

**Estate Information Form**

(Note: This form is extremely important. Please fill in as much information as you possible can. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.)

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

Home Phone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Client

Work Phone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Client Cell No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Work Phone No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Cell No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Client E-mail Address: \_\_\_\_\_ Spouse E-mail Address: \_\_\_\_\_

A. PERSONAL DATA Client: (print name as shown on your checks) Spouse: (print name as shown on your checks) Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Client Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Spouse Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Client

Annual Income: \$ \_\_\_\_\_ Spouse Annual Income: \_\_\_\_\_

CONTACT PERSON:

\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ (If other than self)

Address:

\_\_\_\_\_ City:

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

Telephone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MARITAL INFORMATION:

DATE MARRIED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_ CITIZENSHIP:

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

B. REFERRAL:

By whom were you referred to this office?

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

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

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

C. CHILDREN (if applicable):

Please list child's Legal Name, Address, Date of Birth, and Relationship (son/daughter).

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Does the Client have any children by a previous marriage? \_\_\_ Yes \_\_\_ No

Does the Spouse have any children by a previous marriage? \_\_\_ Yes \_\_\_ No

Are all of your children in good health? \_\_\_ Yes \_\_\_ No

Are any of your children blind? \_\_\_ Yes \_\_\_ No

Are any of your children disabled? \_\_\_ Yes \_\_\_ No

Have all of your children completed their education? \_\_\_ Yes \_\_\_ No

Are any of your children receiving SSI or other form of government entitlement? \_\_\_ Yes \_\_\_ No

Do any of your family members have any problems with: Aids? \_\_\_ Yes \_\_\_ No

Drug Addiction? \_\_\_ Yes \_\_\_ No

Alcoholism? \_\_\_ Yes \_\_\_ No

Spendthrift? \_\_\_ Yes \_\_\_ No

GRANDCHILDREN(if applicable): Please list the Grandchild's name, Address (including zip code) and Date of Birth

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D. DISPOSITIVE INTENTIONS

1. SPOUSE AND CHILDREN

Do you wish to provide primarily for your spouse and secondarily for your children? \_\_\_ Yes \_\_\_ No

Do you wish to treat all of your children equally? \_\_\_ Yes \_\_\_ No

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children? \_\_\_\_\_ (e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

2. GRANDCHILDREN Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? \_\_\_ Yes \_\_\_ No

Do you wish to treat all of your grandchildren equally? \_\_\_ Yes \_\_\_ No

If not, why not? \_\_\_\_\_

How much do you want to leave your Grandchildren? \_\_\_\_\_

At what age do you want distribution to your Grandchildren? \_\_\_\_\_

(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

3. CHARITIES Do you want to leave a specific amount of money or other assets to any charity? \_\_\_ Yes \_\_\_ No

If yes, please list Name of Charity, Address of Charity (including zip code) and Dollar Amount being given.

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4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? \_\_\_ Yes \_\_\_ No

If so, please list Name of Beneficiary, Address of Beneficiary (including zip code), Relationship, and Dollar Amount.

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E. EXECUTOR: Whom do you want to serve as your Executor?

(Client) First Choice: \_\_\_\_\_ Spouse \_\_\_\_\_

Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

(Spouse) First Choice: \_\_\_\_\_ Spouse \_\_\_\_\_

Other \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

F. TRUSTEE: Whom do you want to serve as your Trustee?

(Client) First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

(Spouse) First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

G. GUARDIAN:

(Client) If you have minor or disabled child/children, whom do you want to act as Guardian?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

(Spouse) If you have minor or disabled child/children, whom do you want to act as Guardian?

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**H. ESTATE PLANNING:**

(Client) Do you want your Estate Planning to provide for withdrawal of artificial food and fluid? \_\_\_ Yes \_\_\_ No

Do you want to donate your eyes or organs? \_\_\_ Yes \_\_\_ No

Do you want your Health Care Agent to consult with any other person prior to acting? \_\_\_ Yes \_\_\_ No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

(Spouse) Do you want your Estate Planning to provide for withdrawal of artificial food and fluid? \_\_\_ Yes \_\_\_ No

Do you want to donate your eyes or organs? \_\_\_ Yes \_\_\_ No

Do you want your Health Care Agent to consult with any other person prior to acting? \_\_\_ Yes \_\_\_ No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

Name of Proposed Alternate Health Care Agent \_\_\_\_\_ Street

Address \_\_\_\_\_

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

What are the name and address of each of your primary care physician?

(Client)

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

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

(Spouse)

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

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



I. POWER OF ATTORNEY:

(Client)

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

(Spouse)

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

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

J. MISCELLANEOUS

(Client)

Do you have any other legal issues which I should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate the name and address of the location \_\_\_\_\_

Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year?  Yes  No

Have you ever filed a Federal Gift Tax Return?  Yes  No

Please list names and relationships of persons who are dependent on you for support or who may affect your planning. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Spouse)

Do you have any other legal issues which I should be aware of?  Yes  No

If yes, please

explain \_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box? \_\_\_ Yes \_\_\_ No

If yes, please indicate the name and address of the location \_\_\_\_\_

Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year? \_\_\_ Yes \_\_\_ No

Have you ever filed a Federal Gift Tax Return? \_\_\_ Yes \_\_\_ No

Please list names and relationships of persons who are dependent on you for support or who may affect your planning. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K. GENERAL INFORMATION : (Client) Do you receive Social Security? \_\_\_ Yes \_\_\_ No

If so where is the check deposited?

\_\_\_\_\_

Is the check directly deposited by Social Security? \_\_\_ Yes \_\_\_ No

Have you been appointed as a fiduciary (executor, executrix, trustee, agent, etc.) under any legal documents.

If yes, please describe said documents:

\_\_\_\_\_

Are you involved in a lawsuit? \_\_\_ Yes \_\_\_ No If yes, Please explain:

\_\_\_\_\_

Do any family members require special attention? \_\_\_ Yes \_\_\_ No

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(Explain; use back of page, if necessary). For example, health, physical, mental, financial status, special and/or individual needs? \_\_\_ Yes \_\_\_ No

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Does anyone in your family receive social security disability? \_\_\_ Yes \_\_\_ No

If other than client please explain.

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Does anyone in your family receive supplemental security income? \_\_\_ Yes \_\_\_ No

If other than client please explain.

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Is anyone at risk because of becoming seriously ill or disabled (due to a medical condition or family history)?

\_\_\_ Yes \_\_\_ No

(Spouse)

Do you receive Social Security? \_\_\_ Yes \_\_\_ No

If so where is the check deposited?

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Is the check directly deposited by Social Security? \_\_\_ Yes \_\_\_ No

Have you been appointed as a fiduciary (executor, executrix, trustee, agent, etc.) under any legal documents.

If yes, please describe said documents:

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Are you involved in a lawsuit? \_\_\_ Yes \_\_\_ No

If yes, Please explain:

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Do any family members require special attention? \_\_\_ Yes \_\_\_ No

(Explain; use back of page, if necessary). For example, health, physical, mental, financial status, special and/or individual needs? \_\_\_ Yes \_\_\_ No

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Does anyone in your family receive social security disability? \_\_\_ Yes \_\_\_ No

If other than spouse please explain. Does anyone in your family receive supplemental security income?

\_\_\_ Yes \_\_\_ No \_\_\_\_\_

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If other than spouse please explain.

Is anyone at risk because of becoming seriously ill or disabled (due to a medical condition or family history)?

