

# Financial Data

*Confidential*

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

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

**NOTICE:** All information provided on these forms are used strictly to assist you in completing your estate plan, and is destroyed after your plan is completed.

**IMPORTANT:** Please complete these forms prior to your **second** appointment.



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# 1. Real Estate

Let's start by getting some basic information about any real estate you own.

## Parcel One (Primary Residence):

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ Deed Attached?: \_\_\_\_\_

Year Acquired: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

## Parcel Two:

Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ Deed Attached?: \_\_\_\_\_

Purpose: Cottage Farm Rental Commercial Vacant (Circle all that Apply)

Year Acquired: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

# 1. Real Estate

(continued)

## Parcel Three:

Address: \_\_\_\_\_

\_\_\_\_\_

Purpose: Cottage Farm Rental Commercial Vacant (Circle all that Apply)

County: \_\_\_\_\_ Deed Attached?: \_\_\_\_\_

Year Acquired: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

## Parcel Four:

Address: \_\_\_\_\_

\_\_\_\_\_

Purpose: Cottage Farm Rental Commercial Vacant (Circle all that Apply)

County: \_\_\_\_\_ Deed Attached?: \_\_\_\_\_

Year Acquired: \_\_\_\_\_ Parcel ID#: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

***If you have additional real estate, attach additional pages.***

## 2. Titled Assets

Do you own other titled property, such as cars or boats?

| Describe | Value |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |

## 3. Personal Property

Do you own any special items of value, such as antiques, jewelry or coin collections?

| Describe | Value |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |

## 4. Business Assets

Do you have interest in a small business, farm, LLC or corporation?

| Describe | Value |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |

## 5. Debts

Do you have any long term debts or mortgages?

| Describe | Value |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |

## 6. Investments

Include all investments in this section, including bank accounts, life insurance, IRAs, 401ks, stocks or other similar assets.

### Investment One:

Circle Type:  Checking  Savings  Stock  Mutual Fund  Annuity  Life Insurance  IRA  401k  Other

Company: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Statement Attached? \_\_\_\_\_

Year Acquired: \_\_\_\_\_ (if known) Value: \_\_\_\_\_

### Investment Two:

Circle Type:  Checking  Savings  Stock  Mutual Fund  Annuity  Life Insurance  IRA  401k  Other

Company: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Statement Attached? \_\_\_\_\_

Year Acquired: \_\_\_\_\_ (if known) Value: \_\_\_\_\_

# 6. Investments

(continued)

## Investment Three:

Circle Type: Checking Savings Stock Mutual Fund Annuity Life Insurance IRA 401k Other

Company: \_\_\_\_\_

\_\_\_\_\_

Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Statement Attached? \_\_\_\_\_

Year Acquired: \_\_\_\_\_ (if known) Value: \_\_\_\_\_

## Investment Four:

Circle Type: Checking Savings Stock Mutual Fund Annuity Life Insurance IRA 401k Other

Company: \_\_\_\_\_

\_\_\_\_\_

Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Statement Attached? \_\_\_\_\_

Year Acquired: \_\_\_\_\_ (if known) Value: \_\_\_\_\_

# 6. Investments

(continued)

## Investment Five:

Circle Type: Checking Savings Stock Mutual Fund Annuity Life Insurance IRA 401k Other

Company: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Statement Attached? \_\_\_\_\_

Year Acquired: \_\_\_\_\_ (if known) Value: \_\_\_\_\_

## Investment Six:

Circle Type: Checking Savings Stock Mutual Fund Annuity Life Insurance IRA 401k Other

Company: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Statement Attached? \_\_\_\_\_

Year Acquired: \_\_\_\_\_ (if known) Value: \_\_\_\_\_

***If you have additional investments, attach additional pages.***



## Please provide the following:

The name, address and phone number of your homeowner's insurance agent.

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The name, address and phone number of any financial planner or stock broker you use.

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The name, address and phone number of your primary care physician.

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Email for your Doctor: \_\_\_\_\_

We provide an emailed copy of your Health Care Power of Attorney to your doctor, unless you tell us otherwise.

## Additional items we need to complete the trust funding process:

- ✓ A clean copy of the deed showing the legal description for any real estate parcel you own. (Note that tax bills containing legal descriptions are often inaccurate.)
- ✓ A copy of the first page of any life insurance policy or annuity, showing company, value and policy number.
- ✓ A copy of the last statement for any IRAs, 401k plans, Mutual Funds or other investment/retirement account.