

SLATE LAW & ASSOCIATES
Attorneys At Law

Your Name: _____

Date: _____

DETAILED ASSETS

(1) Separate Property – (a) is property that was owned before marriage; (b) property inherited from a probated estate; and/or (c) property received as a gift

(2) Community property – is any property received, purchased or earned during the course of the marriage

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

CASH

Cash on hand: \$ _____

Traveler's checks: \$ _____

Money orders: \$ _____

ACCOUNTS

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____

Current account balance (as of day of death): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____

Current account balance (as of day of death): \$ _____

Name of financial institution: _____

Account title: _____

Account number: _____

Type of account: (checking/savings/money market/CD/Other) _____

Current account balance (as of day of death): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

Name of financial institution: _____
Account title: _____
Account number: _____
Type of account: (checking/savings/money market/CD/Other) _____
Current account balance (as of day of death): \$ _____

BROKERAGE /MUTUAL FUND ACCOUNTS

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

Name of brokerage firm/mutual fund: _____
Name of account (and subaccounts if any): _____
Account Title: _____
Account number (and numbers of subaccounts if any): _____
Value (as of _____) \$ _____

STOCKS, BONDS & OTHER SECURITIES

(include securities not in a brokerage account, mutual fund, or retirement fund)

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____

Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____

Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____

Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

Name of security: _____
Number of shares: _____
Type: (common stock/preferred stock/bond/other) _____

Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Value (as of day of death) \$ _____ Current market value (as of _____): \$ _____

REAL ESTATE

(include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)

Street address: _____
City, County, State, Zip: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____

Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property (as of _____): \$ _____

Street address: _____
City, County, State, Zip: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property (as of _____): \$ _____

Street address: _____
City, County, State, Zip: _____
Legal description (if necessary, attach a copy to this worksheet): _____

Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Current net equity in property (as of _____): \$ _____

CLOSELY HELD BUSINESS INTERESTS

(include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of day of death) \$ _____

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of day of death) \$ _____

Name of business: _____
Address: _____
Type of business organization: _____

Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of day of death) \$ _____

RETIREMENT BENEFITS

(including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan: _____
Name and address of plan administrator: _____

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: _____
Employer: _____
Starting date of creditable service: _____
Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: _____
Employer: _____
Starting date of creditable service: _____
Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

Name of plan: _____
Name and address of plan administrator: _____

Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)

Employee: _____
Employer: _____

Starting date of creditable service: _____
Percent vested: _____
Account Title: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____

LIFE INSURANCE

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] _____
Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] _____
Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

Name of insurance company: _____
Policy number: _____
Name of owner: _____
Name of insured: _____
Designated beneficiary: _____
Date of issue: _____
Type of insurance: [term/whole/universal] _____
Face amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Cash surrender value: \$ _____

ANNUITIES

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____
Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____
Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

Name of company: _____
Policy number: _____
Name of owner: _____
Name of annuitant: _____
Designated beneficiary: _____
Date of issue: _____
Type of annuity: _____
Face Amount: \$ _____
Amount of premiums [monthly/quarterly/semiannually]: \$ _____
Current value (as of _____): \$ _____

MOTOR VEHICLES

(including mobile homes, cars, boats, trailers, and recreational vehicles)

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

Year: _____ Make: _____ Model: _____
Name on certificate of title: _____
In possession of: _____
Vehicle identification number: _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____): \$ _____
Current net equity in vehicle: \$ _____

OTHER MISCELLANEOUS PROPERTY

(including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____
Current Value: \$ _____

Description of Asset: _____
Owner: _____

Current Value: \$ _____

Description of Asset: _____

Owner: _____

Current Value: \$ _____

SAFE DEPOSIT BOXES

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box:

Name of depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box:
