

**CONFIDENTIAL FINANCIAL INFORMATION  
(SUMMARY)**

**A. SUMMARY OF ASSETS**

Asset Category	Community Property of Husband & Wife	Husband's Separate Property	Wife's Separate Property
<b>1. Residence</b>			
<b>2. Other Real Estate</b>			
<b>3. Stocks, Bonds and Mutual Funds (Publicly Traded)</b>			
<b>4. Stock in Closely-held Corporations</b>			
<b>5. Bank Accounts (and accounts in other financial institutions)</b>			
<b>6. Mortgages Receivable and Notes Receivable</b>			
<b>7. Life Insurance Owned Your Life</b>			
<b>8. Partnerships and Limited Liability Partnerships</b>			
<b>9. Individual Retirement Accounts</b>			
<b>10. Qualified Retirement Plan Benefits</b>			
<b>11. 403/Tax Sheltered Annuities</b>			
<b>12. Nonqualified Annuities</b>			
<b>13. Autos, Boats, Airplanes, Etc.</b>			
<b>14. Collections</b>			
<b>15. Jewelry</b>			
<b>16. Household Contents</b>			
<b>17. Other Miscellaneous Property</b>			
<b>18. Transfers During Lifetime</b>			
<b>19. Powers of Appointment</b>			
<b>20. Adjusted Taxable Gifts</b>			
<b>TOTALS</b>			

**B. SUMMARY OF LIABILITIES**

Category of Debt	Both Liable	Husband Liable	Wife Liable
1. Debts Secured by Real Estate			
2. Debts Secured by Other Assets			
3. Credit Card and Unsecured Debt			
4. Business Debt			
<b>TOTALS</b>			

**C. SUMMARY OF INCOME**

Source and Type of Income (Salary, Self-Employment, Interest, Dividend, Royalty, Rental, Etc.)	Annual Amount
<b>TOTAL ANNUAL INCOME</b>	

**D. MISCELLANEOUS**

**Inheritances.** If either Husband or Wife owns inherited property not previously listed, or expects to inherit any property from parents or others, please give general description, source, and approximate value.

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**Beneficial interests.** If either Husband or Wife created a trust, is a trustee of any trust, or is a beneficiary of any trust, or has any power with respect to any trust, or has any estate in property for life, please give general description of circumstances and approximate value. Please provide a copy of each trust for review.

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**Gifts.** If either Husband or Wife has at any time made gifts, including birthday, graduation, or holiday gifts of cash or other property having a value in excess of \$10,000 or gifts of future interests, please indicate the dates, recipients, and values of such gifts, the general nature of the gift property, and whether you files any United States gift tax returns in connection with such gifts:

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Date financial information prepared: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Husband

\_\_\_\_\_  
Signature of Wife

**CONFIDENTIAL FINANCIAL INFORMATION  
(DETAILED LISTING)**

**REAL ESTATE (Use additional copies of this page, if necessary)**

	<b>Parcel #1</b>	<b>Parcel #2</b>	<b>Parcel #3</b>
<b>Brief Legal Description</b>			
<b>Type (Residence, Farm, Commercial)</b>			
<b>Owner (Community, Husband, or Wife)</b>			
<b>Date acquired</b>			
<b>Cost Basis</b>			
<b>Present Fair Market Value</b>			
<b>Subject to Mortgage or Owned Free and Clear?</b>			
<b>If mortgaged, who is Note holder?</b>			
<b>Original Mortgage Amount</b>			
<b>Current Mortgage Amount</b>			

**LISTED (PUBLICLY-TRADED) STOCKS (Complete table or attach list)**

Description (Company, Type & Number of Shares, CUSIP Number)	Ownership (Community, Husband, or Wife)	Cost Basis	Current Value

**MUTUAL FUNDS**

Name of Fund and Account Number	Ownership (Community, Husband, or Wife)	Cost Basis	Current Value

**BONDS (Complete table or attach list)**

Description of Bond (Including face amount, interest rate, and maturity date)	Ownership (Community, Husband, or Wife)	Cost Basis	Current Value

**STOCK IN CLOSELY HELD CORPORATION** (Attach recent balance sheet) (Copy this page if necessary)

**(1) Basic Information**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**(2) Capitalization:**

	Common	Preferred	Debentures
• Outstanding Shares	_____	_____	_____
• Authorized	_____	_____	_____
• Dividend Rate	_____	_____	_____

**(3) Distribution of Ownership:**

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Children \_\_\_\_\_

Others \_\_\_\_\_

**(4) Buy-Sell Agreement:**

(a) Are shares subject to buy-sell agreement? \_\_\_\_\_ No \_\_\_\_\_ Yes

(b) If yes, what type? \_\_\_\_\_  
(E.g., cross-purchase, stock retirement, or combination)

(c) How funded and amount? \_\_\_\_\_

(d) Method for determining value: \_\_\_\_\_  
(E.g., book value, earnings multiple, appraisal, agreed value)

