



Confidential Financial Statement

Date Completed _____

1. **Name of Husband:** _____
(as shown on driver’s license)

A/K/A: _____

2. **Name of Wife:** _____
(as shown on driver’s license)

A/K/A: _____

3. **Address:** _____

4. Are you a U.S. Citizen? : (H) _____ (W) _____

5. Telephone: (Home): _____ (Bus.): _____

(H)(Cell): _____ (W)(Cell): _____

6. Date of Birth: (H) _____ (W) _____

7. Date of Marriage: _____

8. Social Security No. : (H) _____ (W) _____

9. Present Occupation: (H) _____ (W) _____

10. Husband's Employer: _____
(If retired, please indicate last employer)

Employer's Address: _____

11. Wife's Employer: _____
(If retired, please indicate last employer)

Employer's Address: _____

12. Prior Marriages, if any:

A. Husband: _____

B. Wife: _____

13. Any Marriage Agreements:

Prior to Marriage: Yes () No ()

After Marriage: Yes () No ()

14. 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.			

15. Children, if any, prior marriage:

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

16. Deceased children, if any:

17. Spouses of children, if any:

<u>Name of Child</u>	<u>Name of Spouse</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

18. Grandchildren, if any:

<u>Name of Child</u>	<u>Name of Parents</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Husband</u>	<u>Wife</u>
_____	_____
_____	_____
_____	_____

20. Brothers and Sisters:
(If deceased, please indicate date of death, if known.)

<u>Husband</u>	<u>Wife</u>
_____	_____
_____	_____
_____	_____

21. Present Income:	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
Salary	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuities	_____	_____	_____
Interest Income	_____	_____	_____
Other (describe)	_____	_____	_____
TOTAL INCOME	\$ _____	\$ _____	\$ _____

22. Life Insurance: (List all policies of husband and wife)

Company	Face Amount	Insured	Owner	Beneficiary

23. Have you established a pre-paid funeral? H: _____ If so, where? _____
W: _____ if so, where? _____

24. Do you have a burial plot? H: _____ If so, where? _____
W: _____ If so, where? _____

25. Assets Values:	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
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:	 \$ _____	 \$ _____	 \$ _____

26. Balance of mortgage (s) if any: \$ _____ \$ _____

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

- a. Will(s) and/or Trust(s)
- b. Power of Attorney
- c. Living Will
- d. Health Care Proxy
- e. Mortgage or Satisfaction of Mortgage
- f. Deed
- g. Current real estate tax bill

INFORMATION FOR TRUST/WILLS

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

27. Briefly describe to whom your property should go:

28. If you would like to leave any property to a religious organization such as a church, briefly describe to whom property should go to:

29. Executor of Will:

H: First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

W: First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

30. Trustee, if any:

H: First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

W: First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

31. Proposed Guardian of minor children, if any:

First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

32. Proposed Agents

Power of Attorney:

H: Principal Agent: Name _____

Address _____

Substitute Agent: Name _____

Address _____

W: Principal Agent: Name _____

Address _____

Substitute Agent: Name _____

Address _____

Health Care Proxy:

H: Principal Agent: Name _____

Address _____

Home Phone# _____ Cell Phone# _____

Substitute Agent: Name _____

Address _____

Home Phone# _____ Cell Phone# _____

W: Principal Agent: Name _____

Address _____

Home Phone# _____ Cell Phone# _____

Substitute Agent: Name _____

Address _____

Home Phone# _____ Cell Phone# _____

33. Location of Safe Deposit box, if any:

34. Pending Litigation:

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

36. Special issues or concerns to be discussed:
