

ASSESTS AND LIABILITIES

Name: _____

Date: _____

REAL PROPERTY

1. Street Address: _____

Legal Description: _____

Mortgage #1: _____

Lender: _____

Balance: _____

Mortgage #2: _____

Lender: _____

Balance: _____

Date of Purchase: _____

Purchase Price: _____

Source of Down Payment: _____

Fair Market Value: _____

Estimated Yearly Taxes: _____

2. Street Address: _____

Legal Description: _____

Mortgage #1: _____

Lender: _____

Balance: _____

Mortgage #2: _____

Lender: _____

Balance: _____

Date of Purchase: _____

Purchase Price: _____

Source of Down Payment: _____

Fair Market Value: _____

Estimated Yearly Taxes: _____

Repeat same information for all other pieces of real property.

MOTOR AND RECREATION VEHICLES

1. Year/Model:

Vehicle I.D. No.:

Name on Title:

Existing Lien:

Lender:

Balance:

Fair Market Value:

2. Year/Model:

Vehicle I.D. No.:

Name on Title:

Existing Lien:

Lender:

Balance:

Fair Market Value:

Repeat with same information for boats, airplanes, recreational vehicles, etc.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS

1. Financial Institution:

Account No.:

Type of Account:

Name(s) on Account:

Current Account Balance:

2. Financial Institution:

Account No.:

Type of Account:

Name(s) on Account:

Current Account Balance:

3. Financial Institution:

Account No.:

Type of Account:

Name(s) on Account:

Current Account Balance:

4. Financial Institution:

Account No.:

Type of Account:

Name(s) on Account:

Current Account Balance:

Repeat with same information for brokerage accounts, mutual funds, etc.

LIFE INSURANCE

1. Insurance Company:

Name of Insured:

Name of Owner:

Death Benefit:

Policy Number:

Type of Policy (term or whole life):

Cash Surrender Value:

Beneficiary:

2. Insurance Company:

Name of Insured:

Name of Owner:

Death Benefit:

Policy Number:

Type of Policy (term or whole life):

Cash Surrender Value:

Beneficiary:

3. Insurance Company:

Name of Insured:

Name of Owner:

Death Benefit:

Policy Number:

Type of Policy (term or whole life):

Cash Surrender Value:

Beneficiary:

Repeat with same information for all life insurance policies.

WORK-RELATED STOCK AND STOCK OPTIONS

1. Stock Option Grant No.:

Date Granted:

Number of Options Granted:

Number of Options Exercised:

Vesting Schedule:

Strike Price:

Subject to Blackout Dates?

2. Stock Option Grant No.:

Date Granted:

Number of Options Granted:

Number of Options Exercised:

Vesting Schedule:

Strike Price:

Subject to Blackout Dates?

3. Stock Option Grant No.:

Date Granted:

Number of Options Granted:

Number of Options Exercised:

Vesting Schedule:

Strike Price:

Subject to Blackout Dates?

4. Stock Option Grant No.:

Date Granted:

Number of Options Granted:

Number of Options Exercised:

Vesting Schedule:

Strike Price:

Subject to Blackout Dates?

Repeat for each set of shares, option grant, or restricted stock grant, or attach grant information from employer, if available.

RETIREMENT BENEFITS

1. Plan or Company Name:

Type of Benefit (pension or 401(k):

Name of Participant:

Date of Employment:

Date of Termination:

Current Value:

2. Plan or Company Name:

Type of Benefit (pension or 401(k):

Name of Participant:

Date of Employment:

Date of Termination:

Current Value:

3. Financial Institution holding IRA:

Name of Owner:

Current Value:

4. Financial Institution holding IRA:

Name of Owner:

Current Value:

5. Military Branch:

Date Entered Service:

Date of Retirement:

Monthly Payment Amount:

Repeat for all other retirement benefits.

FAMILY-OWNED AND/OR CLOSELY-HELD BUSINESS

1. Name of Business:

Business Organization

(C Corp., Sub-S, Partnership, etc.)

Nature of Business:

Business Address:

Business Start-up Date:

Percentage Ownership:

Estimated Value:

Business Debt:

Repeat for each business.

INTELLECTUAL PROPERTY

1. Name of Patent/Trademark Holder:

Registration Number:

Date Issued:

Type of Product:

Estimated Annual Income:

Repeat for each patent, trademark or copyright, including work-in-progress.

HOUSEHOLD FURNITURE, FURNISHINGS & FIXTURES

Appreciating assets such as fine art, imported rugs, antiques and some instruments might need to be appraised.

1. Item Description:

Purchase Price:

Purchase Date:

Market Value:

2. Item Description:

Purchase Price:

Purchase Date:

Market Value:

3. Item Description:

Purchase Price:

Purchase Date:

Market Value:

4. Item Description:

Purchase Price:

Purchase Date:

5. Item Description:

Purchase Price:

Purchase Date:

Market Value:

6. Item Description:

Purchase Price:

Purchase Date:

Market Value:

Repeat for all other items of appreciating value.

UNSECURED DEBTS/LIABILITIES

1. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

2. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

3. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

4. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

5. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

6. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

7. Name of Creditor:

Account Number:

Total Balance:

Monthly Payment:

Repeat for each other creditor.