 Confidential Financial Statement

Date Completed

1. **Name of Husband:**

 **(as shown on driver’s license)**

 **A/K/A:**

1. **Name of Wife:**

 **(as shown on driver’s license)**

 **A/K/A:**

1. Address:

1. Are you a U.S. Citizen? : (H) (W)
2. Telephone: (Home): (Bus.):

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

1. Date of Birth: (H) (W)
2. Date of Marriage:
3. Social Security No. : (H) (W)
4. Present Occupation: (H) (W)
5. Husband’s Employer:

(If retired, please indicate last employer)

Employer’s Address:

1. Wife’s Employer:

(If retired, please indicate last employer)

Employer’s Address:

1. Prior Marriages, if any:
2. Husband:
3. Wife:
4. Any Marriage Agreements:

Prior to Marriage: Yes ( ) No ( )

After Marriage: 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. Children, if any, prior marriage:

|  |  |  |  |
| --- | --- | --- | --- |
| 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. Grandchildren, if any:

Name of Child Name of Parents Date of Birth

1. Parents:

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

Husband Wife

1. Brothers and Sisters:

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

Husband Wife

1. Present Income: Husband Wife Joint

Salary

Social Security

Pension

Annuities

Interest Income

Other (describe)

TOTAL INCOME $ $ $

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company  | Face Amount  | Insured | Owner | Beneficiary  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Life Insurance: (List all policies of husband and wife)
2. Have you established a pre-paid funeral? H: If so, where?

 W: if so, where?

1. Do you have a burial plot? H: If so, where?

 W: If so, where?

1. Assets Values: Husband Wife Joint

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: $ $

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

**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:**

**H:** First Choice: Name

 Address

Second Choice: Name

 Address

**W:** First Choice: Name

 Address

Second Choice: Name

 Address

1. **Trustee, if any:**

**H:** First Choice: Name

 Address

Second Choice: Name

 Address

**W:** First Choice: Name

 Address

Second Choice: Name

 Address

1. **Proposed Guardian of minor children, if any:**

First Choice: Name

 Address

Second Choice: Name

 Address

1. **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#

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: