

# FINANCIAL STATEMENT

Please provide a recent financial statement or use the space that follows. Please write down your account numbers and the addresses of your financial institutions. Attach additional pages if needed.

Date Financial Statement Completed: \_\_\_\_\_

## Cash and Cash Equivalents:

## FAIR MARKET VALUE

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

## Safe Deposit Box

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Box Number: \_\_\_\_\_

**Readily Marketable Securities** (mutual funds, stocks, bonds and options regularly traded on a national or foreign exchange, over-the-counter, or otherwise, for which quotations can readily be obtained from established firms):

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

**Non-Readily Marketable Securities** (stocks, bonds and options not regularly traded on a national or foreign exchange, over the counter, or otherwise, interests in general and limited partnerships and limited liability companies, sole proprietorships, promissory notes, royalties, individually owned business or investment assets):

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

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**Real Estate** (address and assessor's parcel number):

**FAIR MARKET VALUE**

Address: \_\_\_\_\_ \$ \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Address: \_\_\_\_\_ \$ \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

**Interests in Employee Benefit Plans and Annuity Policies** (interests in pension, retirement benefit, death benefit, stock bonus, stock option, profit-sharing, savings, thrift, deferred compensation, and similar plans maintained for the benefit of employees (including plans maintained for the benefit of self-employed individuals and individual retirement accounts and annuities), plus privately purchased annuity policies.)

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

Name of Institution: \_\_\_\_\_ \$ \_\_\_\_\_

Address: \_\_\_\_\_

Account Number (s): \_\_\_\_\_

**Personal Property** (cars, boat, artwork, jewelry or collections that are normally listed separately or under a personal rider to your homeowners' or tenants' insurance policy, plus club memberships):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Other Assets:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Homeowner's Insurance:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Life Insurance:**

Policy 1: Owner of policy: \_\_\_\_\_ Policy No: \_\_\_\_\_

Name of person whose life is insured: \_\_\_\_\_

Company Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_ Loans: \$ \_\_\_\_\_

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Policy 2: Owner of policy: \_\_\_\_\_ Policy No: \_\_\_\_\_

Name of person whose life is insured: \_\_\_\_\_

Company Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_ Loans: \$ \_\_\_\_\_

Policy 3: Owner of policy: \_\_\_\_\_ Policy No: \_\_\_\_\_

Name of person whose life is insured: \_\_\_\_\_

Company Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_ Loans: \$ \_\_\_\_\_

## Liabilities:

## Balance

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

## Financial Advisor(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

After careful consideration of all property/assets in and out of the state of California, \_\_\_\_\_  
\_\_\_\_\_ declare(s) that the above schedule of assets listed on Page 1, Page  
2, Page 3 and any additional pages attached to this Financial Statement reflects the complete list of all my  
(our) property/assets, real and contingent, and that the above schedule describes all property/assets in which  
I (we) have an interest or a potential interest. The above list is a full and complete disclosure of all my (our)  
assets. I (We) understand the negative consequences of failing to include property/assets in the above list.

(We) understand that it is my (our) responsibility to change the title of all future assets which I (we) would  
like to be included in the trust, to make them formally assets of the trust. I (We) understand the negative  
consequences of failing to so change the title of property/assets acquired in the future.

Date: \_\_\_\_\_

Signature (s): \_\_\_\_\_

\_\_\_\_\_