Asset Listing Form

rev. April, 2025

HOLWAGER & HOLWAGER
ATTORNEYS AT LAW, P.C.

Preparation Date: ____________________

Page: ONE **of** ____________

Overview: To provide effective representation, a comprehensive asset listing for you (and your spouse if married) is required. Online at hhelderlaw.com in PDF and Excel formats, this form may be completed digitally or in writing. Do **NOT** transmit confidential material to our office in an unsecure format.

The pages / sections of this form are divided as follows*:

A-Real Estate \\ B-Banking \\ C-Investing \\ D-Life Insurance \\ E-Vehicle(s) \\ F-Misc./Etc.

**Please omit OR add / duplicate section pages as needed to convey all applicable data.*

Provide the following for each asset:

Owner: Check "Client - A" to designate any assed owned solely by this client.
Check "Client - "B" to designate any assed owned solely by this client.
For assets owned jointly by "A" & "B" check both boxes. For an asset owned jointly with a non-spouse (a 'third-party'), please indicate this information in the notes.

Beneficiary: As applicable, indicate any beneficiary listed on the account. i.e. Transfer-on Death (POD / TOD) designation

Value: Provide each asset's value (and amount of any lien) to the closest even thousand. When applicable, provide an asset's basis (if known). For real estate or other non-liquid assets, please provide an estimate of the asset's fair market value (FMV).

Asset Type: For banking / investing assets, identify the account type (i.e. checking, savings, C/D, brokerage, IRA, 401(k), 403(b), 529, etc.). For retirement plans, designate the account's tax status (i.e. Traditional IRA, Roth IRA, non-qualified plan, etc.)

Account #: Provide the last 4 digits of each account / policy # to aid in differentiating assets

Misc. Use the 'notes' field to supply any miscellaneous detail / questions.
If you own an interest in a business, notate the interest in the Misc. field **and** create a separate asset listing form for the assets of the business.

"Client - A" Name: ____________________

"Client - B" Name: ____________________

Preparer Name: ____________ Preparer relation to "A" / "B": ____________

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SECTION A - Real Estate

Attach the deed / affidavit for each property that reflects present ownership.

Real Property #1 / Homeplace

Year Acquired:	"A"	"B"	Address:	County:

Value:	Mortgage:	Property Notes:
$ -	$ -	

Real Property #2

Year Acquired:	"A"	"B"	Address:	County:

Value:	Mortgage:	Property Notes:
$ -	$ -	

Real Property #3

Year Acquired:	"A"	"B"	Address:	County:

Value:	Mortgage:	Property Notes:
$ -	$ -	

Real Property #4

Year Acquired:	"A"	"B"	Address:	County:

Value:	Mortgage:	Property Notes:
$ -	$ -	

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SECTION B - Banking				
Bank Account #1				
Institution:				**Account Type:**
Acct. #:	**"A"**	**"B"**	**Value:**	**Beneficiary (ies):**
			$ -	
Account Notes:				
Bank Account #2				
Institution:				**Account Type:**
Acct. #:	**"A"**	**"B"**	**Value:**	**Beneficiary (ies):**
			$ -	
Account Notes:				
Bank Account #3				
Institution:				**Account Type:**
Acct. #:	**"A"**	**"B"**	**Value:**	**Beneficiary (ies):**
			$ -	
Account Notes:				
Bank Account #4				
Institution:				**Account Type:**
Acct. #:	**"A"**	**"B"**	**Value:**	**Beneficiary (ies):**
			$ -	
Account Notes:				

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SECTION C - Investing

Attach all pages of a current statement for each investment.

Investment #1

Institution:				Investment Type:
Acct. #:	**"A"**	**"B"**	**Value:**	**Basis:** *(if applicable)*
			$ -	$ -

Tax Status:	Beneficiary (ies):

Investment Notes:	

Investment #2

Institution:				Investment Type:
Acct. #:	**"A"**	**"B"**	**Value:**	**Basis:** *(if applicable)*
			$ -	$ -

Tax Status:	Beneficiary (ies):

Investment Notes:	

Investment #3

Institution:				Investment Type:
Acct. #:	**"A"**	**"B"**	**Value:**	**Basis:** *(if applicable)*
			$ -	$ -

Tax Status:	Beneficiary (ies):

Investment Notes:	

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SECTION D - Life Insurance

Contact your life insurance provider for current data as needed.

Policy #1

Institution:	Policy Type:

	"A"	"B"	Other	Cash Surrender Value:	Death Benefit Value:
Owner:				$ -	$ -
Insured:					

Beneficiary (ies):	Premium Payment Amount & Frequency:
	$ -

Policy Notes:	

Policy #2

Institution:	Policy Type:

	"A"	"B"	Other	Cash Surrender Value:	Death Benefit Value:
Owner:				$ -	$ -
Insured:					

Beneficiary (ies):	Premium Payment Amount & Frequency:
	$ -

Policy Notes:	

Policy #3

Institution:	Policy Type:

	"A"	"B"	Other	Cash Surrender Value:	Death Benefit Value:
Owner:				$ -	$ -
Insured:					

Beneficiary (ies):	Premium Payment Amount & Frequency:
	$ -

Policy Notes:	

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SECTION E - Vehicle(s)

Include all automobiles along with any recreational vehicles.

Vehicle #1

Year:	Make / Model:			Est. Mileage:	Lien:	Value:	Condition:
Owner (Per Vehicle Title)	"A"	"B"	Other	Vehicle Notes:			

Vehicle #2

Year:	Make / Model:			Est. Mileage:	Lien:	Value:	Condition:
Owner (Per Vehicle Title)	"A"	"B"	Other	Vehicle Notes:			

Vehicle #3

Year:	Make / Model:			Est. Mileage:	Lien:	Value:	Condition:
Owner (Per Vehicle Title)	"A"	"B"	Other	Vehicle Notes:			

Vehicle #4

Year:	Make / Model:			Est. Mileage:	Lien:	Value:	Condition:
Owner (Per Vehicle Title)	"A"	"B"	Other	Vehicle Notes:			

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SECTION F - Misc. / Etc.

Questions: *(circle yes / no & provided follow-up data as requested)*

Do you have Long Term Care Insurance **YES \\ NO**

If yes, please bring a copy of each policy's contract to our meeting

Do you have a safe deposit box **YES \\ NO**

If yes, please identify location and bring a written inventory of contents

Do you have a pre-planned and/or pre-paid final expenses?

(funeral / burial / cremation / headstone / etc.) **YES \\ NO**

If yes, please bring a copy of the contract paperwork to our meeting.

Are there other assets not set out herein to be identified? **YES \\ NO**

If, yes, please attach ownership / valuation information / documentation

Do you have any digital assets (i.e. crypto currency)? **YES \\ NO**

NOTES \\ ADDITIONAL ASSETS \\ QUESTIONS