**Dale R. Thorson, P.C.**

**31 S. 63rd St. Ste 2, Mesa, AZ 85206**

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**LISTING OF ASSETS AND DEBTS - IMPORTANT PERSONAL INFORMATION**

(May be referred to as SCHEDULE "A" or INVENTORY)

**NAME(S)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date FIRST PREPARED:** \_\_\_\_\_\_\_\_ **Date Last Updated:**\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF PLAN:** **DIRECT TRANSFERS** **TRUST – NAME OF TRUST**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TRUST DATE**:\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS** (This form can be downloaded from our website in Word format.)

1. Use a PENCIL so that changes can be more easily made.
2. Fill applicable sections out completely. Too much information is better than not enough.
3. We suggest that you do not indicate account balances or values on this form since this information will change and should be confidential.
4. For each Beneficiary box, list the Beneficiary legal names and check the PS box if per stirpes.
5. If there is not enough space provided within each section, use additional sheets.

**DECLARATION** – This document is NOT a legal document, but only an attempt to list financial information for my legal representative(s) private use.

**ADOT -** All Automobiles, Trailers, ATVs, RVs and Manufactured Homes – Licensed – Certificates of Title

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref#** | **Year** | **Make** | **Model** | **VIN** | **Form of Ownership** | **Owner(s)** | **ADOT Beneficiary Form Yes/No** (If yes, list beneficiaries) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

**Vehicle Insurance** - All Automobiles, Trailers, ATVs, RVs and Manufactured Homes

*\*add corresponding reference # from Vehicle section above*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **\*Ref #** | **Company Name, Address & Phone #** | **Policy #** | **Covered Persons** | **Type of Coverage** | **Agent Name, Address & Phone #** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Timeshares – Fractional Interests** – Attach copies of deeds which show full legal description of property.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Address** | **County** | **Assessor Parcel #** | **Owner(s)**  | **Form of Ownership** | **Beneficiary Deed** | **Lien Yes/No** | **LVT****Yes/No** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*Note: If there is a mortgage or loan on this property – also list as a debt.*

**Residential and Investment – REAL PROPERTY** – Attach copies of deeds which show full legal description of property.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Property****Residential or Investment** | **Property Address** | **County** | **Assessor Parcel #** | **Owner (s)** | **Form of Ownership** | **Beneficiary Deed** | **Lien Yes/No** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
| **Insurance Company Name:** | **Insurance Company Address & Phone #:**  | **Insurance Agent Name, Address & Phone#:**  |
| **Policy #:** | **Type of Coverage:**  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Property****Residential or Investment** | **Property Address** | **County** | **Assessor Parcel #** | **Owner (s)** | **Form of Ownership** | **Beneficiary Deed** | **Lien Yes/No** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
| **Insurance Company Name:** | **Insurance Company Address & Phone #:**  | **Insurance Agent Name, Address & Phone#:**  |
| **Policy #:** | **Type of Coverage:**  |

**Residential and Investment – REAL PROPERTY - Continued**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Property****Residential or Investment** | **Property Address** | **County** | **Assessor Parcel #** | **Owner (s)** | **Form of Ownership** | **Beneficiary Deed** | **Lien Yes/No** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
| **Insurance Company Name:** | **Insurance Company Address & Phone #:**  | **Insurance Agent Name, Address & Phone#:**  |
| **Policy #:** | **Type of Coverage:**  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Property****Residential or Investment** | **Property Address** | **County** | **Assessor Parcel #** | **Owner (s)** | **Form of Ownership** | **Beneficiary Deed** | **Lien Yes/No** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
| **Insurance Company Name:** | **Insurance Company Address & Phone #:**  | **Insurance Agent Name, Address & Phone#:**  |
| **Policy #:** | **Type of Coverage:**  |

*Note: If more you have more than 4 properties, copy page 4 to add the remaining property. Number properties 1, 2, 3, 4, etc.*

**Bank & Credit Union Accounts, Checking & Savings Accounts, Certificate of Deposit**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Entity Name** | **Name of Contact** | **Address & Phone Number** | **Type of Account** | **Account #** | **Owner(s) \*** | **POA****Signers** | **POD-Beneficiary** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*For non-LVT, be sure to add non-spouse joint owner to checking account to prevent freezing/closing of account.

**Safety Deposit Box**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Institution** | **Address and Phone Number** | **Box#** | **Persons with Access** | **Persons with Keys** | **Other Info** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Investment or Brokerage Accounts**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company** | **Name of Contact** | **Address & Phone Number** | **Type of Investment** | **Account #** | **Owner (s)** | **TOD-Beneficiary** | **PS** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
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**Savings Bonds**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Purchased** | **Date Matures** | **Face Amount** | **Type/Description** | **Cert #** | **Owner(s)** | **Beneficiary** | **PS** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |  |
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**Private Corp, Limited Liability Company or Partnership Interests**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | **Owner (s)** | **Contact Name, Address & Phone Number** | **General or Limited** | **# of Interest** | **Beneficiary** | **PS** | **LVT Yes/No** |
|  |  |  |  |  |  |  |  |
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**Notes Receivable**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Address of Property** | **Original Payee** | **Note Amount** | **Payment Amount** | **Frequency** | **Maturity** | **Security** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Assets listed on this page are should only be those that are individually owned and NOT in a brokerage account.**

**Stocks**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Address & Phone Number** | **Cusip #** | **Owners (s)** | **Beneficiary** |
|  |  |  |  |  |
|  |  |  |  |  |

**Bonds**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address & Phone Number** | **Cusip #** | **Owner(s)** | **Beneficiary** |
|  |  |  |  |
|  |  |  |  |

**Mutual Funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Number of Shares** | **Cusip #** | **Owner(s)** | **Beneficiary** |
|  |  |  |  |  |
|  |  |  |  |  |

**Pension or Retirement Accounts (Non-IRA)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recipient** | **Employer Name** | **Payor Name, Address & Phone** | **Acct Number** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
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**Individual Retirement Accounts (IRAs) – T=Traditional, R = Roth**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payor Name** | **Custodian** | **Company Address & Phone** | **Type** **T/R** | **Acct Number** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** | **After Tax Contrib basis** |
|  |  |  |  |  |  |  |  |  |
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**Life Insurance Policies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy Number** | **Policy Face Value** | **Policy Date** | **Policy Owner** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
|  |  |  |  |  |  |  |  |
| **Premium Frequency:** | **Premium Amount:** | **Source of Payment:** |
| **Type (select type of policy) \_\_\_\_ Term \_\_\_\_ Whole Life \_\_\_\_ Universal \_\_\_\_\_ Includes Long-Term Care rider** | **Insured:**  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy Number** | **Policy Face Value** | **Policy Date** | **Policy Owner** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
|  |  |  |  |  |  |  |  |
| **Premium Frequency:** | **Premium Amount:** | **Source of Payment:** |
| **Type (select type of policy) \_\_\_\_ Term \_\_\_\_ Whole Life \_\_\_\_ Universal \_\_\_\_\_ Includes Long-Term Care rider** | **Insured:**  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy Number** | **Policy Face Value** | **Policy Date** | **Policy Owner** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
|  |  |  |  |  |  |  |  |
| **Premium Frequency:** | **Premium Amount:** | **Source of Payment:** |
| **Type (select type of policy) \_\_\_\_ Term \_\_\_\_ Whole Life \_\_\_\_ Universal \_\_\_\_\_ Includes Long-Term Care rider** | **Insured:**  |

