

FINANCIAL INFORMATION

File No. _____

CLIENT(S): _____

ASSETS: (If this information is for **Medicaid planning** purposes, please supply information for the Medicaid Applicant and spouse, if married. If the information is for **Estate Planning** purposes, please supply information for the Client and spouse, if married. Where **“Value”** requested, give current value or date of value if current value information not available. Show **exact names** on assets and accounts.)

1. HOME: (attach copy of deed)

Description: _____ Date Purchased: _____

Original Cost: \$ _____ Current Mkt Value: \$ _____ Tax “True” Value: \$ _____

Exact Name(s) on deed: _____

2. OTHER REAL ESTATE: (attach copies of deeds)

Description #1: _____ Date Purchased: _____

Original Cost: \$ _____ Current Mkt Value: \$ _____ Tax “True” Value: \$ _____

Exact Name(s) on deed: _____

Description #2: _____ Date Purchased: _____

Original Cost: \$ _____ Current Mkt Value: \$ _____ Tax “True” Value: \$ _____

Exact Name(s) on deed: _____

Description #3: _____ Date Purchased: _____

Original Cost: \$ _____ Current Mkt Value: \$ _____ Tax “True” Value: \$ _____

Exact Name(s) on deed: _____

3. CHECKING ACCOUNTS:

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

4. SAVINGS ACCOUNTS AND CDs:

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Bank: _____ Account No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

5. STOCKS / MUTUAL FUNDS / INVESTMENT ACCOUNTS: (attach schedule if necessary)

Broker/Issuer: _____ Acct No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Broker/Issuer: _____ Acct No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

Broker/Issuer: _____ Acct No. _____ Balance: \$ _____

Exact Name(s) on Account: _____

6. BONDS (Savings, Treasury or Municipal): (attach list if necessary)

Type Bonds (EE, H, Treasury): _____

Total Face Value: \$ _____ Total Present Value: \$ _____

Exact Name(s) on Bonds: _____

7. RETIREMENT PLANS (IRA, Keogh, Other):

Bank/Custodian: _____ Acct No. _____ Balance: \$ _____

Owner's Name: _____ Beneficiary(ies): _____

Bank/Custodian: _____ Acct No. _____ Balance: \$ _____

Owner's Name: _____ Beneficiary(ies): _____

Bank/Custodian: _____ Acct No. _____ Balance: \$ _____

Owner's Name: _____ Beneficiary(ies): _____

8. EMPLOYEE BENEFITS: (Pension or Profit Sharing Plan; Stock Options)

Employer/Plan Name: _____ Balance: \$ _____

Owner's Name: _____ Beneficiary(ies): _____

Payment of Death Benefit: Lump Sum Annuity None to Spouse

Employer/Plan Name: _____ Balance: \$ _____

Owner's Name: _____ Beneficiary(ies): _____

Payment of Death Benefit: Lump Sum Annuity None to Spouse

9. LIFE INSURANCE: (continue on separate sheet if necessary)

Company: _____ Policy No. _____

Insured: _____ First Beneficiary: _____

Second Beneficiary: _____ Type: term / whole life / variable

Death Benefit: \$ _____ Cash Value: \$ _____

Company: _____ Policy No. _____

Insured: _____ First Beneficiary: _____

Second Beneficiary: _____ Type: term / whole life / variable

Death Benefit: \$ _____ Cash Value: \$ _____

Company: _____ Policy No. _____

Insured: _____ First Beneficiary: _____

Second Beneficiary: _____ Type: term / whole life / variable

Death Benefit: \$ _____ Cash Value: \$ _____

10. ANNUITIES:

Company: _____ Account No. _____

Annuitant: _____ Beneficiary: _____

Type: fixed or variable -- immediate or deferred Date Purchased: _____

Cash Value: \$ _____ Death Benefit: \$ _____

Company: _____ Account No. _____
 Annuitant: _____ Beneficiary: _____
 Type: fixed or variable -- immediate or deferred Date Purchased: _____
 Cash Value: \$ _____ Death Benefit: \$ _____

