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LISTING OF ASSETS AND DEBTS - IMPORTANT PERSONAL INFORMATION  
(may be referred to as SCHEDULE "A")

NAME(S) : \_\_\_\_\_

NAME OF TRUST: \_\_\_\_\_

DATE FIRST PREPARED: \_\_\_\_\_ DATES UPDATED: \_\_\_\_\_

- NOTES:
1. PLEASE USE A PENCIL SO ANY CHANGES CAN BE MORE EASILY MADE.
  2. BE SURE TO FILL OUT COMPLETELY - APPLICABLE NAMES/FINANCIAL ENTITIES, ACCOUNT OR POLICY NUMBERS, ADDRESSES, PHONE/FAX NUMBERS, CONTACT PERSON'S NAME.
  3. TOO MUCH INFORMATION IS BETTER THAN NOT ENOUGH.
  4. WE SUGGEST THAT YOU DO NOT INDICATE ACCOUNT BALANCES OR VALUES ON THIS FORM SINCE THIS INFORMATION WILL CHANGE AND YOU SHOULD CONSIDER KEEPING SUCH INFORMATION IS CONFIDENTIAL.
  5. IF NOT ENOUGH ROOM IN THE SPACE PROVIDED, USE ADDITIONAL SHEETS.

DECLARATION: THIS LISTING IS NOT A LEGAL DOCUMENT, BUT ONLY AN ATTEMPT TO LIST FINANCIAL INFORMATION FOR MY LEGAL REPRESENTATIVE(S). SINCE YOU ARE NOT REQUIRED TO RETITLE ALL OF YOUR ASSETS AND, IF FACT, YOU SHOULD NOT RETITLE CERTAIN ASSETS OR FUND EVERY ASSETS INTO A LIVING TRUST, PLEASE INDICATE OWNERSHIP FOR EACH ENTRY.

IDENTIFICATION OF PROPERTY.

A. Personal Property Items A detailed personal property list is optional. However, if a Living Trust is being established, this instrument shall effectively transfer and assign all personal property whatsoever and wherever situated.

Optional: If you choose to identify certain personal property to be distributed to designated beneficiaries, you will need to use our form or a separate sheet for this purpose. This form is known as a "written list of personal property items", which must be signed and dated. Our form requires initials by each item. This form should be attached to your Last Will and Testament or Living Trust with a copy to our office our file.

Hand Written List - Distribution to Beneficiaries

- Yes, I/We have prepared a "hand written listing" and it is attached to my/our  
 Last Will and Testament,  Living Trust  Other \_\_\_\_\_  
 My/our attorney has a copy in his file.  
 No, I/We have not prepared any separate listing.

B. All automobiles, recreational vehicles and mobile homes.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN</u>	<u>Owner(s)</u>	<u>Form of Ownership</u>
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C. BANK ACCOUNTS, SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, STOCKS, BONDS, ANNUITIES, RECEIVABLES AND OTHER SECURITIES.

Cash Accounts, Savings Accounts & Certificates of Deposits

<u>Institution Name</u>	<u>Address and Phone Number</u>	<u>Type of Account</u>	<u>Account #</u>	<u>Signers</u>	<u>POD-Benf</u>	<u>Owner</u>
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Investment or Brokerage Accounts

<u>Company</u>	<u>Agent</u>	<u>Address and Phone Number</u>	<u>Type of Investment</u>	<u>Account #</u>	<u>TOD-Benef</u>	<u>Owner</u>
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Stocks - Individually Held

<u>Company</u>	<u>Address and Phone Number</u>	<u>Number of Shares</u>	<u>Certificate #</u>	<u>Owner</u>
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Bonds - Individually Held (For Savings Bonds - you may need to use separate sheet)

<u>Name of Company</u>	<u>Address and Phone Number</u>	<u>Type - Description</u>	<u>Certificate #</u>	<u>Owner</u>
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Mutual Funds - Individually Held

<u>Name of Company</u>	<u>Address and Phone Number</u>	<u>Number of Shares</u>	<u>Certificate #</u>	<u>Owner</u>
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Partnership Investments

<u>Name of Company</u>	<u>Address and Phone Number</u>	<u>Type - Description</u>	<u>Certificate #</u>	<u>Owner</u>
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Limited Partnership Investments

<u>Name of Company</u>	<u>Address and Phone Number</u>	<u>Type - Description</u>	<u>Certificate #</u>	<u>Owner</u>
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Notes Receivable

<u>Date</u>	<u>Name &amp; Address Payor</u>	<u>Payee</u>	<u>Original Amount</u>	<u>Payment: Amount</u>	<u>Frequency</u>	<u>Due</u>	<u>Security</u>
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D. Life insurance policies & annuities, whether owned singularly or jointly. Please note "measuring or insured life ("ML") or "owner". Type - Life - term, Life - whole life, Life - universal, Life - \_\_\_\_\_, Annuity, etc.

<u>Name and Address Company</u>	<u>Type</u>	<u>Policy Information Number</u>	<u>Face Amt</u>	<u>Beneficiaries Primary</u>	<u>Contingent</u>	<u>Name Agent Address Phone #</u>
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Policy Date: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Premiums - Frequency: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Cost Basis or Initial Contribution: \$ \_\_\_\_\_

Measuring Life - Insured: \_\_\_\_\_  
 Source of Payment: \_\_\_\_\_

(Life insurance policies & annuities - CON'T)

Name and Address	Type	Policy Information	Beneficiaries	Name Agent
<u>Company</u>		<u>Number</u> <u>Face Amt</u>	<u>Primary</u> <u>Contingent</u>	<u>Address</u> <u>Phone #</u>

Policy Date:                    Owner:  
Premiums - Frequency:                    Amount: \$ \_\_\_\_\_                    Measuring Life - Insured:  
Cost Basis or Initial Contribution: \$ \_\_\_\_\_                    Source of Payment:

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Name and Address	Type	Policy Information	Beneficiaries	Name Agent
<u>Company</u>		<u>Number</u> <u>Face Amt</u>	<u>Primary</u> <u>Contingent</u>	<u>Address</u> <u>Phone #</u>

Policy Date:                    Owner:  
Premiums - Frequency:                    Amount: \$ \_\_\_\_\_                    Measuring Life - Insured:  
Cost Basis or Initial Contribution: \$ \_\_\_\_\_                    Source of Payment:

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Name and Address	Type	Policy Information	Beneficiaries	Name Agent
<u>Company</u>		<u>Number</u> <u>Face Amt</u>	<u>Primary</u> <u>Contingent</u>	<u>Address</u> <u>Phone #</u>

Policy Date:                    Owner:  
Premiums - Frequency:                    Amount: \$ \_\_\_\_\_                    Measuring Life - Insured:  
Cost Basis or Initial Contribution: \$ \_\_\_\_\_                    Source of Payment:

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\_\_\_ See additional sheets attached.

E. Real Property - Attach copies of deeds which show full legal descriptions.

<u>Residential</u>		Assessor's	Owner's	Form of
<u>Street Address</u>	<u>County, State</u>	<u>Parcel #</u>	<u>Name(s)</u>	<u>Ownership</u>

\_\_\_ Yes, there is a mortgage or other loan on this property.

<u>Investment</u>		Assessor's	Owner's	Form of
<u>Street Address</u>	<u>County, State</u>	<u>Parcel #</u>	<u>Name(s)</u>	<u>Ownership</u>

\_\_\_ Yes, there is a mortgage or other loan on this property - see debts.

\_\_\_ Yes, there is a mortgage or other loan on this property - see debts.