\_\_\_ Yes \_\_\_ No

L. Health Care Information :

(Client)

Do you have or receive the following? \_\_\_ Yes \_\_\_ No

Please indicate which plan: Medicare Part A \_\_\_\_\_ Part B \_\_\_\_\_ Part C \_\_\_\_\_

Supplemental Insurance: \_\_\_ Yes \_\_\_ No

If yes, name:

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Medicare HMO? \_\_\_ Yes \_\_\_ No

If yes, name:

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Long Term Care insurance: \_\_\_ Yes \_\_\_ No

If yes, name:

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Medicaid Benefits? \_\_\_ Yes \_\_\_ No

Veterans Benefits? \_\_\_ Yes \_\_\_ No

(Spouse)

Do you have or receive the following? \_\_\_ Yes \_\_\_ No

Please indicate which plan: Medicare Part A \_\_\_\_\_ Part B \_\_\_\_\_ Part C \_\_\_\_\_

Supplemental Insurance: \_\_\_ Yes \_\_\_ No

If yes, name:

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Medicare HMO? \_\_\_ Yes \_\_\_ No

If yes, name:

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Long Term Care insurance: \_\_\_ Yes \_\_\_ No

If yes, name:

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Medicaid Benefits? \_\_\_ Yes \_\_\_ No

Veterans Benefits? \_\_\_ Yes \_\_\_ No

M. Documents : {Please indicate if you have any of the following}

(Client)

Will? \_\_\_ Yes \_\_\_ No

Date of Will(s)?

Durable Power of Attorney? \_\_\_ Yes \_\_\_ No

Health Care Proxy? \_\_\_ Yes \_\_\_ No

Living Will? \_\_\_ Yes \_\_\_ No



Living Trust?  Yes  No

If yes, is it  Irrevocable or  Revocable Irrevocable Burial Fund Contract (please provide a copy)  Yes  
 No

Burial Arrangements - Do you own a burial plot?  Yes  No

If so, Burial Plot Location:

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(Spouse)

Will?  Yes  No

Date of Will(s)?

Durable Power of Attorney?  Yes  No

Health Care Proxy?  Yes

No Living Will?  Yes  No

Living Trust?  Yes  No

If yes, is it  Irrevocable or  Revocable Irrevocable Burial Fund Contract (please provide a copy)  Yes  
 No

Burial Arrangements - Do you own a burial plot?  Yes  No

If so, Burial Plot Location:

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N. Professional Advisors

(Client) Tax Preparer Name:

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Company:

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Address:

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City: \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

(H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Business) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Investment Advisor Name:

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Company:

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Address:

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City: \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

(H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Business) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance Agent Name:

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Company:

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Address:

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City: \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

(H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Business) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Spouse) Tax Preparer Name:

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Company:

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Address:

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City: \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

(H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Business) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Investment Advisor Name:

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Company:

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Address:

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City: \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

(H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Business) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance Agent Name:

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Company:

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Address:

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City: \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

(H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Business) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Fax) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

O. Assets:

(Client)

Real Estate: Please list the Owner, Location, Estimated Value, Mortgage Balance, and Cost Basis.

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Do you receive a veteran's exemption on your primary residence? \_\_\_ Yes \_\_\_ No

Do you receive a senior citizen's exemption on your primary residence? \_\_\_ Yes \_\_\_ No

How much do you pay each year in real estate taxes? \$ \_\_\_\_\_

If you receive rental income, please describe: \$ \_\_\_\_\_/month

Where is the rental property located? \_\_\_\_\_

Personal Residence:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_,

Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_,

Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(Spouse)

Real Estate: Please list the Owner, Location, Estimated Value, Mortgage Balance, and Cost Basis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive a veteran's exemption on your primary residence? \_\_\_ Yes \_\_\_ No

Do you receive a senior citizen's exemption on your primary residence? \_\_\_ Yes \_\_\_ No

How much do you pay each year in real estate taxes? \$ \_\_\_\_\_

If you receive rental income, please describe: \$ \_\_\_\_\_/month

Where is the rental property located?

\_\_\_\_\_

Personal Residence:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_,

Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_,

Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

2. Cash, Bank Accounts and Certificates of Deposit:

Please list the Owner, Name of Financial Institution, and Amount for each item above for both client and spouse.

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3. Stocks and Bonds:

Individually Held, Brokerage Accounts, Mutual Funds, and Savings Bonds.: Please list the Owner, Description or Name of Financial Institution, or Amount for each item above for both client and spouse.

