

Do you own or maintain a home outside of California? Yes _____ No _____

Address: _____

Have you or your spouse ever been in U.S. military service? Yes _____ No _____

You Branch of Service

Spouse Branch of Service

Are you or your spouse receiving military benefits? Yes ____ No ____ If so, list all benefits.

CURRENT ASSETS

- a. Banks, savings, loan associations, and all other accounts at similar institutions with liquid cash. Please list address of each institution, account numbers, and approximate amount in each account.

Institution	Account #	Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. List family home, other houses, Time Shares, ranch lands, buildings, mobile homes, addresses, mortgages, and approximate current market value.

Address	Value	Amt. of Mortgage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

g. Cars, Trucks, Motorcycle, Off-road vehicles, Recreational vehicles, Airplanes, Boats, Campers?

Make/Model	Year	VIN#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

h. Collectibles (art, jewelry, antiques, etc.)? Do not include heirlooms.

i. Do you have a Living Trust? Yes _____ No _____

j. List all Trust, Trust Accounts, Burial Trusts, and Burial Contracts?

Institution	Policy #	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

k. **INSURANCE - List all insurance policies and what the policy covers, e.g., Life (whole or term), Long Term Care, Health/dental, etc.**

Institution	Policy #	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

l. List all other assets or resources

m. Do you or your spouse own a business? Yes _____ No _____
If so, list type and list equipment, vehicles, tools, inventory (including livestock etc. if farming).

RECENT GIFTS/TRANSFER OF ASSETS

Have you or your spouse given away or transferred any asset(s) or property in the last 60 months? Yes _____ No _____ List every gift/transfer and to whom. A gift is any transfer whatsoever for less than fair market value (what it is worth).

Name (relationship)	Amount (Value)	Date of Gift
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your spouse have any longterm care insurance?

You: Yes _____ No _____
Your Spouse: Yes _____ No _____

MONTHLY INCOME FOR YOU AND YOUR SPOUSE

Money each month from a job, including self-employed income

You \$ _____
Your Spouse \$ _____

Social Security Benefits

You \$ _____
Your Spouse \$ _____

SSI, AFDC etc.

You \$ _____
Your Spouse \$ _____

Pensions/IRA, KEGOH, ANNUITY, 401(k), 403(b), or Trust etc.

You \$ _____
Your Spouse \$ _____

Rentals, Mortgages (paid to you), Notes, Deeds of Trust, etc.

You \$ _____
Your Spouse \$ _____

All other monthly income?

You	\$ _____	Source _____
Your Spouse	\$ _____	Source _____
You	\$ _____	Source _____
Your Spouse	\$ _____	Source _____
You	\$ _____	Source _____
Your Spouse	\$ _____	Source _____

MONTHLY EXPENSES

List monthly expenses including bills paid quarterly or yearly.

Mortgage		\$ _____
Insurance:	Life	\$ _____
	Auto	\$ _____
	Other	\$ _____
Car:	DMV	\$ _____
	Repairs	\$ _____
	Loans	\$ _____
	Gas	\$ _____
Utilities:	Gas/Electric	\$ _____
	Trash pickup	\$ _____
	Water	\$ _____
	Phone	\$ _____
Food		\$ _____
Clothing		\$ _____
Travel		\$ _____
Medical:	Insurance	\$ _____
	Prescriptions	\$ _____
	Dental	\$ _____
	Other	\$ _____
Property Tax		\$ _____
Tax Preparation		\$ _____
Home Repairs/Expenses		\$ _____
Credit card expense		\$ _____
Loans		\$ _____
Gifts		\$ _____
Child support, alimony		\$ _____
Other monthly expenses		\$ _____
List		\$ _____
		\$ _____
		\$ _____

Person who completed this form:

_____ Signature Date: _____

_____ Print Name