

***THE WRIGHT FIRM***

***DETAILED  
ASSET INFORMATION  
QUESTIONNAIRE***

**dated:** \_\_\_\_\_

**from:** \_\_\_\_\_

**to: THE WRIGHT FIRM**  
**888 Bestgate Road, Suite 413**  
**Annapolis, Maryland 21401**  
**Phone: (410) 224-7800**  
**Fax: (410) 224-7801**  
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THE  
WRIGHT  
FIRM

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## **AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS**

### **TO WHOM IT MAY CONCERN:**

I/we, the undersigned, hereby give my/our consent to and authorize any and all persons or entities to release to my/our attorney, Richard T. Wright, to his Staff Accountant, Marcia R. Wright, to his Funding Coordinator, Lisa J. Bechtel, or to his Legal Assistants, Sandy A. Hines and Bethany E. Clasing, and these persons and their firm, The Wright Firm, have the permission of the undersigned to request and receive, any and all information regarding property, financial investments, and taxes of the undersigned, including, without limitation, any information with regard to stocks, bonds, certificates of deposit, bank accounts, money market and/or other cash accounts of any kind, real and tangible personal property, life insurance, property and casualty insurance, tax returns, retirement accounts, pension plans, mortgages, deeds of trust, corporate, partnership, and limited liability company documents, or any other document.

I hereby release any and all persons or entities from any liability for releasing the above referenced information to The Wright Firm, Richard T. Wright, or the other employees of The Wright Firm in reliance on this consent.

At the same time, I/we, the undersigned, hereby give my/our consent and authorize The Wright Firm and its employees to release to my/our financial planner(s), investment advisor(s), insurance professional(s), CPA/accountant(s), stockbroker(s), banker(s) and other financial professional(s), any and all information regarding estate planning and/or estate and trust administration, including any trusts, wills, letters, contracts, drawings, death certificates, letters of administration, funding documents, affidavits, powers of attorney, or any other document used in the preparation of such estate planning and/or estate and trust administration for the purposes of coordinating such estate planning or estate or trust administration with any existing or proposed financial planning or for the purposes of funding any trust.

I/we understand, that any and all communications between myself and my/our attorneys' office are otherwise privileged and protected from disclosure by the attorney/client relationship. I/we also understand that I/we am/are in no way obligated to waive my/our right to attorney/client privilege.

I hereby release Richard T. Wright, Marcia R. Wright, Lisa J. Bechtel, Sandy A. Hines, Bethany E. Clasing and THE WRIGHT FIRM, and any of their or its employees, from any liability for releasing the above referenced information to my/our financial planner(s), investment advisor(s), insurance professional(s), CPA/accountant(s), stockbroker(s), banker(s) and/or other financial professional(s) in reliance on this consent.

**I/WE HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION  
AND RECORDS AND DO VOLUNTARILY SIGN MY/OUR NAME(S) TO THIS DOCUMENT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# INSTRUCTIONS FOR COMPLETING THE *DETAILED ASSET INFORMATION QUESTIONNAIRE*

## General Headings

This *Detailed Asset Information Questionnaire* is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this questionnaire use extra sheets of paper to list your additional property.

## Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

## “Owner” of Property

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property category, there is a column titled “Owner.” When filling in this column, please use the following abbreviations:

For Property Owned By:	With:	Use:
Single	If you are single and you own property in your name only, use	<b>I</b>
Husband’s individually owned property	No other person	<b>H</b>
Wife’s individually owned property	No other person	<b>W</b>
Joint Tenancy (passes to survivor on first death)	A spouse	<b>JTS</b>
Joint Tenancy (passes to survivor on first death)	Someone other than a spouse	<b>JTO</b>
Tenancy in Common (does <i>not</i> pass to survivor on first death)	A spouse	<b>TCS</b>
Tenancy in Common (does <i>not</i> pass to survivor on first death)	Someone other than a spouse	<b>TCO</b>
Trustees of Client #1’s Revocable Living Trust		<b>RT1</b>
Trustees of Client #2s Revocable Living Trust		<b>RT2</b>
Unknown	If you cannot determine how the property is owned, use	<b>?</b>

## Evidence of Title

For each asset please be sure to provide a copy of your paper evidence of title.

