

_____’s

Asset Book

Complete and submit this asset book by: _____

Please note that the above date is not for an in-office appointment

IMPORTANT REMINDER

Please remember to bring your **valid (not expired) government issued photo identification** with you to your review and signing appointment.

If your photo identification is not valid, please inform our office as soon as possible so that we may advise you as to the alternative methods of establishing your identity for notary purposes.

Your meeting will be with: _____
to review and sign your _____
estate planning documents on: _____

LITHERLAND, KENNEDY & ASSOCIATES, APC
ATTORNEYS AT LAW
3425 S. Bascom Avenue, Suite 240
Campbell, California 95008
(408) 356-9200 · (831) 476-2400
Fax: (408) 356-8901
Website: www.attorneyoffice.com
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REAL PROPERTY INTERESTS

Please list all interests that you own directly in real property. This includes your home(s), any investment properties (e.g. rental properties), and land.

For each listed property please provide:

- a copy of your **most recent property tax bill**
- a clear copy of the **most recent recorded Grant Deed** or equivalent deed (i.e. Quit Claim, Corporate, Inter-spousal, Gift)
 - ❖ CAUTION: Deeds of Trust or Reconveyance are not acceptable!
- PLEASE NOTE: A key component of the deed is the legal description of the property. This may be either on the front page of the deed or attached as “Exhibit A” or “Exhibit One”. Please make sure that the deed you are submitting includes the legal description.

If you cannot locate the deed(s), please contact our office. We can usually obtain copies of the required deed(s), a modest search fee may apply.

(For any Real Property interests owned inside a formal partnership, simply list the Partnership above under the Partnership & Business Interests section).

PROPERTY ADDRESS	HOW OWNED¹	LOAN AMT.	APPROX. VALUE
1. _____ _____	_____	\$ _____	\$ _____
2. _____ _____	_____	\$ _____	\$ _____
3. _____ _____	_____	\$ _____	\$ _____
4. _____ _____	_____	\$ _____	\$ _____
5. _____ _____	_____	\$ _____	\$ _____
6. _____ _____	_____	\$ _____	\$ _____
7. _____ _____	_____	\$ _____	\$ _____

¹ Examples of how owned: In Trust, Jointly, Separate Property of either Spouse

If you have any questions please call us at (408) 356-9200.
If additional space is needed, please use an attachment.

CASH ACCOUNTS

Please complete the information on these sheets.

- PLEASE DO NOT submit copies of your account statements as a substitute for completing this form.
- Please provide an approximate monthly balance/value.
- Balances/values are optional but recommended.

FINANCIAL INSTITUTION	ACCOUNT NUMBER (Partial account number is OK)	APPROX. BALANCE
CHECKING ACCOUNTS²:		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
SAVINGS ACCOUNTS:		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
MONEY MARKET ACCOUNTS:		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
CERTIFICATES OF DEPOSIT:		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

² Please do not list accounts that you hold with children, parents, or in a business account.

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BROKERAGE ACCOUNTS:

Please list all accounts held with brokerage firms, these accounts may hold stocks, bonds, mutual funds, money market accounts or CDs for you.

- PLEASE DO NOT list Retirement Accounts here, e.g. IRAs, 401Ks, etc.

BROKERAGE FIRM:	ACCOUNT NUMBER (Partial account number is OK)	BALANCE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

PAPER STOCKS CERTIFICATES:

Please list all stock in publicly-traded corporations (NYSE, AMEX, NASDAQ) that you hold DIRECTLY, i.e. NOT through a brokerage or retirement account. Stock in family or non-publicly-traded companies should be listed in the Business Interests section.

STOCK NAME:	NUMBER OF SHARES:	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

STOCK OPTIONS/RESTRICTED STOCK UNITS:

Please summarize the approximate Current Value of any Stock Options or Restricted Stock Units that either of you hold (vested or not).

- You should also ascertain whether these may be assigned to the Trust (most cannot).

