

## ASSET DOCUMENTATION

To proceed properly with your estate plan, you need to provide specific information regarding your personal assets. Please do not list assets held in a corporate name. You can either fill out the answers in the appropriate spaces provided below, or provide photocopies of documents, such as bank statements, brokerage account statements, 1099 forms you receive, etc., containing all the requested information. If a financial statement has been prepared for you recently, please provide a copy.

### SCHEDULE A - REAL ESTATE

#### **Domestic Property:**

Please provide the following information about all real property (including timeshares, rental property or farmland) you own as individuals (not as general or limited partners), located in California. Separate residential and investment property and note which is which. For rental properties you own, please provide the name, address and telephone number of the property manager, if any. Note where documents relating to the property are kept and **please provide a photocopy of the most recent Grant Deed and any Deed of Trust.**

1. Name of Owner exactly as shown on the Grant Deed (after hereby grants to):

EXAMPLES: John Doe and Jane Doe, husband and wife

John Doe and Jane Doe, his wife

John Doe and Jane Doe, as joint tenants

Jane Doe, as separate property

John Doe and Jane Doe, as community property

John Doe and Jane Doe, as tenants in common

John Doe, Sr., as to an undivided four-fifths interests, and John Doe, Jr., as to an undivided one-fifth interest

\_\_\_\_\_

Property address: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

\_\_\_\_\_

Loan Number: \_\_\_\_\_

Assessors Parcel Number (APN): \_\_\_\_\_

(The APN will sometimes appear on your grant deed. It will always appear on your real property tax statement.)

Form of ownership (mark one):

Joint Tenancy

Tenants in Common

Community Property

Husbands Separate

Wife's Separate

Name Property Manager: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

If there is mortgage life insurance, note that here: \_\_\_\_\_

2. Name of Owner exactly as shown on the Grant Deed: \_\_\_\_\_  
\_\_\_\_\_  
Property address: \_\_\_\_\_  
Name of Lender: \_\_\_\_\_  
Address of Lender: \_\_\_\_\_  
\_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Assessors Parcel Number (APN): \_\_\_\_\_

Form of ownership (mark one):

- Joint Tenancy                       Tenants in Common                       Community Property  
 Husbands Separate                       Wife's Separate

Name Property Manager: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If there is mortgage life insurance, note that here: \_\_\_\_\_

**Foreign Property:**

If you own real property in another state or country, please provide all the following information for each property. The requested information includes the name, address and phone number of a title company in the county in which your property is located, and the County Recorder/Clerks office for the county in which your property is located. **If possible, please provide photocopies of Grant Deeds or Deeds of Trust.**

1. Name of Owner exactly as shown on the Grant Deed: \_\_\_\_\_  
\_\_\_\_\_  
Property address: \_\_\_\_\_  
Name of Lender: \_\_\_\_\_  
Address of Lender: \_\_\_\_\_  
\_\_\_\_\_  
Loan Number: \_\_\_\_\_  
Assessors Parcel Number (APN): \_\_\_\_\_  
Name of Title Company: \_\_\_\_\_  
Title Companys Address: \_\_\_\_\_  
\_\_\_\_\_  
Title Companys Telephone Number: (    ) \_\_\_\_\_  
County in Which Property Located: \_\_\_\_\_  
County Recorder/Clerk: \_\_\_\_\_  
\_\_\_\_\_

Form of ownership (mark one):

- Joint Tenancy                       Tenants in Common                       Community Property  
 Husbands Separate                       Wife's Separate

Name Property Manager: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If there is mortgage life insurance, note that here: \_\_\_\_\_

2. Name of Owner exactly as shown on the Grant Deed: \_\_\_\_\_

Property address: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Assessors Parcel Number (APN): \_\_\_\_\_

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

Title Company's Address: \_\_\_\_\_

Title Company's Telephone Number: ( ) \_\_\_\_\_

County in Which Property Located: \_\_\_\_\_

County Recorder/Clerk: \_\_\_\_\_

Form of ownership (mark one):

Joint Tenancy

Tenants in Common

Community Property

Husbands Separate

Wife's Separate

Name Property Manager: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

If there is mortgage life insurance, note that here: \_\_\_\_\_

**SCHEDULE B - MARKETABLE SECURITIES**  
**(STOCKS, BONDS, MUTUAL FUND SHARES, TREASURY INSTRUMENTS)**

**Securities Accounts:** For all securities accounts, please supply the requested information, including the exact title of the account:

EXAMPLES: John Doe and Jane Doe as Joint Tenants  
John Doe and Jane Doe as Community Property  
Jane Doe as Separate Property

Alternatively, please provide a photocopy of a recent monthly statement, which will contain all of the requested information.

1. Name of Brokerage: \_\_\_\_\_

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

Telephone Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Registration: \_\_\_\_\_

Account Representatives Name: \_\_\_\_\_

Form of ownership (mark one):

- Joint Tenancy       Tenants in Common       Community Property  
 Husbands Separate       Wife's Separate

Location of statements and purchase information for individual securities: \_\_\_\_\_  
\_\_\_\_\_

2. Name of Brokerage: \_\_\_\_\_  
Brokerage Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Registration: \_\_\_\_\_  
Account Representatives Name: \_\_\_\_\_

Form of ownership (mark one):

- Joint Tenancy       Tenants in Common       Community Property  
 Husbands Separate       Wife's Separate

Location of statements and purchase information for individual securities: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Brokerage: \_\_\_\_\_  
Brokerage Address: \_\_\_\_\_  
Telephone Number: ( ) \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Registration: \_\_\_\_\_  
Account Representatives Name: \_\_\_\_\_

Form of ownership (mark one):

- Joint Tenancy       Tenants in Common       Community Property  
 Husbands Separate       Wife's Separate

Location of statements and purchase information for individual securities: \_\_\_\_\_  
\_\_\_\_\_

**Securities Held in Certificate Form:**

For stocks and bonds held by you outside a brokerage account (i.e., you have the certificates), please supply the requested information, including the exact title of the owner as it appears on the stock certificate or bond:

EXAMPLES: John Doe and Jane Doe as Joint Tenants  
John Doe and Jane Doe as Community Property  
John Doe as Separate Property

Also please provide a photocopy of each stock certificate or bond.

1. Full Name of Issuing Company as it appears on stock certificate:

\_\_\_\_\_

Full Name of Owner exactly as it appears on stock certificate:

\_\_\_\_\_

Certificate No. No. of Shares on Certificate Common or Preferred

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of ownership (mark one):

Joint Tenancy       Tenants in Common       Community Property  
 Husbands Separate       Wife's Separate

Location of statements and purchase information for individual securities: \_\_\_\_\_

\_\_\_\_\_

2. Full Name of Issuing Company as it appears on stock certificate:

\_\_\_\_\_

Full Name of Owner exactly as it appears on stock certificate:

\_\_\_\_\_

Certificate No. No. of Shares on Certificate Common or Preferred

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form of ownership (mark one):

Joint Tenancy       Tenants in Common       Community Property  
 Husbands Separate       Wife's Separate

Location of statements and purchase information for individual securities: \_\_\_\_\_

\_\_\_\_\_

**SCHEDULE C - BANK ACCOUNTS**

For all cash accounts, please supply the information requested below, including the exact title of the account.

EXAMPLES: John Doe and Jane Doe as Joint Tenants.  
John Doe and Jane Doe as Community Property  
Jane Doe as Separate Property

Please provide a contact person at the financial institution if possible. If possible, please indicate whose funds created the account. If the account is held in trust for someone else, indicate this fact by adding "ITF" to the name on the account.

Alternatively, please provide a photocopy of a recent monthly statement, which will contain all the requested information.

If the account has a passbook or certificate, note where it is located. Also state where monthly statements are kept for the bank and money market accounts.

1. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Exact Title of Account: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Location of Documents Evidencing Account: \_\_\_\_\_  
\_\_\_\_\_
2. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Exact Title of Account: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Location of Documents Evidencing Account: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Exact Title of Account: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Location of Documents Evidencing Account: \_\_\_\_\_  
\_\_\_\_\_
4. Name of Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Exact Title of Account: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Location of Documents Evidencing Account: \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE D - LOANS, NOTES AND MORTGAGES RECEIVABLE**

**Notes Payable to You:**

1. Exact name of holder as it appears on the note: \_\_\_\_\_  
\_\_\_\_\_  
Exact name of debtor: \_\_\_\_\_  
\_\_\_\_\_  
Face amount: \_\_\_\_\_ Due date: \_\_\_\_\_  
Interest rate: \_\_\_\_\_  
Collateral securing note (if any): \_\_\_\_\_  
Location of original note: \_\_\_\_\_  
\_\_\_\_\_
2. Exact name of holder as it appears on the note: \_\_\_\_\_  
\_\_\_\_\_  
Exact name of debtor: \_\_\_\_\_  
\_\_\_\_\_  
Face amount: \_\_\_\_\_ Due date: \_\_\_\_\_  
Interest rate: \_\_\_\_\_  
Collateral securing note (if any): \_\_\_\_\_  
Location of original note: \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE E - LIFE INSURANCE**

For each life insurance policy you own, please supply the requested information, including the exact name of the owner:

EXAMPLES: John Doe and Jane Doe as Joint Tenants  
John Doe and Jane Doe, Husband and Wife  
John Doe as Separate Property

Alternatively, please provide a photocopy of the front page of the policy, which will contain the requested information, and please provide a copy of the current beneficiary designation.

1. Carriers Name: \_\_\_\_\_  
Carriers Address: \_\_\_\_\_  
\_\_\_\_\_  
Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Owner of Policy: \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_  
Type (mark one):  Term  Universal Life  Whole Life  
Policy Loans: \_\_\_\_\_  
How Are Dividends Used? \_\_\_\_\_  
How Are Premiums Paid? \_\_\_\_\_  
Location of Policy Documents (including current beneficiary designation): \_\_\_\_\_  
\_\_\_\_\_
2. Carriers Name: \_\_\_\_\_  
Carriers Address: \_\_\_\_\_  
\_\_\_\_\_

Policy No.: \_\_\_\_\_ Face Value: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_  
 Owner of Policy: \_\_\_\_\_  
 Primary Beneficiary: \_\_\_\_\_  
 Contingent Beneficiary: \_\_\_\_\_  
 Type (mark one):  Term  Universal Life  Whole Life  
 Policy Loans: \_\_\_\_\_  
 How Are Dividends Used? \_\_\_\_\_  
 How Are Premiums Paid? \_\_\_\_\_  
 Location of Policy Documents (including current beneficiary designation): \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE F - JOINT INTERESTS**

Please list all property, etc., in which you have a joint interest with another person, including your spouse:

1. Type of Property (Schedule on which listed): \_\_\_\_\_  
 Name of Co-Owner(s): \_\_\_\_\_  
 Relationship to You: \_\_\_\_\_  
 % Contributed by You to Acquisition: \_\_\_\_\_  
 Nature of your funds used for acquisition (e.g., community property, separate property): \_\_\_\_\_  
 \_\_\_\_\_
  
2. Type of Property (Schedule on which listed): \_\_\_\_\_  
 Name of Co-Owner(s): \_\_\_\_\_  
 Relationship to You: \_\_\_\_\_  
 % Contributed by You to Acquisition: \_\_\_\_\_  
 Nature of your funds used for acquisition (e.g., community property, separate property): \_\_\_\_\_  
 \_\_\_\_\_
  
3. Type of Property (Schedule on which listed): \_\_\_\_\_  
 Name of Co-Owner(s): \_\_\_\_\_  
 Relationship to You: \_\_\_\_\_  
 % Contributed by You to Acquisition: \_\_\_\_\_  
 Nature of your funds used for acquisition (e.g., community property, separate property): \_\_\_\_\_  
 \_\_\_\_\_
  
4. Type of Property (Schedule on which listed): \_\_\_\_\_  
 Name of Co-Owner(s): \_\_\_\_\_  
 Relationship to You: \_\_\_\_\_  
 % Contributed by You to Acquisition: \_\_\_\_\_  
 Nature of your funds used for acquisition (e.g., community property, separate property): \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE G - PERSONAL, HOUSEHOLD, ETC. PROPERTY**

**Personal Property:** List all personal property of significant value, including, for example, antiques, artwork, other collectibles, and jewelry:

**Household furniture and furnishings:**



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**Jewelry:**

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If jewelry is listed on insurance policy, note location of policy:

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**Automobiles:**

1. Model and license no: \_\_\_\_\_  
Name on registration: \_\_\_\_\_  
Leased or owned: \_\_\_\_\_  
If there is a loan on this automobile, indicate due date: \_\_\_\_\_

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2. Model and license no: \_\_\_\_\_  
Name on registration: \_\_\_\_\_  
Leased or owned: \_\_\_\_\_  
If there is a loan on this automobile, indicate due date: \_\_\_\_\_

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3. Model and license no: \_\_\_\_\_  
Name on registration: \_\_\_\_\_  
Leased or owned: \_\_\_\_\_  
If there is a loan on this automobile, indicate due date: \_\_\_\_\_

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**Collections:** If you have any collections (such as Art, Stamp, Coin, Gun), describe here and indicate whether the collection is specially insured:

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**Other Property Not Listed Above** (Motorcycles, Boats, Etc.): Describe here and indicate pertinent information (location, special insurance, etc.):

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**SCHEDULE H - TRUSTS AND GIFTS**

**Trusts created by you:**

If a gift tax return was filed in connection with the transfer of assets to the trust, note the year for which the return was filed and indicate if any tax was paid, and whether to the IRS or the state. Indicate the type of trust created (insurance, minor's trust, QTIP, etc.).

1. Trustee(s): \_\_\_\_\_  
 Date of Trust: \_\_\_\_\_  
 Beneficiaries: \_\_\_\_\_  
 Type of Trust: \_\_\_\_\_  
 Gift Tax Information: \_\_\_\_\_
2. Trustee(s): \_\_\_\_\_  
 Date of Trust: \_\_\_\_\_  
 Beneficiaries: \_\_\_\_\_  
 Type of Trust: \_\_\_\_\_  
 Gift Tax Information: \_\_\_\_\_

**Trusts created for your benefit or for the benefit of your family, or in which you are a trustee:**

1. Grantor(s): \_\_\_\_\_  
 Trustee(s): \_\_\_\_\_  
 Date of Trust: \_\_\_\_\_  
 Type of Beneficial Interest: \_\_\_\_\_
2. Grantor(s): \_\_\_\_\_  
 Trustee(s): \_\_\_\_\_  
 Date of Trust: \_\_\_\_\_  
 Type of Beneficial Interest: \_\_\_\_\_

**Gifts to children:**

List gifts you have made to minor children pursuant to UGMA (Uniform Gifts to Minors Act) or UTMA (Uniform Transfers to Minors Act) for which you are the custodian:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Gifts to Others:**

List gifts you have made to others falling outside of the annual gift exclusion amount and/or for which you have filed gift tax returns:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE I - GENERAL POWERS OF APPOINTMENT**

| Instrument Creating<br>Power* | Date of Creation | Value of Property Subject<br>to Power |
|-------------------------------|------------------|---------------------------------------|
| 1. _____                      | _____            | _____                                 |
| 2. _____                      | _____            | _____                                 |
| 3. _____                      | _____            | _____                                 |
| 4. _____                      | _____            | _____                                 |
| 5. _____                      | _____            | _____                                 |

**\*Attach copy of document which creates power.**

**SCHEDULE J - RETIREMENT AND OTHER EMPLOYMENT BENEFITS, INDIVIDUAL  
RETIREMENT ACCOUNTS (IRAs) OR KEOGH ACCOUNTS**

**RETIREMENT AND EMPLOYMENT BENEFITS**

For all employee benefits provided to you or your spouse, please provide the following information, or a photocopy of the most recent statement containing all the requested information. **Also please provide a copy of the current beneficiary designation.**

**Pensions or Corporate Retirement Plans**

1. Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Name of Plan: \_\_\_\_\_  
Name of Plan Administrator: \_\_\_\_\_  
Address of Plan Administrator: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_
  
2. Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Name of Plan: \_\_\_\_\_  
Name of Plan Administrator: \_\_\_\_\_  
Address of Plan Administrator: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_

**Keogh Plans**

1. Participants Name: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Name of Custodial Institution: \_\_\_\_\_  
Address of Custodial Institution: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_
  
2. Participants Name: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Name of Custodial Institution: \_\_\_\_\_  
Address of Custodial Institution: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_

**Deferred Compensation Contracts**

1. Amount and timing of expected payout: \_\_\_\_\_  
Substantial contingencies which must be met for payout: \_\_\_\_\_

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- Amount and timing of expected payout: \_\_\_\_\_  
Substantial contingencies which must be met for payout: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Stock Options

- Option Price: \_\_\_\_\_ Current Value of Stock: \_\_\_\_\_  
Restriction(s) on exercise of option: \_\_\_\_\_  
\_\_\_\_\_
- Option Price: \_\_\_\_\_ Current Value of Stock: \_\_\_\_\_  
Restriction(s) on exercise of option: \_\_\_\_\_  
\_\_\_\_\_

### Group Term Life Insurance

- Insurer: \_\_\_\_\_  
Amount of Insurance: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_  
Accident Coverage: \_\_\_\_\_
- Insurer: \_\_\_\_\_  
Amount of Insurance: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_  
Accident Coverage: \_\_\_\_\_

### Health (Medical) Insurance

- Insurer: \_\_\_\_\_  
Brief Description of Coverage: \_\_\_\_\_  
\_\_\_\_\_
- Insurer: \_\_\_\_\_  
Brief Description of Coverage: \_\_\_\_\_  
\_\_\_\_\_

### INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

For all Individual Retirement Accounts (IRAs), please provide the requested information. Alternatively, please provide a photocopy of the most recent annual statement, which will contain all of the requested information. **Also please provide a copy of the current beneficiary designation.**

### Mutual Funds

- Participants Name: \_\_\_\_\_

Name of Custodial Institution: \_\_\_\_\_  
Address of Custodial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_  
Location of statements: \_\_\_\_\_

2. Participants Name: \_\_\_\_\_  
Name of Custodial Institution: \_\_\_\_\_  
Address of Custodial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_  
Location of statements: \_\_\_\_\_

### **Certificates of Deposit**

1. Name of Financial Institution: \_\_\_\_\_  
Address of Financial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_

2. Name of Financial Institution: \_\_\_\_\_  
Address of Financial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Name of Primary Beneficiary: \_\_\_\_\_  
Name of Contingent Beneficiary: \_\_\_\_\_

### **SCHEDULE K - BUSINESSES, PARTNERSHIPS AND JOINT VENTURES**

For all businesses and partnerships in which you own an interest, please supply the requested information, including the exact title of ownership:

EXAMPLES: John Doe and Jane Doe as Joint Tenants  
              John Doe and Jane Doe, Husband and Wife  
              Jane Doe as Separate Property

Alternatively, please provide a copy of the Schedule K1 filed with your most recent Federal income tax return, which will contain all of the requested information.

### **CLOSELY-HELD CORPORATION:**

Please obtain balance sheet and profit and loss statements for five most recent years. **If possible, please provide a copy to us.**

Name of Corporation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Exact Title of Ownership: \_\_\_\_\_

Manner of Ownership Interest (mark one):

- Joint Tenancy                     
  Tenants in Common                     
  Community Property  
 Husbands Separate                     
  Wife's Separate

Percentage of Ownership: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

S or C Corporation? \_\_\_\_\_

Capitalization:

Preferred stock:

Number of Shares Authorized: \_\_\_\_\_

Number of Shares Outstanding: \_\_\_\_\_

Is there more than one class of preferred stock? \_\_\_\_\_

Is the stock cumulative or noncumulative? \_\_\_\_\_

Common stock:

Number of Shares Authorized: \_\_\_\_\_

Number of Shares Outstanding: \_\_\_\_\_

Is there more than one class of preferred stock? \_\_\_\_\_

Is the stock cumulative or noncumulative? \_\_\_\_\_

Debentures:

Amount: \_\_\_\_\_

Maturities: \_\_\_\_\_

Interest dates: \_\_\_\_\_

Subordinated: \_\_\_\_\_

Other Debts: \_\_\_\_\_

\_\_\_\_\_

**Ownership of stock:**

| Owner    | Number of Shares/Type | Relation (if any) to You |
|----------|-----------------------|--------------------------|
| 1. _____ | _____                 | _____                    |
| 2. _____ | _____                 | _____                    |
| 3. _____ | _____                 | _____                    |
| 4. _____ | _____                 | _____                    |
| 5. _____ | _____                 | _____                    |

Is there a buy-sell agreement? \_\_\_\_\_

(If so, please attach a copy of the agreement)

Who are parties to the agreement? \_\_\_\_\_

\_\_\_\_\_

What is the sale price or how is it determined? \_\_\_\_\_

\_\_\_\_\_

When must/may sale take place? (mark one)

- At death                     
  Retirement                     
  Anytime  
 Lifetime purchase                     
  Disability

How will the sale be funded? \_\_\_\_\_  
\_\_\_\_\_

Are there outstanding options on the stock? \_\_\_\_\_  
Who holds them? \_\_\_\_\_  
What are their terms? \_\_\_\_\_

Do you desire to have your family retain:

Control of corporation?

Minority interest?

Income interest?

