

*Law Offices of Robert D. Schwartz, P.A.
2240 Woolbright Road, Suite 411
Boynton Beach, Florida 33426
(561) 736-3440 or Toll Free 1-888-615-8641
www.schwartzpa.com*

ASSET INFORMATION

Real Estate / Home

Address: _____

(Circle one) Is it your **personal residence** or a **rental property**?

(Circle one) Is there a mortgage? **yes** or **no**

If yes: Name of bank, loan number, contact information: _____

Address: _____

(Circle one) Is it your **personal residence** or a **rental property**?

(Circle one) Is there a mortgage? **yes** or **no**

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Bank Accounts

Name of bank: _____

Type of account: _____

(Optional) Approximate value of bank account: _____

Bank branch address, telephone number, contact information: _____

Name of bank: _____

Type of account: _____

(Optional) Approximate value of bank account: _____

Bank branch address, telephone number, contact information: _____

Name of bank: _____

Type of account: _____

(Optional) Approximate value of bank account: _____

Bank branch address, telephone number, contact information: _____

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Investment Accounts

Name of institution: _____

Type of account: _____

(Optional) Approximate value of investment account: _____

Investment branch address, telephone number, contact information: _____

Name of institution: _____

Type of account: _____

(Optional) Approximate value of investment account: _____

Investment branch address, telephone number, contact information: _____

IRAs, 401(k)s and Other Retirement Accounts

Name of Institution: _____

Type of Account: _____

Beneficiary: _____

Plan administrator address, telephone number, contact information: _____

Name of Institution: _____

Type of Account: _____

Beneficiary: _____

Plan administrator address, telephone number, contact information: _____

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Annuities

Name of company: _____

Type of policy: _____

Beneficiary: _____

Address, telephone number, contact information: _____

Name of company: _____

Type of policy: _____

Beneficiary: _____

Address, telephone number, contact information: _____

Life Insurance

Name of Company: _____

Beneficiary: _____

Company address, telephone number, contact information: _____

Other Investments

Type of investment: _____

Address, telephone number, contact information: _____

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Type of investment: _____
Address, telephone number, contact information: _____

Vehicles

Year, make and model of automobile: _____
(Circle one) Is there a loan? **Yes** **No**
If yes: Name of bank, loan number, contact information: _____

Year, make and model of automobile: _____
(Circle one) Is there a loan? **Yes** **No**
If yes: Name of bank, loan number, contact information: _____

Personal Assets

Jewelry: _____

Location of jewelry: _____

Collectibles: _____

Location of collectibles: _____

Who should be called if items are to be sold? _____

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Jewelry: _____

Location of jewelry: _____

Collectibles: _____

Location of collectibles: _____

Who should be called if items are to be sold? _____

Debts Owed to You

Name of borrower: _____

Amount owed: _____

Address, telephone number and contact information of borrower: _____

Safe Deposit Box

Name of bank: _____

Address, telephone number and contact information of bank: _____

Bank safe deposit box number: _____

Location of key: _____

(Optional) Contents: _____

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Safe at Home

Location in the house: _____

Combination: _____

Location of key: _____

(Optional) Contents: _____

*Affix additional pages as necessary to complete indicated areas.
All forms and fields are optional.*