COMPANY NAME:	NUMBER OF OPTIONS:	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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U.S. SAVINGS BONDS:

Please list a SUMMARY of any U.S. Savings Bonds you own. We do not need the exact details

TYPE OF BOND:	NUMBER OF BONDS:	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

U.S. TREASURY DIRECT:

ACCOUNT NAME:	ACCOUNT NUMBER	VALUE
_____	_____	\$ _____
_____	_____	\$ _____

MUTUAL FUNDS:

Please list all Mutual Funds that you hold DIRECTLY, i.e. NOT through a brokerage or retirement account.

FUND NAME:	ACCOUNT NUMBER	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

CORPORATE AND MUNICIPAL BONDS:

Please list all Bonds that you hold DIRECTLY, i.e. NOT through a brokerage or retirement account.

BOND NAME:	ACCOUNT NUMBER	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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LIFE INSURANCE

LIFE INSURANCE:

PARTNER A: Number of Life Insurance Policies: _____

FACE AMOUNT: \$ _____

CASH VALUE: \$ _____

PARTNER B: Number of Life Insurance Policies: _____

FACE AMOUNT: \$ _____

CASH VALUE: \$ _____

RETIREMENT PLANS

INDIVIDUAL RETIREMENT ACCOUNTS (IRAS):

PARTNER A: Number of IRAs: _____

VALUE: \$ _____

PARTNER B: Number of IRAs: _____

VALUE: \$ _____

QUALIFIED PLANS (401K, KEOGH, 403B, 457):

PARTNER A: Number of Qualified Plans: _____

VALUE: \$ _____

PARTNER B: Number of Qualified Plans: _____

VALUE: \$ _____

PENSIONS

PARTNER A: Number of Pensions: _____

MONTHLY VALUE: \$ _____

PARTNER B: Number of Pensions: _____

MONTHLY VALUE: \$ _____

ANNUITIES:

PARTNER A: Number of Annuities: _____

VALUE: \$ _____

PARTNER B: Number of Annuities: _____

VALUE: \$ _____

It may be useful for us to contact your accountant, financial advisor, or life insurance agent to assist in preparing your estate plan. If you authorize us to contact any of these people, please complete the information below:

Accountant: Name: _____ Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip Code _____

Financial Advisor: Name: _____ Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip Code _____

Life Insurance Agent: Name: _____ Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip Code _____

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SAFE DEPOSIT BOX

BANK NAME

BANK ADDRESS

Box #

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

MISCELLANEOUS ASSETS

PERSONAL PROPERTY:

Please list all valuable art, antiques, jewelry, furniture, collections or other personal items with an individual value exceeding \$5,000. Please do **NOT** list Cars, Boats, Airplanes and Vehicles here.

PROPERTY DESCRIPTION

APPROX. VALUE

<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

TRANSFERABLE MEMBERSHIPS:

Please list all memberships that have monetary value and permit your interest to be transferred.

DESCRIPTION:

VALUE

<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>

BURIAL PLOTS:

Please list all burial plots or contracts with cemeteries for burial.

NAME AND ADDRESS OF BURIAL PLOT LOCATION ADDRESS

VALUE

<hr/>	\$ <hr/>
<hr/>	
<hr/>	\$ <hr/>
<hr/>	

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BUSINESS INTERESTS

- Please indicate if any of these are Licensed Professions (LP).

GENERAL PARTNERSHIPS:

PARTNERSHIP NAME	GENERAL PARTNER	LICENSED PROFESSION	VALUE
_____	%	_____	\$ _____
_____	%	_____	\$ _____

LIMITED PARTNERSHIPS:

PARTNERSHIP NAME	GENERAL PARTNER	LIMITED PARTNER	LICENSED PROFESSION	VALUE
_____	%	%	_____	\$ _____
_____	%	%	_____	\$ _____

LIMITED LIABILITY COMPANIES & LLPS:

COMPANY NAME	ARE YOU A MANAGER?	OWNERSHIP	LICENSED PROFESSION	VALUE
_____	_____	%	_____	\$ _____
_____	_____	%	_____	\$ _____

CORPORATE BUSINESS INTERESTS:

If there is a Buy/Sell Agreement, please provide our office with a copy.

COMPANY NAME	NUMBER OF SHARES	OWNERSHIP	BUY/SELL AGREEMENT	VALUE
_____	_____	%	_____	\$ _____
_____	_____	%	_____	\$ _____

SOLE PROPRIETORSHIPS:

BUSINESS NAME	DESCRIPTION OF BUSINESS	VALUE
_____	_____	\$ _____
_____	_____	\$ _____

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OTHER ASSETS

OIL, GAS AND MINERAL Rights:

DESCRIPTION, AND OIL/GAS LESSEE NAME	DEEDED INTEREST?	VALUE
_____	_____	\$ _____

TIME SHARES (MEMBERSHIP & DEEDED):

PROPERTY NAME AND ADDRESS	DEVELOPMENT OWNER	DEEDED INTEREST?	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

REAL PROPERTY LEASES (EXCEEDING ONE YEAR):

Please list all real estate leases in which you are the Lessor (landlord) or Lessee (tenant)

PROPERTY ADDRESS OR DESCRIPTION	NAME OF LESSEE/LESSOR	ANNUAL RENTS
_____	_____	\$ _____

NOTES RECEIVABLE:

Please list all Notes Receivable (where money is owed to you), and which are not secured.

NAME OF DEBTOR(S)	DATE OF NOTE	BALANCE OWED
_____	_____	\$ _____

MORTGAGES AND DEEDS OF TRUST:

Please list all Mortgages and Deeds of Trust (where money is owed to you), and are secured against Real Estate

NAME OF DEBTOR(S)	DATE OF NOTE	BALANCE OWED
_____	_____	\$ _____

INTELLECTUAL PROPERTY:

Please list all registered copyright, trademark, patent and royalty interests³.

BRIEF DESCRIPTION	TYPE ⁴	CERTIFICATE NUMBER ⁵	CERTIFICATE DATE
_____	_____	_____	_____

³ If you have licensed or assigned any rights to your intellectual properties, please inform the attorney.

⁴ Registered Copyright (C), Registered Trademark (T), Registered Patent (P), or Royalty Agreement (R).

⁵ No Certificate number is required for a Royalty Agreement.

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PENDING INHERITANCE:

Please indicate if you expect to acquire assets from a Pending Inheritance (from a person already deceased) or hold a power of appointment granted by someone's trust or otherwise.

NAME OF DECEASED ESTATE	TRUST, PROBATE, OTHER?	VALUE
_____	_____	\$ _____

LAWSUIT JUDGMENTS:

Please list all judgments where you have been awarded money damages in a court proceeding.

CASE NUMBER	COURT	JUDGMENT DEBTOR	JUDGMENT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ASSETS WITH REGISTERED TITLE

ASSETS WITH REGISTERED TITLE:

Please list all Assets with Registered Title.

- **Please do not list your personal automobiles, unless the cumulative value of exceeds \$166,250.**

DESCRIPTION (YEAR, MAKE AND MODEL)	TYPE ⁶	VALUE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

⁶ Vehicle (V), Pleasure Boat registered with State Department of Motor Vehicles (PB), Large Vessel registered with Coast Guard (LV), Aircraft (AC), Mobile Home registered with State Department of Motor Vehicles (MHS), or Mobile Home registered with HUD (MHH), Registered Farm Equipment/Implements (FE).

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Seminar Invitation Request Form

If you believe that you are better off having addressed the important issue of estate planning in your life, please help your friends find us by providing their names and addresses. Don't worry, we will not bother them. We will simply send them a personal invitation to one of our free estate planning seminars. Or, if you have a group that would be interested in having a speaker on Estate Planning, please include the name of the group. We can include your name when sending this invitation, but if you would rather us not, please check the box to send anonymously.

Please send anonymously

Name: _____

Address: _____
(If you don't have it, put what you know)

Name: _____

Address: _____
(If you don't have it, put what you know)

Name: _____

Address: _____
(If you don't have it, put what you know)

Organization Name: _____

Program Coordinator Name (if known): _____

Program Coordinator Phone Number (if known): _____

Address: _____
(If you don't have it all, put what you know)

We appreciate your help in growing our business and providing a service to those who are in need of help. Our mission statement is to help people to be good stewards of all that has been entrusted to them.

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