

Schedule of Assets for an Individual

Reviewed _____
(office use only)



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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	Approximate Value	Name(s) on Account	Beneficiaries (if any)
Checking		\$	<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: _____
Savings / money market		\$	<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: _____
CD		\$	<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: _____
	SUBTOTAL	\$		

2. REAL ESTATE

Street Address / Description	Approximate Value	Name(s) on Deed	Beneficiaries (if any)
	\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint w/: _____ (<input type="checkbox"/> Survivorship <input type="checkbox"/> Tenants in Common)	<input type="checkbox"/> This deed is set up to Transfer on Death (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: _____
	SUBTOTAL	\$	

3. AUTOMOBILES, BOATS, OTHER ASSETS (e.g. business, major collections, etc.)

Description	Approximate Value	Name(s) on Title	Beneficiaries (if any)
	\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	<input type="checkbox"/> This title is set up to Transfer on Death (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: _____
	SUBTOTAL	\$	

(OVER)

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

Account Type	Bank / Holding Entity	Approximate Value	Name(s) on Account	Beneficiaries
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	Primary: _____ Contingent: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	Primary: _____ Contingent: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	Primary: _____ Contingent: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	Primary: _____ Contingent: _____
		\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	Primary: _____ Contingent: _____
	SUBTOTAL	\$		

5. STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS (NON-RETIREMENT ACCOUNTS)

Description (list basis if known)	Approximate Value	Name(s) on Account	Beneficiaries (if any)
	\$	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Joint with: _____	<input type="checkbox"/> This asset is set up to Transfer on Death (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: _____
	\$	<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: _____
	SUBTOTAL	\$	

GRAND TOTAL	\$	<i>Approximate total assets (Items 1-5)</i>
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6. LIFE INSURANCE

Company	Face Value	Type of Policy	Beneficiaries
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life (CSV*: \$_____) *Cash Surrender Value	Primary Beneficiary: _____ Contingent: _____
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life (CSV: \$_____)	Primary: _____ Contingent: _____
	\$	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life (CSV: \$_____)	Primary: _____ Contingent: _____