

FINANCIAL DISCLOSURE

Last Name of Client _____

File No. _____

A. ASSETS/LIABILITIES

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
PERSONAL EFFECTS		
CHECKING		
SAVINGS		
MONEY MARKET		
CERTIFICATES OF DEPOSIT		
RESIDENCE (ASSESSED VALUE) BLOCK# _____ LOT# _____ EQ. RATIO _____ REM. FCTR _____		
OTHER REAL ESTATE BLOCK# _____ LOT# _____ EQ. RATIO _____ REM. FCTR _____		
AUTOMOBILE(S)		
BROKERAGE/CAP ACCOUNTS		

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
MUTUAL FUNDS		
STOCKS		
BONDS		
ANNUITIES		
CASH VALUE - LIFE INSURANCE		
TRADITIONAL IRA/RETIREMENT PLANS		
ROTH IRA		
NURSING HOME DEPOSIT		
PREPAID FUNERAL/CREMATION		
OTHER:		

TOTAL		
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