|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSONAL ASSETS WORKSHEET** | | | | | |
| (Note: Guard this securely if you include data like social security and account numbers or leave those sections blank.) | | | | | |
| Bank Accounts (checking, savings, money market, etc.) | | | | | |
| Institution Name: | Phone Number: | | Type of Account: | Balance | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| Retirement Accounts (401k, 403b, TSP, IRA, etc.) | | | | | |
| Institution Name: | Phone Number: | | Type of Account: | Balance | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| Healthcare Savings Accounts | | | | | |
| Institution Name: | Phone Number: | | Type of Account: | Account Number: | |
|  |  | |  |  | |
|  |  | |  |  | |
| Educational Accounts | | | | | |
| Institution Name: | Phone Number: | | Type of Account: | Account Number: | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| Investment Accounts (Stocks, bonds, mutual funds, etc.) | | | | | |
| Institution Name: | Phone Number: | | Type of Account: | Balance | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| Tangible Property (real estate, automobiles, collectibles, etc.) | | | | | |
| Location | Type of Asset | |  | Market value | |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
| Insurance | | | | | |
| Insurer: | Phone Number: | | Type of Insurance: | Account Number: | |
|  |  | | Life |  | |
|  |  | | Homeowners/Renters |  | |
|  |  | | Liability |  | |
|  |  | | Disability |  | |
|  |  | | Long Term Care |  | |
| Estate Planning Documents | | | | | |
| Document: | | Location: | | | Date: |
| Will or Living Trust: | |  | | |  |
| Financial Power of Attorney: | |  | | |  |
| Living Will: | |  | | |  |
| Health Care Power of Attorney: | |  | | |  |