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**CLIENT INFORMATION WORKSHEET**

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**PART I - PERSONAL DATA**

**NAME of DECEDENT:** \_\_\_\_\_

**Alias Names (if any):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Was Decedent a U.S. citizen? Yes: \_\_\_ No: \_\_\_**

**If naturalized U.S. citizen, Date and Place of Naturalization:** \_\_\_\_\_

**Location of Will, if any:** \_\_\_\_\_

**Date of Will:** \_\_\_\_\_

**Location of Codicils, if any:** \_\_\_\_\_

**Date of Codicils:** \_\_\_\_\_

**NAME of PERSONAL REPRESENTATIVE:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**Work #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Pgr #:** \_\_\_\_\_

**Relationship to Decedent:** \_\_\_\_\_

NAME of ALTERNATE REPRESENTATIVE: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Pgr #: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**PART II - BENEFICIARIES or HEIRS AT LAW**

NAME of SPOUSE/DOMESTIC PARTNER: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Pgr #: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and place of marriage/domestic partnership: \_\_\_\_\_

Status of Spouse:  Living  Deceased  Under Conservatorship

**CHILDREN'S INFORMATION:**

Name	Living Yes/No	Age	Birthdate	Married Yes/No	Address
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____
_____	Yes/No	_____	_____	Yes/No	_____

For each child, state the name of the child's other parent, if not decedent's surviving spouse/partner. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER DEPENDENTS, IF ANY:**

**Name: Age: Residence:**

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**Name: Age: Residence:**

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**Name: Age: Residence:**

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**GRANDCHILDREN'S INFORMATION**

**Name: Age: Birthdate: Names of parents:**

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**Please list the names of decedent's parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.**

**Name: Relationship: Living Residence:**

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Yes/No

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Yes/No

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Yes/No

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Yes/No

**List, as well, the same information for the surviving spouse's/partner's parents and siblings.**

**Name: Relationship: Living Residence:**

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Yes/No

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Yes/No

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Yes/No

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Yes/No

**Please provide the following information regarding decedent's former marriages, if any:**

**Name of former spouse:** \_\_\_\_\_  
**Living:** YES      NO  
**Date of Death or Divorce:** \_\_\_\_\_

**Name of former spouse:** \_\_\_\_\_  
**Living:** YES      NO  
**Date of Death or Divorce:** \_\_\_\_\_

**Name of former spouse:** \_\_\_\_\_  
**Living:** YES      NO  
**Date of Death or Divorce:** \_\_\_\_\_

**PART III - DECEDENT'S DESIGNEES**

**TRUSTEE (i.e., the person who will be responsible for the long-term management of property for the surviving spouse, children or other beneficiaries)**

**Name of Trustee:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Hm Phone No.:** \_\_\_\_\_  
**Wk Phone No.:** \_\_\_\_\_  
**1st Alternate Trustee:** \_\_\_\_\_  
**2nd Alternate Trustee:** \_\_\_\_\_  
**3rd Alternate Trustee:** \_\_\_\_\_

**GUARDIAN OF MINOR CHILDREN (i.e. the person who will take physical care of any minor children should both parents die)**

**Name of Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Hm Phone No.:** \_\_\_\_\_  
**Wk Phone No.:** \_\_\_\_\_  
**1st Alternate Guardian:** \_\_\_\_\_  
**2nd Alternate Guardian:** \_\_\_\_\_  
**3rd Alternate Guardian:** \_\_\_\_\_

**PART IV - ASSETS**

**Describe decedent's property. If known, indicate whether the property is separate property, the surviving spouse's/partner's separate property, or community property. If not, state the name(s) which appear on the title, if known, and state whether the property is held with right of survivorship, if known.**

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS: (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)**

**CASH**

**Cash on hand:** \_\_\_\_\_  
**Traveler's checks:** \_\_\_\_\_  
**Money orders:** \_\_\_\_\_

**ACCOUNTS**

**Name of financial institution:** \_\_\_\_\_  
**Account title:** \_\_\_\_\_  
**Account number:** \_\_\_\_\_  
**Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)**  
**Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_**

**Name of financial institution:** \_\_\_\_\_  
**Account title:** \_\_\_\_\_  
**Account number:** \_\_\_\_\_  
**Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)**  
**Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_**

**Name of financial institution:** \_\_\_\_\_  
**Account title:** \_\_\_\_\_  
**Account number:** \_\_\_\_\_  
**Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)**  
**Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_**

**Name of financial institution:** \_\_\_\_\_  
**Account title:** \_\_\_\_\_  
**Account number:** \_\_\_\_\_  
**Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)**  
**Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_**

**Name of financial institution:** \_\_\_\_\_  
**Account title:** \_\_\_\_\_  
**Account number:** \_\_\_\_\_  
**Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_)**  
**Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_**

**NOTE: YOU MAY USE ADDITIONAL SHEETS OF PAPER OR THE BACK OF THIS SHEET FOR OTHER ACCOUNTS.**

**REAL ESTATE: (include any real property on which decedent and/or decedent's surviving spouse/partner are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares.)**

Street address: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Street address: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Street address: \_\_\_\_\_  
State/County of location: \_\_\_\_\_  
Legal description (if necessary, attach a copy to this worksheet): \_\_\_\_\_  
\_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Other liens against property: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

