

**CONFIDENTIAL FINANCIAL INFORMATION
(SUMMARY)**

A. SUMMARY OF ASSETS

Asset Category	Value
1. Residence	
2. Other Real Estate	
3. Stocks, Bonds and Mutual Funds (Publicly Traded)	
4. Stock in Closely-held Corporations	
5. Bank Accounts (and accounts in other financial institutions)	
6. Mortgages Receivable and Notes Receivable	
7. Life Insurance Owned Your Life	
8. Partnerships and Limited Liability Partnerships	
9. Individual Retirement Accounts	
10. Qualified Retirement Plan Benefits	
11. 403/Tax Sheltered Annuities	
12. Nonqualified Annuities	
13. Autos, Boats, Airplanes, Etc.	
14. Collections	
15. Jewelry	
16. Household Contents	
17. Other Miscellaneous Property	
TOTALS	

B. SUMMARY OF LIABILITIES

Category of Debt	Liability
1. Debts Secured by Real Estate	
2. Debts Secured by Other Assets	
3. Credit Card and Unsecured Debt	
4. Business Debt	
TOTALS	

C. SUMMARY OF INCOME

Source and Type of Income (Salary, Self-Employment, Interest, Dividend, Royalty, Rental, Etc.)	Annual Amount
	1
TOTAL ANNUAL INCOME	

D. MISCELLANEOUS

Inheritances. If you own inherited property not previously listed, or expect to inherit any property from parents or others, please give general description, source, and approximate value.

Beneficial interests. If you have created a trust, are a trustee of any trust, or are a beneficiary of any trust, or have any power with respect to any trust, or have any estate in property for life, please give general description of circumstances and approximate value. Please provide a copy of each trust for review.

Gifts. If you have 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 filed any United States gift tax returns in connection with such gifts:

Date financial information prepared: _____.

Signature

**CONFIDENTIAL FINANCIAL INFORMATION
(DETAILED LISTING)**

REAL ESTATE (Attach additional copies of page, if necessary)

	Parcel #1	Parcel #2	Parcel #3
Brief Legal Description			
Type (residence, farm, commercial)			
Ownership interest (percentage)			
Date acquired			
Cost Basis			
Present Fair Market Value			
Subject to Mortgage or Owned Free and Clear?			
If mortgaged, who is Note holder?			
Original Mortgage Amount			
Current Mortgage Amount			

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:

You	_____	_____	_____
Spouse	_____	_____	_____
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" _____

MORTGAGES, NOTES AND CASH -- ACCOUNTS IN FINANCIAL INSTITUTIONS (Checking accounts, savings accounts, money market deposit accounts, certificates of deposit)

Account	Financial Institution	Style of Account (from signature card or deposit agreement)	Other owners on Account? If yes, please list	Balance in Account
1				
2				
3				
4				
5				
6				
7				
8				
9				

ACCOUNTS RECEIVABLE, NOTES RECEIVABLE, AND MORTGAGES RECEIVABLE

Debtor	Security or Collateral	Payee	Present Balance Due

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

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

BUSINESS PARTNERSHIPS OR 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:	_____	_____	_____	_____

MISCELLANEOUS PROPERTY

Type of Asset	Description	Value
Vehicles		
Furniture and appliances		
Jewelry		
Clothing & personal effects		
Collections		
Patents, Trademarks, Etc.		
Other Miscellaneous Property		

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):

POWERS OF APPOINTMENT

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

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)					
Basis					
Current Value					
403(b) TSA?					

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

Employer and Name of Plan	Plan Type (Pension, Profit Sharing, 401(k), etc)	Primary Beneficiary	Contingent Beneficiary	Current Value

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

Trustee/Custodian	Primary Beneficiary	Contingent Beneficiary	Current Value

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

Inheritances. Do you own any inherited property not previously listed, or do you expect to inherit any property from parents or others? If so, please give general description, source, and approximate value.

Beneficial interests. If you have created a trust, if you are a trustee of any trust, if you are a beneficiary of any trust, if you have any power with respect to any trust, or if you have any estate in property for life, please give general description of circumstances and approximate value. Please provide a copy of each trust for review.

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