

MARYSVILLE MUTUAL INSURANCE COMPANY

Household Inventory

**“Take Time Now--
Save Time Later”**

PERSONAL RECORDS

Date _____

A. Bank Accounts:

Bank _____

Location _____

Checking Acct. No. _____

Savings Acct. No. _____

Safe Deposit Box No. _____

Bank _____

Location _____

Checking Acct. No. _____

Savings Acct. No. _____

Name _____

Address _____

City _____

State _____

Date of Original Inventory:

B. Personal Records:

Lawyer's name and address

Insurance agent's name and address

Revised

C. Social Security Numbers:

Insured _____

Insured _____

Children _____

Dining Room

(List serial numbers, where applicable)

No. of Articles	Article	Date Purchased	Original Cost	Present Cash Value
	Buffett			
	Carpet (flooring)			
	Chairs			
	China Cabinet			
	Chinaware*			
	Clock			
	Electrical Appliances*			
	Glassware*			
	Lamps			
	Lighting Fixtures			
	Linens			
	Mirrors			
	Pictures-Paintings*			
	Rugs			
	Silverware*			
	Tables			
	Window Treatments			
	Other			

* Itemize on separate sheet

Miscellaneous/Basement

(List serial numbers, where applicable)

No. of Articles	Article	Date Purchased	Original Cost	Present Cash Value
	Sporting Goods:			
	Fishing Equipment*			
	Golf Clubs*			
	Guns*			
	Tennis Equipment			
	Other			
	Exercise Equipment*			
	Collectibles/Hobbies*			

* Itemize on separate sheet

Kitchen and Service Area

(List serial numbers, where applicable)

No. of Articles	Article	Date Purchased	Original Cost	Present Cash Value
	Chairs/Table			
	Clocks			
	Dishwasher			
	Dryer			
	Electrical Appliances:			
	Can Opener			
	Coffeemaker			
	Deep Fryers			
	Dehydrator			
	Frying Pans			
	Griddle			
	Mixer			
	Blender/Food Processor			
	Toaster			
	Waffle Iron			
	Flatware*			
	Floor Coverings			
	Glassware*			
	Iron, Ironing Board			
	Kitchen Cabinets			
	Kitchen Utensils, Cutlery*			
	Lighting Fixtures			
	Microwave/Ovens			
	Radio			
	Range			
	Refrigerator			
	Supplies*			
	Tables			
	Vacuum Cleaner & Accessories			
	Washer			
	Other			

*Itemize on separate sheet

Bathroom #1

(List serial numbers, where applicable)

No. of Articles	Article	Date Purchased	Original Cost	Present Cash Value
	Bath Mats			
	Chairs			
	Clothes Hamper			
	Curtains			
	Electrical Appliances:			
	Razor			
	Hair Dryer			
	Heat Lamp			
	Other Personal Articles			
	Floor Covering			
	Lamps			
	Lighting Fixtures			
	Medicine Chest			
	Mirrors			
	Scales			
	Table			
	Towels, Washcloths, etc*			
	Other			

*Itemize on separate sheet

Bathroom #2

(List serial numbers, where applicable)

No. of Articles	Article	Date Purchased	Original Cost	Present Cash Value
	Bath Mats			
	Chairs			
	Clothes Hamper			
	Curtains			
	Electrical Appliances:			
	Razor			
	Hair Dryer			
	Heat Lamp			
	Other Personal Articles			
	Floor Covering			
	Lamps			
	Lighting Fixtures			
	Medicine Chest			
	Mirrors			
	Scales			
	Table			
	Towels, Washcloths, etc*			
	Other			

*Itemize on separate sheet

