

Fischer, Brown, Bartlett & Gunn, P.C.

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Asset Inventory Worksheet

PERSONAL INFORMATION

Client 1 Name _____ Male Female Date of Birth _____

U.S. Citizen Yes No Social Security # _____

Married Single Widow(er) Divorced Partner
Marital Status

Home Telephone _____ Work Telephone _____ E-mail Address _____

Home Address _____ City _____ State _____ Zip Code _____

Client 2 Name _____ Male Female Date of Birth _____

U.S. Citizen Yes No Social Security # _____

Married Single Widow(er) Divorced Partner
Marital Status

Home Telephone _____ Work Telephone _____ E-mail Address _____

Home Address _____ City _____ State _____ Zip Code _____

Should correspondence be sent to home or business? Home Business

CHILDREN/GRANDCHILDREN/OTHER DEPENDENTS	DATE OF BIRTH	HANDICAPPED/INCAPACITATED?
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Male <input type="checkbox"/> Female		

Employment Information

Client 1 Title/Occupation

Client 2 Title/Occupation

Company Name

Company Name

Years of Service

Annual Income

Years of Service

Annual Income

Professional Relationships (Accountants, Attorneys and Other Advisors)

Name

Type of Advisor

Telephone Number

Name

Type of Advisor

Telephone Number

Name

Type of Advisor

Telephone Number**INSURANCE****Policy 1****Policy 2****Policy 3****Policy 4**

Name of Insured

Name of Insured

Name of Insured

Name of Insured

Policy Owner

Policy Owner

Policy Owner

Policy Owner

Beneficiary

Beneficiary

Beneficiary

Beneficiary

Type of Insurance

Type of Insurance

Type of Insurance

Type of Insurance

Insurance Company

Insurance Company

Insurance Company

Insurance Company

\$
Face Amount

\$
Face Amount

\$
Face Amount

\$
Face Amount

\$
Net Cash Value

\$
Net Cash Value

\$
Net Cash Value

\$
Net Cash Value

Other Entities* (Including, Charitable Trusts, Private Foundations, Irrevocable Trusts, Partnerships, Limited Liability Companies, etc.)

Description	Total Value

ASSETS AND LIABILITIES

ASSETS	FAIR MARKET VALUE AND OWNERSHIP			
	SINGLE	HUSBAND	WIFE	JOINT ¹
RESIDENCE	\$	\$	\$	\$
NON-INCOME REAL ESTATE	\$	\$	\$	\$
INCOME REAL ESTATE	\$	\$	\$	\$
OTHER REAL ESTATE	\$	\$	\$	\$
CASH AND SAVINGS	\$	\$	\$	\$
MONEY MARKET/CDs	\$	\$	\$	\$
TAXABLE BONDS	\$	\$	\$	\$
TAX-EXEMPT BONDS	\$	\$	\$	\$
EQUITIES	\$	\$	\$	\$
MUTUAL FUNDS	\$	\$	\$	\$
ANNUITIES	\$	\$	\$	\$
OPTIONS	\$	\$	\$	\$
FUTURES, COMMODITIES	\$	\$	\$	\$
PERSONAL PROPERTY (ART, ANTIQUES, ETC.)	\$	\$	\$	\$
RETIREMENT PLANS	\$	\$	\$	\$
BUSINESS INTERESTS	\$	\$	\$	\$
LIFE INSURANCE (FACE)	\$	\$	\$	\$
SPOUSE'S LIFE INSURANCE (FACE)	\$	\$	\$	\$
OTHER	\$	\$	\$	\$
TOTAL ASSETS	\$	\$	\$	\$

LIABILITIES	SINGLE	HUSBAND	WIFE	JOINT
LOANS	\$	\$	\$	\$
MORTGAGES	\$	\$	\$	\$
MARGIN DEBT	\$	\$	\$	\$
OTHER	\$	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$	\$

	SINGLE	HUSBAND	WIFE	JOINT
TOTAL NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES)	\$	\$	\$	\$

¹ If owned with a person other than spouse, state with whom title is held.