# BANK AND OTHER CASH ACCOUNTS

## NOT IN A BROKERAGE, INVESTMENT, MUTUAL FUND, OR RETIREMENT ACCOUNT

TYPE: Checking Account “CHK”, Savings Account “SAV”, Certificates of deposit “CD”, Money Market Fund “MMF”, NOW Account “NOW”, Safety Deposit Box Cash or Bullion “SD” (indicate type below)

EVIDENCE OF TITLE: Signature card or the document you signed to set up the account; monthly account statements

(Note: If Account is in your name (or your spouse’s name) for the benefit of a minor, please specify and give minor’s name.)

*Please provide a copy of your most recent statement for each account.*

### Name of Institution

Branch Address / Telephone No.

Type

Account #

Owner

Amount

\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any funds directly deposited into this account? Yes ☐ No ☐

(\_\_\_\_\_) \_\_\_\_\_

If so, what are these direct deposits: \_\_\_\_\_

\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any funds directly deposited into this account? Yes ☐ No ☐

(\_\_\_\_\_) \_\_\_\_\_

If so, what are these direct deposits: \_\_\_\_\_

\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any funds directly deposited into this account? Yes ☐ No ☐

(\_\_\_\_\_) \_\_\_\_\_

If so, what are these direct deposits: \_\_\_\_\_

\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any funds directly deposited into this account? Yes ☐ No ☐

(\_\_\_\_\_) \_\_\_\_\_

If so, what are these direct deposits: \_\_\_\_\_

# BANK AND OTHER CASH ACCOUNTS

## NOT IN A BROKERAGE, INVESTMENT, MUTUAL FUND, OR RETIREMENT ACCOUNT

### (continued)

<b>Name of Institution</b>	<b>Type</b>	<b>Account #</b>	<b>Owner</b>	<b>Amount</b>
<b><u>Branch Address / Telephone No.</u></b>				
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			

# BANK AND OTHER CASH ACCOUNTS

## NOT IN A BROKERAGE, INVESTMENT, MUTUAL FUND, OR RETIREMENT ACCOUNT

**(continued)**

<b>Name of Institution</b>	<b>Type</b>	<b>Account #</b>	<b>Owner</b>	<b>Amount</b>
<b><u>Branch Address / Telephone No.</u></b>				
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			
* _____ _____ _____ (        ) _____	_____	_____	_____	_____
	Are any funds directly deposited into this account? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what are these direct deposits: _____			

# MUTUAL FUNDS

## NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

\*\*\* Please note: IRA's or Annuities should *not* be listed here.  
List them later under Retirement Plans \*\*\*

TYPE: Mutual Fund "MF", Money market "MM"(indicate type below)

EVIDENCE OF TITLE: The documents you signed to set up the account, account statement

*Please provide a copy of your most recent statement for each fund or account.*

<u>Name of Fund</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
*				
Company: _____	Address: _____	_____		
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____		
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____		
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____		
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
*				
Company: _____	Address: _____	_____		
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	

# MUTUAL FUNDS

## NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

### (continued)

<u>Name of Fund</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
* _____				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
* _____				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
* _____				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
* _____				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
* _____				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	
* _____				
Company: _____	Address: _____	_____	_____	_____
Phone # (____) _____		_____		
Broker/Contact: _____			Phone # _____	



## BROKERAGE & INVESTMENT ACCOUNTS

**\*\*\* Please note: IRA's or Annuities should *not* be listed here.  
List them later under Retirement Plans \*\*\***

**TYPE:** Money market “MM”, Cash Management “CM”, Investment “I”, or other brokerage account that is in a street name (indicate type below)

**EVIDENCE OF TITLE:** The documents you signed to set up the account, account statement

*Please provide a copy of your most recent statement for each fund or account.*

<u>Brokerage Firm</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
*				
	<b>Address:</b>			
<b>Phone # (____)</b>				
<b>Broker/Contact:</b>			<b>Phone #</b>	
*				
	<b>Address:</b>			
<b>Phone # (____)</b>				
<b>Broker/Contact:</b>			<b>Phone #</b>	
*				
	<b>Address:</b>			
<b>Phone # (____)</b>				
<b>Broker/Contact:</b>			<b>Phone #</b>	
*				
	<b>Address:</b>			
<b>Phone # (____)</b>				
<b>Broker/Contact:</b>			<b>Phone #</b>	

# BROKERAGE & INVESTMENT ACCOUNTS

## (continued)

<u>Brokerage Firm</u>	<u>Type</u>	<u>Account #</u>	<u>Owner</u>	<u>\$ Value or No. Shares</u>
* _____	_____	_____	_____	_____
_____	Address:	_____	_____	_____
_____		_____	_____	_____
Phone # (____) _____		_____	_____	_____
Broker/Contact: _____			Phone # _____	
* _____	_____	_____	_____	_____
_____	Address:	_____	_____	_____
_____		_____	_____	_____
Phone # (____) _____		_____	_____	_____
Broker/Contact: _____			Phone # _____	
* _____	_____	_____	_____	_____
_____	Address:	_____	_____	_____
_____		_____	_____	_____
Phone # (____) _____		_____	_____	_____
Broker/Contact: _____			Phone # _____	
* _____	_____	_____	_____	_____
_____	Address:	_____	_____	_____
_____		_____	_____	_____
Phone # (____) _____		_____	_____	_____
Broker/Contact: _____			Phone # _____	
* _____	_____	_____	_____	_____
_____	Address:	_____	_____	_____
_____		_____	_____	_____
Phone # (____) _____		_____	_____	_____
Broker/Contact: _____			Phone # _____	
* _____	_____	_____	_____	_____
_____	Address:	_____	_____	_____
_____		_____	_____	_____
Phone # (____) _____		_____	_____	_____
Broker/Contact: _____			Phone # _____	

# STOCKS

## NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

**TYPE:** Stock in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under “Corporate Business and Professional interests.” Stocks held in a street name or investment account should be listed under “Investment Accounts”).

**EVIDENCE OF TITLE:** Stock certificate; company statement for company-held shares

*Please provide a copy of each stock certificate or most recent statement for company-held shares.*

Please note if any of these stocks were acquired by a qualified employee stock option.

<b>Company Name Address</b>	<b>Owner/ CUSIP Number</b>	<b>Number of Shares</b>	<b>Fair Market Value of Each Share</b>
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		

# STOCKS (continued)

## NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

<b>Company Name Address</b>	<b>Owner/ CUSIP Number</b>	<b>Number of Shares</b>	<b>Fair Market Value of Each Share</b>
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		
* _____ _____ _____	_____ _____	_____	\$ _____
<b>Phone # (____) _____</b>	Transfer Agent: _____		

# BONDS

## NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

TYPE: US Savings Bonds "US", Corporate "CORP", Municipal "MU", etc. (indicate type below).

EVIDENCE OF TITLE: Bond instrument

*Please provide a copy of each bond instrument.*

<u>Type</u>	<u>Description</u>	<u>Owner</u>	<u>Face Value</u>
_____	<b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	<b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	<b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	<b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	<b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____

# BONDS (continued)

NOT IN A BROKERAGE, INVESTMENT, OR RETIREMENT ACCOUNT

<u>Type</u>	<u>Description</u>	<u>Owner</u>	<u>Face Value</u>
_____	_____ <b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	_____ <b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	_____ <b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	_____ <b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____
_____	_____ <b>Issuer/Address:</b> _____ _____ _____	_____ <b>Interest Rate:</b> _____ <b>CUSIP or ID#:</b> _____	\$ _____ <b>Due:</b> _____

# REAL PROPERTY

**TYPE:** Land, buildings, homes, condominium units, and time shares.

**EVIDENCE OF TITLE:** Deed or land contract

*Please provide a copy of the Deed or Land Contract relating to each property*

Address/Location	Owner	Fair Market Value
* _____ City _____ State _____ Zip _____ County _____	_____	_____

## Mortgage/Deed of Trust Information

Is this Property encumbered by a mortgage? ☐ Yes ☐ No If Yes, please provide the following:

Name of Lender No. 1: \_\_\_\_\_

Lender No. 1 Address: \_\_\_\_\_

Lender No. 1 Loan Number: \_\_\_\_\_

Name of Lender No. 2: \_\_\_\_\_

Lender No. 2 Address: \_\_\_\_\_

Lender No. 2 Loan Number: \_\_\_\_\_

## Property and Casualty Insurance Information

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Casualty Insurance Agent: \_\_\_\_\_

Address of Casualty Insurance Agent: \_\_\_\_\_

Casualty Agent's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

## Title Insurance Information

Do you have Title Insurance for this property? ☐ Yes ☐ No If Yes, please provide the following:

Name of Title Insurance Company: \_\_\_\_\_

Title Insurance Policy Number: \_\_\_\_\_

## REAL PROPERTY (continued)

Address	Owner	Fair Market Value
* _____ City _____ State _____ Zip _____ County _____	_____	_____

### Mortgage/Deed of Trust Information

Is this Property encumbered by a mortgage? ☐ Yes ☐ No If Yes, please provide the following:

Name of Lender No. 1: \_\_\_\_\_

Lender No. 1 Address: \_\_\_\_\_

Lender No. 1 Loan Number: \_\_\_\_\_

Name of Lender No. 2: \_\_\_\_\_

Lender No. 2 Address: \_\_\_\_\_

Lender No. 2 Loan Number: \_\_\_\_\_

### Property and Casualty Insurance Information

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Casualty Insurance Agent: \_\_\_\_\_

Address of Casualty Insurance Agent: \_\_\_\_\_

Casualty Agent's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

### Title Insurance Information

Do you have Title Insurance for this property? ☐ Yes ☐ No If Yes, please provide the following:

Name of Title Insurance Company: \_\_\_\_\_

Title Insurance Policy Number: \_\_\_\_\_



# INSURANCE POLICIES

TYPE: Term life "T", whole life "WL", universal life "UL", split dollar "SD", group term life "GL", disability insurance "Dis", Longterm Care insurance "LT" (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation pays" next to Insured Life).

EVIDENCE OF TITLE: The policy itself, including all endorsements and amendments; the original application you signed

*Please provide a copy of most recent insurance company statement for each policy.*

Please list by Owner of Policy:

**Owner:** \_\_\_\_\_

Company_____	Address_____
Phone #: (____) _____	_____
Policy Number_____	Type: _____
Insured Life _____	
Primary Beneficiary_____	Secondary Beneficiary_____
Agent's Name_____	Agent's Phone #: (____)_____
Agent Address_____	
Face Amount_____	Cash Value_____

---

Company_____	Address_____
Phone #: (____) _____	_____
Policy Number_____	Type: _____
Insured Life _____	
Primary Beneficiary_____	Secondary Beneficiary_____
Agent's Name_____	Agent's Phone #: (____)_____
Agent Address_____	
Face Amount_____	Cash Value_____

---

Company_____	Address_____
Phone #: (____) _____	_____
Policy Number_____	Type: _____
Insured Life _____	
Primary Beneficiary_____	Secondary Beneficiary_____
Agent's Name_____	Agent's Phone #: (____)_____
Agent Address_____	
Face Amount_____	Cash Value_____

---

Are any of the above referenced insurance policies pledged as collateral on any loans? ☐ Yes ☐ No

## INSURANCE POLICIES (continued)

**Owner:** \_\_\_\_\_

Company	_____	Address	_____
Phone #: (____)	_____		_____
Policy Number	_____	Type:	_____
Insured Life	_____		
Primary Beneficiary	_____	Secondary Beneficiary	_____
Agent's Name	_____	Agent's Phone #: (____)	_____
Agent Address	_____		_____
Face Amount	_____	Cash Value	_____

---

Company	_____	Address	_____
Phone #: (____)	_____		_____
Policy Number	_____	Type:	_____
Insured Life	_____		
Primary Beneficiary	_____	Secondary Beneficiary	_____
Agent's Name	_____	Agent's Phone #: (____)	_____
Agent Address	_____		_____
Face Amount	_____	Cash Value	_____

---

Company	_____	Address	_____
Phone #: (____)	_____		_____
Policy Number	_____	Type:	_____
Insured Life	_____		
Primary Beneficiary	_____	Secondary Beneficiary	_____
Agent's Name	_____	Agent's Phone #: (____)	_____
Agent Address	_____		_____
Face Amount	_____	Cash Value	_____

---

Company	_____	Address	_____
Phone #: (____)	_____		_____
Policy Number	_____	Type:	_____
Insured Life	_____		
Primary Beneficiary	_____	Secondary Beneficiary	_____
Agent's Name	_____	Agent's Phone #: (____)	_____
Agent Address	_____		_____
Face Amount	_____	Cash Value	_____

Are any of the above referenced insurance policies pledged as collateral on any loans? ☐ Yes ☐ No

# RETIREMENT PLANS

TYPE: Pension ("P"), Profit Sharing ("PS"), H.R.10, Individual Retirement Account ("IRA"), Simplified Employee Plan ("SEP"), 401(k) Plan ("401"), or Other ("O") (Indicate type below)

EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation form

*Please list retirement plan accounts by Participant and provide a copy of most recent account statements.*

**PARTICIPANT:** \_\_\_\_\_

<b><u>Company Name</u></b> <b><u>Address and Phone #</u></b>	<b><u>Type of Plan</u></b>	<b><u>Account Number</u></b>	<b><u>Value</u></b>	<b>Are you currently receiving benefits from this plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			
* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			
* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			
* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			

**PARTICIPANT:** \_\_\_\_\_

* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			
* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			
* _____ Phone # (____) _____	_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary: _____			
	Alternate Beneficiary: _____			

# ANNUITIES

**EVIDENCE OF TITLE:** The annuity contract itself, including all endorsements and amendments; the original application you signed

*Please list by Owner of Annuity and provide a copy of the annuity contract  
and most recent statement from issuing company*

**Owner:** \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_

Type \_\_\_\_\_ Annuitant \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Address \_\_\_\_\_ Agent Phone # (\_\_\_\_) \_\_\_\_\_

Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_

Type \_\_\_\_\_ Annuitant \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Address \_\_\_\_\_ Agent Phone # (\_\_\_\_) \_\_\_\_\_

Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Acct. Number \_\_\_\_\_

Type \_\_\_\_\_ Annuitant \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Address \_\_\_\_\_ Agent Phone # (\_\_\_\_) \_\_\_\_\_

Face Amt. \_\_\_\_\_ Cash Value \_\_\_\_\_

# MORTGAGES, NOTES, & OTHER RECEIVABLES

**TYPE:** Mortgages or deeds of trust "M", unsecured promissory note "PN", monies payable or owed to you under contract or on account "ACCT", other monies owed to you evidenced by a written document "OTHER - W", other monies owed to you without written documentation "X" (indicate type below)

**EVIDENCE OF TITLE:** Promissory note, written contract, or other documents creating right to receive payment

*Please bring to us a copy of any mortgages, deeds of trust, or promissory notes.*

Name of Debtor	Type	Owed to	Date Due	Current Balance
----------------	------	---------	----------	-----------------

* _____	_____	_____	_____	_____
---------	-------	-------	-------	-------

**Securing Collateral:** \_\_\_\_\_

* _____	_____	_____	_____	_____
---------	-------	-------	-------	-------

**Securing Collateral:** \_\_\_\_\_

* _____	_____	_____	_____	_____
---------	-------	-------	-------	-------

**Securing Collateral:** \_\_\_\_\_

* _____	_____	_____	_____	_____
---------	-------	-------	-------	-------

**Securing Collateral:** \_\_\_\_\_

* _____	_____	_____	_____	_____
---------	-------	-------	-------	-------

**Securing Collateral:** \_\_\_\_\_

# PARTNERSHIP INTERESTS

**TYPE:** General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.

**EVIDENCE OF TITLE:** Partnership agreement, certificate of partnership, or any documents you signed when purchasing or creating the partnership interest.

*Please bring the Partnership Agreement and any Buy/Sell Agreement*

Name of Partnership \_\_\_\_\_

Owner \_\_\_\_\_ Interest Owned: \_\_\_\_\_

Value of Interest \$ \_\_\_\_\_

Who holds Partnership papers \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Is your interest in this Partnership subject to a Buy/Sell agreement? ☐ Yes ☐ No

Name of Partnership \_\_\_\_\_

Owner \_\_\_\_\_ Interest Owned: \_\_\_\_\_

Value of Interest \$ \_\_\_\_\_

Who holds Partnership papers \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Is your interest in this Partnership subject to a Buy/Sell agreement? ☐ Yes ☐ No

Name of Partnership \_\_\_\_\_

Owner \_\_\_\_\_ Interest Owned: \_\_\_\_\_

Value of Interest \$ \_\_\_\_\_

Who holds Partnership papers \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Is your interest in this Partnership subject to a Buy/Sell agreement? ☐ Yes ☐ No

# CORPORATE BUSINESS AND PROFESSIONAL INTEREST

**TYPE:** Privately owned (nonpublicly traded) stock.

**EVIDENCE OF TITLE:** stock certificate, minute book

*Please provide a copy of any stock certificates or Buy/Sell agreements if applicable*

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Number of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Offices Held by Owner (if any): \_\_\_\_\_

