

Living Room / Family Room

(Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Sofa / Couch / Love Seat							
Ottoman / Footstool							
Throw pillows							
Coffee table							
End tables							
Entertainment center							
Chests							
Bookcases							
Books							
Desk							
Chairs							
Piano / Keyboard							
Curtains / Draperies / Blinds							
Shutters							
Rugs / Carpets / Runners / Pads							
Ceiling fixtures (lights / fans)							
Wall fixtures							
Lamps / Chandeliers / Shades							
Fireplace hardware (screen, tools, etc.)							
Magazine rack							
Telephone							
Clock							
Pictures / Wall hangings							
Mirrors							

Continued on following page . . .

Dining Room

(Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Table							
Chairs							
Buffet / Side table							
China cabinet / Hutch / Curio cabinet							
Tea cart							
Bar (including wine and liquor)							
Curtains / Draperies / Blinds							
Shutters							
Rugs / Carpets / Runners / Pads							
Ceiling fixtures (lights / fans)							
Wall fixtures							
Lamps / Chandeliers / Shades							
Chinaware							
Glassware							
Crystal							
Silver items (flatware, tea set, candlesticks)							
Clock							
Pictures / Wall hangings							
Mirrors							
Plants / Vases							
Accessories							
Total Dining Room							\$

Kitchen / Breakfast Room

(Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Table							
Chairs							
Baker's rack / Butcher block							
Refrigerator							
Freezer							
Stove / Oven							
Microwave oven							
Dishwasher							
Trash compactor							
Broiler / Electric grill							
Electric skillet							
Toaster / Toaster oven							
Coffee maker / Coffee grinder							
Blender							
Mixer / Food processor							
Beater							
Ice-cream maker / Waffle maker							
Can opener							
Bread machine / Pasta machine							
Radio							
Clock							
Telephone							
Television							
Pots and pans							
Utensils							
Glassware							

Continued on following page . . .

Den / Office / Library

(Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Sofa / Sectional							
Pillows							
Tables							
Chairs							
Bookcases							
Books							
Computer desk / Desk							
Filing cabinets							
Computer							
Printer							
Scanner / Copier							
Fax machine							
Telephone / Answering machine							
Radio / Stereo							
CD Player							
Television							
VCR / DVD Player							
CDs / DVDs / Video tapes							
Curtains / Draperies / Blinds							
Shutters							
Rugs / Carpets / Runners / Pads							
Ceiling fixtures (lights / fans)							
Wall fixtures							
Lamps / Chandeliers / Shades							
Clock							

Continued on following page . . .

Bedrooms

* Make sure you complete one bedroom inventory list per bedroom
 (Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Bed mattresses and box springs							
Bed frame							
Bedside tables							
Crib							
Changing table							
Armoire							
Bureaus / Dresser							
Bookcases							
Books / Photo albums							
Desks							
Chairs							
Rocking chair							
Couch							
Chests							
Vanity table							
Clothes hamper							
Curtains / Blinds							
Shutters							
Rugs / Pads							
Ceiling fixtures (lights / fans)							
Wall fixtures							
Lamps / Shades							
Pictures / Wall hangings							
Mirrors							
Plants / Vases							
Jewelry box							

Continued on following page . . .

Bathrooms

* Make sure you complete one sheet per bathroom
 (Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Shower curtains							
Bath mats							
Towel rack / Towel warmer							
Curling iron / Electric curler							
Hair dryers / Blow dryer							
Electric razor							
Radio							
Bathroom scales							
Non-skid rugs							
Clothes hamper							
Tooth brush holder / Soap dish							
Toiletries / Cosmetics							
Prescription medicine and over-the-counter medicine / First Aid Kit / Bandages							
Eye glasses / Contacts							
Hearing aid / Dentures							
Cleaning supplies							
Plunger							
Waste bin							
Pictures / Wall hangings							
Mirrors							
Accessories							
Total Bathroom							\$

Recreation Room

(Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Sofa							
Tables							
Chairs							
Card table							
Bookcases							
Books							
Exercise equipment							
Ping Pong table							
Pool table							
Games / Board games							
Curtains / Draperies / Blinds							
Shutters							
Rugs / Carpets / Runners / Pads							
Ceiling fixtures (lights / fans)							
Wall fixtures							
Lamps / Shades							
Pictures / Wall hangings							
Telephone							
Clock							
Radio / Stereo							
Television							
VCR / DVD player							
CDs / DVDs / Videotapes							
Accessories							
Total Recreation Room							\$

Laundry Room / Basement / Attic

(Do not include items that are permanently attached to the building structure.)

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Tables							
Chairs							
Washing machine							
Dryer							
Drying rack							
Iron							
Ironing board							
Detergent / Laundry supplies							
Tubs							
Food freezer							
Ladder							
Work bench							
Tools							
Holiday indoor ornaments							
Holiday lawn decorations							
Luggage							
Light bulbs							
Shoe polishing materials							
Brooms / Mops / Dustpan							
Buckets							
Vacuum bags							
Sponges							
Pet supplies (shampoo, food, grooming supplies, etc.)							
Waste bin							
Accessories							
Total Laundry Room / Basement / Attic							\$

Sporting Equipment

Item	# of items	Date acquired (optional)	Description	Cost or other basis	FMV before casualty	FMV after casualty	Smaller of cost or decrease in FMV
Bicycles / Scooters/ Skateboards							
Boat & motor							
Cameras / Video camera							
Projectors							
Camping equipment (tents, propane stove, etc.)							
Field glasses							
Fishing tackle							
Guns							
Golf clubs							
Lawn games							
Tennis rackets							
Roller skates / Roller blades / ice skates							
Skiing equipment (water skiing or snow skiing)							
Beach toys							
Beach equipment (umbrella, surf boards, skim boards, etc.)							
Scuba gear							
Trampoline							
Helmets							
Accessories							
Total Sporting Equipment							\$

Loss on Your Home

Description of property (Show location and date acquired)	
1. Basis of property damaged or destroyed	\$
2. Minus: Deferred gain on sale of previous home Prior casualty losses Any other reduction to basis	\$
3. Plus permanent improvements made: Aluminum siding Central air conditioning Fence Heating system Landscaping Remodeling Roof Wall to wall carpeting / Install new flooring Other:	\$
4. Adjusted basis	\$
5. FMV of property before casualty or disaster	\$
6. FMV of property after casualty or disaster	\$
7. Decrease in FMV. (Subtract Line 6 from Line 5)	\$
8. Loss on personal-use real property before reimbursements. (Smaller of Line 4 or Line 7)	\$
9. Insurance and other reimbursements	\$
10. Total loss after reimbursement. (Subtract Line 9 from Line 8.)	\$