



“Your guide to peace of mind”





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“You did not own it if you cannot prove it”

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Table of Contents

OVERVIEW of RAETEX HOME INVENTORY SERVICE.....	5
PROCESS.....	6
Contact Us.....	6
Walk-through.....	6
Review.....	6
The Inventory.....	6
Final Package.....	6
TIPS.....	7
DATA COLLECTION FORMS.....	8
Personal Data.....	9
Insurance Data.....	9
Location Data.....	9
Item Data.....	9
Item Data P1.....	9
Item Data P2.....	9
Notes / To Do.....	9
Loss Data.....	9
Contact Data.....	10
Pet Data.....	10
Medical Data.....	10
Emergency Planning.....	10
Family Emergency Planning (A & B).....	11
Neighborhood, Regional and Evacuation Meeting Places.....	11
Medical Insurance Data.....	11
Emergency Kit(s).....	11
Letter of Instruction.....	11
Personal Data (manually entered).....	11

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

First Things to Do Upon Death	11
Funeral / Cemetery	11
Cemetery Data	12
Funeral Preferences	12
Church Preferences	12
Life Insurance Policies	12
Bank Accounts	13
Credit / Debit Cards	13
Stocks	13
Mutual Funds	13
Bonds	14
Other Documents / Reports	14

OVERVIEW of RAETEX HOME INVENTORY SERVICE

THANK YOU for your interest in **RAETEX Home Inventory Service**. We provide a service that will give you peace of mind in the event of an emergency or loss of your possessions. Since you are reading this document, you have taken the first step in the process.

This guide is provided to assist you in preparing for your **RAETEX Home Inventory**. Gathering information about your home inventory is one of the *toughest things to do accurately and thoroughly*. One of the reasons is simply because we've accumulated so much "stuff" that to keep track of it all would take an enormous amount of time.

Your **RAETEX Home Inventory** is more than an inventory of your possessions. It also includes modules that allow you to construct family emergency plans, begin your estate planning and "letters of instructions", and compile pet data.

To get started, you need a plan of attack. You'll also want to start with an idea of what you don't want to inventory. You can use a lower dollar limit, or ignore those items that you wouldn't want to replace if you lost them. Or, you can inventory every single item you own.

I would encourage you to apply the **80/20 principle** to your home inventory. *In other words, tracking 20% of what you own should account for the most important 80% of what you need to track.* But an inventory doesn't have to be done all at once — and it doesn't actually have to include every single thing in your home.

The **RAETEX Home Inventory Service** pricing structure is such that you determine the amount of time and money you wish to invest. That is the reason it is advisable for you to plan and determine which items you desire to be inventoried.

The family emergency plan module allows you to develop contingency plans with maps / documents that provide your family with the information they need in the event they cannot contact you or return home.

The "letter of instruction" module allows you to begin your estate planning and make your wishes known to others.

And do not forget the pets. The pet module allows you to compile the information needed to care for your pets during an emergency.

The software used, "MY I.C.E. PLAN", collects over 300 items of information. Only 35 are required to complete an entry (not all 35 needed, depends on section). The software is flexible enough to capture detailed information, but not so structured to burden you down completing unnecessary fields of data.

PROCESS

Contact Us

We will set up an appointment for a walk-through and go over some pre-visit questions to better determine your needs. Evening and weekend appointments are available for your convenience.

Walk-through

This will provide an opportunity to get to know us and give you a comfort level with having us in your home. The walk-through will also provide us with a better feel for your home contents, the level of detail required and the estimated time required. Upon arrival for your walk-through, we will request a tour of your home. We will ask that you point out items of interest, such as collectibles, items in storage areas, etc... We will provide the software for you to become familiar with at this time.

Review

Following the walk-through, we'll review our service options and payment terms. We will provide data collection forms and instructions. Our policy is to collect full payment due upon delivery of the finished product, unless other arrangements have been approved by **RAETEX**. We will then set an appointment time for your inventory.

The Inventory

We begin the inventory by training you on your copy of the software that is delivered on a USB Flash drive. We begin the recording process by going room to room, photographing and recording the details of your belongings (serial numbers, descriptions, etc...). You may be involved as much or as little as you like, although, we do encourage client participation to ensure maximum accuracy. You can help provide the item values as we go or we can sit down following the inventory. ***We do require you to be present during the entire inventory process.***

Final Package

RAETEX does not provide any printed documentation. You will have your inventory in a digital format that you can make as many copies as you desire. You can print the entire document or sections as needed.

