

Asset/Liability List - Roughly Estimated

Name: _____

Date: _____

Return to Gruber Law Office by: _____

Next appointment: _____

Bank Accounts

Checking:

Financial Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner(s) His, Hers, or Joint

Savings

Financial Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner(s) His, Hers, or Joint

CD/Money Market Accounts:

Financial Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner(s) His, Hers, or Joint

Retirement Accounts

(IRAs, Keoghs, 401(k)s, Pensions, IRA/qualified Annuities)
Please provide copy of the beneficiary designation, if available

Employer Sponsored Retirement Plans

Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner
1			
Primary Beneficiary:			
Contingent Beneficiary:			
2			
Primary Beneficiary:			
Contingent Beneficiary:			
3			
Primary Beneficiary:			
Contingent Beneficiary:			

IRAs

Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner
1			
Primary Beneficiary:			
Contingent Beneficiary:			
2			
Primary Beneficiary:			
Contingent Beneficiary:			
3			
Primary Beneficiary:			
Contingent Beneficiary:			

Other Retirement Assets

Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner
1			
Primary Beneficiary:			
Contingent Beneficiary:			
2			
Primary Beneficiary:			
Contingent Beneficiary:			

Non Retirement Assets

Non-Qualified (Plain) Annuities

Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner
1			
Primary Beneficiary:			
Contingent Beneficiary:			
2			
Primary Beneficiary:			
Contingent Beneficiary:			

Other Investment Accounts

Mutual Funds

Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner(s) His, Hers, or Joint
1			
Primary Beneficiary:			
Contingent Beneficiary:			
2			
Primary Beneficiary:			
Contingent Beneficiary:			
3			
Primary Beneficiary:			
Contingent Beneficiary:			

Stocks/Bonds

Institution Name and City or Web Address	Account Number	Approximate Value	Account Owner(s) His, Hers, or Joint
1			
Primary Beneficiary:			
Contingent Beneficiary:			
2			
Primary Beneficiary:			
Contingent Beneficiary:			
3			
Primary Beneficiary:			
Contingent Beneficiary:			

Income and/or Regular Benefits Received

Source of Income	Company Name and Address	Account Number (if applicable)	Amount (monthly or yearly?)	Recipient Him or Her
Wages/Salary				
Wages/Salary				
Social Security				
Social Security				
Disability				
Retirement Pension				
Retirement Pension				
Other				
Other				

Life Insurance

Type of Policy: Term, Whole Life, Universal Life	Company Name and City or Web Address	Death Benefit Amt and/or Cash Value, if known	Policy Number	Insured
Primary Beneficiary:				
Contingent Beneficiary:				
Primary Beneficiary:				
Contingent Beneficiary:				
Primary Beneficiary:				
Contingent Beneficiary:				

Long Term Care Insurance/Annuities/Other

Type of Policy: Long Term Care, Annuity, Other	Company Name and City or Web Address	Daily Benefit	Length of Benefit	Insured
Primary Beneficiary:				
Contingent Beneficiary:				
Primary Beneficiary:				
Contingent Beneficiary:				

Business or Partnership Interests

(sole proprietorship, S Corp, C Corp, Partnership, Limited Liability Company)

Type of Entity	Approximate value	Owner

Anticipated Inheritance

From Whom	Possible Value

Personal Property

Type of Asset (Vehicle, furniture, boats, motor homes, collectibles, etc.)	Approximate Value	Owner(s) His, Hers, or Joint

Real Estate

Personal Residence:

Address	Approximate value	Mortgage debt	Title Owner(s) His, Hers, or Joint

Other real estate:

Please provide copies of deeds, if available

Mortgage and Home Equity Loan Information

Lender Name & City or Web Address	Account #

Homeowner's Insurance

Insurance Company & City or Web Address	Agent/Phone #	Account #

Liabilities

(Car loan, loans against life insurance, other debts)

Creditor and Account Number	Approximate amount owed	Owner(s) His, Hers, or Joint