

# Schedule of Assets for an Individual



5600 Harrison Avenue  
Cincinnati, Ohio 45248  
513.251.4900  
www.niehauslaw.com

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*The information you provide will be kept confidential. These figures assist with estate planning and tax planning, and help identify which assets will pass according to your Will (probate assets) and which will pass according to contract (non-probate).*

## 1. CHECKING, SAVINGS, MONEY MARKET ACCOUNTS, CDS (list any IRA accounts on the reverse side)

Account Type	Bank Name	Approx. Value	Name(s) on Account	Beneficiaries (if any)
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust Account <input type="checkbox"/> Joint with: _____	<input type="checkbox"/> This account is set up to Pay on Death (POD) to: _____
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> POD to: _____
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> POD to: _____
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> POD to: _____
	<b>SUBTOTAL</b>	\$		

## 2. REAL ESTATE

Street Address / Description	Approx. Value	Name(s) on Deed	Beneficiaries (if any)
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____ ( <input type="checkbox"/> Survivorship <input type="checkbox"/> Tenants in Common)	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____ ( <input type="checkbox"/> Survivorship <input type="checkbox"/> Tenants in Common)	<input type="checkbox"/> TOD to: _____
	<b>SUBTOTAL</b>	\$	

## 3. AUTOMOBILES, BOATS, VALUABLE TANGIBLE PERSONAL PROPERTY

Description	Approx. Value	Name(s) on Title	Beneficiaries (if any)
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	<b>SUBTOTAL</b>	\$	

## 4. BUSINESS INTERESTS (attach additional information if needed)

Business Name	Approx. Value	Ownership Interest	Succession or Buy/Sell Agreement?
	\$	<input type="checkbox"/> 100% <input type="checkbox"/> ____% w/: _____	
	\$	<input type="checkbox"/> 100% <input type="checkbox"/> ____% w/: _____	
	<b>SUBTOTAL</b>	\$	

(OVER)

**5. IRAS, 401(K)S, ANNUITIES, OTHER RETIREMENT ACCOUNTS**

Account Type	Bank / Holding Entity	Approx. Value	Name(s) on Account	Beneficiaries (Pri: primary, Cont: contingent)
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
	<b>SUBTOTAL</b>	\$		

**6. STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS (Non-Retirement Accounts)**

Description (list basis if known)	Approx. Value	Name(s) on Account	Transfer-on-Death Beneficiaries (if any)
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____	<input type="checkbox"/> TOD to: _____
	<b>SUBTOTAL</b>	\$	

<b>GRAND TOTAL</b>	\$	<i>Approximate total assets (Items 1-6)</i>
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**7. LIFE INSURANCE**

Company	Face Value	Type of Policy	Beneficiaries (Pri: primary, Cont: contingent)
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other _____	Pri: _____ Cont: _____
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other _____	Pri: _____ Cont: _____

**8. DEBTS & LIABILITIES (including mortgage)**

Debt Type	Lender	Approx. Owed	Obligor	Notes (indicate collateral, if any)
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Joint w/: _____	
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Joint w/: _____	
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Joint w/: _____	
		\$	<input type="checkbox"/> Ind. <input type="checkbox"/> Joint w/: _____	