

Today's Date:	
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# **Income, Asset and Legal Documentation**

st Person_	2 <sup>nd</sup> Person_

## **Required Information and Documents**

#### **Income & Assets**

Please fill out this form or bring the following documents to show ownership and value of all assets:

- a. Burial Documents: Burial plan contracts and/or burial plot deeds page 2
- b. Bank Account Assets: Checking, savings, money market accounts, and certificates of deposit (CDs) page 2
- c. Investment Assets: Stocks, bonds, mutual funds, annuities, brokerage accounts, loans owed to you, partnerships, etc. page 2
- d. Real Estate Assets: Deeds, appraisals, contracts, trust deeds, etc. page 3
- e. Motor Vehicle Assets: Cars, mobile homes, RVs, and campers. page 3
- f. Qualified Retirement Plan Assets: IRAs, 401(k) plans, PERS plans, etc. page 4
- g. Insurance Policies: Life insurance and long-term care insurance. page 5

### **Legal Documents**

Please send us physical copies by mail or PDF files via a secure link for our review before your appointment.

- **a. Estate Planning Documents:** Trusts, wills, codicils, and financial powers of attorney.
- **b.** Health Care Documents: Living wills, health care powers of attorney, and advance directives for health care.
- **c.** Family Legal Documents: Prenuptial or post-nuptual agreements.

#### I. Monthly Income

Please list gross figures for all monthly income and specify in whose name the income is received and the amount.

Type of Income	1 <sup>st</sup> Person	2 <sup>nd</sup> Person	Joint
Social Security	\$	\$	
Employment	\$	\$	
Pension from:	\$	\$	
Pension from:	\$	\$	
Rental Income (paid to you)	\$	\$	
Business Income	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$

### **Assets**

List all assets, their values and other applicable information.

1.	Do you own firearms?	Yes	No				
2.	Do you have a Safe Depos	it Box?	Yes	No			
Ow	ner:				Bank:		
Ow	ner:				Bank:		
3.	Do you own a burial plan	and/or bu	rial plot?	Yes	No If "yes", ple	ase provide a copy.	
Ow	mer:				Revocable	Irrevocable	
Ow	ner:				Revocable	Irrevocable	

# **II. Financial Assets** (See section V for Retirement Accounts)

Include checking/savings accounts, CDs, brokerage accounts, savings bonds, treasury bills, etc.

#	Account Information	Value				
#	Account milor mation	1st Person	2 <sup>nd</sup> Person	Joint	Other	
1.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	
2.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	
3.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	
4.	Institution:Type: Last 4 digits of Account Number:	\$	\$	\$	\$	
5.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	
6.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	
7.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	
8.	Institution:Type:  Last 4 digits of Account Number:	\$	\$	\$	\$	

### III. Real Estate

Please list all real estate that you own, including your residence, rentals, vacation rentals etc.

#	Property Information		Mortgage			
#	Property information	1st Person	2 <sup>nd</sup> Person	Joint	Other*	Owed
1.	Type:Address:	\$	\$	\$	\$	\$
2.	Type:Address:	\$	\$	\$	\$	\$
3.	Type:Address:	\$	\$	\$	\$	\$
4.	Type:Address:	\$	\$	\$	\$	\$

# **IV. Vehicles**

Please list cars, trucks, motorcycles, trailers, motor homes, boats, etc.

#	Description		Amount			
#		1st Person	2 <sup>nd</sup> Person	Joint	Other*	Owed
1.	Type:	\$	\$	\$	\$	\$
2.	Type:	\$	\$	\$	\$	\$
3.	Type:	\$	\$	\$	\$	\$
4.	Type:	\$	\$	\$	\$	\$

 $<sup>{\</sup>it *-eg., fractional\ ownership, ownership\ with\ others.}$ 

	<b>Retirement</b> ase include IRA, 401(k), PERS, etc.							
	1st Person:							
#	Company and Last 4 digits of Account #:	Туре	Value	Beneficiary				
1.			\$					
2.			\$					
3.			\$					
4.			\$					
5.			\$					
	2nd Person:							
#	Company and Last 4 digits of Account #:	Туре	Value	Beneficiary				
1.			\$					
2.			\$					
3.			\$					
4.			\$					
5.			\$					
An o	Annuities annuity is a lump sum of cash invested whase bring a copy of your contract.	•		income for a fixed period or for life.				
A.	Owner:		Annuitant:					
#	Company and Last 4 digits of Account #:	Total Value	Taxable Amount	Beneficiary				
1.		\$	\$					
2.		\$	\$					
3.		\$	\$					
B. Owner: Annuitant:								
#	Company and Last 4 digits of Account #:	Total Value	Taxable Amount	Beneficiary				
1.		\$	\$					
2.		\$	\$					
3.		\$	\$					

	. <b>Life Insurance</b> ase list your life insurance p	olicies a	and indicate whe	ther they are ter	m or whole life.		
Pol	olicy Holder: Insured:						
#	Com	pany		Cash Value	Death Benefit	Ве	neficiary
1.	Policy #:	Term	Whole Life	- \$	\$		
2.	Policy #:	Term	Whole Life	- \$	\$		
3.	Policy #:	Term	Whole Life	- \$	\$		
Pol	icy Holder:			Insure	d:		
#	Com	pany		Cash Value	Death Benefit	Ве	neficiary
1.	Policy #:	Term	Whole Life	- \$	\$		
2.	Policy #:	Term	Whole Life	- \$	\$		
3.	Policy #:	Term	Whole Life	- \$	\$		
List	<b>I. Other</b> anything else of value that rt, jewelry or household ite			tocurrency, prec	ious metals, ant	iques, collectio	ons, works
#	Туре	Brief Description				Value	
1.							\$
2.							\$
3.							\$
4.							\$
5							¢