#### **LEWIS & PASSONS, P.C.**

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#### PERSONAL AND CONFIDENTIAL

#### **CLIENT INFORMATION WORKSHEET**

#### **ASSETS**

**CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS:** (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, etc.)

# **CASH** Money orders: **ACCOUNTS** Name of financial institution: Account title: Account number: Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_\_) Current account balance (as of ): \$ Name of financial institution: Account title: Account number: Type of account: (checking/savings/money market/CD/Other \_\_\_\_\_\_) Current account balance (as of \_\_\_\_\_): \$\_\_\_\_\_ Name of financial institution: Account title: Account number: Type of account: (checking/savings/money market/CD/Other ) Current account balance (as of \_\_\_\_\_): \$\_\_\_\_\_

Name of financial institution:	
Account title:	
Account number:	
Type of account: (checking/savings/money market/CD/Other	)
Current account balance (as of): \$	
Name of financial institution:	
Account title:	
Account number:	
Type of account: (checking/savings/money market/CD/Other	
Current account balance (as of): \$	
Name of financial institution:	
Account title:	
Account number:	
Type of account: (checking/savings/money market/CD/Other	
Current account balance (as of): \$	/
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REAL ESTATE:	
Street address:	
State/County of location.	
Legal description (if necessary, attach a copy to this worksheet):	
Current fair market value (as of): \$	
Name of mortgage company and account number, if any:	
Current balance of mortgage (as of): \$	
Other liens against property:	
Current net equity in property:\$	
Current net equity in property:\$	
Street address:	
State/County of location:	
Legal description (if necessary, attach a copy to this worksheet):	
Current fair market value (as of): \$	
Name of mortgage company and account number, if any:	
Current balance of mortgage (as of): \$	
Other liens against property:	

Current net equity in property:\$
Street address:
Street address: State/County of location:
Legal description (if necessary, attach a copy to this worksheet):
Current fair market value (as of ): \$
Current fair market value (as of): \$
Traine of mengage company and account named, many.
Current balance of mortgage (as of): \$
Other liens against property:
Current net equity in property:\$
MINERAL INTERESTS:
Name of mineral interest/lease/well:
Type of interest:
State/County of location:
Legal description (if necessary, attach a copy to this worksheet):
Name of producer/operator:
Name of producer/operator:
σιτετι value (as or). Ψ
Name of mineral interest/lease/well:
Type of interest:
State/County of location:
Legal description (if necessary, attach a copy to this worksheet):
Name of producer/operator:
Name of producer/operator:
/· +
Name of mineral interest/lease/well:
Type of interest:
State/County of location:
Legal description (if necessary, attach a copy to this worksheet):
Name of producer/operator:
radine of producer/operator.

Current value (as of): \$
Name of mineral interest/lease/well:
Type of interest:
Type of interest: State/County of location: Legal description (if necessary, attach a copy to this worksheet):
Legal description (if necessary attach a copy to this worksheet).
Name of any discourter and any
Name of producer/operator:  Current value (as of): \$
Current value (as of): \$
BROKERAGE /MUTUAL FUND ACCOUNTS:
Name of brokerage firm/mutual fund:
Name of account (and subaccounts if any):
Traine of account (and casaccounter any).
Account Title:
Account Title: Account number (and numbers of subaccounts if any):
Value (as of)\$
Name of brokerage firm/mutual fund:
Name of account (and subaccounts if any):
A Titl .
Account Title:  Account number (and numbers of subaccounts if any):
Account number (and numbers of subaccounts if any):
Value (as of)\$
Name of hardeness of franchistical franch
Name of brokerage firm/mutual fund:
Name of account (and subaccounts if any):
Account Title:
Account Title:  Account number (and numbers of subaccounts if any):
Value (as of)\$
Name of brokerage firm/mutual fund:
Name of account (and subaccounts if any):
A ( T d .
Account Title:
Value (as of)\$

Name of brokerage firm/mutual fund:	
Name of account (and subaccounts if any):	
Account Title:	
Account Title: Account number (and numbers of subaccounts if a	ny):
Value (as of)\$	
STOCKS, BONDS & OTHER SECURITIES:	(include securities not in a brokerage
account, mutual fund, or retirement fund)	(melade decanties het in a brekerage
Name of socurity:	
Name of security:	
Number of shares:	
Certificate numbers:	)
Certificate numbers:	
In possession of:  Name of exchange on which listed:	
Name of exchange on which listed:  Current market value (as of): \$	
j. y	
Name of security:	
Number of shares:	
Type: (common stock/preferred stock/bond/other_	
Certificate numbers:	
In possession of:	
Name of exchange on which listed:	
In possession of:  Name of exchange on which listed:  Current market value (as of): \$	
Name of security:	
Type: (common stock/preferred stock/bond/other _	
Certificate numbers:	
In possession of:	
Name of exchange on which listed:  Current market value (as of): \$	
Current market value (as of): \$	
Name of security:	
Type: (common stock/preferred stock/bond/other _	)
Certificate numbers:	
IN DOSSESSION OT:	
Name of exchange on which listed:  Current market value (as of): \$	
Current market value (as of): \$	
Name of security:	
Number of shares:	
rype: (common stock/preferred stock/bond/other_	
Certificate numbers:	

In possession of:		
Name of exchange on which listed:		
Current market value (as of): \$		
CLOSELY HELD BUSINESS INTERES practices, corporations, partnerships, lin ventures, and other nonpublicly traded bus	nited liability companies and part	•
Name of business:		
Address:		
Address:		
Percentage of ownership:		
Number of shares owned (if applicable):_		
Value (as of): \$		
Name of husiness:		
Name of business:		
Address: Type of business organization:		
Percentage of ownership:		
Percentage of ownership:  Number of shares owned (if applicable):		
Value (as of): \$		
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Name of business:		
Address:		
Address:  Type of business organization:  Derecetage of ownership:		
Percentage of ownership:		_
Number of shares owned (if applicable):_		_
Value (as of): \$		
BUSINESS PERSONAL PROPERTY royalties, etc.)	(i.e., patents, copyrights, trac	demarks, and
Item Identification	Location	Value
-		
	-	

**RETIREMENT BENEFITS:** (including Defined Contribution Plans, Defined Benefit Plans, IRA's, SEP's, KEOGH's, Nonqualified Plans and Government Benefits such as civil service, teacher, railroad, state and local, etc.)

Name of plan:		
Name and address of plan administrator:		
Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTIO PLAN/GOVERNMENT BENEFIT, OTHER Employee:	N PLAN/DEFINED	BENEFIT
Employer:		
Employer:  Starting date of creditable service:  Account Title:	<u> </u>	
Account number.		
Payee of survivor benefits:		
Designated beneficiary:		
Designated beneficiary:  Current account balance (as of): \$		
Name of plan:		
Name of plan:		
Type: (IRA/SEP/KEOGH/DEFINED CONTRIBUTIO PLAN/GOVERNMENT BENEFIT, OTHER	N PLAN/DEFINED	BENEFIT_)
Employer:		
Starting date of creditable service: Percent vested: Account Title:		
Account number:		
Payee of survivor benefits:		
Designated beneficiary:		
Current account balance (as of): \$		
Name of plan:		
Name and address of plan administrator:		
PLAN/GOVERNMENT BENEFIT, OTHER Employee:	N PLAN/DEFINED	)
Employer:Starting date of creditable service: Percent vested: Account Title:		
Account number:		
Payee of survivor benefits:		
Designated beneficiary:		
LIFE INSURANCE:		
Name of insurance company:		
Name of insurance company:  Policy number:		
Name of owner:		

Name of insured:
Designated beneficiary:
Date of issue:
Type of insurance: [term/whole/universal] Face amount: \$
Amount of premiums [monthly/quarterly/semiannually]: \$
Cash surrender value: \$
Name of insurance company:
Policy number:
Name of owner:
Name of insured:
Designated beneficiary:
Date of issue:
Type of insurance: [term/whole/universal] Face amount: \$
Amount of premiums [monthly/quarterly/semiannually]: \$
Cash surrender value: \$
Name of insurance company:
Policy number:
Name of owner
Name of insured.
Designated beneficiary
Date of issue:
Type of insurance: [term/whole/universal] Face amount: \$
Amount of premiums [monthly/quarterly/semiannually]: \$
Cash surrender value: \$
Name of insurance company:
Policy number:
Name of owner:
Name of insured.
Designated beneficiary:
Date of issue:
Type of insurance: [term/whole/universal] Face amount: \$
Amount of premiums [monthly/quarterly/semiannually]: \$
Cash surrender value: \$

#### **ANNUITIES:**

Name of company:
Policy number:
Name of owner:
Name of annuitant:
Designated beneficiary:
Date of issue:
Type of annuity: Face Amount: \$
Amount of premiums imonthly/quarteny/semiannually, $\varphi$
Current value (as of): \$
Name of company:
Policy number:
Name of owner:
Name of annuitant:
Designated beneficiary:
Date of issue:  Type of annuity:  Face Amount: \$
Type of annuity: Face Amount: \$
Amount of premiums [monthly/quarterly/semiannually]: \$
Current value (as of): \$
Name of company:
Policy number:
Policy number:
Policy number:  Name of owner:  Name of annuitant:
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Face Amount: \$
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Amount of premiums [monthly/quarterly/semiannually]: \$
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Face Amount: \$
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Face Amount: \$  Amount of premiums [monthly/quarterly/semiannually]: \$  Current value (as of): \$
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Amount of premiums [monthly/quarterly/semiannually]: \$
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Amount of premiums [monthly/quarterly/semiannually]: \$
Policy number:  Name of owner:  Name of annuitant:  Designated beneficiary:  Date of issue:  Type of annuity:  Amount of premiums [monthly/quarterly/semiannually]: \$
Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue: Type of annuity: Amount of premiums [monthly/quarterly/semiannually]: \$
Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue: Type of annuity: Amount of premiums [monthly/quarterly/semiannually]: \$
Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue: Type of annuity: Face Amount: \$  Amount of premiums [monthly/quarterly/semiannually]: \$  Current value (as of): \$  Name of company: Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue:
Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue: Type of annuity: Face Amount: \$  Amount of premiums [monthly/quarterly/semiannually]: \$  Current value (as of): \$  Name of company: Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue: Type of annuity: Face Amount: \$
Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue: Type of annuity: Face Amount: \$  Amount of premiums [monthly/quarterly/semiannually]: \$  Current value (as of): \$  Name of company: Policy number: Name of owner: Name of annuitant: Designated beneficiary: Date of issue:

# **MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.** (including mobile homes, trailers, and recreational vehicles)

/ear: Make: Model:	
lame on certificate of title:	
n possession of:	
/ehicle identification number:	
Name of creditor if loan against vehicle:	
Current balance (as of ): \$	
Current balance (as of): \$	
• •	
/ear: Make: Model:	
lame on certificate of title:	
1 DOSSESSION OT:	
/ehicle identification number:	
Name of creditor if loan against vehicle:	
Current balance (as of): \$	
Current net equity in vehicle: \$	
'ear: Make: Model:	
Name on certificate of title:	
1 possession of:	
/ehicle identification number:	
Name of creditor if loan against vehicle:	
Current balance (as of): \$	
Current net equity in vehicle: \$	
/ear: Make: Model:	
Name on certificate of title:	
n possession of:	
/ehicle identification number:	
Name of creditor if loan against vehicle:	
Current balance (as of): \$	
Current net equity in vehicle: \$	
/ear: Make: Model:	
Name on certificate of title:	
n possession of:	
/ehicle identification number:	
Name of creditor if loan against vehicle:	
Current balance (as of): \$	
Current net equity in vehicle: \$	

**OTHER MISCELLANEOUS PROPERTY:** (including household furniture, furnishings, and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock, etc.)

Description of Asset:	
Owner:	
Current Value: \$	
Description of Asset	
Description of Asset:	
Owner:Current Value: \$	
- Санонк таласт ф <u></u>	
Description of Asset:	
Owner:	
Current Value: \$	
Description of Asset:	
Owner:	
Current Value: \$	
Description of Asset:	
Owner:Current Value: \$	
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Description of Asset:	
Owner:	
Owner: Current Value: \$	
Description of Asset:	
Owner: Current Value: \$	
Carrone value.	
Description of Asset:	
Owner:	
Current Value: \$	
Description of Asset:	
Owner:	
Current Value: \$	
Description of Assot	
Description of Asset:Owner:	
Current Value: \$	
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### **SAFE DEPOSIT BOXES:**

Name of depository:	
Box number:	
Names of persons with access to contents:	
Items in safe-deposit box:	
Name of depository:	
Box number:	
Names of persons with access to contents:	
Items in safe-deposit box:	
Name of depository:	
Box number:	
Names of persons with access to contents:	
Items in safe-deposit box:	

#### **DEBTS**

## **CREDIT CARDS OR OTHER UNSECURED DEBT:**

Creditor:
Account Owner:
Current Balance: \$
Creditor:
Account Owner:
Current Balance: \$
Creditor:
Account Owner:
Current Balance: \$
Creditor:
Account Owner:
Current Balance: \$
Creditor:
Account Owner:
Account Owner:Current Balance: \$
Creditor:
Account Owner:
Current Balance: \$
MODICACES CAR LOANS OF OTHER SECURED DERT.
MORTGAGES, CAR LOANS, OR OTHER SECURED DEBT:
Creditor:
Secured property:  Current Balance: \$
Current Balance: \$
Creditor:
Secured property:
Current Balance: \$
Creditor:
Creditor:Secured property:
Current Balance: \$
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Creditor:
Secured property:
Current Balance: \$

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