Is there a Buy/Sell Agreement ☐ Yes ☐ No Is this an "S-Corporation" ☐ Yes ☐ No

Is this a professional corporation? ☐ Yes ☐ No

Did you acquire this stock pursuant to a tax-qualified stock option? ☐ Yes ☐ No

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Number of Shares \_\_\_\_\_ % of Ownership \_\_\_\_\_

Owner \_\_\_\_\_ Value \_\_\_\_\_

Offices Held by Owner (if any): \_\_\_\_\_

Is there a Buy/Sell Agreement ☐ Yes ☐ No Is this an "S-Corporation" ☐ Yes ☐ No

Is this a professional corporation? ☐ Yes ☐ No

Did you acquire this stock pursuant to a tax-qualified stock option? ☐ Yes ☐ No

# SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

**TYPE:** All of the assets used by you in a sole proprietorship type of business ownership (including farm and ranch interests)

**EVIDENCE OF TITLE:** Balance sheet, depreciation schedule, registration or title issued by state, bill of sale, fictitious name or trade name registration form. Since a sole proprietorship is an amalgamation of assets, each asset must have an evidence of title.

*Please provide copies of evidences of title*

<u>Name of Business</u>	<u>Description of Business</u>	<u>Owner</u>	<u>Value</u>
* _____	_____	_____	\$ _____
* _____	_____	_____	\$ _____
* _____	_____	_____	\$ _____
* _____	_____	_____	\$ _____



# OIL, GAS AND MINERAL INTERESTS

**TYPE:** Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc.

**EVIDENCE OF TITLE:** Lease agreement, deed, royalty agreement, farmout agreement, pooling agreement or other agreement you signed to create your oil, gas, or mineral interest

*Please provide copy of Evidence of Title document(s)*

\*Company \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner \_\_\_\_\_ Value \_\_\_\_\_

\*Company \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner \_\_\_\_\_ Value \_\_\_\_\_

\*Company \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner \_\_\_\_\_ Value \_\_\_\_\_

\*Company \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner \_\_\_\_\_ Value \_\_\_\_\_

\*Company \_\_\_\_\_ Type \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone # \_\_\_\_\_  
Owner \_\_\_\_\_ Value \_\_\_\_\_

# MOTOR VEHICLES & BOATS

TYPE: Automobiles "AU", Trucks "TR", and Boats "BO" (indicate type below)

EVIDENCE OF TITLE: Registration or title issued by state or US Coast Guard

<u>Type</u>	<u>Make and Model</u>	<u>VIN or ID#</u>	<u>Value</u>	<u>Outstanding loan amount</u>
* _____	_____	_____	\$ _____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				
* _____	_____	_____	_____	\$ _____
Owner: _____				

# OTHER ASSETS

**TYPE:** Any property that you have that does not fit into any listed category.

**EVIDENCE OF TITLE:** Documents you signed to purchase the property, documents you received when you received the property, or any other document you have that shows you own the property.

*Do Not Include Household Goods, Furniture, Jewelry, Silverware, Wearing Apparel, Personal Effects and other Tangible Personal Property Items unless valued at more than Five Thousand Dollars (\$5,000)*

Description	Owner	Value
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____	_____	_____
Do you have separate property and casualty insurance for this item? Yes <input type="checkbox"/> No <input type="checkbox"/>		

# LIABILITIES

## OTHER THAN MORTGAGES AND DEEDS OF TRUST

**EXAMPLES:** Car loans, Business loans, Credit card bills, Medical expense bills (not covered by insurance), Income Taxes, Real property taxes, Bills for personal services, etc..

**TYPE:** Loans: "LOAN"; Credit Card Obligations: "CC"; Lease: "LEASE"; Taxes: "TAX"; Bills: "BILL"; Other: "OTHER"

(Note: If Account is in your name and/or the name of another, please specify and give other person's name.)

*Please provide a copy of your most recent statement for each account.*

**Name of Party Owed**  
**Address / Telephone No.**

**Type**

**Account #**

**Balance Due**

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

# LIABILITIES

## OTHER THAN MORTGAGES AND DEEDS OF TRUST (continued)

**Name of Party Owed**  
**Address / Telephone No.**

**Type**

**Account #**

**Amount**

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Is there life insurance or a death benefit to pay this balance? Yes ☐ No ☐  
Are any payments directly withdrawn from a cash account? Yes ☐ No ☐  
If so, what cash account: \_\_\_\_\_