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4. Life Insurance: Please list the Owner, Company, Face Amount, Cash Value, Insured and Beneficiary for all policies held by client and spouse.

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5. Retirement Benefits: Please list the Owner, Description, Beneficiary, and the Principal Value of any Pension, 401(K) Plan or IRA Accounts \_\_\_\_\_

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6. Annuities, Mortgages and Notes (money owed to you) [Please list the Owner, give a brief Description, the Beneficiary and the Principal Value]

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Debtor - Mortgage or loan [Please list the Date, the Amount, the Terms, whether it is Secured \_\_\_ Yes \_\_\_ No

{If secured, please state what security was used.},

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if there is any Written Document verifying the loan and the current Balance. Are there any loans which should be forgiven upon your death? (please describe)

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7. Tangible Personal Property:

Please list the Owner; Location and current Value of the following items Home Furnishings Automobiles Jewels and/or Furs Other (Collections, etc.)

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Safe Deposit Boxes \_\_\_ Yes \_\_\_ No

Is there a deputy on the box \_\_\_ Yes \_\_\_ No

Please list the Owner, Location of Box, Contents, Location of Key, Estimated Value for each Safe Deposit Box.

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8. Business Interest(s) (i.e., partnership, corporate interests, family limited partnerships or sole proprietorships).

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9. Miscellaneous:

P. GIFTS : Include gifts made since 1981 in excess of \$10,000 per year per donee or since 2002 in excess of \$11,000 per year per donee. Also, please provide us with any filed gift tax returns.

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Q. LIABILITIES:

(Debt owed by you or your spouse, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Description Name of Debtor Amount When

Due \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. General Debts Notes and accounts payable by you

\_\_\_\_\_

\$ \_\_\_\_\_

Loans on life insurance policies \_\_\_\_\_

\$ \_\_\_\_\_

Unsecured promissory notes \_\_\_\_\_

\$ \_\_\_\_\_

General obligations \_\_\_\_\_

\$ \_\_\_\_\_

Other \_\_\_\_\_

\$ \_\_\_\_\_

2. Mortgage Payables Home Mortgage \_\_\_\_\_

\$ \_\_\_\_\_

Other Mortgages \_\_\_\_\_

\$ \_\_\_\_\_

R. FINANCIAL SUMMARY ASSETS LIABILITIES Bank Accounts [attach copies of statements] (C) \$ \_\_\_\_\_

(S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate (residence)[attach copy of deed or title policy] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Real Estate (other) [attach copies of all deeds] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Savings Certificates (CDS)[attach copies of statements] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates] (C) \$ \_\_\_\_\_ (S)

\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Stocks - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements] (C) \$ \_\_\_\_\_ (S)

\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds] (C) \$ \_\_\_\_\_ (S)

\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Bonds - Non Mutual Funds (Held by Broker) [attach copies of brokerage statements] (C) \$ \_\_\_\_\_ (S)

\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Mutual Funds [attach copies of statements] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J)  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Note and Mortgages Receivables [attach copies of Notes & Mortgages] (C) \$ \_\_\_\_\_ (S)  
\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Business Interests[attach copies of stock certificates, partnership agreement and/or other documentation] (C)  
\$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Inheritance, etc. (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Automobiles (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Jewelry & Collections (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Non-IRA Tax Qualified Retirement Plans [attach copies of statements] (C) \$ \_\_\_\_\_ (S)  
\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

IRAs [attach copies of statements] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Life Insurance [attach copies of all policies] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J)  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

Annuities [attach copies of all policies] (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_  
\$ \_\_\_\_\_

Other Assets [attach copies of documentation pertaining to such assets] (C) \$ \_\_\_\_\_ (S)  
\$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTALS (C) \$ \_\_\_\_\_ (S) \$ \_\_\_\_\_ (J) \$ \_\_\_\_\_ \$ \_\_\_\_\_