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

TIPS

- Have your home as clutter free as you desire. The photographs are not for magazines but for inventory purposes. **RAETEX** personnel will not move furniture, disconnect appliances or unpack boxes to obtain photographs or identifying information.
- Computers, printers, appliances, televisions and other electronics should be ready to pull out in order to photograph and document serial/model numbers. Receipts showing serial/model numbers of these items is also sufficient for documentation.
- Smaller kitchen appliances in cupboards, such as mixers, blenders, choppers, skillets, etc, should be removed in order for us to accurately document and photograph.
- Closets should be accessible with clothing and linens ready for pictures. In regard to clothing, we respect your privacy and will only inventory items you wish to include. We encourage you to include any expensive suits, dresses, coats, etc..., as insurance companies prefer to have full documentation.
- If you opt to inventory everything in your garage, attic, or storage rooms, they must be neat and fairly organized in order for us to photograph and accurately inventory items. Items in boxes will not be removed by us therefore, they will not be documented.
- We will record all vehicles, trailers, riding & push mowers, etc. on the property. Any items you have off-site will not be included but we can arrange to add off-site items at a later date.
- Special collections will be photographed and documented as a group unless otherwise specified. Please have any special collections out and ready.
- Fine china/silverware will be photographed in a single place setting. Each piece will then be counted individually and entered into the quantity fields of our software. Please have a single place setting out and ready.
- Your homeowner insurance information, such as company name, contact info, policy number, etc., can optionally be included in your reports. Please have those documents available for review.

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

DATA COLLECTION FORMS

Blank data collection forms are provided as a convenience. You do not have to use the forms, blank paper is sufficient. Complete as much of the information on the data collection forms as you can. This will speed up the inventory process and reduce the amount of time RAETEX personnel spend at your residence. Item ID and Photos – do not complete these blanks.

Category – user defined list – separate form

Item Name – user defined

Room – user defined list – separate form

Retailer – user defined list

Manufacturer – user defined list –

Insurance information – user defined list – separate form

Definitions:

Category – a group of related items (appliances)

Item Name: a name that is meaningful to you. (Television)

Room: a name that you recognize. Instead of Bedroom 1 it could be Master Bedroom.

Retailer: name of business or store.

Manufacturer: name of maker of item.

The next six pages contain all the data fields in “MY I.C.E. PLAN” software. The names in bold print indicate the field is required (if the data section is used). As you can see, the software is very detailed but flexible. If you completed the data collection forms, the data will be more consistent. Changes to the data are easily accomplished without re-entering the data.

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Personal Data

Your Name
Spouse / Other
Address
City
State
Zip
Phone

Insurance Data

Company Name
Policy Number
Agent Name
Address
City
State
Zip
Phone
FAX
Website
Email
Notes

Location Data

Location Name
Address
City
State
Zip
Phone
Image
Movie(s)

Item Data

Item Data P1

Category
Item Name
Location
Room
Insured by:
Policy Number
Quantity
Cost
Retailer
Manufacturer
Model # / Serial #
Manufacture Date
Purchase Date
Item Description
Image / Movie / Audio

Item Data P2

Condition of Item
Item Acquired Via
Item Status
Owner
Beneficiary
Appraiser
Other Values
Replacement Cost
Current Value
Appraised Value
Appraised Notes

Notes / To Do

Loss Data

Reason for loss
Date of Loss
Loss Claim Submitted and Date
Loss and Reimbursed Amount
Loss No Claim Submitted
Loss Claim Denied and Reason
Data Dot # / Data Dot Location
Memo

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Contact Data

Put on Call List
Use Contact for Family Emergency Plan
First Name
Middle Initial
Last Name
Contact Type
Home Address 1
City
State
Zip
Date of Birth
Social Security #
Other Address
 Name
 Address
 City
 State
 Zip
Website
Email(2)
Image
Phone Number and Type (5)
International Phone Number
Phone Notes
Notes

Pet Data

Pet Name
Type
Gender
Color
Breed
Species
Pet ID
Micro Chip ID
Collar ID
Rabies ID
Birth Date Age
Image / Movie
Notes

Medical Data

Vet Name
Address
Phone
City State Zip
Website / Email
Medical History

Emergency Planning

Primary Shelter and Alternate Shelter
 Name
 Address
 City / State / Zip
 Phone
 Website
 Email
 Notes
Alternate Caretaker
 Name
 Address
 City
 State
 Zip
 Phone
 Email
 Special Instructions

Family Emergency Planning (A & B)

Neighborhood, Regional and Evacuation Meeting Places

Name
Address
City
State
Zip
Phone
Notes

Medical Insurance Data

Insurance Company Name
Policy Name
Agent Name
Address
City
State
Zip
Phone
FAX
Medical Condition Notes
Website
Email
Medical Card Notes
Image(s)
Movie(s)

