

Confidential Financial Statement

Date Completed

1. **Name of Client:**

 **(as shown on driver’s license)**

 **A/K/A:**

1. Address:
2. Are you a U.S. Citizen? : Yes No
3. Telephone: (Home): (Bus.):

(Cell):

1. Date of Birth:
2. Social Security No. :
3. Present Occupation:
4. Employer:

(If retired, please indicate last employer)

1. Prior Marriages, if any:

Spouse’s name: Living or Deceased:

1. Any Prior Marriage, Divorce or Separation Agreements? :

Yes ( ) No ( )

1. Children, if any.

(Please list full names as they appear on driver’s license)

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Address  | Phone Number  | Date of Birth  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

1. Deceased children, if any:
2. Spouses of children, if any:

Name of Child Name of Spouse

1. Pets, if any:

 Name Breed Age

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Grandchildren, if any:

Name of Child Name of Parents Date of Birth

1. Parents:

(If deceased, please indicate date of death, if known.)

1. Brothers and Sisters:

(If deceased, please indicate date of death, if known.)

1. Present Income:

Salary

Social Security

Pension

Annuities

Interest Income

Other (describe)

TOTAL INCOME $

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company  | Face Amount  | Cash Value  | Insured | Beneficiary  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Life Insurance: (List all policies)
2. Have you ever established a pre-paid funeral? If so, where?
3. Do you have a burial plot? If so, where?
4. Assets Values: SOLE JOINT ASSETS OR ASSETS HELD IN TRUST

Principal Residence

Other Real Estate

Stocks

Government Bonds

Mutual Funds

Savings Accounts

Checking Accounts

Certs. of Deposit

Annuities

IRA/KEOGH/401K

Other

TOTAL ASSET VALUE:

1. Balance of mortgage (s) if any: $ $
2. Firearms, if any:

Guns Rifles

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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If you have any of the following documents, please bring a copy:

1. Will(s) and/or Trust(s)
2. Power of Attorney
3. Living Will
4. Health Care Proxy
5. Mortgage or Satisfaction of Mortgage
6. Deed
7. Current real estate tax bill
8. **Photo Copy of State ID to verify Legal Name**

**INFORMATION FOR TRUST/WILLS**

**Complete this section only if you are contemplating a Will or Trust**

1. Briefly describe to whom your property should go:

1. If you would like to leave any property to a religious organization such as a church, briefly describe to whom property should go to:
2. **Executor of Will:**

First Choice: Name

 Address

Second Choice: Name

 Address

1. **Trustee, if any**:

First Choice: Name

 Address

Second Choice: Name

 Address

1. **Proposed Guardian of minors, if any**:

First Choice: Name

 Address

Second Choice: Name

 Address

1. **Proposed Agents**

**Power of Attorney:**

Principal Agent: Name

 Address

Substitute Agent: Name

 Address

**Health Care Proxy:**

Principal Agent: Name

 Address

 Phone #:

Substitute Agent: Name

 Address

 Phone #:

1. Location of Safe Deposit box, if any:

1. Pending Litigation:

1. Liabilities other than mortgages (listed on page 4 of financial statement):

1. Special issues or concerns to be discussed: