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Financial Inventory

Client Name:	DOB:	US Citizen:	Y	N
Spouse Name:	DOB:	US Citizen:	Y	N
Address:		City:		
State:	Zip:			
Home Phone:		E-mail:		
Client Cell Phone:		Spouse Cell Phone:		

Family Data

Children:		
1:	DOB:	
2:	DOB:	
3:	DOB:	
4:	DOB:	
Grandchildren:		
Do you have any family members that are financially dependent upon you or could be in the future? (i.e., parents, grandparents, adult children, etc.)		
No	Yes:	
Name	Age	Relationship

Employment Information

Employer	Job Title
Spouse's Employer	Job Title
Are you retired?	Yes
	Date Retired:
	No
	Planned Retirement Date:

Salary/Bonus

Client Annual \$	Spouse Annual \$
Client Bonus \$	Spouse Bonus \$

Property			
Real Estate:	Residence -	Owner	
Current Value	\$	Total Debt Against Property: \$	
Real Estate:	Investment Property -	Owner	Rental Income:\$
Current Value:	\$	Total Debt Against Property: \$	
Real Estate:	Investment Property -	Owner	Rental Income:\$
Current Value:	\$	Total Debt Against Property:\$	

Investments [Brokerage Accounts, Stocks, Annuities, Stock Options]					
Type	Institution Name	Current Value	Cost Basis	Owner	Maturity Date (if applicable)

Retirement [401(k), 403(b), Pension, IRA, Roth IRA]					
Type	Institution Name	Current Value	Owner	Employee Contribution	Employer Contribution

Business Assets		
Type:	Ownership Interest:	Current Value: \$
Notes:		

Liabilities [Mortgage, Auto Loan, Student Loan, Home Equity, Other]					
	Institution Name	Current Balance	Interest Rate	Loan Term	Owner
Mortgage 1					
Mortgage 2					
HELOC					
Loan 1					
Loan 2					
Credit Card 1					
Credit Card 2					
Other					
Other					
Other					

Insurance							
	Institution Name	Purchase Date	Policy type	Insured	annual premium	Death Benefit	Cash Value
Life 1							
Life 2							
Life 3							
LTC							
Other							

Advisors	Name	Company
Attorney		
Accountant		
Financial Advisor		
Insurance Agent		
Banker		
Other		