**Annuities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Owner** | **Company Name, Address & Phone #** | **Policy Number** | **Policy Date** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
|  |  |  |  |  |  |  |
| **\_\_\_\_\_\_ Qualified \_\_\_\_\_ Non-Qualified**  | **If non-qualified, include the Cost Basis or Initial Contribution:**  |
| **Does this annuity include a long-term care rider?** | **Measuring Life:**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Owner** | **Company Name, Address & Phone #** | **Policy Number** | **Policy Date** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
|  |  |  |  |  |  |  |
| **\_\_\_\_\_\_ Qualified \_\_\_\_\_ Non-Qualified**  | **If non-qualified, include the Cost Basis or Initial Contribution:**  |
| **Does this annuity include a long-term care rider?** | **Measuring Life:**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Owner** | **Company Name, Address & Phone #** | **Policy Number** | **Policy Date** | **Primary Beneficiary** | **Contingent Beneficiary** | **PS** |
|  |  |  |  |  |  |  |
| **\_\_\_\_\_\_ Qualified \_\_\_\_\_ Non-Qualified**  | **If non-qualified, include the Cost Basis or Initial Contribution:**  |
| **Does this annuity include a long-term care rider?** | **Measuring Life:**  |

**Long-Term Care and Nursing Home Policies** - Include Long-Term Care Policies not included in Life Insurance or Annuity policies listed above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy Number** | **Policy Face Value** | **Policy Date** | **Policy Owner** | **Primary Beneficiary** | **Contingent Beneficiary** |
|  |  |  |  |  |  |  |
| **Premium Frequency:** | **Premium Amount:** | **Source of Payment:** |
| **Insured:**  |  **Refund Option:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy Number** | **Policy Face Value** | **Policy Date** | **Policy Owner** | **Primary Beneficiary** | **Contingent Beneficiary** |
|  |  |  |  |  |  |  |
| **Premium Frequency:** | **Premium Amount:** | **Source of Payment:** |
| **Insured:**  |  **Refund Option:** |

**Accidental Death or Other Insurance Coverage**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy #** | **Type of Coverage** | **Policy Date** | **Premium Amount** | **Premium Frequency** | **Agent Name, Address & Phone #** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Medical Insurance, Supplemental**

Check this box if you have Medicare. \_\_\_\_\_ Man \_\_\_\_\_ Woman

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Name, Address & Phone #** | **Policy #** | **Type of Coverage** | **Policy Date** | **Premium Payment** | **Payment Frequency** | **Agent Name, Address, Phone #** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**Direct Deposits**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description Payer** | **Type of Payment** | **Institution Name, Address & Phone #** | **Deposited into Account #**  | **Amount** | **Frequency** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Debts –** Include Real Estate Loans, Line of Credit, Vehicle Loans, Credit Cards

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Payee Company** |  **Account #** | **SUREPAY**  | **Description of Debt** | **Mailing Address & Phone #** |  **Authorized Signers** | **Collateral** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**Automatic Withdrawals** – “Sure Pay”, include monthly and annual subscriptions, i.e., Lifelock, itunes, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description Payee** | **Paid from Institution Acct#** | **Payee Address & Phone #** | **Amount** | **Frequency** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**SPECIAL INSTRUCTIONS**

|  |
| --- |
| **Frequency** |

1. Original Estate Documents - Who has copies of your original estate planning documents (wills, powers of attorney, living wills, etc.)?

 \_\_ Law Office of Dale R. Thorson, P.C.

 \_\_ Other List Name(s), Address & Phone

 We recommend that you keep the "home" copies of your original Powers of Attorney and Living Will at your home or some other accessible place. However, you should keep your original will and living trust either in your safe deposit box or safe so that it is protected not easily found by the wrong persons. Be sure someone has access. Your "travel" copies also need to be readily accessible or even kept in your vehicle. Be sure to take them with you on any trip.

1. Tangible Personal Property Distribution Sheets - You may consider filling out our forms in your own handwriting to designate who is to receive tangible property (physical - jewelry, tools, pictures, etc. with the exception of titled assets such as autos, RVs, etc. and do not include intangible or intellectual property, stocks, notes). You may also prepare your own form, but it must be in your own handwriting and not typed. If typed, you need two witnesses.

\_\_ Copy with Dale R. Thorson, P.C. Copy with 1st Financial Appointee

 \_ Copy with

1. Other Important Matters or Information – Use additional sheets if necessary.
	1. Username and Password information

BE SURE to have a plan on who has access to this document and your usernames/PW.