

PERSONAL FINANCIAL STATEMENT

SECTION 1: INDIVIDUAL INFORMATION		SECTION 2 : OTHER PARTY INFORMATION	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Occupation		Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State, Zip		City, State, Zip	
Res Phone	Bus Phone	Res Phone	Bus Phone

**SECTION 3
STATEMENT OF FINANCIAL CONDITION AS OF _____, 20__**

ASSETS	In Dollars	LIABILITIES	In Dollars
Cash on hand in banks		Notes payable to banks – secured	
US Government & Market Securities – See Schedule A		Notes payable to banks – unsecured	
Non-Marketable Securities – Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others – secured	
Restricted or control stocks		Amounts payable to others – unsecured	
Partial interest in Real Estate – See Schedule C		Accounts and bills due	
Real Estate Owned – See Schedule D		Unpaid Income Tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property		Real Estate Mortgages payable – See Schedule D	
Cash value Life Insurance – See Schedule E		Other Debts - Itemize	
Pension Plan, IRA, Roth IRA, etc See Schedule G			
Other Assets – Itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

SOURCES OF INCOME	Year _____
Salary, Bonus, Commission	\$
Dividends	\$
Real Estate Income	\$
Alimony	\$
Child Support	\$
Separation Maintenance	\$
Other	
TOTAL	
CONTINGENT LIABILITIES	
Do you have any contingent liabilities? If so, describe	
Are you endorser, co-maker, or guarantor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
On leases or contracts?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Legal Claims	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Other Special Debt	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Contested Income Tax Lien	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

PERSONAL INFORMATION
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Executor -
Are you a partner or officer in any other venture? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe -
Are you obligated to pay alimony, child support, or separate maintenance payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe -
Are any assets pledged other than as described on schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe -
Income tax settled through (date):
Are you a defendant in any suits or legal actions? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe -
Personal bank accounts are at:
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe -

POWER OF ATTORNEY AND HEALTH CARE DOCUMENTS

Do you have a Power of Attorney? No Yes Who? _____

Do you have a Power for Attorney for Health Care? No Yes Who? _____

Do you have a Living Will or an Advance Medical Directive? No Yes

If Yes, where is located and who knows about it? _____

OBJECTIVES FOR YOUR ESTATE PLANS:

Who do you want to benefit through your Estate Plans?

- | | |
|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Other Family Members |
| <input type="checkbox"/> Children | <input type="checkbox"/> Church |
| <input type="checkbox"/> Grandchildren | <input type="checkbox"/> Other Charities |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Other _____ |

Do you want to avoid Probate Court? Yes No

**SCHEDULE A –
US GOVERNMENT AND MARKETABLE SECURITIES**

Number of Shares at Face Value	Description	In Name of	Are These Pledged	Market Value

**SCHEDULE B –
NON-MARKETABLE SECURITIES**

Number of Shares	Description	In Name of	Are These Pledges	Sources of Value	Value

**SCHEDULE C –
PARTIAL INTERESTS IN REAL ESTATE EQUITIES**

Address & Type of Property	Name on Title	% Own	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

**SCHEDULE D –
REAL ESTATE OWNED**

Address & Type of Property	Name on Title	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

**SCHEDULE E –
LIFE INSURANCE CARRIED, INCLUDING NSLI AND GROUP INSURNACE**

Name of Insurance Co	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

**SCHEDULE F –
BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED**

Name & Address of Lender	Credit in Name of	Secured or Unsecured	Original Date	High Credit	Current Balance

**SCHEDULE G-
PENSION PLAN, ANNUITIES, IRA, ROTH IRA, ETC.**

Where Located	Value	Payments per Month	Single Life or Dual Life	Beneficiary