



Arlyn J. Bossenbrook

Attorney at Law

Our goal is your peace of mind.

Asset Funding Client Information Worksheet

The purpose of this worksheet is to help you prepare for our upcoming estate planning conference and to provide us with the important financial information related to your estate. This information will enable us to properly advise you as to the trust funding needed to secure your estate and avoid probate court administration.

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Asset Information

BANK ACCOUNTS (Checking, Savings, Money Markets, CD's, etc.)

1. Name of Bank _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

2. Name of Bank _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

3. Name of Bank _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

4. Name of Bank _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

5. Name of Bank _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

Asset Information

INVESTMENT ACCOUNTS (Brokerage accounts, mutual funds, etc.)

1. Name of Company _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

2. Name of Company _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

3. Name of Company _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

4. Name of Company _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

5. Name of Company _____ Value _____

Address _____

Account Type _____ Account # _____

Owner(s) Client/Husband Wife Joint

Asset Information

SAVINGS BONDS

SERIAL #	FACE VALUE	ISSUE DATE	OWNER(S)

INDIVIDUAL STOCKS

NAME OF STOCK	NUMBER OF SHARES	VALUE	OWNER(S)

Asset Information

RETIREMENT ACCOUNTS (401(k), 403(b), KEOGH, SEP, IRA, SIMPLE, Annuities, etc.)

1. Name of Company _____ Value _____

Plan Type _____ Contract # _____

Participant(s) Client/Husband Wife Joint

Current Beneficiary _____

2. Name of Company _____ Value _____

Plan Type _____ Contract # _____

Participant(s) Client/Husband Wife Joint

Current Beneficiary _____

3. Name of Company _____ Value _____

Plan Type _____ Contract # _____

Participant(s) Client/Husband Wife Joint

Current Beneficiary _____

4. Name of Company _____ Value _____

Plan Type _____ Contract # _____

Participant(s) Client/Husband Wife Joint

Current Beneficiary _____

5. Name of Company _____ Value _____

Plan Type _____ Contract # _____

Participant(s) Client/Husband Wife Joint

Current Beneficiary _____

Asset Information

INSURANCE POLICIES (Term, Whole Life, Variable, Universal, Group, etc.)

1. Name of Company _____ Death Benefit _____

Policy Type _____ Policy # _____

Insured(s) Client/Husband Wife Joint

Current Beneficiary _____

2. Name of Company _____ Death Benefit _____

Policy Type _____ Policy # _____

Insured(s) Client/Husband Wife Joint

Current Beneficiary _____

3. Name of Company _____ Death Benefit _____

Policy Type _____ Policy # _____

Insured(s) Client/Husband Wife Joint

Current Beneficiary _____

4. Name of Company _____ Death Benefit _____

Policy Type _____ Policy # _____

Insured(s) Client/Husband Wife Joint

Current Beneficiary _____

5. Name of Company _____ Death Benefit _____

Policy Type _____ Policy # _____

Insured(s) Client/Husband Wife Joint

Current Beneficiary _____

Asset Information

REAL ESTATE (Residence, Vacation homes, rental properties, vacant land, timeshares, etc.)

1. Address of property_____

Parcel ID#_____ Value_____

Owner(s) Client/Husband Wife Joint

2. Address of property_____

Parcel ID#_____ Value_____

Owner(s) Client/Husband Wife Joint

3. Address of property_____

Parcel ID#_____ Value_____

Owner(s) Client/Husband Wife Joint

4. Address of property_____

Parcel ID#_____ Value_____

Owner(s) Client/Husband Wife Joint

5. Address of property_____

Parcel ID#_____ Value_____

Owner(s) Client/Husband Wife Joint

6. Address of property_____

Parcel ID#_____ Value_____

Owner(s) Client/Husband Wife Joint

Asset Information

BUSINESS INTERESTS (S Corp, LLC, Partnership, Sole Proprietorship, etc.)

1. Name of Business _____

Address of Business _____

or % of Shares or Units _____ Value _____

Owner(s) Client/Husband Wife Other

Do you currently have an official record book for this business? Yes No

2. Name of Business _____

Address of Business _____

or % of Shares or Units _____ Value _____

Owner(s) Client/Husband Wife Other

Do you currently have an official record book for this business? Yes No

3. Name of Business _____

Address of Business _____

or % of Shares or Units _____ Value _____

Owner(s) Client/Husband Wife Other

Do you currently have an official record book for this business? Yes No

4. Name of Business _____

Address of Business _____

or % of Shares or Units _____ Value _____

Owner(s) Client/Husband Wife Other

Do you currently have an official record book for this business? Yes No

Financial Information

INCOME SOURCES (employment, social security, pension, retirement, etc.)

1. Source of income _____ Value _____

Payee Client/Husband Wife

2. Source of income _____ Value _____

Payee Client/Husband Wife

3. Source of income _____ Value _____

Payee Client/Husband Wife

4. Source of income _____ Value _____

Payee Client/Husband Wife

LIABILITIES (loans, mortgages, loans against life insurance, unpaid taxes, etc.)

1. Type of liability _____ Balance _____

Obligor(s) Client/Husband Wife Joint

2. Type of liability _____ Balance _____

Obligor(s) Client/Husband Wife Joint

3. Type of liability _____ Balance _____

Obligor(s) Client/Husband Wife Joint

4. Type of liability _____ Balance _____

Obligor(s) Client/Husband Wife Joint