ASSET LISTING

Instructions

Please complete this form by listing the following information for each asset:

* The Owner:

Check "H" for any asset owned solely by the husband.

Check "W" for any asset owned solely by the wife.

For assets owned jointly between spouses, please mark both the "H" & "W" columns. If an asset is owned jointly with a non-spouse (a 'third party'), please indicate this information in the notes.

* Beneficiary Designation: (if applicable)

If an asset has a named beneficiary, please indicate this information in the appropriate blank, or in the notes.

* Value of the Asset:

Please list the value of the asset and any lien against the property to the closest even thousand. When applicable, provide the basis of the asset. For real estate or other liquid assets, please provide your estimate of the asset's fair market value.

For your convenience, this form is available online at www.hhelderlaw.com in PDF and Excel formats. You may complete this form in writing or electronically. Blanks have been provided throughout this form for you to add notes regarding an individual asset. In addition, a large blank space has been provided on the final page for you to list additional information. Please feel free to make multiple copies of this worksheet as needed.

HUSBAND'S NAME					
WIFE'S NAME					
Date Form Prepared	/	/	_		
Name of Preparer					
Relationship of Prepa	rer to Par	ties			

REAL ESTATE [REAL ESTATE [Please attach the most recent Deed(s) reflecting ownership]						
Property	Н	W	Address		County		
Home							
Value			Mortgage	Home Notes	Year Purchased		
\$			\$				
Property	Н	W	Address		County		
Property 2							
Value			Mortgage	Property 2 Notes	Year Purchased		
\$			\$				
BANK DEPOSIT	S						
Banking - Acco	unt	1	Account Type:				
Institution	Н	W	Account #	Value	Beneficiary (if any)		
				\$			
Account 1 Note	es >						
Is this a qualifi	ed ii	nves	stment (circle one) YES (plan purchased with Pre-Tax model) NO (plan purchased with Post-Tax model)				
Banking - Acco	unt	2	Account Type:				
Institution	Н	w	Account #	Value	Beneficiary (if any)		
				\$			
Account 2 Not	es >			[Y			
1.1.				VEC / 1 1 1 1 1			
is this a qualifi	ed II	nves	stment (circle one)	YES (plan purchased with NO (plan purchased with	• •		
				NO (pian purchaseu witi	i Post-Tax Illolley)		
Banking - Acco			Account Type:	T	D		
Institution	Н	W	Account #	Value	Beneficiary (if any)		
				\$			
Account 3 Note	es >						
Is this a qualifi	ed i	างคร	lstment (circle one)	YES (plan purchased with	th Pre-Tax money)		
ce a quaiiii	J J. 11		(5.70.000)	NO (plan purchased with	• •		
				<u> </u>	,,		

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*For Bonds: attach a copy of all certificates then prepare and print a valuation using the savings bond calculator at TreasuryDirect.gov: http://www.treasurydirect.gov/indiv/tools/tools_savingsbondcalc.htm Investment #1 Type: Institution
http://www.treasurydirect.gov/indiv/tools/tools savingsbondcalc.htm Investment #1 Type: Value Basis Beneficiary
Investment #1 Type: Institution
Institution H W Account # Value Basis Beneficiary
, recount in the second in the
Investment 1 Notes >
Is this a qualified investment (circle one) YES (plan purchased with Pre-Tax mone)
NO (plan purchased with Post-Tax money
Investment #2 Type:
Institution H W Account # Value Basis Beneficiary
Investment 2 Notes >
Is this a qualified investment (circle one) YES (plan purchased with Pre-Tax mone)
NO (plan purchased with Post-Tax money
Investment #3 Type:
Institution H W Account # Value Basis Beneficiary
Investment 3 Notes >
Is this a qualified investment (circle one) YES (plan purchased with Pre-Tax mone)
NO (plan purchased with Post-Tax money
Investment #4 Type:
Institution H W Account # Value Basis Beneficiary
,
Investment 4 Notes >
Is this a qualified investment (circle one) YES (plan purchased with Pre-Tax mone)
NO (plan purchased with Post-Tax money
The About the second se

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ANNUITIES								
ANNUTTES		<u> </u>	T	Current	1	<u> </u>		
Dalier 1	.,		Institution	Value	Basis	Tarm		
Policy 1	Н	VV	Institution	value	Dasis	Term		
OWNER								
ANNUITANT			- 6	\$	\$			
Purchase Date			Beneficiary	Is the	annuity a qu	alified plan? (circle)		
					YES	NO		
Policy 1 Notes	>							
				Current				
Policy 2	н	w	Institution	Value	Basis	Term		
OWNER						-		
ANNUITANT			1	\$				
Purchase Date		<u> </u>	Beneficiary					
			•	ls the		alified plan? (circle)		
				YES NO				
Policy 2 Notes	>			•				
				Current				
Policy 3	Н	W	Institution	Value	Basis	Term		
OWNER								
ANNUITANT				\$				
Purchase Date			Beneficiary	Is the	 Vannuity a du	alified plan? (circle)		
				13 010		NO		
					ILJ			
Policy 3 Notes	>		_					
		<u> </u>						
				Current				
Policy 4	Η	W	Institution	Value	Basis	Term		
OWNER								
ANNUITANT				\$				
Purchase Date			Beneficiary	ls the	annuity a qu	alified plan? (circle)		
				Is the annuity a qualified plan? (circle) YES NO				
Policy 4 Notes	>			L				

LIFE INSURANCE						
Policy 1	н	w	Institution	Death Benefit	Cash Surrender Value	Beneficiary
OWNER						
INSURED				\$		
Policy 1 Notes >						

				Death	Cash Surrender	
Policy 2	Н	W	Institution	Benefit	Value	Beneficiary
OWNER						
INSURED				\$	\$	
Policy 2 Notes	^					

Policy 3	н	w	Institution	Death Benefit	Cash Surrender Value	Beneficiary
OWNER						
INSURED			1	\$	\$	
Policy 3 Notes	>			•	•	

				Death	Cahs Surrender	
Policy 4	Н	W	Institution	Benefit	Value	Beneficiary
OWNER						
INSURED				\$	\$	
Policy 4 Notes	>					

VEHICLES

Year	Н	W	Make / Model	Mileage	Value	Lien
					\$	\$
					\$	\$
					\$	\$

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Asset Listing Form - Page 6 of 6

Vehicle Notes			
Questions:			
Do you have Long Term Care Insurance? Y / N			
If yes, please bring a copy of each policy's declaration page to your mee	eting		
Do you have a Safe deposit Box? Y / N			
If yes, please bring an inventory of the contents of the box to your mee	ting.		
Have you pre-paid your funeral & burial / cremation expenses?	Υ	/	N
If yes, please bring a copy of the paperwork to your meeting.			
NOTES / ADDITIONAL ASSETS:			