Confidential Financial Statement

Date Completed

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

 **(as shown on driver’s license)**

 **A/K/A:**

1. **Name of Spouse 2 / Wife:**

 **(as shown on driver’s license)**

 **A/K/A:**

1. Address:

1. Are you a U.S. Citizen? : (H/S1) (W/S2)
2. Telephone: (Home): (Bus.):

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

1. Date of Birth: (H/S1) (W/S2)
2. Date of Marriage:
3. Social Security No. : (H/S1) (W/S2)
4. Present Occupation: (H/S1) (W/S2)
5. Husband / Spouse 1’s Employer:

(If retired, please indicate last employer)

Employer’s Address:

1. Wife / Spouse 2’s Employer:

(If retired, please indicate last employer)

Employer’s Address:

1. Prior Marriages, if any:
2. Husband / Spouse 1:
3. Wife / Spouse 2:
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. Pets, if any:

 Name Breed Age

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

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

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

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 / Spouse 1 Wife / Spouse 2

1. Brothers and Sisters:

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

Husband / Spouse 1 Wife / Spouse 2

1. Present Income: Husband /Spouse 1 Wife / Spouse 2 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 / Spouse 1 and Wife / Spouse 2)
2. Have you established a pre-paid funeral? H/S1: If so, where?

 W/S2: if so, where?

1. Do you have a burial plot? H/S1: If so, where?

 W/S2: If so, where?

1. Assets Values: Husband /Spouse 1 Wife / Spouse 2 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: $ $
2. Firearms, if any:

Guns Rifles

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

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

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

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

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. **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:

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/S1:** First Choice: Name

 Address

Second Choice: Name

 Address

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

 Address

Second Choice: Name

 Address

1. **Trustee, if any:**

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

 Address

Second Choice: Name

 Address

**W/S2:** 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/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 #

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: