

ASSET LISTING

Instructions

Please complete this form by listing the following information for each asset:

*** The Owner:**

Check "H" for any asset owned solely by the husband.

Check "W" for any asset owned solely by the wife.

For assets owned jointly between spouses, please mark both the "H" & "W" columns. If an asset is owned jointly with a non-spouse (a 'third party'), please indicate this information in the notes.

*** Beneficiary Designation: (if applicable)**

If an asset has a named beneficiary, please indicate this information in the appropriate blank, or in the notes.

*** Value of the Asset:**

Please list the value of the asset and any lien against the property to the closest even thousand. When applicable, provide the basis of the asset. For real estate or other liquid assets, please provide your estimate of the asset's fair market value.

For your convenience, this form is available online at www.hhelderlaw.com in PDF and Excel formats. You may complete this form in writing or electronically. Blanks have been provided throughout this form for you to add notes regarding an individual asset. In addition, a large blank space has been provided on the final page for you to list additional information. Please feel free to make multiple copies of this worksheet as needed.

HUSBAND'S NAME _____

WIFE'S NAME _____

Date Form Prepared _____ / _____ / _____

Name of Preparer _____

Relationship of Preparer to Parties _____

| ANNUITIES | | | | | | |
|----------------------------|----------|--------------------|--------------------|--|--------------|-------------|
| Policy 1 | H | W | Institution | Current Value | Basis | Term |
| OWNER | | | | | | |
| ANNUITANT | | | | \$ | \$ | |
| Purchase Date | | Beneficiary | | Is the annuity a qualified plan? (circle) YES NO | | |
| | | | | | | |
| Policy 1 Notes > | | | | | | |

| Policy 2 | H | W | Institution | Current Value | Basis | Term |
|----------------------------|----------|--------------------|--------------------|--|--------------|-------------|
| OWNER | | | | | | |
| ANNUITANT | | | | \$ | | |
| Purchase Date | | Beneficiary | | Is the annuity a qualified plan? (circle) YES NO | | |
| | | | | | | |
| Policy 2 Notes > | | | | | | |

| Policy 3 | H | W | Institution | Current Value | Basis | Term |
|----------------------------|----------|--------------------|--------------------|--|--------------|-------------|
| OWNER | | | | | | |
| ANNUITANT | | | | \$ | | |
| Purchase Date | | Beneficiary | | Is the annuity a qualified plan? (circle) YES NO | | |
| | | | | | | |
| Policy 3 Notes > | | | | | | |

| Policy 4 | H | W | Institution | Current Value | Basis | Term |
|----------------------------|----------|--------------------|--------------------|--|--------------|-------------|
| OWNER | | | | | | |
| ANNUITANT | | | | \$ | | |
| Purchase Date | | Beneficiary | | Is the annuity a qualified plan? (circle) YES NO | | |
| | | | | | | |
| Policy 4 Notes > | | | | | | |

| LIFE INSURANCE | | | | | | |
|----------------------------|----------|----------|--------------------|----------------------|-----------------------------|--------------------|
| Policy 1 | H | W | Institution | Death Benefit | Cash Surrender Value | Beneficiary |
| OWNER | | | | | | |
| INSURED | | | | \$ | | |
| Policy 1 Notes > | | | | | | |

| Policy 2 | H | W | Institution | Death Benefit | Cash Surrender Value | Beneficiary |
|----------------------------|----------|----------|--------------------|----------------------|-----------------------------|--------------------|
| OWNER | | | | | | |
| INSURED | | | | \$ | \$ | |
| Policy 2 Notes > | | | | | | |

| Policy 3 | H | W | Institution | Death Benefit | Cash Surrender Value | Beneficiary |
|----------------------------|----------|----------|--------------------|----------------------|-----------------------------|--------------------|
| OWNER | | | | | | |
| INSURED | | | | \$ | \$ | |
| Policy 3 Notes > | | | | | | |

| Policy 4 | H | W | Institution | Death Benefit | Cash Surrender Value | Beneficiary |
|----------------------------|----------|----------|--------------------|----------------------|-----------------------------|--------------------|
| OWNER | | | | | | |
| INSURED | | | | \$ | \$ | |
| Policy 4 Notes > | | | | | | |

VEHICLES

| Year | H | W | Make / Model | Mileage | Value | Lien |
|-------------|----------|----------|---------------------|----------------|--------------|-------------|
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |
| | | | | | \$ | \$ |

Vehicle Notes

Questions:

Do you have Long Term Care Insurance? Y / N

If yes, please bring a copy of each policy's declaration page to your meeting

Do you have a Safe deposit Box? Y / N

If yes, please bring an inventory of the contents of the box to your meeting.

Have you pre-paid your funeral & burial / cremation expenses? Y / N

If yes, please bring a copy of the paperwork to your meeting.

NOTES / ADDITIONAL ASSETS:

[Empty box for notes and additional assets]