Emergency Kit(s)

Name
Notes
Category
Item Name
Quantity
Date In Kit
Date Expired
Item Notes

Letter of Instruction

Personal Data (manually entered)

Salutation
First Name
Middle Name
Last Name
Suffix
Social Security #
Date of Birth
Marital Status
Spouse Name
Military Record
Address
City
State
Zip
Length of time in:
 Home
 State
 Country
Parents
 Fathers Name
 Fathers Birth Place
 Mothers Maiden Name
 Mothers Birth Place

First Things to Do Upon Death

Freeform Field

Funeral / Cemetery

Funeral Home Data
Name
Address
City
State
Zip
Phone Number (2)
Phone Type (2))
Pre-Arrangements Made
Funeral Documents Kept In

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Cemetery Data

Name
Address
City
State
Zip
Date Purchased
Deed Number
Plot # / Location
Where are Deed Documents Kept
Head Stone Inscription

Funeral Preferences

No embalming
No Public Viewing
Immediate disposition
Omit flowers
Eulogy
Funeral
Graveside
Least expensive burial or cremation
container
Memorial Services Only
Memorial Gift to
Other Wishes
Remains should be
Autopsy if requested by Doctor or
family
Interred
Cremated
Donated
Arrangements made with
Arrangements made date
Location of Donation Documents
Location of Donor Card
Donate these organs
Dispose the rest of the remains as
follows
Place to scatter or bury ashes

Church Preferences

Church Name
Address
City
State
Zip
Clergy Person
Other Info
Readings
Music and Singer(s)
People to Notify / Pallbearers
Select from Contact List
Obituary Data
Free-form
Special Wishes
Free-form

Life Insurance Policies

Insurance Company Name
Policy Number
Type of Policy
Amount of Policy
Whose Life is Insured
Issued Date
How Paid Out
Location Docs Kept In
Beneficiary (8)
Agent Name
Address
City
State
Zip
Phone
Website
Email
Notes / Special Instructions

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Bank Accounts

Type
Name on Account
Account Number
Location Documents Kept In
Notes regarding Account
Bank Name
 Address
 City
 State
 Zip
 Phone
 Website

Credit / Debit Cards

Card Data
 Card Type
 Name on Card
 Credit Card Number
 CSV
 Expire Date
 Credit Limit
 Balance
 Available Credit
 Payment Amount
 Location Kept In
 Issuer Data
 Issuer
 Address
 City
 State
 Zip
 Phone
 Website
 Credit Card Notes

Stocks

Stock Information
Stock Symbol
Short Name / Acronym
Stock Company Name
Company Website
Owner Full Name
Beneficiary
Stock Value
Shares Owned
Purchase Date
Purchase Price (per share)
Current Price (per share)
Broker Information
 Broker Name
 Address
 City
 State
 Zip
 Phone
 Website
 Email
Location Certificates Kept In
Notes

Mutual Funds

Mutual Fund Information
Company Name
Name on Account
Account Number
Shares Owned
Company Website
Beneficiary / Phone Number (Selected from
Contacts)
Broker Information
 Broker Name
 Address
 City / State / Zip
 Phone
 Website
 Email
Location Certificates Kept In
Notes

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Bonds

Bond Information

Issuer Name

Bond Number

Company Website

Owner (issued to)

