

Asset Information Sheet

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Client: _____

Total Value: _____

Date: _____

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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.

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Banks/Credit Unions

Name and Address of Institution

Checking Account

Savings Account

Money Market

CD's

◆		#	#	#	#
		owner*:	owner*:	owner*:	owner*:
		balance:	balance:	balance:	balance:

Safe Deposit Box at this Institution?

Yes No If yes, number: _____

#	#	#	#
owner*:	owner*:	owner*:	owner*:
balance:	balance:	balance:	balance:

◆		#	#	#	#
		owner*:	owner*:	owner*:	owner*:
		balance:	balance:	balance:	balance:

Safe Deposit Box at this Institution?

Yes No If yes, number: _____

#	#	#	#
owner*:	owner*:	owner*:	owner*:
balance:	balance:	balance:	balance:

◆		#	#	#	#
		owner*:	owner*:	owner*:	owner*:
		balance:	balance:	balance:	balance:

Safe Deposit Box at this Institution?

Yes No If yes, number: _____

#	#	#	#
owner*:	owner*:	owner*:	owner*:
balance:	balance:	balance:	balance:

Banks/Credit Unions

Name and Address of Institution	Checking Account	Savings Account	Money Market	CD's
◆	#	#	#	#
	owner*:	owner*:	owner*:	owner*:
	balance:	balance:	balance:	balance:
Safe Deposit Box at this Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number: _____	#	#	#	#
	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, number: _____	#	#	#	#
	owner*:	owner*:	owner*:	owner*:
	balance:	balance:	balance:	balance:

Bonds

(Not in brokerage account)
Corporate, Municipal & Bond Funds

Name and Address	Accounts	Current Owner*	Value
◆	#		
	#		
	#		
◆	#		
	#		
	#		

* H (Husband), W (Wife), JT (both as Joint Tenants), Trust (Joint Trust), TC (Tenants in Common), JT w/ C (Joint Tenancy with Children), HT (Husband's Trust), WT (Wife's Trust), P (Partnership)

Brokerage Accounts

Name and Address:

Accounts

Current Owner*

Value

◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		

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Mutual Funds (Not in brokerage account)

Name and Address:

Accounts

Current Owner*

Value

◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		
◆		#		
		#		
		#		

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Stocks

(Not in brokerage account)
Name and Address of Transfer Agent

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

IRAs

Custodian (Company or Financial Institution)
Name and Address

		Owner*:	Primary Beneficiary	Value
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	

Pension Plans/401k Plans/Keogh Plans

		Owner*:	Primary Beneficiary	Value
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	
◆		Acct #:	H W Child Trust	
			Secondary Beneficiary	

* H (Husband), W (Wife)

Life Insurance

Name and Address

Primary Beneficiary

Death Benefit

Cash Value

◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		
◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		
◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		
◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		
◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		
◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		
◆		Owner*:	H	W	Child	Trust		
		Insured:	Secondary Beneficiary					
		Policy #:	H	W	Child	Trust		

Annuities

Name and Address		Primary Beneficiary	Cash Value
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary	
	Contract #:	H W Child Trust	
◆	Owner*:	H W Child Trust	
	Annuitant:	Secondary Beneficiary	
	Contract #:	H W Child Trust	

Corporate Ownership

Name and Address		Shares:
◆	%:	Owner:
		Value:
◆	%:	Shares:
		Owner:
		Value:

Sole Proprietorships

Name and Address		Owner:
◆		Value:
◆		Owner:
		Value:

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Limited Partnerships

Name and Address			
◆		LP%:	TIN #:
			Owner:
◆		GP%:	Value:
◆		LP%:	TIN #:
			Owner:
◆		GP%:	Value:

General Partnerships

Name and Address			
◆		GP%:	TIN #:
			Owner:
◆			Value:
◆		GP%:	TIN #:
			Owner:
◆			Value:

Limited Liability Companies

Name and Address			
◆		LLC%:	TIN #:
			Owner:
◆			Value:
◆		LLC%:	TIN #:
			Owner:
◆			Value:
◆		LLC%:	TIN #:
			Owner:
◆			Value:

Real Property (Address, if there is one)

◆		County:	
		State:	<input type="checkbox"/> Acres <input type="checkbox"/> Value <input type="checkbox"/>
		Owners*:	\$
◆		County:	
		State:	<input type="checkbox"/> Acres <input type="checkbox"/> Value <input type="checkbox"/>
		Owners*:	\$
◆		County:	
		State:	<input type="checkbox"/> Acres <input type="checkbox"/> Value <input type="checkbox"/>
		Owners*:	\$
◆		County:	
		State:	<input type="checkbox"/> Acres <input type="checkbox"/> Value <input type="checkbox"/>
		Owners*:	\$
◆		County:	
		State:	<input type="checkbox"/> Acres <input type="checkbox"/> Value <input type="checkbox"/>
		Owners*:	\$

Homeowner's Insurance Name and Address

Policy Numbers

◆		#
		#
		#

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Lawsuit Judgments

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

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

Name/Address of Debtor	Date of Note	Owed To*	Current 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: _____	

Other Substantial Assets

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

Note: please send copies of your current vehicle titles

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

Possible Future Inheritances

No

Yes

If yes, Husband

Wife

Amount \$ _____

Amount \$ _____