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| **PERSONAL ASSETS WORKSHEET** |
| (Note: Guard this securely if you include data like social security and account numbers or leave those sections blank.) |
| Bank Accounts (checking, savings, money market, etc.) |
| Institution Name: | Phone Number: | Type of Account: | Balance |
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| Retirement Accounts (401k, 403b, TSP, IRA, etc.) |
| Institution Name: | Phone Number: | Type of Account: | Balance |
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|  |  |  |  |
| Healthcare Savings Accounts |
| Institution Name: | Phone Number: | Type of Account: | Account Number: |
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|  |  |  |  |
| Educational Accounts |
| Institution Name: | Phone Number: | Type of Account: | Account Number: |
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|  |  |  |  |
| Investment Accounts (Stocks, bonds, mutual funds, etc.) |
| Institution Name: | Phone Number: | Type of Account: | Balance |
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|  |  |  |  |
|  |  |  |  |
| Tangible Property (real estate, automobiles, collectibles, etc.) |
| Location | Type of Asset |  | Market value |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Insurance |
| Insurer: | Phone Number: | Type of Insurance: | Account Number: |
|  |  | Life |  |
|  |  | Homeowners/Renters |  |
|  |  | Liability |  |
|  |  | Disability |  |
|  |  | Long Term Care |  |
| Estate Planning Documents |
| Document: | Location: | Date: |
| Will or Living Trust: |  |  |
| Financial Power of Attorney: |  |  |
| Living Will: |  |  |
| Health Care Power of Attorney: |  |  |