



ELDER LAW  
WILLS  
TRUSTS  
ESTATES

Confidential Financial Statement

Date Completed \_\_\_\_\_

1. **Name of Spouse 1 / Husband:** \_\_\_\_\_

(as shown on driver's license)

A/K/A: \_\_\_\_\_

2. **Name of Spouse 2 / Wife:** \_\_\_\_\_

(as shown on driver's license)

A/K/A: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Are you a U.S. Citizen? : (H/S1) \_\_\_\_\_ (W/S2) \_\_\_\_\_

5. Telephone: (Home): \_\_\_\_\_ (Bus.): \_\_\_\_\_

(H/S1)(Cell): \_\_\_\_\_ (W/S2)(Cell): \_\_\_\_\_

6. Date of Birth: (H/S1) \_\_\_\_\_ (W/S2) \_\_\_\_\_

7. Date of Marriage: \_\_\_\_\_

8. Social Security No. : (H/S1) \_\_\_\_\_ (W/S2) \_\_\_\_\_

9. Present Occupation: (H/S1) \_\_\_\_\_ (W/S2) \_\_\_\_\_

10. Husband / Spouse 1's Employer: \_\_\_\_\_  
(If retired, please indicate last employer)

Employer's Address: \_\_\_\_\_

11. Wife / Spouse 2's Employer: \_\_\_\_\_  
(If retired, please indicate last employer)

Employer's Address: \_\_\_\_\_

12. Prior Marriages, if any:

A. Husband / Spouse 1: \_\_\_\_\_

B. Wife / Spouse 2: \_\_\_\_\_

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:

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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. Pets, if any:

<u>Name</u>	<u>Breed</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Grandchildren, if any:

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

20. Parents:

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

Husband / Spouse 1

Wife / Spouse 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Brothers and Sisters:

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

Husband / Spouse 1

Wife / Spouse 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Present Income:	<u>Husband /Spouse 1</u>	<u>Wife / Spouse 2</u>	<u>Joint</u>
Salary	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Annuities	_____	_____	_____
Interest Income	_____	_____	_____
Other (describe)	_____	_____	_____
TOTAL INCOME	\$ _____	\$ _____	\$ _____

23. Life Insurance: (List all policies of Husband / Spouse 1 and Wife / Spouse 2)

Company	Face Amount	Insured	Owner	Beneficiary

24. Have you established a pre-paid funeral? H/S1: \_\_\_\_\_ If so, where? \_\_\_\_\_  
W/S2: \_\_\_\_\_ if so, where? \_\_\_\_\_

25. Do you have a burial plot? H/S1: \_\_\_\_\_ If so, where? \_\_\_\_\_  
W/S2: \_\_\_\_\_ If so, where? \_\_\_\_\_

26. Assets Values:	<u>Husband /Spouse 1</u>	<u>Wife / Spouse 2</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:	\$ _____	\$ _____	\$ _____

27. Balance of mortgage (s) if any: \$ \_\_\_\_\_ \$ \_\_\_\_\_

28. Firearms, if any:

Guns

Rifles

_____	_____
_____	_____
_____	_____
_____	_____

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
- h. Photocopies of State IDs to verify legal names**

## 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:

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

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**3. Executor of Will:**

**H/S1:** First Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

**W/S2:** First Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

**4. Trustee, if any:**

**H/S1:** First Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

**W/S2:** First Choice: Name \_\_\_\_\_

Address \_\_\_\_\_



Second Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

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

First Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

Second Choice: Name \_\_\_\_\_

Address \_\_\_\_\_

**6. Proposed Agents**

**Power of Attorney:**

**H/S1:** Principal Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

Substitute Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

**W/S2:** Principal Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

Substitute Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

**Health Care Proxy:**

**H/S1:** Principal Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Substitute Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**W/S2:** Principal Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Substitute Agent: Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

7. Location of Safe Deposit box, if any:

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8. Pending Litigation:

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

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10. Special issues or concerns to be discussed:

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