

NAME: _____

DATE: _____

Identify each and every "Asset" which you know to be owned by you, your spouse or both of you. Please use the categories below as guides. You may wish to add item for which a specific category is not listed. Write the value of each item in the appropriate column, when indicating how title to the property is held: Husband, Wife, or Joint. If you are uncertain of a value, please indicate. Professional valuations can be obtained if necessary. Follow the same steps for "Liabilities."

ASSETS:

Husband **Wife** **Joint**

A. Bank, Savings, Checking, Savings & Loan Accounts:

	Husband	Wife	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Real Estate (Home, Lots, Other Real Property):

	Husband	Wife	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.:

	Husband	Wife	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Money Owed to You, Notes, Accounts Receivable:

	Husband	Wife	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Life Insurance (include Name of Insurer, Policy Number, Face Value, Cash Value, and Type, e.g., term or whole life):

	Husband	Wife	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Deferred Compensation, Pensions, IRAs, 401(k) Plans, Profit-sharing, Keoghs, etc.:

	Husband	Wife	Joint
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS, cont.

Husband

Wife

Joint

G. Business or Professional Interests:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. Automobiles, Personal Effects, Household Goods, etc.:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Miscellaneous, e.g., Patents, Trademarks, Copyrights, Collections, etc.:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total:

_____	_____	_____
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LIABILITIES:

A. Mortgages on Real Estate:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Loans and Notes Due to Banks and Others:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Loans Against Insurance Policies:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Other Debts (e.g. credit cards)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total:

_____	_____	_____
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MONTHLY EXPENSE LIST

Food

Groceries _____
Restaurant _____

Housing

Mortgage/Rent _____
Property Tax _____

Insurance

Maintenance/Repairs _____
Cleaning Service _____

Utilities

Electricity _____
Fuel Oil _____
Gas _____
Water/Sewer _____
Trash/Garbage _____
Telephone _____
Cable TV _____

Clothing/Shoes

Purchases _____
Laundry/Cleaning _____

Transportation

Auto Payment _____
Auto Insurance _____
Maintenance/Repair _____
Gas _____
License, Tags _____
Personal Prop. Tax _____
Parking _____
Public Transportation _____

Child Care

School Year _____
Summer/camp _____

Insurance (if not payroll deduction)

Health _____
Dental _____
Life _____
Disability _____
Umbrella _____
Personal Property _____

Uninsured Medical Expenses

Doctors _____
Dentists _____
Orthodontists _____
Therapists _____
Eyeglasses _____
Medicines _____

Education

Tuition _____
Transportation _____
Lunch Money _____
Books/Supplies _____
Activities _____

Miscellaneous

Pets _____
Personal Grooming _____
Entertainment _____
Gifts _____
Vacation _____
Worship/Donation _____
Newspapers/Mags _____

Debts (if paid monthly or periodically)