11. OIL, GAS, OR MINERALS:

Description	Value	Owner(s)
_____	\$ _____	_____

12. NOTES / DEBTS RECEIVABLE (due from others):

Description & Debtor Name	Balance	Owed to:
_____	\$ _____	_____

13. RENTAL PROPERTY INCOME:

Description: _____ Gross Annual Income: \$ _____
 Annual Expenses (taxes, maintenance, etc.): \$ _____ Ann. Net Income: \$ _____

14. PERSONAL PROPERTY: (Indicate whether sole or joint ownership)

<u>Description</u>	<u>Value</u>	<u>Owner(s) Names</u>
Vehicles: _____	\$ _____	_____
(make/model/ type) _____	\$ _____	_____
Boats / RV's _____	\$ _____	_____
Home Furnishings _____	\$ _____	_____
Jewels and/or furs _____	\$ _____	_____
Tools and/or Firearms _____	\$ _____	_____
Other (collections, etc.) _____	\$ _____	_____

15. BUSINESS INTERESTS:

Please give name, form of business (sole, partnership, corporation, etc.), percentage owned by you, and value (**furnish copies of agreements**):

16. TRUSTS OR INHERITANCES:

Are you a beneficiary of any trust? Yes ____ No ____ If so, please describe and furnish **copy of trust**: _____

Are you now, or will you soon be, an heir to an inheritance from any person? Yes ____ No ____
If so, please describe: _____

17. GIFTS you have made: [List **all** gifts of money or property to anyone during the last **five** years. Use separate sheet if necessary.]

Donor (giver)	Donee (recipient)	Date Given	Value / Amt.	Return Filed?
_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. LIABILITIES

Description	Name of Creditor	Name of Debtor(s)	Balance Due	When Due
Home Mortgage	_____	_____	\$ _____	_____
Other Mortgage	_____	_____	\$ _____	_____
Secured loan(s)	_____	_____	\$ _____	_____
Unsecured Loan(s)	_____	_____	\$ _____	_____
Notes and Acnts payable (including credit cards)	_____	_____	\$ _____	_____
Loans on insurance policies	_____	_____	\$ _____	_____
Medical Debts	_____	_____	\$ _____	_____
Contingent Liabilities	_____	_____	\$ _____	_____
Other Debts	_____	_____	\$ _____	_____

TOTAL DEBTS: \$ _____

INCOME / EXPENSES [Note: NOT required for Estate Planning only.]

19. Monthly Income (current)

	Husband	Wife	Total
Salary, Wages	\$ _____	\$ _____	\$ _____
Social Security, RR Retirement	_____	_____	_____
Disability Compensation	_____	_____	_____
IRA / Retirement income	_____	_____	_____
Annuity Income	_____	_____	_____
Pensions	_____	_____	_____
Interest & Dividends	_____	_____	_____
Business Income	_____	_____	_____
Rental Income	_____	_____	_____
Other (describe)	_____	_____	_____
TOTAL INCOME	\$ _____	\$ _____	\$ _____

20. Monthly Expenses (current)

	Amount	Notes:
Mortgage or Rent	\$ _____	_____
Property Taxes	_____	_____
Utilities (water, electric, gas)	_____	_____
Telephone	_____	_____
Home Repairs and Maintenance	_____	_____
Food	_____	_____
Clothing	_____	_____
Automobile (gas, maintenance)	_____	_____
Medical and Dental	_____	_____
Prescription Drugs	_____	_____
Services (describe)	_____	_____
Insurance – Homeowners	_____	_____
Insurance – Life	_____	_____
Insurance – Medical	_____	_____
Insurance – Disability	_____	_____
Insurance – Automobile	_____	_____
Insurance – Long-Term Care	_____	_____
Insurance – Other	_____	_____
Loan Payments – Auto	_____	_____
Loan Payments – Other bank loans	_____	_____
Loan Payments – Credit Cards	_____	_____
Children’s Education	_____	_____
Entertainment/Travel	_____	_____
Contributions	_____	_____
Gifts	_____	_____
Child Support	_____	_____
Income Taxes	_____	_____
TOTAL EXPENSES	\$ _____	