SLATE LAW & ASSOCIATES Attorneys At Law

Your Name:
Date:
<u>DETAILED ASSETS</u>
(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
<u>CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:</u> (include cash, traveler's checks money orders, and accounts with commercial banks, savings banks, credit unions, etc.)
<u>CASH</u>
Cash on hand: \$ Traveler's checks: \$ Money orders: \$
<u>ACCOUNTS</u>
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): \$
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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 Title: Account number (and numbers of subaccounts if any): Yel () () () () () () () () () (
Value (as of) \$
, size (45 e1
Name of brokerage firm/mutual fund:
Name of account (and subaccounts if any):
Account Title:
Account Title: Account number (and numbers of subaccounts if any):
Value (as of) \$
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Name of account (and subaccounts if any):
Account Title:
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):
Name of account (and subaccounts if any):
Account Title:
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 acqueits
Name of security:
Number of shares:
rypt. (common stock/preferred stock/bond/bulet)

Certificate numbers:		
III possession or:		
Name of exchange on which listed:		
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:		
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:		
In possession of:	Current market value (as of): \$
Name of societies		
Name of security:		
Number of shares:	hand/athan)	
Cartificate numbers:		
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 do joint owner or have an interest in 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	unt number, if any:	
Current balance of mortgage (as of): \$	
Other liens against property: Current net equity in property (as of	ν Φ	
Current net equity in property (as of	1: 8	

Street address:
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:
Traine of mortgage company and account number, if any.
Current balance of mortgage (as of): \$
Other liens against property:
Other liens against property:
Street address:
City, County, State, Zip:
Comment foir montret valve (eg of), \$
Current fair market value (as of): \$ Name of mortgage company and account number, if any:
Name of mortgage company and account number, if any.
Current balance of mortgage (as of): \$
Other liens against property:
Other liens against property:
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 shores owned (if annliaghla):
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 shores owned (if applicable):
Number of shares owned (if applicable):
Value (as of day of death) \$
Name of business:
Address: Type of business organization:
Type of husiness organization:

Name of change of management (if and itself a).
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 of plan:
Type: (Ira/Sep/Keogh/Defined Contribution Plan/Defined Benefit Plan/Government Benefit, Other)
Employee:
Employer: Starting date of creditable service:
Starting date of creditable service:
Percent vested:
Account Title:
Account number:
Payee of survivor benefits:
Designated beneficiary:
Designated beneficiary: Current account balance (as of): \$
Name of plan:
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:
Designated beneficiary: Current account balance (as of): \$
Name of plan:
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:
Designated beneficiary: Current account balance (as of): \$
<u>LIFE INSURANCE</u>
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]: \$
Amount of premiums [monthly/quarterly/semiannually]: \$
Cash surrender value: \$
Nama of ingurance company:
Name of insurance company:
Policy number: Name of owner:
Name of owner:
Name of insured: Designated beneficiary:
Designated beneficiary:
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 baneficiary:
Designated beneficiary:
Date of issue:
Type of insurance, [term/whole/universal]
Face amount: \$
Face amount: \$Amount of premiums [monthly/quarterly/semiannually]: \$
Cash surrender value: \$

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 applyity:
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)
Vear: Make: Model:
Year: Make: Model: Model:
In possession of:
In possession of: Valida identification number:
Vehicle identification number: Name of creditor if loan against vehicle:
Name of creditor if loan against vehicle: Current balance (as of): \$
Current net equity in vehicle: \$
current net equity in venicle. ϕ

Year: Make: Model:	
Vear: Make: Model: Name on certificate of title:	
n possession of:	
n possession of: Vehicle identification number: Jame of creditor if loan against vehicle:	
Name of creditor if loan against vehicle:	
Current balance (as of): \$	
Current balance (as of): \$	
Year: Make: Model:	
Year:	
n possession of:	
n possession of: Vehicle identification number: Jame of creditor if loan against vehicle:	
Name of creditor if loan against vehicle:	
Current balance (as of): \$	
Current net equity in vehicle: \$	
Vear: Make: Model:	
Vear: Make: Model: Model:	
n possession of:	
Vehicle identification number:	
Vame of creditor if loan against vehicle:	
Current balance (as of): \$	
j. ψ	
Surrent net equity in vehicle:	
Current net equity in vehicle: \$	
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Current net equity in vehicle: \$ OTHER MISCELLANEOUS PROPERTY	
OTHER MISCELLANEOUS PROPERTY	vale.
OTHER MISCELLANEOUS PROPERTY including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwo	ork,
OTHER MISCELLANEOUS PROPERTY	ork,
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Current Value: \$
Description of Asset:
Owner:
Owner: Current Value: \$
SAFE DEPOSIT BOXES
Name of depository:
Box number:
Box number:
•
Items in safe-deposit box:
Name of depository:
Box number:
Box number:Names of persons with access to contents:
Items in safe-deposit box: