

ASSET SUMMARY

Client Name:

Date of Birth:

SSN:



AGING LIFE NETWORK™

Guiding You Through the Maze of Care & Decisions

Liquid Assets (six months or less)

	Institution	Account #	DD (Y/N)	Balance
<i>Checking</i>				
<i>Savings</i>				
<i>Money Market</i>				

	Institution	Account #	Maturity Date	Balance
<i>CD's</i>				
<i>Other</i>				

Safety Deposit Box

	Institution	Box #	Key Location

Summary of Assets	\$
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ASSET SUMMARY

Long Term Investments (six months or more)

	Institution	Account #	Maturity Date	Balance
<i>CD's</i>				
<i>Other</i>				
	Institution	Account #	Date of Purchase	Value/Basis
<i>Stocks & Bonds</i>				
<i>Promissory Notes</i>				
<i>Annuities</i>				
<i>Real Estate</i>				
<i>Contracts</i>				
<i>Other</i>				

ASSET SUMMARY

Insurance

Health	ID or Policy #	Due Date/Premium Amount	Coverage	
<i>Medicare A</i>				
<i>Medicare B</i>				
<i>Medicaid</i>				
<i>VA</i>				
<i>BCBS</i>				

Private

<p style="margin: 0;"><i>Name</i></p> <p style="margin: 0;"><i>Address</i></p> <p style="margin: 0;"><i>City, State, Zip</i></p>	<p style="margin: 0;"><i>Contact</i></p> <p style="margin: 0;"><i>Phone #</i></p> <p style="margin: 0;"><i>Policy #</i></p>
<p style="margin: 0;"><i>Name</i></p> <p style="margin: 0;"><i>Address</i></p> <p style="margin: 0;"><i>City, State, Zip</i></p>	<p style="margin: 0;"><i>Contact</i></p> <p style="margin: 0;"><i>Phone #</i></p> <p style="margin: 0;"><i>Policy #</i></p>
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Other Health	ID or Policy #	Due Date/Premium Amount	Coverage	

ASSET SUMMARY

<i>Life</i>			
<i>Burial</i>			
<i>Home Owner</i>			
<i>Mortgage</i>			
<i>Rengter</i>			
<i>Automobile</i>			

Is Client medically indigent? ___ Yes ___ No

Titles & Deeds

		Location of Document
<i>House</i>	___ Yes ___ No	
<i>Rental</i>	___ Yes ___ No	
<i>Land</i>	___ Yes ___ No	
<i>Auto</i>	___ Yes ___ No	
<i>Other</i>	___ Yes ___ No	

ASSET SUMMARY

Taxes

	Date of Last Payment/Filing	Balance Due	CPA or Agency
Federal Income Tax			
State Income Tax			
Property Tax			
Car License/Registration			

Personal Property

<i>Storage Name</i>		<i>Location</i>	
<i>Address</i>		<i>Storage Unit</i>	
<i>City State Zip</i>		<i>Key/Combination</i>	
<i>Content Summary</i>			
<i>Will</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Location</i>
			<input style="width: 100%;" type="text"/>

Personal Representative

<i>Name</i>	
<i>Address</i>	
<i>City State Zip</i>	
<i>Telephone</i>	

ASSET SUMMARY

Property

	Location	Mortgage Institution	Balance
<i>House</i>			
<i>Rental</i>			
<i>Land</i>			

	Location	Bank/Other	Balance
<i>Automobile</i>			
<i>Furniture</i>			
<i>Other</i>			

Other/Valuables/Collections

Description	Location	Estimated Value

ASSET SUMMARY

Charge Accounts

	Company	Account #		Balance
#1				
#2				
#3				

Utilities

	Company	Account #	Bank Draft	Balance
<i>Electric</i>				
<i>Gas</i>				
<i>Water & Sewage</i>				
<i>Telephone</i>				
<i>Cell Phone</i>				
<i>Cable</i>				

Internet Services

	Website	Username	Password	
<i>Email</i>				
<i>Facebook</i>				
<i>Paypal</i>				
<i>Other</i>				

Decades Use Only

Record Letters w/County Yes No

Unclaimed Property Search Yes No

Do we have documents for each asset Yes No