

Living Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>City of Residence</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Note: If you have minor children you will need to nominate a guardian and a trustee for any trust for the children.

Deceased Children

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Date of Death</u>	<u>Married?</u>	<u>Number of Children</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Grandchildren

	<u>Full Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child of</u>	<u>City of Residence</u>	<u>Married?</u>
1.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents other than children: _____

Life Insurance

Company name and policy number:

Face amount:

Loans outstanding:

Present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

Retirement Benefits

IRA:

Approximate balances:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

Employer Plans:

Name of Employer

Type (pension, profit sharing, ESOP, 401(k), etc.)

Approximate balance:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

Monthly Income (Net of any withholding)

Employment

Social Security

Pension

Bank interest

Stock Dividends

Bond interest

Disability income

Total monthly income

Annuities

Company name and policy number:

Face amount:

Loans outstanding:

Present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

**Family business, Partnerships, LLCs,
Closely held securities**

Company name and policy number:

Face amount:

Loans outstanding:

Present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Please attach separate page if necessary.

ASSETS AND LIABILITIES

A. **Assets – Current Fair Market Values**

Cash (checking and savings accounts)	\$ _____
Short-term investments (treasury bills, certificates of deposit, etc.)	\$ _____
Brokerage accounts - Publicly traded stocks and bonds	\$ _____
Principal residence	\$ _____
Vacation home	\$ _____
Other real estate	\$ _____
Total Family business, Partnerships, LLCs	\$ _____
Accounts receivable – promissory notes payable to you	\$ _____
Total face amount of life insurance	\$ _____
Total Annuities	\$ _____
Total retirement benefits	\$ _____
Total qualified plans and IRAs	\$ _____
Total non-qualified plans	\$ _____
Furnishings (including art and antiques)	\$ _____
Automobiles	\$ _____
Boats	\$ _____
Other (specify) _____	\$ _____
TOTAL ASSETS	\$ _____

B. **Liabilities**

Mortgage(s)	\$ _____
Credit Card Debt	\$ _____
Loans – promissory notes payable by you	\$ _____
Other obligations	\$ _____
TOTAL LIABILITIES	\$ _____

NET WORTH: ASSETS MINUS LIABILITIES \$ _____