F. Pension or Retirement Accounts & Individual Retirement Accounts (IRAs):

Trustee		Acct	Beneficiaries		AfterTax
<u>Name, Address</u>	<u>Type</u>	<u>Number</u>	<u>Primary</u>	<u>Contingent</u>	<u>Contrib</u>
<u>and Phone #</u>					<u>Basis</u>

Social Security

	<u>Monthly Amount</u>	<u>Direct Deposit Financial Institution</u>	<u>Account #</u>
Man	\$		
Woman	\$		

Other Direct Deposits - Including IRAs, Pensions, Investments, etc.

<u>Type or Description</u>	<u>Finance Institution Address and Phone Number</u>	<u>Account #</u>	<u>Frequency</u>	<u>Amount</u>
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G. Listing of Debts

<u>Description</u>	<u>Payee</u>	<u>Account #</u>	<u>Approx. Balance</u>	<u>Mailing Address &amp; Phone #</u>	<u>Contact Signers</u>
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Real Estate Loans  
- Primary Residence

Other Real Estate Loans

Line(s) of Credit

Vehicle Loans

Credit Cards - Prepare Separate List \_\_\_ Yes, prepared and attached.

Loans from Third Parties - Judgments - Other Liens

<u>Description</u>	<u>Payee</u>	<u>Account #</u>	<u>Balance</u>	<u>Address &amp; Phone #</u>
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Other Liens

Automatic Withdrawals - "Sure Pay"

<u>Type or Description</u>	<u>Fin Instit Address and Phone Number</u>	<u>Account #</u>	<u>Frequency</u>	<u>Amount</u>
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H. Insurance Information:

<u>Homeowner's Insurance</u>			<u>Name of Agent, Address and Phone #</u>
<u>Name and Address of Company</u>	<u>Policy #</u>	<u>Type of Coverage</u>	

Policy Date:                      Premiums Payable:                      Premium Amount:

<u>Automobile Insurance</u>			<u>Name of Agent, Address and Phone #</u>
<u>Name and Address of Company</u>	<u>Policy #</u>	<u>Type of Coverage</u>	

Policy Date:                      Premiums Payable:                      Premium Amount:

<u>Medical Insurance, Supplemental Medical or Nursing Home Care Coverage</u>			<u>Name of Agent, Address and Phone #</u>
<u>Name and Address of Company</u>	<u>Policy #</u>	<u>Type of Coverage</u>	



Accidental Death or Other Insurance Coverage - Explain in detail below and include information on policy date, premiums payable, if any, premium amount. This section would include: trip insurance through credit cards, CUNA, etc.

<u>Name and Address of Company</u>	<u>Policy #</u>	<u>Type of Coverage</u>	<u>Name of Agent, Address and Phone Number</u>
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I. Safe Deposit Box(es)  
 Location - Name of Instit  
Address & Phone #  
Info

<u>Box#</u>	<u>Persons With Access</u>	<u>Persons With Keys</u>	<u>Other</u>
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J. Final Instructions - Arrangements - (See Section L. below for instructions)

- Yes, I/We have made left written instructions regarding my/our final wishes as to funeral or cremation matters.  
 Originals and Copies with \_\_\_\_\_
- Yes, I/We have made written arrangements with the following: \_\_\_\_\_
- No, I/We have not made formal arrangements, but we recommend:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Contact</u>	<u>Prepaid</u>
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K. Advisors - Contact, Firm Name, Addresses, Phone & Fax Numbers, etc.

Attorney: Law Office of Dale R. Thorson, P.C. - Dale R. Thorson, Atty, CPA  
31 S. 63rd Street, #2, Mesa, AZ 85206-1606  
(480) 641-3000 Fax (480) 807-1099

Accountant:

Other Professional Advisor(s):

Clergy:

Principal Physician (Very important if you have a "springing" type POA)

L. Special Instructions

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, \_\_\_\_\_

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We recommend that you keep your "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. 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.

Final Instructions You may consider filling out our "Final Instructions" worksheet or preparing your own form to specify your wishes for your family to follow. Do NOT place this form in your safe deposit box so that it may not be accessible.

M. Other Important Matters or Information: (Use other side if necessary)