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Inventory of Assets

I. Assets

A. REAL ESTATE

	Address	Fair Market Value	Mortgage	Owner(s)
Home	_____	\$ _____	\$ _____	_____
Other Property	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____

B. LIFE INSURANCE

Company	Policy Number	Type of Policy	Person Insured*	Beneficiary	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Please indicate if the owner is someone other than the person who is insured.

C. ACCOUNT INFORMATION

	Institution	Account Number	Approximate Value	Owner(s)	Payable on Death Designation
Checking accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Savings accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Brokerage Accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Custodial accounts or college savings plans	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
Retirement plans and accounts	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____
	_____	_____	\$ _____	_____	_____

II. Liabilities

	Creditor	Amount of Obligation
Mortgages (identify property as home or other)	_____	\$ _____
	_____	\$ _____
Home equity loans	_____	\$ _____
	_____	\$ _____
Automobile and other vehicle loans	_____	\$ _____
	_____	\$ _____
Education loans	_____	\$ _____
	_____	\$ _____
Personal loans	_____	\$ _____
Alimony and child support	_____	\$ _____
Judgments and liens against you	_____	\$ _____
Credit card debt	_____	\$ _____
Other debt	_____	\$ _____

III. Other

A. SAFE DEPOSIT BOX: If you have a safe deposit box, please provide the location, box number, person(s) with authority to enter, location of keys, and contents. _____

B. GIFTS: Have you made any gifts or transfers to an individual or trust that exceed the annual gift tax exclusion? If yes, please provide details regarding the date, amount, and recipients of such gifts or transfers, and copies of any gift tax returns.

C. TRUSTS: Are you the beneficiary of any trusts? If yes, please provide copies. _____

D. OTHER INSURANCE: Do you have disability or long term care insurance? If yes, please describe. _____

E. BUSINESSES: Do you have an ownership interest in any business? _____

If yes, please answer the following questions for each business:

What is the name and principal location of the business: _____

What is the type of business? _____

What is the corporate structure of the business (e.g., LLC, corp., sole prop.)? _____

What is the percentage of your ownership interest in the business? _____

Are there any other individuals with an ownership interest in the business? If yes, please provide the names and percentage of interest. _____

Do you have a buy-sell agreement in place to address what happens upon a person's death or disability? Please provide if you would like me to review this document. _____

Do your partners or does your business own life insurance on your life? _____

Do you or does your business own life insurance on your partners' lives? _____