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Wills & Trusts
Special Needs Trusts
LLCs
Nonprofit Corporations
Business Law

ASSET LIST

Date of this Asset List: _____

INFORMATION NEEDED TO DESIGN YOUR ESTATE PLAN

Before we can design an estate plan that satisfies your goals we must know what the types of assets that you own and their value. If you are married, we need the same information about your spouse's assets.

This Asset List has two purposes:

- To help you collect the information we need to design your trust and ancillary documents.
- To be used as an asset inventory for your family after you sign your trust. This Asset List helps us work with you to make sure that you retitle your assets so that they are: (i) owned by your trust, or (ii) titled in such a way that assets that remain in your name will automatically be transferred to the trust on your death or if you are married, on the death of the second spouse.

If you have any questions about this Asset List, please contact KEYTLaw estate planning attorney Richard C. Keyt at 480-664-7472 (rck@keytlaw.com) or his father Richard Keyt at 480-664-7478 (rk@keytlaw.com).

The information that you supply on this form will be kept confidential by KEYTLaw and its attorneys. No information contained in this Asset List will be given to any person without your prior permission.

To learn more about Wills, Trusts and estate planning, go to our website at www.keytlaw.com/ep.

Instructions

Complete as much of this Asset List as you can. We are asking for asset information for you and if you are married, your spouse. After you finish, make a copy and send it to Richard Keyt, 7373 E. Doubletree Ranch Road, Suite 165, Scottsdale, AZ 85258. You can scan and email it to Richard at rickkeyt@keytlaw.com or fax it to Richard at 602-297-6890.

1. YOUR INFORMATION

First Name Middle Name Last Name Suffix

Mailing Address: City, State Zip Code

Email address

Phone Number

2. CASH / BANK / INVESTMENT ACCOUNTS

List all of your cash and bank accounts. If you are listed as Co-Owner on any accounts owned by someone else, please indicate Co-Owner. Indicate the type of account using the following abbreviations:

CA = Checking Account
SD = Safety Deposit Box
CM = Cash Management

SA = Savings Accounts
MM = Money Market
OA = Other Acct

CD = Certificates of Deposits
IA = Investment Acct

1. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

2. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

3. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

4. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

5. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

6. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

7. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

8. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

9. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

If any of the accounts listed above has been pledged as security for a loan, insert the item number below:

3. IRA / 401(k) / PENSION / RETIREMENT PLAN INFORMATION

List all of your IRAs, 401(k)s, pension plans & retirement plans. Indicate the type of account using one of the following abbreviations:

PS = Profit Sharing
IRAT = IRA traditional

HR 10
IRAR = IRA Roth

SEP 401(k)
PP = Pension Plan

401(k) Roth

10. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

11. Name of Institution: _____ Type: _____
Address: _____ Phone #: _____
Account #: _____ Amount: \$ _____
Account Owners: _____
Primary Beneficiary: _____
Alternate Beneficiary: _____

12. Name of Institution: _____ Type: _____
Address: _____ Phone #: _____
Account #: _____ Amount: \$ _____
Account Owners: _____
Primary Beneficiary: _____
Alternate Beneficiary: _____

13. Name of Institution: _____ Type: _____
Address: _____ Phone #: _____
Account #: _____ Amount: \$ _____
Account Owners: _____
Primary Beneficiary: _____
Alternate Beneficiary: _____

14. Name of Institution: _____ Type: _____
Address: _____ Phone #: _____
Account #: _____ Amount: \$ _____
Account Owners: _____
Primary Beneficiary: _____
Alternate Beneficiary: _____

15. Name of Institution: _____ Type: _____
Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

16. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

17. Name of Institution: _____ Type: _____

Address: _____ Phone #: _____

Account #: _____ Amount: \$ _____

Account Owners: _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

If you are receiving distributions from any of the above accounts, indicate the item number of the account below.

4. VALUABLE PERSONAL PROPERTY

Please list all personal property that has a value of more than \$5,000. Personal property includes jewelry, collections, equipment, computers, flat screen TVs, motor vehicles, airplanes, boats, trailers, ATV's and all other non-business personal property:

	Item	Owner(s)	Value
18.	_____	_____	\$ _____
19.	_____	_____	\$ _____
20.	_____	_____	\$ _____
21.	_____	_____	\$ _____

22. _____ \$ _____
 23. _____ \$ _____
 24. _____ \$ _____
 25. _____ \$ _____

5. ANNUITIES

List all of your annuities.

26. Name of Institution: _____
 Address: _____ Phone #: _____
 Account/Contract #: _____ Value: \$ _____
 Annuitant: _____ Agent: _____
 Contract Owners: _____
 Primary Beneficiary: _____
 Alternate Beneficiary: _____

27. Name of Institution: _____
 Address: _____ Phone #: _____
 Account/Contract #: _____ Value: \$ _____
 Annuitant: _____ Agent: _____
 Contract Owners: _____
 Primary Beneficiary: _____
 Alternate Beneficiary: _____

28. Name of Institution: _____
 Address: _____ Phone #: _____
 Account/Contract #: _____ Value: \$ _____
 Annuitant: _____ Agent: _____
 Contract Owners: _____
 Primary Beneficiary: _____

Alternate Beneficiary: _____

29. Name of Institution: _____

Address: _____ Phone #: _____

Account/Contract #: _____ Value: \$ _____

Annuitant: _____ Agent: _____

Contract Owners: _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

30. Name of Institution: _____

Address: _____ Phone #: _____

Account/Contract #: _____ Value: \$ _____

Annuitant: _____ Agent: _____

Contract Owners: _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

6. LIFE INSURANCE POLICIES

List all life insurance policies. If a corporation or company owns the policy or pays the premium write "Company."

Indicate the type of policy using one of the following abbreviations:

T = Term	W = Whole Live	V = Variable	U = Universal Life	S = Split Dollar
G = Group	D = Disability	2 = 2 nd to Die	L = Long Term Care	

31. Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

Insured: _____ Type: _____

Owner: _____ Agent: _____

Death Benefit: \$ _____ Cash Value: \$ _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

32. Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

Insured: _____ Type: _____

Owner: _____ Agent: _____

Death Benefit: \$ _____ Cash Value: \$ _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

33. Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

Insured: _____ Type: _____

Owner: _____ Agent: _____

Death Benefit: \$ _____ Cash Value: \$ _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

34. Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

Insured: _____ Type: _____

Owner: _____ Agent: _____

Death Benefit: \$ _____ Cash Value: \$ _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

35. Insurance Company: _____ Policy #: _____

Address: _____ Phone #: _____

Insured: _____ Type: _____

Owner: _____ Agent: _____

Death Benefit: \$ _____

Cash Value: \$ _____

Primary Beneficiary: _____

Alternate Beneficiary: _____

If any of the insurance policies is pledged as collateral for a loan indicate the item number of the policy below:

7. OTHER ASSETS

36. If you own any bonds, indicate the type of bond, owner(s) and amount below:

37. If any person, company, trust or other party owes you money indicate the name of debtor, date due, current balance and if the debtor signed a promissory note to evidence the debt.

38. If you own any stock in corporation that is not listed above, indicate the name of the corporation, number of shares owned, value of the shares and if you have a stock certificate for the stock.

39. Indicate below if you anticipate that you will receive any money in the future by inheritance, gifts, judgments or lawsuits. If so, describe the item.

40. If you own any oil, gas or mineral interests, describe the interests below including estimated value.

8. REAL ESTATE

List below all real estate in which you have an interest. Indicate the type of property by using the appropriate abbreviation below:

L = Raw land
H = Your home

C = Commercial
V = Vacation home

R = Residential
T = Time share

M = Multi-family homes

41.	Owner(s):	_____	Value:	\$ _____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$ _____
	2 nd Lender:	_____	Debt:	\$ _____
	Insured By:	_____	Amount:	\$ _____
42.	Owner(s):	_____	Value:	\$ _____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$ _____
	2 nd Lender:	_____	Debt:	\$ _____
	Insured By:	_____	Amount:	\$ _____
43.	Owner(s):	_____	Value:	\$ _____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$ _____
	2 nd Lender:	_____	Debt:	\$ _____
	Insured By:	_____	Amount:	\$ _____
44.	Owner(s):	_____	Value:	\$ _____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$ _____
	2 nd Lender:	_____	Debt:	\$ _____
	Insured By:	_____	Amount:	\$ _____
45.	Owner(s):	_____	Value:	\$ _____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$ _____
	2 nd Lender:	_____	Debt:	\$ _____
	Insured By:	_____	Amount:	\$ _____

46.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$_____
	2 nd Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____
47.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$_____
	2 nd Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____
48.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 st Lender:	_____	Debt:	\$_____
	2 nd Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____

9. CLOSELY HELD BUSINESSES

List all closely held limited liability companies, corporations, partnerships and sole proprietorships. Use the following abbreviations for the type of entity and method of federal income tax.

LLC = limited liability company SP = sole proprietorship G = general partnership C = corporation
 LP = limited partnership LLP = limited liability partnership LLLP = limited liability limited partnership

Tax Method: S = sole proprietorship P = partnership SC = S corporation CC = C corporation

49.	Name:	_____	Value:	\$_____
	Owner(s):	_____	Type:	_____
	Percentage Owned:	_____	Taxed as:	_____
	Operating Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Shareholders Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No Buy Sell Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Insured By:	_____	Amount:	\$_____

50. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

51. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

52. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

53. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

54. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

55. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

56. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

57. Name: _____ Value: \$_____

Owner(s): _____ Type: _____

Percentage Owned: _____ Taxed as: _____

Operating Agreement: Yes No Shareholders Agreement: Yes No Buy Sell Agreement: Yes No

Insured By: _____ Amount: \$_____

10. ESTIMATED NET WORTH

What is the estimated net value (total assets minus total liabilities) of your estate as of the date you prepare this Asset List? In making your estimate, each spouse owns: (i) the full net value of all of his or her separate property, plus (ii) 1/2 of the full net value of all community property.

Your net value: \$_____ Spouse/Companion's net value: \$_____

Your IRA/retirement plan value: \$_____ Spouse/Companion's IRA plan value: \$_____

11. ADDITIONAL INFORMATION

In the space below give us any additional information about your assets and liabilities that you think would help us to design your estate plan.

12. PRIVACY NOTICE

Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations Part 313, law firms that provide tax preparation and tax planning services to their clients are categorized as financial service providers and required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorney, Richard Keyt, KEYTLaw, L.L.C. and Richard C. Keyt, collect non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions, and other advisors. This information includes information that we receive from you (such as your name, address, income, assets, social security information, and other financial or household information); information about your relationship and past history with us and others (such as the types of legal services we provide to you, your invoice balances and payment history); and information that we receive, with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions and others. We do not disclose any non-public personal information about our clients or former clients to anyone except as permitted and/or required by law and the applicable rules of professional conduct, or as authorized by you. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with tax returns or tax planning. We restrict access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information. Obviously, we do not sell client information to anyone or disclose client information to marketing companies.

13. SIGNATURES

Submitting this Asset List to us does not obligate you to hire us. We will not prepare your estate plan and related documents unless you and the KEYTLaw, LLC, law firm sign an engagement agreement that states exactly the services our attorneys will provide and the legal fees you will pay.

Call to Schedule Your Free Initial Consultation

Please contact Richard Keyt's legal assistant at 480-664-7413 to schedule an appointment to meet with him or his attorney son Richard C. Keyt at 7373 E. Doubletree Ranch Road, Suite 165, Scottsdale, AZ 85258, to answer your questions and to design and plan your estate plan.

Your Signature

Signature of Spouse or Companion

Date Signed: _____