RETIREMENT PLANS

When do you plan to retire (age and year?) _____

How much after-tax spendable income do you expect to need at retirement? _____

How much annual income would your family need in the event of your death? _____

EMPLOYEE BENEFITS	ESTIMATED VALUE	NAME OF PARTICIPANT	PRE-RETIREMENT DEATH BENEFICIARY	AMOUNT OF LIFE INSURANCE INCLUDED
PENSION/DEFINED BENEFIT PLAN/ MONEY PURCHASE	\$			
PROFIT SHARING PLAN [401(K)]	\$			
STOCK PURCHASE PLAN	\$			
STOCK OPTIONS (UNEXERCISED)	\$			
IRA	\$			
KEOGH	\$			
OTHER	\$			
TOTAL VALUE	\$			

ESTATE PLANNING INFORMATION & OBJECTIVES

Have you drafted a will? _____ If so, when (year)? _____ Where (state)? _____

Has your spouse drafted a will? _____ If so, when (year)? _____ Where (state)? _____

Do you and/or your spouse have any living trusts? _____

If so, when were they drafted (years)? _____

What property is in the trust? _____

Do you have a power of attorney? _____ If so, date of document. _____

Do you have a medical power of attorney? _____ If so, date of document. _____

NOTE: If you indicated above that you and/or your spouse have a will and/or a living trust(s), please attach copies.

What are your financial goals? (Please check which objective is most applicable. If more than one applies, please number in order of importance - (1) being most important and (5) being least important.

_____ To have adequate funds to cover both living expenses and future needs.

_____ To reduce taxes by taking advantage of current tax laws.

_____ To provide for retirement.

_____ To provide income/assets for survivors in the event of death.

_____ To provide for educational costs for children/grandchildren.

PRIVACY NOTICE

Recently you should have been receiving a myriad of notices from credit card companies, banks and other financial institutions that describe each company's privacy policies and practices. The notices are mandated by the Gramm-Leach-Bliley Act, Pub. Law 106-102 November 12, 1999 and the correlative FTC regulation, 16 CFR Part 313 (May 24, 2000). The FTC has taken the position that lawyers and law firms that undertake certain types of representation, such as estate planning and tax planning, are also required to comply with the notice provisions of the regulation. Therefore, we are providing our clients with our firm's policies regarding privacy of client information.

In the course of providing our clients with income tax, estate tax, and gift tax advice, we receive significant personal financial information from our clients. If you are a client of our firm, Fischer, Brown & Gunn, P.C., you should know that all information that we receive from you is held in confidence, and is not released to people outside the firm, except as agreed to by you, or as required under an applicable law.

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and in, some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

As you are probably aware, we, as attorneys, are bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected your right to privacy and will continue to do so.

If you have any questions regarding our firm's policies regarding privacy of client information, please do not hesitate to call attorneys Meg Brown, Lisa Larsen or Bill Gunn.

JOINT SPOUSAL REPRESENTATION AGREEMENT

It is common for a husband and wife to employ the same lawyer to assist them in planning their estate. You have taken this approach by asking me to represent both of you in your planning. It is important that you understand that because I will be representing both of you, you are considered my client, collectively. Accordingly, matters that one of you might discuss with me may be disclosed to the other of you. Ethical considerations prohibit me from agreeing with either of you to withhold information from the other. In this representation, I will not give legal advice to either of you or make any changes in any of your estate planning documents without your mutual knowledge and consent. Of course, anything either of you discuss with me is privileged from disclosure to third parties.

If a conflict of interest arises between you during the course of your planning or if the two of you have a difference of opinion, I can point out the pros and cons of your respective positions or differing opinions. However, ethical considerations prohibit me, as the lawyer for both of you, from advocating one of your positions over the other. Furthermore, I would not be able to advocate one of your positions versus the other if there is a dispute at any time as to your respective property rights or interests or as to other legal issues between you. If actual conflicts of interest do arise between you of such a nature that in my judgment it is impossible for me to perform my ethical obligations to both of you, it would become necessary for me to withdraw as your joint lawyer.

After considering the foregoing, if you consent to my representing both of you jointly, I request that you sign and return the enclosed copy of this document.

CONSENT

We have read the foregoing document and understand its contents. We consent to having you represent both of us on the terms and conditions set forth. We agree that you may, in your discretion, share with both of us any information regarding the representation that you receive from either of us or any other source.

Dated: _____

Signature

Dated: _____

Signature