If so, which members of the family? \_\_\_\_\_

If there have been recent sales of substantial blocks of the stock:

What were the sales prices? \_\_\_\_\_

Who were the buyers? \_\_\_\_\_

Is there a pension plan? \_\_\_\_\_

Is there a profit-sharing plan? \_\_\_\_\_

Who are the beneficiaries? \_\_\_\_\_

Are there other employee plans? \_\_\_\_\_

(If so, attach copies of plans)

Is there key man life insurance? \_\_\_\_\_

Who is the Owner? \_\_\_\_\_

Who is the Beneficiary? \_\_\_\_\_

### **PARTNERSHIP INTERESTS**

If there is a written partnership agreement, please attach a copy. Also, please attach balance sheet and earnings statements for preceding five years.

1. Name of Partnership: \_\_\_\_\_

Address of Partnership: \_\_\_\_\_

Full Name of Owner as It Appears on Partnership Records: \_\_\_\_\_

Manner of Ownership Interest (mark one):

Joint Tenancy

Tenants in Common

Community Property

Husbands Separate

Wife's Separate

Nature of Partnership Interest (mark one):  General Partner  Limited Partner

Amount of Original Investment: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Address of General Partner: \_\_\_\_\_

Is there an agreement for continuation of the business on the retirement, death, or disability of a partner? \_\_\_\_\_

Will payments be made to heirs? \_\_\_\_\_

When? \_\_\_\_\_

If in installments, at what rate? \_\_\_\_\_

How will value of interest be determined? \_\_\_\_\_  
\_\_\_\_\_

Does the partnership hold insurance on the lives of the partners? \_\_\_\_\_  
(Please attach copies of agreements and policies)

Amounts: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Do partners have insurance on each other's lives? \_\_\_\_\_

Is there a business liquidation agreement? \_\_\_\_\_  
(If so, please attach copy of agreement)

Is there a partnership Keogh plan? \_\_\_\_\_  
(If so, please attach copy of plan)

Who are beneficiaries at death? \_\_\_\_\_

2. Name of Partnership: \_\_\_\_\_

Address of Partnership: \_\_\_\_\_

Full Name of Owner as It Appears on Partnership Records: \_\_\_\_\_  
\_\_\_\_\_

Manner of Ownership Interest (mark one):

Joint Tenancy                       Tenants in Common                       Community Property

Husbands Separate                       Wife's Separate

Nature of Partnership Interest (mark one):     General Partner     Limited Partner

Amount of Original Investment: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Address of General Partner: \_\_\_\_\_

Is there an agreement for continuation of the business on the retirement, death, or disability of a partner? \_\_\_\_\_

Will payments be made to heirs? \_\_\_\_\_

When? \_\_\_\_\_

If in installments, at what rate? \_\_\_\_\_

How will value of interest be determined? \_\_\_\_\_  
\_\_\_\_\_

Does the partnership hold insurance on the lives of the partners? \_\_\_\_\_  
(Please attach copies of agreements and policies)

Amounts: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Do partners have insurance on each other's lives? \_\_\_\_\_

Is there a business liquidation agreement? \_\_\_\_\_  
(If so, please attach copy of agreement)

Is there a partnership Keogh plan? \_\_\_\_\_  
(If so, please attach copy of plan)

Who are beneficiaries at death? \_\_\_\_\_

### SOLE PROPRIETORSHIPS

Please attach balance sheet and income statements for last five years.

1. Name of Business: \_\_\_\_\_



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

Will a family member continue the business after you die or retire?  Yes  No

If yes, who? \_\_\_\_\_

If no, do you intend to:

Sell the business?

Have your executor sell the business?

If the business is to be continued by a family member, have you made any arrangement through life insurance or otherwise to cover estate tax costs, etc., attributable to the business?  Yes  No

If yes, what are these arrangements? \_\_\_\_\_

Does the business have a pension plan? \_\_\_\_\_

(If so, please attach a copy of the plan)

Does the business have a profit-sharing plan? \_\_\_\_\_

(If so, please attach a copy of the plan)

**SCHEDULE L - MISCELLANEOUS LIABILITIES**

Please describe any liabilities not disclosed on prior schedules.

|                                  | <b>Separate Debt</b> | <b>Joint Debt</b> |
|----------------------------------|----------------------|-------------------|
| Leasehold liability              | _____                | _____             |
| Joint notes                      | _____                | _____             |
| Endorsement of notes for others  | _____                | _____             |
| Disputed damage (tort) liability | _____                | _____             |
| Taxes due                        | _____                | _____             |
| Disputed past taxes              | _____                | _____             |

**NOTES:**