

Schedule of Assets and Debts for a Couple



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Names: _____ **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).

Note: Choose "Joint" if husband and wife are both owners. Choose "Husb." if in the husband's name only and "Wife" if in the wife's name only.

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	Pay-on-death Beneficiaries (if any)
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Trust: _____	<input type="checkbox"/> POD to: _____
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Trust: _____	<input type="checkbox"/> POD to: _____
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Trust: _____	<input type="checkbox"/> POD to: _____
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Trust: _____	<input type="checkbox"/> POD to: _____
	SUBTOTAL	\$		

2. REAL ESTATE (please also list any timeshares)

Street Name / Description	Approx. Value	Name(s) on Deed	Transfer-on-death Beneficiaries (if any)
	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Trust: _____ (If Joint: <input type="checkbox"/> Survivorship <input type="checkbox"/> Tenants in Common)	<input type="checkbox"/> TOD to: _____
	\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Trust: _____	<input type="checkbox"/> TOD to: _____
	SUBTOTAL	\$	

3. AUTOMOBILES, BOATS, VALUABLE TANGIBLE PERSONAL PROPERTY

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

4. BUSINESS INTERESTS (attach additional information if needed)

Business Name	Approx. Value	Ownership Interest (husb/wife/joint)	Succession or Buy/Sell Agreement?
	\$	<input type="checkbox"/> 100% _____ <input type="checkbox"/> _____	
	\$	<input type="checkbox"/> 100% _____ <input type="checkbox"/> _____	
	SUBTOTAL	\$	

(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"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other: _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other: _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other: _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other: _____	Pri: _____ Cont: _____
		\$	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other: _____	Pri: _____ Cont: _____
	SUBTOTAL	\$		

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

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

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

Company	Face Value	Type of Policy	Owner	Beneficiaries (Primary & Contingent)
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other _____	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife	Pri.: _____ Cont.: _____
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other _____	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife	Pri.: _____ Cont.: _____
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other _____	<input type="checkbox"/> Husb. <input type="checkbox"/> Wife	Pri.: _____ Cont.: _____

8. DEBTS & LIABILITIES (including mortgage)

Debt Type	Lender	Approx. Owed	Obligor	Notes (indicate collateral, if any)
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other	
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other	
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other	
		\$	<input type="checkbox"/> Joint <input type="checkbox"/> Husb. <input type="checkbox"/> Wife <input type="checkbox"/> Other	