**MINERAL INTERESTS: (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and non-producing oil and gas wells)**

**Name of mineral interest/lease/well:** \_\_\_\_\_  
**Type of interest:** \_\_\_\_\_  
**State/County of location:** \_\_\_\_\_  
**Legal description (if necessary, attach a copy to this worksheet):**  
\_\_\_\_\_

**Name of producer/operator:** \_\_\_\_\_  
**Current value (as of \_\_\_\_\_):** \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_  
**Type of interest:** \_\_\_\_\_  
**State/County of location:** \_\_\_\_\_  
**Legal description (if necessary, attach a copy to this worksheet):**  
\_\_\_\_\_

**Name of producer/operator:** \_\_\_\_\_  
**Current value (as of \_\_\_\_\_):** \$ \_\_\_\_\_

**Name of mineral interest/lease/well:** \_\_\_\_\_  
**Type of interest:** \_\_\_\_\_  
**State/County of location:** \_\_\_\_\_  
**Legal description (if necessary, attach a copy to this worksheet):**  
\_\_\_\_\_

**Name of producer/operator:** \_\_\_\_\_  
**Current value (as of \_\_\_\_\_):** \$ \_\_\_\_\_

**BROKERAGE /MUTUAL FUND ACCOUNTS:**

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_

Name of brokerage firm/mutual fund: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_

Account Title: \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_

Value (as of \_\_\_\_\_)\$ \_\_\_\_\_



**STOCKS, BONDS & OTHER SECURITIES: (include securities not in a brokerage account, mutual fund, or retirement fund)**

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type: (common stock/preferred stock/bond/other \_\_\_\_\_)  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Current market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**CLOSELY HELD BUSINESS INTERESTS: (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)**

Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY (i.e., patents, copyrights, trademarks, and royalties, etc.)**

<b>Item Identification</b>	<b>Location</b>	<b>Value</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETIREMENT BENEFITS: (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)**

Name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of plan: \_\_\_\_\_  
Name and address of plan administrator: \_\_\_\_\_

Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTION PLAN/DEFINED BENEFIT PLAN/GOVERNMENT BENEFIT \_\_\_\_\_, OTHER \_\_\_\_\_)

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_ Percent vested: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**LIFE INSURANCE:**

**Name of insurance company:** \_\_\_\_\_  
**Policy number:** \_\_\_\_\_  
**Name of owner:** \_\_\_\_\_  
**Name of insured:** \_\_\_\_\_  
**Designated beneficiary:** \_\_\_\_\_  
**Date of issue:** \_\_\_\_\_  
**Type of insurance: [term/whole/universal] Face amount: \$** \_\_\_\_\_  
**Amount of premiums [monthly/quarterly/semiannually]: \$** \_\_\_\_\_  
**Cash surrender value: \$** \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
**Policy number:** \_\_\_\_\_  
**Name of owner:** \_\_\_\_\_  
**Name of insured:** \_\_\_\_\_  
**Designated beneficiary:** \_\_\_\_\_  
**Date of issue:** \_\_\_\_\_  
**Type of insurance: [term/whole/universal] Face amount: \$** \_\_\_\_\_  
**Amount of premiums [monthly/quarterly/semiannually]: \$** \_\_\_\_\_  
**Cash surrender value: \$** \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
**Policy number:** \_\_\_\_\_  
**Name of owner:** \_\_\_\_\_  
**Name of insured:** \_\_\_\_\_  
**Designated beneficiary:** \_\_\_\_\_  
**Date of issue:** \_\_\_\_\_  
**Type of insurance: [term/whole/universal] Face amount: \$** \_\_\_\_\_  
**Amount of premiums [monthly/quarterly/semiannually]: \$** \_\_\_\_\_  
**Cash surrender value: \$** \_\_\_\_\_

**Name of insurance company:** \_\_\_\_\_  
**Policy number:** \_\_\_\_\_  
**Name of owner:** \_\_\_\_\_  
**Name of insured:** \_\_\_\_\_  
**Designated beneficiary:** \_\_\_\_\_  
**Date of issue:** \_\_\_\_\_  
**Type of insurance: [term/whole/universal] Face amount: \$** \_\_\_\_\_  
**Amount of premiums [monthly/quarterly/semiannually]: \$** \_\_\_\_\_  
**Cash surrender value: \$** \_\_\_\_\_

**ANNUITIES:**

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of company: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Name of annuitant: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Type of annuity: \_\_\_\_\_ Face Amount: \$ \_\_\_\_\_  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (including mobile homes, trailers, and recreational vehicles)**

Year: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

Year: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on certificate of title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Name of creditor if loan against vehicle: \_\_\_\_\_  
Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_

**OTHER MISCELLANEOUS PROPERTY: (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)**

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

Description of Asset: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Current Value: \$ \_\_\_\_\_

**SAFE DEPOSIT BOXES:**

**Name of depository:** \_\_\_\_\_

**Box number:** \_\_\_\_\_

**Names of persons with access to contents:** \_\_\_\_\_

**Items in safe-deposit box:** \_\_\_\_\_

\_\_\_\_\_

**Name of depository:** \_\_\_\_\_

**Box number:** \_\_\_\_\_

**Names of persons with access to contents:** \_\_\_\_\_

**Items in safe-deposit box:** \_\_\_\_\_

\_\_\_\_\_

**Name of depository:** \_\_\_\_\_

**Box number:** \_\_\_\_\_

**Names of persons with access to contents:** \_\_\_\_\_

**Items in safe-deposit box:** \_\_\_\_\_

\_\_\_\_\_