Beneficiary / Phone Number

Bond Value

Face Amount

Purchase Date

Interest Rate of Return

Purchase Amount

Maturity Date

Broker Information

Broker Name

Address

City

State

Zip

Phone

Website

Email

Location Certificates Kept In

Notes

Other Documents / Reports

Free-form

RAETEX HOME INVENTORY SERVICE

MY I.C.E. PLAN SOFTWARE

Planning Guide

Account Number, 13
Address, 9, 10, 11, 12, 13
Age, 10
Agent Name, 9, 11, 12
Alternate Caretaker, 10
Amount of Policy, 12
Appraised Notes, 9
Appraised Value, 9
Appraiser, 9
Arrangements made date, 12
Arrangements made with, 12
Audio, 9
Autopsy if requested by Doctor or family, 12
Available Credit, 13
Balance, 13
Bank Name, 13
Beneficiary, 9, 12, 13, 14
Birth Date, 10
Bond Information, 14
Bond Number, 14
Bond Value, 14
Breed, 10
Broker Information, 13, 14
Broker Name, 13
Card Data, 13
Card Type, 13
Category, 9, 11
Church Name, 12
City, 9, 10, 11, 12, 13, 14
Clergy Person, 12
Collar ID, 10
Color, 10
Company Name, 9, 13
Company Website, 13, 14
Condition of Item, 9
Contact Type, 10
Cost, 9
Country, 11
Credit Card Notes, 13
Credit Card Number, 13
Credit Limit, 13
Cremated, 12
CSV, 13
Current Price, 13
Current Value, 9
Data Dot #, 9
Data Dot Location, 9
Date Expired, 11
Date In Kit, 11
Date of Birth, 10, 11
Date of Loss, 9
Date Purchased, 12
Deed Number, 12
Dispose the rest of the remains as follows, 12
Donate these organs, 12
Donated, 12
Email, 9, 10, 11, 12, 13, 14
Eulogy, 12
Expire Date, 13
Face Amount, 14
Fathers Birth Place, 11
Fathers Name, 11
FAX, 9, 11
First Name, 10, 11
Funeral, 12
Funeral Documents Kept In, 11
Funeral Home Data, 11
Gender, 10
Graveside, 12
Head Stone Inscription, 12
Home, 11
Home Address 1, 10
How Paid Out, 12
Image, 9, 10
Image(s), 11
Image(s) with Description, 9
Immediate disposition, 12
Insurance Company Name, 11, 12
Insured by:, 9
Interest Rate of Return, 14
International Phone Number, 10
Interred, 12
Issued Date, 12
Issuer, 13
Issuer Data, 13
Issuer Name, 14
Item Acquired Via, 9
Item Description, 9
Item Name, 9, 11
Item Notes, 11
Item Status, 9
Last Name, 10, 11

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Least expensive burial or cremation container, 12
Length of time in:, 11
Location, 9
Location Certificates Kept In, 13, 14
Location Docs Kept In, 12
Location Documents Kept In, 13
Location Kept In, 13
Location Name, 9
Location of Donation Documents, 12
Location of Donor Card, 12
Loss and Reimbursed Amount and Date, 9
Loss Claim Denied and Reason, 9
Loss Claim Submitted and Date, 9
Loss No Claim Submitted, 9
Manufacture Date, 9
Manufacturer, 9
Marital Status, 11
Maturity Date, 14
Medical Card Notes, 11
Medical Condition Notes, 11
Medical History, 10
Memo, 9
Memorial Gift to, 12
Memorial Services Only, 12
Micro Chip ID, 10
Middle Initial, 10
Middle Name, 11
Military Record, 11
Model #, 9
Mothers Birth Place, 11
Mothers Maiden Name, 11
Movie, 9, 10
Movie(s), 9, 11
Music and Singer(s), 12
Mutual Fund Information, 13
Name, 10, 11, 12
Name on Account, 13
Name on Card, 13
No embalming, 12
No Public Viewing, 12
Notes, 9, 10, 11, 13, 14
Notes / Special Instructions, 12
Notes regarding Account, 13
Obituary Data, 12
Omit flowers, 12
Other Address, 10
Other Info, 12
Other Values, 9
Other Wishes, 12
Owner, 9, 14
Owner Full Name, 13
Parents, 11
Payment Amount, 13
People to Notify / Pallbearers, 12
Personal Data, 11
Pet ID, 10
Pet Name, 10
Phone, 9, 10, 11, 12, 13, 14
Phone Notes, 10
Phone Number (2), 11
Phone Number and Type, 10
Phone Type, 11
Place to scatter or bury ashes, 12
Plot #, 12
Policy Name, 11
Policy Number, 9, 12
Pre-Arrangements Made, 11
Primary Shelter and Alternate Shelter, 10
Purchase Amount, 14
Purchase Date, 9, 13, 14
Purchase Price, 13
Put on Call List, 10
Quantity, 9, 11
Rabies ID, 10
Readings, 12
Reason for loss, 9
Remains should be, 12
Replacement Cost, 9
Retailer, 9
Room, 9
Salutation, 11
Serial #, 9
Shares Owned, 13
Short Name / Acronym, 13
Social Security #, 10, 11
Special Instructions, 10
Special Wishes, 12
Species, 10
Spouse / Other, 9
Spouse Name, 11
State, 9, 10, 11, 12, 13, 14
Stock Company Name, 13
Stock Information, 13
Stock Symbol, 13

RAETEX HOME INVENTORY SERVICE
MY I.C.E. PLAN SOFTWARE
Planning Guide

Stock Value, 13

Suffix, 11

Type, 10, 13

Type of Policy, 12

Use Contact for Family Emergency Plan, 10

Vet Name, 10

Website, 9, 10, 11, 12, 13, 14

Where are Deed Documents Kept, 12

Whose Life is Insured, 12

Your Name, 9

Zip, 9, 10, 11, 12, 13, 14