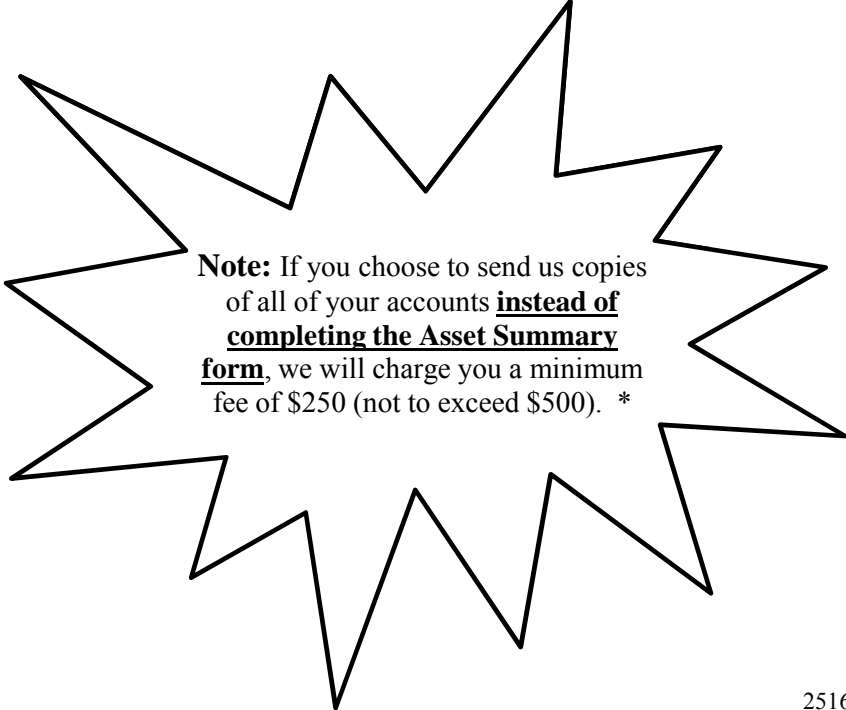


Asset Summary

Please follow the instructions according to the box(es) checked below:

- Return this form to our Missouri office within the next three weeks.
- Bring this completed form with you to your appointment.
- Provide us with formal legal descriptions of all of your real estate from deeds or mortgages (property tax statements are not sufficient).
- Provide us with copies of all vehicle and marine titles (cars, trucks, trailers, motorcycles, boats, boat motors, etc.).
- Provide us with copies of recent statements for each of your brokerage accounts.
-
-



Note: If you choose to send us copies of all of your accounts instead of completing the Asset Summary form, we will charge you a minimum fee of \$250 (not to exceed \$500). *

On **all** statements, verify the following:

- Ownership
- Account Numbers
- Total Value of Each Account

Verify policy/contract numbers and beneficiary designations on the following:

- IRAs and Retirement Plans
- Annuity Contracts
- Life Insurance Policies

The Barton Law Firm, LLC

2516 Forum Blvd., Suite 101
Columbia, MO 65203
Telephone (573) 446-7350



4800 Mills Civic Parkway, Suite 205
West Des Moines, IA 50265
Telephone (515) 221-2777

* Your final statement will show this additional fee.

Nationwide (800) 636-6187
info@BartonLawFirm.com
www.BartonLawFirm.com

Client Name: _____

His SSN: _____ His DOB: _____

Her SSN: _____ Her DOB: _____

Total Value: _____

Date: _____

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Please return **ALL** pages of this form to us,
even if they are blank.
Thank You.

Form Completion Instructions

Please fill in all the information pertaining to your assets, **paying particular attention to the correct name and full address of each institution**. Regarding ownership on these assets, please don't guess. Please verify by referring to each institution's most recent statement. If you need extra space, make copies of the necessary pages and attach the additional sheets. Also, if you're not sure about the ownership, simply supply us with a copy of the most recent statement. Please return this form **in its entirety**, including all pages, whether or not they have information on them.

In specifying ownership on this form, please use the following abbreviations:

If owned by one or more individuals , use one of the following: H: Husband W: Wife JT: Both as Joint Tenants TC: Tenants in Common JT w/C: Both as Joint Tenants with Child(ren) H w/C: Husband as Joint Tenant with Child(ren) W w/C: Wife as Joint Tenant with Child(ren) JT TOD/POD: Joint Tenants w/ Transfer (or Pay) on Death Beneficiary H TOD/POD: Husband w/ Transfer (or Pay) on Death Beneficiary W TOD/POD: Wife w/ Transfer (or Pay) on Death Beneficiary

If owned by a Trust , use one of the following: Trust: Joint Trust HT: Husband's Trust WT: Wife's Trust ILIT: Irrevocable Life Insurance Trust

If owned by an entity , use one of the following: P: Partnership LP: Limited Partnership LLC: Limited Liability Company Corp: Corporation PC: Professional Corporation

Annuities

Name and Address of Institution:		Primary Beneficiary (circle one)	Value
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary (circle one)	
	Contract #:	H W Child Trust	
		Primary Beneficiary (circle one)	
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary (circle one)	
	Contract #:	H W Child Trust	
		Primary Beneficiary (circle one)	
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary (circle one)	
	Contract #:	H W Child Trust	
		Primary Beneficiary (circle one)	
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary (circle one)	
	Contract #:	H W Child Trust	
		Primary Beneficiary (circle one)	
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary (circle one)	
	Contract #:	H W Child Trust	
		Primary Beneficiary (circle one)	
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary (circle one)	
	Contract #:	H W Child Trust	
		Primary Beneficiary (circle one)	

Total Value of Annuities:

\$

Banks/Credit Unions

Name and Address of Institution:	Checking Account	Savings Account	Money Market	CDs
◆	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:
Safe Deposit Box at this Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, box #? _____	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:
◆	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:
Safe Deposit Box at this Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, box #? _____	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:
◆	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:
Safe Deposit Box at this Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, box #? _____	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:

Banks/Credit Unions

Name and Address of Institution:	Checking Account	Savings Account	Money Market	CDs
◆	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:
Safe Deposit Box at this Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, box #? _____	#	#	#	#
	Owner*:	Owner*:	Owner*:	Owner*:
	Balance:	Balance:	Balance:	Balance:

Total Value of Bank Accounts:

\$

Bonds (Do not include bonds already in your brokerage account(s).)

- This includes Corporate, Municipal & Bond Funds.

Name and Address of Institution:	Accounts	Current Owner*	Value
◆	#		
	#		
	#		
◆	#		
	#		
	#		

Total Value of Bonds:

\$

* See Form Completion Instructions, Page ii

Brokerage Accounts - Please list below and provide copies of recent statements for each brokerage account.

Name and Address of Institution:	Accounts	Current Owner*	Value
◆	# # #		
◆	# # #		
◆	# # #		
◆	# # #		
◆	# # #		
◆	# # #		
Total Value of Brokerage Accounts:			\$

* See Form Completion Instructions, Page ii

Business Entities

Corporate Ownership

Name and Address:

◆		%
◆		%
◆		%

Shares:	
Owner*:	
Value:	
Shares:	
Owner*:	
Value:	
Shares:	
Owner*:	
Value:	

General Partnerships

Name and Address:

◆		GP%	TIN #:
			Owner*:
			Value:
◆		GP%	TIN #:
			Owner*:
			Value:

Total Value of Corporate Ownership and General Partnerships: \$

Business Entities (continued)

Limited Liability Companies

Name and Address:

◆		LLC%	TIN #:
			Owner*:
			Value:
◆		LLC%	TIN #:
			Owner*:
			Value:

Limited Partnerships

Name and Address:

◆		LP%	TIN #:
			Owner*:
		GP%	Value:
◆		LP%	TIN #:
			Owner*:
		GP%	Value:

Sole Proprietorships

Name and Address:

◆		Owner*:
		Value:
◆		Owner*:
		Value:

Total Value of LLCs, Partnerships and Sole Proprietorships:

\$

Farm Assets

Elevator/Co-op Accounts

Name and Address of Institution:	Accounts Numbers	Current Owner*	Value
♦	# # #		\$ \$ \$
♦	# # #		\$ \$ \$

Total Value of Elevator/Co-op Accounts:

\$

Crop/Hail Insurance

Name and Address of Insurance Company:	Policy Numbers	Name and Address of Agent:
♦	# # #	

Local FSA Office (if applicable)

♦

♦

Insurance

Life Insurance

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Continued on next page . . .

Life Insurance (continued)

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆		Owner*: H W Child Trust		
Name and Address of Agent:		Secondary Beneficiary (circle one)		
	Insured:	H W Child Trust		
	Policy #:			

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆		Owner*: H W Child Trust		
Name and Address of Agent:		Secondary Beneficiary (circle one)		
	Insured:	H W Child Trust		
	Policy #:			

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆		Owner*: H W Child Trust		
Name and Address of Agent:		Secondary Beneficiary (circle one)		
	Insured:	H W Child Trust		
	Policy #:			

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆		Owner*: H W Child Trust		
Name and Address of Agent:		Secondary Beneficiary (circle one)		
	Insured:	H W Child Trust		
	Policy #:			

Continued on next page . . .

Life Insurance (continued)

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Name of Insurance Company:		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Name of Insurance Company - Accidental death policy		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Name of Insurance Company - Accidental death policy		Primary Beneficiary (circle one)	Death Benefit	Cash Value
◆ <input type="text"/> Name and Address of Agent: <input type="text"/> <input type="text"/> <input type="text"/>	Owner*:	H W Child Trust	<input type="text"/>	<input type="text"/>
	Insured:	Secondary Beneficiary (circle one)		
	Policy #:	H W Child Trust		

Total Death Benefit Value of Life Insurance: \$

Long Term Care Insurance

◆ Name of Insurance Company: []	Owner*:	Death Benefit? Yes No
	Name and Address of Agent: []	Insured: If Yes, Beneficiary
	[]	Policy #: H W Child Trust

◆ Name of Insurance Company: []	Owner*:	Death Benefit? Yes No
	Name and Address of Agent: []	Insured: If yes, Beneficiary
	[]	Policy #: H W Child Trust

Total Death Benefit/Cash Premium Value of Long Term Care Insurance \$ []

Cancer/Disability Insurance

◆ Name of Insurance Company: []	Owner*:	Primary Beneficiary (circle one) H W Child Trust
	Name and Address of Agent: []	Insured: Secondary Beneficiary (circle one)
	[]	Policy #: H W Child Trust

◆ Name of Insurance Company: []	Owner*:	Primary Beneficiary (circle one) H W Child Trust
	Name and Address of Agent: []	Insured: Secondary Beneficiary (circle one)
	[]	Policy #: H W Child Trust

Health Savings Acct.

Name of Institution:		Primary Beneficiary (circle one)	Cash Value
◆	<input type="text"/>	Owner*: H W Child Trust	<input type="text"/>
Name & Address of Account Custodian:		Secondary Beneficiary (circle one)	
	<input type="text"/>	Insured: H W Child Trust	
	<input type="text"/>	Account #:	
Name of Institution:			
◆	<input type="text"/>		
Name & Address of Account Custodian:			
	<input type="text"/>	Account #:	
	<input type="text"/>	H W Child Trust	
Total Value of HSAs:			\$ <input type="text"/>

Homeowner's Insurance

Name of Insurance Company:	Policy Numbers
◆ <input type="text"/>	# <input type="text"/>
Name and Address of Agent:	# <input type="text"/>
<input type="text"/>	# <input type="text"/>
<input type="text"/>	

Car Insurance

Name of Insurance Company:	Policy Numbers
◆ <input type="text"/>	# <input type="text"/>
Name and Address of Agent:	# <input type="text"/>
<input type="text"/>	# <input type="text"/>
<input type="text"/>	

Lawsuit Judgments

Case Number	Court	State and County	Owner*	Judgment Debtor	Judgment
#					
#					
#					

Notes/Debts owed TO you (NOT owed BY you) - Provide copies of documentation/proof of loan (i.e., Promissory Note(s)).

Name/Address of Debtor	Date of Note	Owed To*	Amount Owed	Original principal amt
			\$	\$
	Is there a deed of trust? ___ yes ___ no		If so, it was recorded in Book ___ Page ___ County ___	
			\$	\$
	Is there a deed of trust? ___ yes ___ no		If so, it was recorded in Book ___ Page ___ County ___	

Total Value of Notes/Debts Owed TO You:

\$

Notes/Debts owed BY you (NOT owed TO you)

Name/Address of Creditor	Date of Note	Owed By*	Amount Owed	Original principal amt
			\$	\$
	Is there a deed of trust? ___ yes ___ no		If so, it was recorded in Book ___ Page ___ County ___	
			\$	\$
	Is there a deed of trust? ___ yes ___ no		If so, it was recorded in Book ___ Page ___ County ___	

Total Value of Notes/Debts Owed BY You:

\$

* See Form Completion Instructions, Page ii

Mutual Funds (Do not include if already in your brokerage account.)

Name of Fund:	Accounts	Current Owner*	Value
◆ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Custodian of Fund:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>			

Name of Fund:	Accounts	Current Owner*	Value
◆ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Custodian of Fund:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>			

Name of Fund:	Accounts	Current Owner*	Value
◆ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Custodian of Fund:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>			

Name of Fund:	Accounts	Current Owner*	Value
◆ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Custodian of Fund:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			
<input type="text"/>			

Total Value of Mutual Funds: \$

* See Form Completion Instructions, Page ii

Real Estate - List each property below and match each property to its legal description on a copy of a RECORDED deed.

Address (if there is one):

(1) ◆		County:		Mortgage Balance: \$
		State:	↑ Acres ↑ ↓ Value ↓	Company:
		Owner*:	\$	Loan #:
(2) ◆		County:		Mortgage Balance: \$
		State:	↑ Acres ↑ ↓ Value ↓	Company:
		Owner*:	\$	Loan #:
(3) ◆		County:		Mortgage Balance: \$
		State:	↑ Acres ↑ ↓ Value ↓	Company:
		Owner*:	\$	Loan #:
(4) ◆		County:		Mortgage Balance: \$
		State:	↑ Acres ↑ ↓ Value ↓	Company:
		Owner*:	\$	Loan #:
(5) ◆		County:		Mortgage Balance: \$
		State:	↑ Acres ↑ ↓ Value ↓	Company:
		Owner*:	\$	Loan #:
(6) ◆		County:		Mortgage Balance: \$
		State:	↑ Acres ↑ ↓ Value ↓	Company:
		Owner*:	\$	Loan #:

Total Value of Real Estate:

\$

Retirement Plans

- It is important you provide Acct. # and value. If asset is in brokerage account, list and indicate "see brokerage statement provided."

IRAs

◆ Name of Institution: []	Owner*: []	Primary Beneficiary (circle one)	Value []
		H W Child Trust	
Name & Address of Plan Custodian: [] [] []	Acct #: []	Secondary Beneficiary (circle one)	
		H W Child Trust	

◆ Name of Institution: []	Owner*: []	Primary Beneficiary (circle one)	Value []
		H W Child Trust	
Name & Address of Plan Custodian: [] [] []	Acct #: []	Secondary Beneficiary (circle one)	
		H W Child Trust	

529 College Savings Plans

◆ Name of Institution: []	Owner*: []	Beneficiary:	Value []
		[]	
Name & Address of Plan Custodian: [] [] []	Acct #: []		

◆ Name of Institution: []	Owner*: []	Beneficiary:	Value []
		[]	
Name & Address of Plan Custodian: [] [] []	Acct #: []		

Total Value of IRAs/College Savings Plans: \$ []

Pension Plans/401k Plans/Keogh Plans

◆	Name of Institution:	Owner*:	Primary Beneficiary (circle one)	Value
	Name & Address of Plan Custodian:	Acct #:	H W Child Trust	Any benefit after death?
			Secondary Beneficiary (circle one)	Yes No
			H W Child Trust	

◆	Name of Institution:	Owner*:	Primary Beneficiary (circle one)	Value
	Name & Address of Plan Custodian:	Acct #:	H W Child Trust	Any benefit after death?
			Secondary Beneficiary (circle one)	Yes No
			H W Child Trust	

◆	Name of Institution:	Owner*:	Primary Beneficiary (circle one)	Value
	Name & Address of Plan Custodian:	Acct #:	H W Child Trust	Any benefit after death?
			Secondary Beneficiary (circle one)	Yes No
			H W Child Trust	

◆	Name of Institution:	Owner*:	Primary Beneficiary (circle one)	Value
	Name & Address of Plan Custodian:	Acct #:	H W Child Trust	Any benefit after death?
			Secondary Beneficiary (circle one)	Yes No
			H W Child Trust	

Total Value of Pension Plans: \$

Stocks (Do not include if already in your brokerage account.)

Name and Address of Transfer Agent:

◆	Name of Stock:	Acct #:	Do you have certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
	Transfer Agent Info:	Owner*:	Company holds shares? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
		Value:		
◆	Name of Stock:	Acct #:	Do you have certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
	Transfer Agent Info:	Owner*:	Company holds shares? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
		Value:		
◆	Name of Stock:	Acct #:	Do you have certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
	Transfer Agent Info:	Owner*:	Company holds shares? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
		Value:		
◆	Name of Stock:	Acct #:	Do you have certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
	Transfer Agent Info:	Owner*:	Company holds shares? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
		Value:		
◆	Name of Stock:	Acct #:	Do you have certificates? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
	Transfer Agent Info:	Owner*:	Company holds shares? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Shares
		Value:		

Total Value of Stocks:

\$

Vehicles - Registered - List all vehicles that are REGISTERED with the state and provide copies of titles.

(cars, trucks, RVs, ATVs, boats, motors, trailers, jet skis, motorcycles, etc.)

Year/Make/Model	Owner*	Primary Driver	Value
◆			\$
			\$
			\$
◆			\$
			\$
			\$

Other Substantial Assets

(i.e., farm equipment, cattle, crops, art works, jewelry, antiques, etc.)

Description	Owner*	Value
◆		\$
		\$
		\$
◆		\$
		\$
		\$

Possible Future Inheritances?

No
 Yes
 If yes,
 Husband Amount \$ _____
 Wife Amount \$ _____