

Getting Started

SECTION E. ASSETS		
BANK ACCOUNTS		
<b>CHECKING</b>		
Financial Institution	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>SAVINGS</b>		
Financial Institution	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>CERTIFICATES OF DEPOSIT</b>		
Financial Institution	Ownership	Amount
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>TOTAL OF CHECKING, SAVINGS AND CERTIFICATES OF DEPOSIT:</b>		
SAFETY DEPOSIT BOX		
Number	Location	

PERSONAL PROPERTY		
<b>AUTOMOBILES</b>		
Make & Year	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>HOUSEHOLD FURNISHINGS</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>JEWELRY</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>COLLECTIONS (ART, ETC.)</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>OTHER (DESCRIBE)</b>		
Description	Ownership	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2	
<b>TOTAL OF PERSONAL PROPERTY:</b>		

<b>SECTION E. ASSETS (CONTINUED)</b>				
<b>REAL ESTATE</b>				
<b>PARCEL NO. 1</b>				
Address				
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>			
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common			
Date of Acquisition		Cost		
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			
<b>PARCEL NO. 2</b>				
Address				
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>			
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common			
Date of Acquisition		Cost		
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			
<b>PARCEL NO. 3</b>				
Address				
Legal Description	<b>Please attach a copy of deed and other instrument of title</b>			
Ownership	<input type="checkbox"/> Joint <input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2 <input type="checkbox"/> Tenants in Common			
Date of Acquisition		Cost		
Current Market Value		Amount of Debt	Monthly Payments	
Encumbrances	(name of mortgagees, lienors, etc.) _____ _____ _____			

<b>SECTION E. ASSETS (CONTINUED)</b>					
<b>INVESTMENTS</b>					
<b>STOCKS AND MUTUAL FUNDS</b>					
Attach a copy of the most recent statement for each brokerage account.					
Company or Brokerage Firm	Ownership	No. of Shares	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
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	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
<b>TOTAL OF STOCKS AND MUTUAL FUNDS:</b>					
<b>BONDS AND TREASURY NOTES</b>					
Type	Ownership	Face Amount	Cost	Date Acquired	Fair Market Value
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
	<input type="checkbox"/> J <input type="checkbox"/> #1 <input type="checkbox"/> #2				
<b>TOTAL OF BONDS AND TREASURY NOTES:</b>					

<b>SECTION E. ASSETS (CONTINUED)</b>		
<b>RETIREMENT, DISABILITY, AND DEATH BENEFITS</b>		
If you have any interest in a pension, profit-sharing, stock bonus, self-employed retirement plan, individual retirement account or deferred compensation plan, or any other similar type of benefit, complete the following:		
	<b>CLIENT #1</b>	<b>CLIENT #2</b>
<b>RETIREMENT PLAN NO. 1</b>		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		
<b>RETIREMENT PLAN NO. 2</b>		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		
<b>RETIREMENT PLAN NO. 3</b>		
Company		
Type of Plan		
Person(s) Covered		
Value		
Beneficiary(ies)		

<b>SECTION E. ASSETS (CONTINUED)</b>	
<b>CLOSELY HELD BUSINESS INTERESTS</b> (Use separate sheet for each business interest)	
<b>ENTITY 1</b>	
Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ENTITY 2</b>	
Name of Entity	
Percentage Owned	
Type of Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Your estimate of the fair market value of your interest	
Your tax basis for your interest	
Do you have any plans to dispose of business interest(s) during your lifetime? If so, please describe	
What are your wishes as to disposition of ownership after death	<input type="checkbox"/> Transfer to Family <input type="checkbox"/> Sale to Key-Employee <input type="checkbox"/> Sale to Co-Owner of Business <input type="checkbox"/> Other
Is there a buy/sell or redemption agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PLEASE PROVIDE FINANCIAL STATEMENTS AND TAX RETURNS FOR THE PREVIOUS THREE YEARS, AND A COPY OF ANY BUY/SELL OR REDEMPTION AGREEMENTS FOR EACH ENTITY.</b>	

<b>SECTION E. ASSETS (CONTINUED)</b>		
<b>LIFE INSURANCE</b>		
<b>PROVIDED BY EMPLOYER</b>		
	<b>Policy No. 1</b>	<b>Policy No. 2</b>
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		
Employee's Contribution		
<b>OWNED BY CLIENT #1 OR CLIENT #2</b>		
	<b>Policy No. 1</b>	<b>Policy No. 2</b>
Company		
Policy No.		
Type		
Insured		
Owner		
Beneficiary		
Contingent Beneficiary		
Face Value		
Amount of Loan		

<b>OTHER ASSETS</b>
Please provide information on any other assets, including description, value, etc.
_____
_____
_____
Do you expect to receive an inheritance? If so, from whom and estimate the amount.
_____
_____
_____

<b>SECTION F. LIABILITIES (NOT PREVIOUSLY LISTED):</b>			
<b>Creditor</b>	<b>Secured by</b>	<b>Due Date</b>	<b>Current Balance Owed</b>