

WORKSHEET: SCHEDULE OF ASSETS

Client Name: _____

Use approximate values

Spouse Name: _____

ASSETS HELD UNDER AN ACCOUNT NUMBER (Do not include retirement plans or annuities on this page)

*** Type of account: Checking, Savings, C.D.s., Money Market, Brokerage, Mutual fund

Bank/Institution: _____

Account No: _____ \$_____ .00

Owners: _____

Type of account: _____

Other signers: _____

Representative: _____

Address: _____

Bank/Institution: _____

Account No: _____ \$_____ .00

Owners: _____

Type of account: _____

Other signers: _____

Representative: _____

Address: _____

Bank/Institution: _____

Account No: _____ \$_____ .00

Owners: _____

Type of account: _____

Other signers: _____

Representative: _____

Address: _____

RETIREMENT PLANS - I.R.A., S.E.P., KEOGH, DEFERRED COMP.

(Tax-qualified funds: separately-held or account-held)

Company:

Account No: _____ \$ _____ .00

Owner: _____

Beneficiary(s): _____

Representative: _____

Address: _____

Company:

Account No: _____ \$ _____ .00

Owner: _____

Beneficiary(s): _____

Representative: _____

Address: _____

Company:

Account No: _____ \$ _____ .00

Owner: _____

Beneficiary(s): _____

Representative: _____

Address: _____

Company:

Account No: _____ \$ _____ .00

Owner: _____

Beneficiary(s): _____

Representative: _____

Address: _____

ANNUITIES

Company: _____

Policy No: _____ \$ _____ .00

Owner: _____

Annuitant: _____

Beneficiary(s): _____

Representative: _____

Address: _____

Company: _____

Policy No: _____ \$ _____ .00

Owner: _____

Annuitant: _____

Beneficiary(s): _____

Representative: _____

Address: _____

Company: _____

Policy No: _____ \$ _____ .00

Owner: _____

Annuitant: _____

Beneficiary(s): _____

Representative: _____

Address: _____

Company: _____

Policy No: _____ \$ _____ .00

Owner: _____

Annuitant: _____

Beneficiary(s): _____

Representative: _____

Address: _____

LIFE INSURANCE

Company: _____

Policy No: _____

Cash Value: \$ _____ .00 Death Benefit: \$ _____ .00

Owner: _____

Insured: _____

Beneficiary(s): _____

Loans: \$ _____ .00

Representative: _____

Address: _____

Company: _____

Policy No: _____

Cash Value: \$ _____ .00 Death Benefit: \$ _____ .00

Owner: _____

Insured: _____

Beneficiary(s): _____

Loans: \$ _____ .00

Representative: _____

Address: _____

Company: _____

Policy No: _____

Cash Value: \$ _____ .00 Death Benefit: \$ _____ .00

Owner: _____

Insured: _____

Beneficiary(s): _____

Loans: \$ _____ .00

Representative: _____

Address: _____

TITLES
(Vehicles, Mobile Homes, Boats, RV's, Trailers)

Year and Make: Year _____ Make _____

License No: _____ \$ _____ .00

Insured by: _____

Policy No.: _____

Representative: _____

Address: _____

Year and Make: Year _____ Make _____

License No: _____ \$ _____ .00

Insured by: _____

Policy No.: _____

Representative: _____

Address: _____

Year and Make: Year _____ Make _____

License No: _____ \$ _____ .00

Insured by: _____

Policy No.: _____

Representative: _____

Address: _____

Year and Make: Year _____ Make _____

License No: _____ \$ _____ .00

Insured by: _____

Policy No.: _____

Representative: _____

Address: _____

REAL PROPERTY INTERESTS

(Use Real Estate worksheet for additional information)

COMPLETE REAL PROPERTY INFORMATION FORM FOR EACH PARCEL

Parcel 1: _____ \$ _____ .00
Parcel 2: _____ \$ _____ .00
Parcel 3: _____ \$ _____ .00
Parcel 4: _____ \$ _____ .00
Parcel 5: _____ \$ _____ .00
Parcel 6: _____ \$ _____ .00

ANNUAL INCOME

	Client	Spouse
Before Retirement	\$ _____	\$ _____
After Retirement	\$ _____	\$ _____

ANNUAL EXPENSES

	Client or Joint	Spouse
Before Retirement	\$ _____	\$ _____
After Retirement	\$ _____	\$ _____

DISABILITY INCOME INSURANCE

Company: _____
 Owner: _____
 Policy No: _____
 Coverage \$ _____ per month

Company: _____
 Owner: _____
 Policy No: _____
 Coverage \$ _____ per month

STOCK AND BOND CERTIFICATES
(Stocks and Bonds *in your personal possession*)

Company: _____ \$ _____ .00

Name: _____

CUSIP: _____

Shares: _____

Representative: _____

Address: _____

Dividend Reinvestment Program yes no
Copy of Certificate and statement attached yes

Company: _____ \$ _____ .00

Name: _____

CUSIP: _____

Shares: _____

Representative: _____

Address: _____

Dividend Reinvestment Program yes no
Copy of Certificate and statement attached yes

Company: _____ \$ _____ .00

Name: _____

CUSIP: _____

Shares: _____

Representative: _____

Address: _____

Dividend Reinvestment Program yes no
Copy of Certificate and statement attached yes

UNSECURED LOANS

Who owes you: _____ \$ _____ .00

- Owed to: Client Spouse
Evidence: Promissory Note Nothing in writing

Who owes you: _____ \$ _____ .00

- Owed to: Client Spouse
Evidence: Promissory Note Nothing in writing

DEBT

Who you owe: _____ \$ _____ .00

- Owed by: Client Spouse
 Promissory Note Nothing in writing
 Credit card Business related
 Spousal support Child support
 Personal Guarantee Other _____
 Secured Unsecured

Secured by: _____

Year terminates: _____ Payments: \$ _____ / year

Who you owe: _____ \$ _____ .00

- Owed by: Client Spouse
 Promissory Note Nothing in writing
 Credit card Business related
 Spousal support Child support
 Personal Guarantee Other _____
 Secured Unsecured

Secured by: _____

Year terminates: _____ Payments: \$ _____ / year