

# HOME INVENTORY CHECKLIST

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Original Inventory: \_\_\_\_\_

Revised On: \_\_\_\_\_

Revised On: \_\_\_\_\_

Revised On: \_\_\_\_\_

Revised On: \_\_\_\_\_

Revised On: \_\_\_\_\_

# HOME INVENTORY CHECKLIST

## HOME INFORMATION

Year Built: \_\_\_\_\_ Builder: \_\_\_\_\_  
Sq. Footage: \_\_\_\_\_ Lot: \_\_\_\_\_  
Purchased On: \_\_\_\_\_ Price: \_\_\_\_\_  
Previous Owners: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Location of Plot Plan: \_\_\_\_\_  
Location of Deed: \_\_\_\_\_

## INSURANCE INFORMATION

Homeowners: \_\_\_\_\_  
Earthquake: \_\_\_\_\_ Mortgage: \_\_\_\_\_  
Flood: \_\_\_\_\_ Fire: \_\_\_\_\_

## APPRAISALS

Amount: \_\_\_\_\_ Year: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_









# HOME INVENTORY CHECKLIST

## FAMILY ROOM/DEN

ITEM DESCRIPTION	# OF	DATE PURCHASED	PRICE
Bookcases			
Books			
Cabinets and Contents (attach list)			
Compact Discs (attach list)			
Ceiling Fan			
Chairs			
Clocks			
Closet Contents (attach list)			
Computer			
Couches			
Desk			
Drapes			
Curtains			
Window Hardware			
Electronic Games (attach list)			
Entertainment Center			
Fireplace Equipment (attach list)			
Games/Toys (attach list)			
Hobby Equipment (attach list)			
Lamps			
Piano			
Pictures			
Rugs			
Tables			
Telephone			
Television			
VCR			
DVDs (attach list)			
DVD Player			
Tapes (attach list)			
Wall Shelving			
Window Air Conditioner			
Additional Items			
<b>TOTAL</b>			

































# HOME INVENTORY CHECKLIST

## SUMMARY

### PAGE

- 4 Living Room: \$ \_\_\_\_\_
- 5 Dining Room: \$ \_\_\_\_\_
- 6 Kitchen: \$ \_\_\_\_\_
- 7 Laundry Room: \$ \_\_\_\_\_
- 8 Family Room/Den: \$ \_\_\_\_\_
- 9 Bathroom #1: \$ \_\_\_\_\_
- 10 Bathroom #2: \$ \_\_\_\_\_
- 11 Bathroom #3: \$ \_\_\_\_\_
- 12 Hallways: \$ \_\_\_\_\_
- 13 Bedroom #1: \$ \_\_\_\_\_
- 14 Bedroom #2: \$ \_\_\_\_\_
- 15 Bedroom #3: \$ \_\_\_\_\_
- 16 Bedroom #4: \$ \_\_\_\_\_
- 17 Bedroom #5: \$ \_\_\_\_\_
- 18 Attic/Basement/Garage: \$ \_\_\_\_\_
- 19 Hobby Items: \$ \_\_\_\_\_
- 20 Office Equipment: \$ \_\_\_\_\_
- 21 Valuables: \$ \_\_\_\_\_
- 22 Other Items: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Present Insurance: \$ \_\_\_\_\_

Addition Insurance: \$ \_\_\_\_\_

**TOTAL INSURANCE NOW:** \$ \_\_\_\_\_

Date: \_\_\_\_\_