**(5) Other business commitments:**

(a) Stock option agreement: \_\_\_\_\_

(b) Deferred compensation agreement: \_\_\_\_\_

(c) Other employee benefit plans: \_\_\_\_\_

(d) Key-person insurance: \_\_\_\_\_

**(6) Income tax option of corporation:** "S" \_\_\_\_\_ or "C" \_\_\_\_\_

**ACCOUNTS IN FINANCIAL INSTITUTIONS** (Checking accounts, savings accounts, money market deposit accounts, certificates of deposit)

<b>Account</b>	<b>Financial Institution</b>	<b>Style of Account (from signature card or deposit agreement)</b>	<b>Ownership (Community, Husband, or Wife)</b>	<b>Balance in Account</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				

**MORTGAGES RECEIVABLE, NOTES RECEIVABLE, AND ACCOUNTS RECEIVABLE**

<b>Debtor</b>	<b>Security or Collateral</b>	<b>Payee</b>	<b>Present Balance Due</b>

**LIFE INSURANCE ON YOUR LIFE** (Attach additional copies of this page, if necessary)

	Policy #1	Policy #2	Policy #3	Policy #4
<b>Company</b>				
<b>Policy Number</b>				
<b>Owner</b>				
<b>Insured</b>				
<b>Primary Beneficiary</b>				
<b>Contingent Beneficiary</b>				
<b>Type of Policy (Whole life, term, universal life)</b>				
<b>Face Value</b>				
<b>Cash Value</b>				
<b>Issue Date</b>				
<b>Agent's Name</b>				

**PARTNERSHIPS AND LIMITED LIABILITY COMPANIES** (Attach recent balance sheet)  
(Attach additional copies of this page, if necessary)

**(1) Basic Information**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Type of Business Organization: \_\_\_\_\_  
(E.g., partnership, limited partnership, limited liability company)

**(2) Distribution of Partnership Interests (either by percentage or number of units)**

	General	Value	Limited	Value
• Husband:	_____	_____	_____	_____
• Wife:	_____	_____	_____	_____
• Others:	_____	_____	_____	_____

**INDIVIDUAL RETIREMENT ACCOUNTS** (Contributory, Rollover, and Simplified Employee Pension Plans)

Owner (Husband or Wife)	Trustee/Custodian	Primary Beneficiary	Contingent Beneficiary	Current Value

**QUALIFIED PLANS** (Includes defined benefit pension, money purchase pension, profit sharing, 401(k), ESOP, stock bonus)

Participant (Husband or Wife)	Employer	Type of Plan (Pension, Profit Sharing, 401(k), etc)	Primary Beneficiary	Contingent Beneficiary	Current Value

**ANNUITIES** (Including 403(b) tax-sheltered annuities (“TSAs”) purchased by employees of certain schools and charitable organizations)

	Contract #1	Contract #2	Contract #3	Contract #4	Contract #5
Company					
Policy Number					
Owner					
Annuitant					
Primary Beneficiary					
Contingent Beneficiary					
Type (fixed, variable)					
Cost Basis					
Current Value					
Qualified (403(b)) or Nonqualified					



**MISCELLANEOUS PROPERTY**

Type of Asset	Description	Ownership (Community, Husband, or Wife)	Value
<b>Vehicles</b>			
<b>Collections</b>			
<b>Jewelry</b>			
<b>Household contents</b>			
<b>Life Insurance on Life of Others</b>			
<b>Patents, Trademarks, Etc.</b>			
<b>Other Miscellaneous Property</b>			

**TRANSFERS DURING LIFETIME**

List transfers which you have made as to which you have reserved use or income for life, or a power to revoke the transfer (e.g., a revocable trust):

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**POWERS OF APPOINTMENT**

List source (for example, under trust) and type (general or special) and current value of property subject to power:

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**ADJUSTED TAXABLE GIFTS** (This includes any gifts of more than \$10,000 to any person in any one year. Attach copies of all gift tax returns which have been filed)

List any gifts of more than \$10,000 in any one year which have not yet been reported on a gift tax return.

Property Given	Donee	Year of Gift	Value

**MISCELLANEOUS**

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have a safe deposit box?** \_\_\_\_\_ No \_\_\_\_\_ Yes If so, where is it located? \_\_\_\_\_  
 \_\_\_\_\_ Who has access to the box? \_\_\_\_\_

**Have you prepaid or pre-arranged your funeral?** \_\_\_\_\_ No \_\_\_\_\_ Yes If so, please describe: \_\_\_\_\_

**Have you purchased long-term care insurance?** \_\_\_\_\_ No \_\_\_\_\_ Yes If so, please describe: \_\_\_\_\_

**Have you omitted any assets of significant value?** \_\_\_\_\_ No \_\_\_\_\_ Yes If so, please describe: \_\_\_\_\_

Date financial information prepared: \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Husband

\_\_\_\_\_  
 Signature of Wife