

LAW OFFICE OF JILL A. SNYDER, LLC

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Inventory of Assets

I. Assets

A. REAL ESTATE

	Address	Fair Market Value	Mortgage	Owner(s)
Home	_____	\$ _____	\$ _____	_____
Other	_____	\$ _____	\$ _____	_____
Property	_____	\$ _____	\$ _____	_____

B. LIFE INSURANCE

Company	Policy Number	Type of Policy	Person Insured*	Beneficiary	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please indicate if the owner is someone other than the person who is insured.

C. ACCOUNT INFORMATION

	Institution	Account Number	Approximate Value	Owner(s)	Payable on Death Designation
Checking accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Savings accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Brokerage Accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Custodial accounts or college savings plans	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Retirement plans and accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____

D. OTHER ASSETS

Please list any other assets not named above, including cash, stocks, bonds, annuities, pension or profit-sharing plans, precious metals, jewelry, furs, antiques, collectables, automobiles, loans (for which you are a creditor), or other property or investments.

Asset	Location	Approximate value	Owner(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you anticipate any significant changes to your assets in the foreseeable future? Please describe. _____

II. Liabilities

	Creditor	Amount of Obligation
Mortgages (identify property as home or other)	_____ _____	\$ _____ \$ _____
Home equity loans	_____ _____	\$ _____ \$ _____
Automobile and other vehicle loans	_____ _____	\$ _____ \$ _____
Education loans	_____ _____	\$ _____ \$ _____
Personal loans	_____	\$ _____
Alimony and child support	_____	\$ _____
Judgments and liens against you	_____	\$ _____
Credit card debt	_____	\$ _____
Other debt	_____	\$ _____

III. Other

A. SAFE DEPOSIT BOX: If you have a safe deposit box, please provide the location, box number, person(s) with authority to enter, location of keys, and contents. _____

B. GIFTS: Have you made any gifts or transfers to an individual or trust that exceed the annual gift tax exclusion (currently \$12,000 per year)? If yes, please provide details regarding the date, amount, and recipients of such gifts or transfers, and copies of any gift tax returns.

C. TRUSTS: Are you the beneficiary of any trusts? If yes, please provide copies. _____

D. OTHER INSURANCE: Do you have disability or long term care insurance? If yes, please describe. _____

E. BUSINESSES: Do you have an ownership interest in any business? _____

If yes, please answer the following questions for each business:

What is the name and principal location of the business: _____

What is the type of business? _____

What is the corporate structure of the business (e.g., LLC, corp., sole prop.)? _____

What is the percentage of your ownership interest in the business? _____

Are there any other individuals with an ownership interest in the business? If yes, please provide the names and percentage of interest. _____

Do you have a buy-sell agreement in place to address what happens upon a person's death or disability? Please provide if you would like me to review this document. _____

Do your partners or does your business own life insurance on your life? _____

Do you or does your business own life insurance on your partners' lives? _____