1st Child's full name: _____

1st Child's date of birth: _____

1st Child's complete address: _____

Postcode: _____

2nd Child's full name: 2nd _____

Child's date of birth: _____

2nd Child's complete address: _____

Postcode: _____

3rd Child's full name: _____

3rd Child's date of birth: _____

3rd Child's complete address: _____

Postcode: _____

4th Child's full name: _____

4th Child's date of birth: _____

4th Child's complete address: _____

Postcode: _____

For children under 18, do you have legal custody of all your children? NO

If not, please list the name and address of the person who has custody: _____

Postcode: _____

Are any of your children adopted? If so, please list their names, date of adoption, and their place of birth: _____

Attach an additional sheet if more than four children.

Illegitimate and adopted children (but not stepchildren) generally have the same rights of inheritance as other children. Children excluded from your will may have the right to claim a share of your property in certain circumstances. Your solicitor will advise you on this.

Pets

Pet no. 1

Name:

Type/Breed:

Date of Birth:

Male/Female:

Chip number (if chipped):

Vet:

Vet's Address:

Postcode:

Vet's telephone:

Vet's email:

Location of vaccinations record:

Insurance Co. Address:

Postcode:

Insurance Co. telephone:

Insurance Co. email:

Policy number:

Your wishes in case of an emergency or after your death:

Pet no. 2

Name:

Type/Breed:

Date of Birth:

Male/Female:

Chip number (if chipped):

Vet:

Vet's Address:

Postcode:

Vet's telephone:

Vet's email:

Location of vaccinations record:

Insurance Co. Address:

Postcode:

Insurance Co. telephone:

Insurance Co. email:

Policy number:

Your wishes in case of an emergency or after your death:

Key Contacts

Name of Church:

Parish membership at:

Parish/Church location:

Parish priest's name:

Parish Telephone:

Parish Email:

Solicitor's/lawyer's name:

Solicitor's firm name:

Solicitor's address:

Postcode:

Solicitor's Telephone:

Solicitor's Email:

Tax/accountant's name:

Tax/accountant's firm name:

Tax/accountant's address:

Postcode:

Tax/Accountant's Telephone:

Tax/Accountant's Email:

Insurance broker's name:

Insurance broker's company name:

Insurance broker's address:

Postcode:

Insurance broker's Telephone:

Insurance broker's Email:

Investment advisor's name:

Investment advisor's firm name:

Investment advisor's address:

Postcode:

Investment Advisor's Telephone:

Investment Advisor's Email:

List name and address of any other agent handling financial matters on your behalf:

My Health Contacts

Doctor, Dentist, Optician, etc.

Health Contact Type no.1

Health Contact Name:

Health Contact Address:

Postcode:

Telephone:

Email:

Health Contact Type no.2

Health Contact Name:

Health Contact Address:

Postcode:

Telephone:

Email:

Health Contact Type no.3

Health Contact Name:

Health Contact Address:

Postcode:

Telephone:

Email:

Health Contact Type no.4

Health Contact Name:

Health Contact Address:

Postcode:

Telephone:

Email:

Organ Donation

- Yes, I am a registered as an organ and tissue donor.
- Yes, I confirm I have had a conversation with my family so they know to support my organ donation decisions.

Register to become an organ donor at www.organdonation@nhs.uk

Day-To-Day Contacts

Cleaner, carer, compassionate neighbour, gardener etc.

Contact no. 1

Contact type:

Contact Name:

Contact Address:

Postcode:

Telephone:

Email:

Contact no. 2

Contact type:

Contact Name:

Contact Address:

Postcode:

Telephone:

Email:

Contact no. 3

Contact type:

Contact Name:

Contact Address:

Postcode:

Telephone:

Email:

Contact no. 4

Contact type:

Contact Name:

Contact Address:

Postcode:

Telephone:

Email:

Day-To-Day Organisations

Volunteering activities, club member ships, unions etc.

Contact no. 1

Contact type: _____

Contact Name: _____

Contact Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

Contact no. 2

Contact type: _____

Contact Name: _____

Contact Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

Contact no. 3

Contact type: _____

Contact Name: _____

Contact Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

Contact no. 4

Contact type: _____

Contact Name: _____

Contact Address: _____

_____ Postcode: _____

Telephone: _____

Email: _____

Home Information & Other Properties

Principal home address:

Postcode:

Is your principal home (please circle): RENTED OWNED PROVIDED BY A RELATIVE OR FRIEND

If rented, my landlord's contact details are:

Name:

Address:

Postcode:

Telephone:

Email:

If your principal home is owned, is it owned by (please circle): YOU YOUR PARTNER JOINTLY

Where is the deed located?

Estimated value of principal home: £

Estimated mortgage balance remaining: £

as of (month)

, 20

Any debts against this property? (list nature and amount):

If provided by a relative of a Friend:

Name:

Address:

Postcode:

Telephone:

Email:

Other Real Estate Property Owned

Holiday home, investment property, farm, etc.

List address, estimated value, location of deeds, ownership details, and any indebtedness on them:

Note: Jointly owned assets generally pass to the other joint owner automatically and cannot be given away by a Will.

Noteworthy Personal Possessions

Car no. 1

Make:

Model:

Year:

Registration number:

Estimated market value: £

Any loan on this vehicle?

Amount and Bank Name: £

at this creditor:

Where serviced:

Warranty Details:

Garaging or parking permit details:

Car no. 2

Make:

Model:

Year:

Registration number:

Estimated market value: £

Any loan on this vehicle?

Amount and Bank Name: £

at this creditor:

Where serviced:

Warranty Details:

Garaging or parking permit details:

Other Motorised/Registered Vehicles

Motorcycles, campers, trailers, scooters. List type, description, est. value and serial number:

Safe Deposit Box

Name of bank or place where safe deposit box is located:

Where is the key and/or code located?

General description of what's inside:

Jewellery/Art/Antiques

For jewellery, art and antiques, be sure to cite any manufacturer's or artist's name, date created or purchased, size, weight, any precious stones or metals used, period or style made it. Note any markings, indicia, stamps or signatures which help validate the item or its authenticity.

Jewellery

Description of item #1:

Estimated market value: £

Do you have a certificate of appraisal? YES NO Where is it located?

Description of item #2:

Estimated market value: £

Do you have a certificate of appraisal? YES NO Where is it located?

Description of item #3:

Estimated market value: £

Do you have a certificate of appraisal? YES NO Where is it located?

Attach a sheet for more items of major value.

Art/Antiques

Description of item #1:

Estimated value: £

Do you have a certificate of authenticity? YES NO Where is it located?

Description of item #2:

Estimated value: £

Do you have a certificate of authenticity? YES NO Where is it located?

Description of item #3:

Estimated value: £

Do you have a certificate of authenticity? YES NO Where is it located?

Use additional sheets for further items worthy of note.

Financial

Financial accounts – please **DO NOT** record any PIN numbers, password or any security information.

Bank Accounts

Checking account # 1

Bank name:

Bank branch address:

Postcode:

Account number:

Sort code

Checking account # 2

Bank name:

Bank branch address:

Postcode:

Account number:

Sort code

Savings account

Bank name:

Bank branch address:

Postcode:

Account number:

Sort code

ISA or Savings Bond (Certificate of Deposit)

Bank name:

ISA or Savings Bond (CD) account number:

ISA or Savings Bond amount and maturity date:

Online Banking

Website:

Username:

Any accounts with banks or funds in other countries? (list name of institution, its address, account number, amount):

Credit Cards

Credit Cards # 1

Issuing Bank's Name: _____

Credit Card number: _____

Expiry Date of Credit Card: _____

Credit Cards # 2

Issuing Bank's Name: _____

Credit Card number: _____

Expiry Date of Credit Card: _____

Credit Cards # 3

Issuing Bank's Name: _____

Credit Card number: _____

Expiry Date of Credit Card: _____

Store Cards

Store Card # 1

Issuing Bank's Name: _____

Credit Card number: _____

Expiry Date of Credit Card: _____

Store Card # 2

Issuing Bank's Name: _____

Credit Card number: _____

Expiry Date of Credit Card: _____

Store Card # 3

Issuing Bank's Name: _____

Credit Card number: _____

Expiry Date of Credit Card: _____

Investments

List of stocks/shares owned – list entity's name, certificate number, number of shares, where kept.

1. _____

2. _____

3. _____

4. _____

List of Unit Trusts/Mutual Funds – list name of trust/fund, company managing it, account number, number of shares.

1. _____

2. _____

3. _____

4. _____

Pensions

Name of entity with which you have a pension: _____

Dates worked there (from/to): From: _____ To: _____

Pension account or employee/retiree number: _____

Contact telephone number for pension office: _____

Any other pensions from previous employers? List employer name, dates worked there, and any pension plan name:

1. _____

2. _____

3. _____

4. _____

Other Income Sources

Any other income payments or benefits paid to you that have not been covered in the previous sections? List name of benefit paying entity, address, amount per month/year, etc. and explain basis for this income:

1. _____

2. _____

3. _____

Other regular payments such as standing orders, direct debits, membership fees or charity donations.

Organisation # 1

Name

Contact Details

Amount:

Organisation # 2

Name

Contact Details

Amount:

Organisation # 3

Name

Contact Details

Amount:

Investments

List of stocks/shares owned – list entity's name, certificate number, number of shares, where kept.

1. _____

2. _____

3. _____

4. _____

List of Unit Trusts/Mutual Funds – list name of trust/fund, company managing it, account number, number of shares.

1. _____

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3. _____

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Pensions

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Pension account or employee/retiree number: _____

Contact telephone number for pension office: _____

Any other pensions from previous employers? List employer name, dates worked there, and any pension plan name:

1. _____

2. _____

3. _____

4. _____

Utility Providers

Provider	Contact Details
Water	
Gas	
Electricity	
House Phone	
Mobile Phone	
Internet	
Council Tax	
Cable/Sat TV	
Netflix/Amazon/etc.	
Other	
Other	

Insurance Policies

Home Contents Insurance

Organisation:

Contact details:

Renewal Date:

Location of documents:

Car/Motor Vehicle Insurance

Organisation:

Contact details:

Renewal Date:

Location of documents:

Life Insurance

Organisation:

Contact details:

Renewal Date:

Location of documents:

Travel Insurance

Organisation:

Contact details:

Renewal Date:

Location of documents:

Other Insurance

Organisation:

Contact details:

Renewal Date:

Location of documents:

Liabilities

Other than mortgage and notes against property.

HP agreements – list name of creditor, account number and balance owed:

1.	Acct #	Balance: £
2.	Acct #	Balance: £
3.	Acct #	Balance: £

Taxes owed and coming due – list authority, amount and due date:

1.	Due date:	Amount: £
2.	Due date:	Amount: £
3.	Due date:	Amount: £

Credit card balanced owed – list credit card name, credit card number, balance owed:

1.	Acct #	Balance: £
2.	Acct #	Balance: £
3.	Acct #	Balance: £

Other debts in force – list name of creditor, contact details, amount owed:

1.	
2.	
3.	

Documents

Location of my legal documents. Could be with your solicitor, bank, filing cabinet, family.

Birth Certificate:

Marriage/Civil Partnership Certificate:

Passport # 1:

Passport # 2:

Driving Licence:

TV Licence:

NHS Card/Number:

Bus pass or travel card:

Other:

Other:

Will And Final Testament

Is your Will lodged with your solicitor?

Name of solicitor:

Address:

Postcode:

Telephone:

Place other than solicitor where your Will is lodged/filed?

Date of Will:

Date of last Codicil:

Name of Executor(s):

Address of Executor(s):

Postcode:

Telephone number of executor(s):

You may appoint your partner as Executor. You may appoint two people to be Executors. You should name another person if the preferred Executor is deceased or unable to act at the time. You can appoint anybody with whom you have a relationship and you trust. You should inform them and obtain their willingness to perform.

Power of Attorney (POA)

A document which specifies whom you've appointed to act on your behalf should you be unable to make certain decisions. Power of Attorney can only be set up while you still have the ability to make decisions for yourself, known as 'mental capacity' It is therefore recommended to have it in place well in advance.

Power of attorney has been granted to? _____

Name: _____

Address of this person holding power of attorney: _____

Postcode: _____

Telephone number of person holding power of attorney: _____

Lasting Power of Attorney (LPA)

Property & Financial Affairs LPA to be granted to? Name: _____

Address of this person: _____

Postcode _____

Telephone number of this person: _____

Health & Welfare LPA to be granted to? _____

Name: _____

Address of this person: _____

Postcode: _____

Telephone number of this person: _____

Funeral Plan/Insurance

An advance provision towards your funeral.

Do you have a funeral plan or life insurance?

YES

NO

Organisation name: _____

Contact details: _____

Location of documents: _____

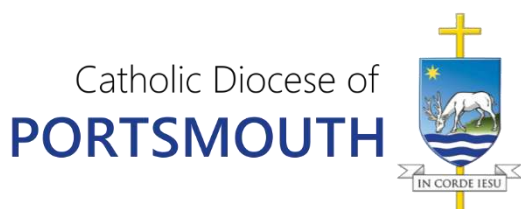
This document is intended to provide you a general guide to quantifying your assets and belonging and in no way represents a solicitation of a gift or obligation to donate to the Catholic Diocese of Portsmouth. It is meant as a public service to those considering their estate, regardless of affiliation or standing. It is strongly recommended that you consult the services of a qualified solicitor, advisor or financial planner to assess the financial, legal and tax implications of your desired intentions. You do not have to provide this booklet or information, or a general indication of your philanthropic intention, to the Catholic Diocese of Portsmouth.

Also available:

- **Instructions for my Catholic Funeral**
- **Estate Planning – A Will Planner**
- **Guidelines for Funerals and Care of the Terminally Ill**

Download at: <https://portsmouthdiocese.org.uk/legacy>

or scan the QR code:



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Email: legacygiving@portsmouthdiocese.org.uk



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