

TANGIBLE PERSONAL PROPERTY INVENTORY

Name and Address of Owner:		Personal Effects: <input type="checkbox"/>	Date:	
		Furniture/Fixtures: <input type="checkbox"/>		
		Owner's Signature: 1. _____ 2. _____		
No.	Description of Item (Include Source, Serial #, or other means of Identification)	Replacement Cost	Appraiser or Method in Determining Replacement Cost	Primary and Secondary Devisee
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____
				1. _____ 2. _____

Continue on Reverse Side

No.	Description of Item (Include Source, Serial #, or other means of Identification)	Replacement Costs	Appraiser or Method in Determining Replacement Cost	Primary and Secondary Devisee
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
				1.
				2.
All items of less than \$50 value located in this room or composing this person's personal effects				1.
				2.
TOTAL REPLACEMENT COST			Revise Replacement Cost Annually	

Witnesses to Signature of Owner(s)

Witness #1

Witness #2

Witness #3

Witness #4