

ACCOUNTING OF THE ASSETS OF _____ AS OF _____
 (principal) (date)
 For Period ___/___/___ to ___/___/___

Prepared by: _____
 (Circle: Agent or Principal)

(Note: Attach additional sheets as needed & any additional documentation for disposed assets)

FINANCIAL INFORMATION

Assets

Home Is this property still owned? Yes No

If applicable: Date of Transfer/Sale Listed Price:

*Attach Closing Statement Documents** Net Gains:

What did you receive:

Other real estate (address/location, type) Is this property still owned? Yes No

Date of Transfer/Sale Listed Price:

*Attach Closing Statement Documents** Net Gains:

What did you receive:

Other real estate (address/location, type) Is this property still owned? Yes No

Date of Transfer/Sale Listed Price:

*Attach Closing Statement Documents** Net Gains:

What did you receive:

Vehicles (Cars, Boats, RVs, etc.)

Make/Model/Year	Is this vehicle still owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Value:	Net Value (less any loan/s):
Lender:	If disposed of, Date & sales price:
Make/Model/Year	Is this vehicle still owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Value:	Net Value (less any loan/s):
Lender:	If disposed of, date & sale price:
Make/Model/Year	Is this vehicle still owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Value:	Net Value (less any loan/s):
Lender:	If disposed of, date & sale price:

Bank Accounts

Name of Bank	Type of Account
Current Balance:	Has this balance changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Attach Last 3 Months of Bank Statements*</i>	If so, by how much?
Name of Bank	Type of Account
Current Balance:	Has this balance changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Attach Last 3 Months of Bank Statements*</i>	If so, by how much?
Name of Bank	Type of Account
Current Balance:	Has this balance changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Attach Last 3 Months of Bank Statements*</i>	If so, by how much?

Has anything been removed from your safe deposit box? Yes No

If so, what was removed, by who, and when:

Life Insurance & Annuities

Name of Company	Policy Number
Policy Owner	Cash Surrender Value
	If surrendered, when:

Name of Company	Policy Number
Policy Owner	Cash Surrender Value
	If surrendered, when:

Name of Company	Policy Number
Policy Owner	Cash Surrender Value
	If surrendered, when:

Name of Company	Policy Number
Policy Owner	Cash Surrender Value
	If surrendered, when:

**Retirement Plans
(e.g., HR10, IRA's, 401K, and Other
Pension/Profit-Sharing Plans)**

Name of Company	Policy Number
Policy Owner	Balance
If Cashed Out date and value at time of withdrawal:	

Retirement Plans – Cont.

Name of Company	Policy Number
Policy Owner	Balance
If Cashed Out date and value at time of withdrawal:	

**Investment Accounts & Digital Property
(Stocks & Bonds)**

Name of Company	Policy Number
Policy Owner	Value
Transfer or Cash Out Date (if applicable)	
Name of Company	Policy Number
Policy Owner	Value
Transfer or Cash Out Date (if applicable)	

**Any Other Assets?
(Including Personal Property)**

Please provide type of asset	Is this asset still owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
If transferred, to whom:	If transferred, why and when:
Please provide type of asset	Is this asset still owned? <input type="checkbox"/> Yes <input type="checkbox"/> No
If transferred, to whom:	If transferred, why and when:

Have any significant gifts or inheritances been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, indicate what value or what property was received and when.	

Do you anticipate any substantial gifts or inheritance? Yes No

If so, from whom and in what amount.

Personal Representative (aka Executor)

Who is principal's primary personal representative?

Has the executor been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Does the principal have a secondary personal representative?

Has the principal's executor been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Guardian

Who is principal's primary guardian?

Has the guardian been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Does principal have a secondary guardian?

Has secondary guardian been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Trustee (if applicable)

Who principal's named trustee?

Has the trustee been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Anyone else named as trustee?

Has alternate or co-trustee been changed?
Yes No

Name

If so, when, and why?

Address

Telephone No.

Durable Power of Attorney (Financial)

Current agent?

Has the agent been changed in the last 12 months?
 Yes No

Name

If so, when, and why?

Address

Telephone No.

Anyone else named as agent?

Has this agent been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Health Care Power of Attorney

Who is the principal's health care agent?

Has the agent been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Anyone else named as principal's health care agent?

Has the agent been changed? Yes No

Name

If so, when, and why?

Address

Telephone No.

Are there any prior powers of attorney documents?

Yes No

If so, please provide a copy.

Printed name of Principal

Printed name of Agent, under FPOA

Signature of Principal

Signature of Agent

Date: _____

Date: _____

Attach additional sheets as needed. Attach statement for each account as of date of accounting.