

Confidential Financial Statement

Date Completed _____

1. **Name of Client:** _____
(as shown on driver's license)

A/K/A: _____

2. Address: _____

3. Are you a U.S. Citizen? : Yes _____ No _____

4. Telephone: (Home): _____ (Bus.): _____
(Cell): _____

5. Date of Birth: _____

6. Social Security No. : _____

7. Present Occupation: _____

8. Employer: _____
(If retired, please indicate last employer)

9. Prior Marriages, if any:

Spouse's name: _____ Living or Deceased: _____

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

Yes () No ()

11. 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.			

12. Deceased children, if any:

13. Spouses of children, if any:

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

14. Grandchildren, if any:

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

15. Parents:

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

_____	_____
_____	_____

16. Brothers and Sisters:

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

_____	_____
_____	_____
_____	_____

17. Present Income:

Salary	_____
Social Security	_____
Pension	_____
Annuities	_____
Interest Income	_____
Other (describe)	_____
TOTAL INCOME	\$ _____

18. Life Insurance: (List all policies)

Company	Face Amount	Cash Value	Insured	Beneficiary

19. Have you ever established a pre-paid funeral? _____ If so, where? _____

20. Do you have a burial plot? _____ If so, where? _____

21. 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: _____

22. 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

23. Briefly describe to whom your property should go:

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

25. Executor of Will:

First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

26. Trustee, if any:

First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

27. Proposed Guardian of minors, if any:

First Choice: Name _____

Address _____

Second Choice: Name _____

Address _____

28. 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 #: _____

29. Location of Safe Deposit box, if any:

30. Pending Litigation:

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

32. Special issues or concerns to be discussed:
