CONFIDENTIAL
PERSONAL INFORMATION

NOTE TO CLIENT: We cannot help plan what we do not know. Please complete this form as best you can. Full and complete answers will facilitate accurate financial analysis, creation of the trust documents, and the funding process. It will also eliminate the need for additional phone calls and correspondence to get complete information. We will help you with any questions. <u>Your investment of time to complete this form completely and accurately will benefit you and your beneficiaries.</u>

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Melanie Walz Scaringi, J.D.

"Plans that work by people who care"

Date Completed: ____________________________

PERSONAL INFORMATION FOR HUSBAND

(Please Print)

Full Legal Name:____
(Name most often used to title property and accounts)

Also known as:____
(Other names used to title property and accounts)

Please print how you sign your name on legal documents:__________________________

Prefer to be called: ____

Birthdate:_______________Age:_____ Social Security Number:____________________

Home address:_______________________________ City:__________________________

State:__________________________ Zip:____________________________

Home telephone:_____________________ E-mail Address:__________________________
Cell phone:__________________________
[Is it okay to communicate with you via e-mail? ____ Yes ____No]

County of Residence:___________________________Township/Borough_______________

Employer:____

Position:________________________________ Business telephone:___________________
Fax Number:(Is it okay to fax you at work?):______________________________________
Business address:____

City:_____________________________ State:_________________________ Zip:_________

___ Married: Date___________________ ___Divorced: Date________________________
___ Widowed: Date_______________________ ___Single
Previously married? ________________ If yes, number of previous marriages___
Is or was there a prenuptial agreement?________________

If retired, your prior occupation:____

Religious Affiliation:____

Emergency Contact Person:___________________________ Home telephone:___________
Address:____

In what states have you lived while married to your current spouse and during what period of time did you reside there?

State:______________________________ Years:_______________________________
State:______________________________ Years:_______________________________

Parents' Names (Father)________________________ (Mother)________________________
Parents' Birthdates (Father) _____________________ (Mother) _______________________
Address/phone:____

Husband's Brothers/Sisters:

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Family Physician:____
Address/Phone:____

PERSONAL INFORMATION FOR WIFE

(Please Print)

Full Legal Name:____
(Name most often used to title property and accounts)

Also known as:____
(Other names used to title property and accounts)

Please print how you sign your name on legal documents:________________________

Prefer to be called: ____

Birthdate:______________Age:_____ Social Security Number:____________________

Home address:_____________________________ City:__________________________
State:________________________ Zip:__________________________

Home telephone:____________________ E-mail Address:________________________
Cell phone:________________________
[Is it okay to communicate with you via e-mail? ____ Yes ____No]

County of Residence:_________________________Township/Borough______________

Employer:____

Position:______________________________ Business telephone:__________________
Fax Number:(Is it okay to fax you at work?):____________________________________
Business address:____

City:___________________________ State:_______________________ Zip:________

___ Married: Date__________________ ___Divorced: Date______________________
___ Widowed: Date_____________________ ___Single
Previously married? _______________ If yes, number of previous marriages___
Is or was there a prenuptial agreement?_______________

If retired, your prior occupation:____

Religious Affiliation:____

Emergency Contact Person:_________________________ Home telephone:__________
Address:____

In what states have you lived while married to your current spouse and during what period of time did you reside there?

State:______________________________ Years:_______________________________
State:______________________________ Years:_______________________________

Parents' Names (Father)________________________ (Mother)________________________
Parents' Birthdates (Father) _____________________ (Mother) _______________________
Address/phone:____

Wife's Brothers/Sisters:

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Name: _______________________________________ Birthdate: _______________________
Spouse's Name: _______________________________ Birthdate: _______________________
Address: ____
Telephone: ____________________________ Email: _________________________________
Children's Names ____
____

Family Physician:____
Address/Phone:____

CHILDREN

Check the Special Needs Box if any child is unable to care for themselves. (**Please list and indicate if any of the children are deceased)**

Name	Parents	Birthdate	Special Needs
______________________	___________________________	_____________	________

Address ____
Phone No. ____________________ E-mail address:____________________________
Present Marital Status: Married__ or Single__ Occupation:____________________________
Spouse's Name:________________________________ Occupation:____________________________
Previously Married:___ Yes ___ No If yes, number of previous marriages:________________

Name	Parents	Birthdate	Special Needs
______________________	___________________________	_____________	________

Address ____
Phone No. ____________________ E-mail address:____________________________
Present Marital Status: Married__ or Single__ Occupation:____________________________
Spouse's Name:________________________________ Occupation:____________________________
Previously Married:___ Yes ___ No If yes, number of previous marriages:________________

Name	Parents	Birthdate	Special Needs
______________________	___________________________	_____________	________

Address ____
Phone No. ____________________ E-mail address:____________________________
Present Marital Status: Married__ or Single__ Occupation:____________________________
Spouse's Name:________________________________ Occupation:____________________________
Previously Married:___ Yes ___ No If yes, number of previous marriages:________________

Name	Parents	Birthdate	Special Needs
______________________	___________________________	_____________	________

Address ____
Phone No. ____________________ E-mail address:____________________________
Present Marital Status: Married__ or Single__ Occupation:____________________________
Spouse's Name:________________________________ Occupation:____________________________
Previously Married:___ Yes ___ No If yes, number of previous marriages:________________

GRANDCHILDREN

Check the Special Needs Box if any child is unable to care for themselves. (**Please list and indicate if any of the grandchildren are deceased)**

Name	Parents	Birthdate	Special Needs

GREAT GRANDCHILDREN

Check the Special Needs Box if any child is unable to care for themselves. (**Please list and indicate if any of the great grandchildren are deceased)**

Name	Parents	Birthdate	Special Needs

OTHER DEPENDENTS

Friends or relatives to whom you give money on a regular basis. (Use Full Legal Name)

Name	Relationship	Amount of Gift	Frequency of Giving	Special Needs

CHARITIES

Charities to whom you give money on a regular basis:

Name: ____________________

Address: ____________________

Amount of Gift: ____________________

Frequency of Giving: ____________________

Desired use or purpose: ____________________

Charities to whom you may want to leave a gift at your death:

Name: ____________________

Address: ____________________

Amount of Gift: ____________________

Frequency of Giving: ____________________

Desired use or purpose: ____________________

PETS

Name	Type of Animal

GUARDIANS FOR MINOR CHILDREN

Please provide the name of the people that you would want to care for your minor children in the event you are unable to.

Names, Addresses, Birthdates, and Social Security Numbers of Guardian(s) (in order of primary, secondary, tertiary):	Relationship
1. ______________________________	______________________________
______________________________	
______________________________	
______________________________	
______________________________	
2. ______________________________	______________________________
______________________________	
______________________________	
______________________________	
______________________________	
3. ______________________________	______________________________
______________________________	
______________________________	
______________________________	
______________________________	

NAMES OF HEALTH CARE AGENTS

Please provide legal names of the people that you would want to make health care decisions for you in the event you are unable to communicate to a health care professional.

<u>Husband</u>

		Relationship
Name of Primary Health Care Agent	______________________________	______________________________
	______________________________	SS# ______________________
	Phone # (_____)________________	Birthdate: __________________
Name of Back-up Agent	______________________________	______________________________
	______________________________	SS# ______________________
	Phone # (_____)________________	Birthdate: __________________
Name of Secondary Agent	______________________________	______________________________
	______________________________	SS# ______________________
	Phone # (_____)________________	Birthdate: __________________

Wife

Name of Primary Health Care Agent

______________________________ ______________________________

______________________________ SS# ______________________

Phone # (_____)________________ Birthdate: ________________

Name of Back-up Agent

______________________________ ______________________________

______________________________ SS# ______________________

Phone # (_____)________________ Birthdate: ________________

Name of Secondary Agent

______________________________ ______________________________

______________________________ SS# ______________________

Phone # (_____)________________ Birthdate: ________________

OTHER PROFESSIONAL ADVISORS

Name of CPA:______________________ Company__________________________

____

Phone #__________________________ Address__________________________

Name of Financial Advisor:

________________________________ Company__________________________

____

Phone #__________________________ Address__________________________

Name of Other Advisor: (Type?)

________________________________ Company__________________________

____

Phone #__________________________ Address__________________________

IMPORTANT FAMILY QUESTIONS

Please Check "Yes" or "No" for Your Answer	**YES**	**NO**
Do you have a child with a learning disability?		
Do any of your children receive governmental supports or benefits?		
Do you have any adopted children? Step-children?		
Do any of your children have special education, medical or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability, or other governmental benefits?		
Do you provide primary or other major financial support to adult children or others?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy)		
Have you and your spouse ever signed a pre-post-marriage contract? (Please furnish a copy)		
Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed please furnish a copy)		
Have you, or your spouse ever filed a Federal or State *gift* tax return? (Please furnish a copy)		
Have you or your spouse completed previous Health Care Powers of Attorney or Living Wills? (Please furnish copies)		
Have you or your spouse completed previous wills, trusts, or estate planning documents? (Please furnish copies of these documents)		
Are you and your spouse United States citizens?		
Is it likely that you are not insurable for life insurance at regular rates? If so, why not?______________________________________		

CONCERNS FOR YOU, YOUR SPOUSE AND YOUR FAMILY
Please rate the following as to how important they are to you
(H=high concern; S=some concern; L=low concern; N/A= no concern or not applicable)

Description	**Level of Concern**
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.	________________
Providing for and protecting a spouse.	________________
Providing for and protecting children.	________________
Providing for and protecting grandchildren.	________________
Disinheriting a family member.	________________
Providing for charities at the time of death.	________________
Plan for the transfer and survival of a family business.	________________
Avoiding or reducing your estate taxes.	________________
Avoiding probate.	________________
Reduce administration costs at time of your death.	________________
Avoiding a conservator ship ("living probate") in case of a disability.	________________
Avoiding will contests or other disputes upon death.	________________
Protecting assets from lawsuits or creditors.	________________
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	________________
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	________________
Protecting children's inheritance from the possibility of failed marriages.	________________
Protect children's inheritance in the event of a surviving spouse's remarriage.	________________
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.	________________

OTHER CONCERNS (Please list any concerns):

____
____
____
____

In addition to discussing any of the above concerns, we will discuss the following topics:

- Who is to receive your assets after your death?
- What instructions do you want to leave for the benefit of yourself and your loved ones?
- Who would manage and distribute your assets after your death or during your disability?

INSTRUCTIONS FOR COMPLEING
THE PERSONAL INFORMATION CHECKLIST

General Headings	*This Personal Information* Checklist is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this checklist use extra sheets of paper to list your additional property.
Type	Immediately after the heading for each kind of **property** is a brief explanation of what property you should list under that heading.
"Owner" of Property	How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each category, there is a column titled "Owner." When filling in this column, please use the following abbreviations:

For Property Owned By:	**With:**	**Use:**
Husband	No other person	**H**
Wife	No other person	**W**
Joint Tenancy	A spouse	**JTS**
Joint Tenancy	Someone other than a spouse	**JTO**
Tenancy in Common	A spouse	**TCS**
Tenancy in Common	Someone other than a spouse	**TCO**
Unknown	If you cannot determine how the property is owned	**?**

CASH ACCOUNTS

TYPE: Checking Account "CA" Savings Account "SA" Certificate of deposits "CD"

Name of ____

Institution/Branch Address ____________ Type ________ Acct. # ________ Owner ________ Amount ________

Address:______________________________________ Phone No. (___)_______
____

Name of ____

Institution/Branch Address ____________ Type ________ Acct. # ________ Owner ________ Amount ________

Address:______________________________________ Phone No. (___)_______
____

Name of ____

Institution/Branch Address ____________ Type ________ Acct. # ________ Owner ________ Amount ________

Address:______________________________________ Phone No. (___)_______
____

Name of ____

Institution/Branch Address ____________ Type ________ Acct. # ________ Owner ________ Amount ________

Address:______________________________________ Phone No. (___)_______
____

TOTAL $____________________

Are any funds directly deposited in any of the above accounts? Yes____ No____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

SAFE DEPOSIT BOXES

Name of Institution and Branch Address where located	Box #	Owners	Authorized Users
1.______________________________ ________________________________	________	__________	__________
Phone No. (______)__________________			
2.______________________________ ________________________________	________	__________	__________
Phone No. (______)__________________			

INVESTMENT ACCOUNTS

IRAs and Annuities should be listed later

TYPE: Money market "MM", Investment "I", Cash Management "CM" or other account that is in a street name (indicate type below)

Name of Brokerage Firm Phone # & Address of Broker	Type	Account #	Owner	Amount
_________________________________	________	__________	_______	$___________
Phone # (_____)___________________	Address:_____________________________________			
________________________________	Check Writing ________ Yes ___________No			
_________________________________	________	__________	_______	$___________
Phone # (_____)___________________	Address:_____________________________________			
________________________________	Check Writing ________ Yes ___________No			
_________________________________	________	__________	_______	$___________
Phone # (_____)___________________	Address:_____________________________________			
________________________________	Check Writing ________ Yes ___________No			

Total $_______________________

STOCKS

TYPE: Stock in publicly owned corporations which is a stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under :"Corporate Business and Professional interest." Stocks held in a street name or investment account should be listed under "Investment Accounts"). **Please be sure to indicate who is the owner of said stocks.**

Please bring original stock certificates so that the proper transfers can be made.

Company Name, Address & Phone #	Owner	No. of Shares	Value
*____________________________	_______________	__________	$____________
____________________________			
Phone (_____)_______________			
*____________________________	_______________	__________	$____________
____________________________			
Phone (_____)_______________			
*____________________________	_______________	__________	$____________
____________________________			
Phone (_____)_______________			
*____________________________	_______________	__________	$____________
____________________________			
Phone (_____)_______________			

Total: $_______________

BONDS

TYPE: US Savings Bonds, Corporate, Municipal, etc., (indicate type below).

Type	Owner	Face Value
____________________________	_________________________	______________________
____________________________	_________________________	______________________
____________________________	_________________________	______________________

Total $_____________

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, jewelry, antiques and all other valuable nonbusiness personal property (indicate type below and give a lump sum value for miscellaneous items.)

Type	**Owner**	**Value**	**Is there a loan against the asset**
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No
__________________	______________________________	$__________	___Yes ___No

Total $______________________

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(k) (Indicate type below)

**** If you have any IRAs, please indicate if they are Roth IRAs**

Company Name **Address** and Phone #	Type of Plan	Beneficiary upon your Death	Value	Are you currently receiving benefits from this plan?
1.__________________________	________	__________________	$___________	__Yes __No
__________________________	Owner	Account #		
Phone # (____) _____________	_______________	__________________		
2.__________________________	________	__________________	$___________	__Yes __No
__________________________	Owner	Account #		
Phone # (____) _____________	_______________	__________________		
3.__________________________	________	__________________	$___________	__Yes __No
__________________________	Owner	Account #		
Phone # (____) _____________	_______________	__________________		
4.__________________________	________	__________________	$___________	__Yes __No
__________________________	Owner	Account #		
Phone # (____) _____________	_______________	__________________		

Total $________________

LIFE INSURANCE POLICIES

TYPE: Term, whole life, split dollar, group life, (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

Company:______________________________
Phone # (_____)________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address__________________________________
Acct. Number____________________________
Insured:_________________________________
Primary Beneficiary:_____________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address__________________________________
Acct. Number____________________________
Insured:_________________________________
Primary Beneficiary:_____________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address__________________________________
Acct. Number____________________________
Insured:_________________________________
Primary Beneficiary:_____________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address__________________________________
Acct. Number____________________________
Insured:_________________________________
Primary Beneficiary:_____________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address__________________________________
Acct. Number____________________________
Insured:_________________________________
Primary Beneficiary:_____________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Total $______________________

ANNUITIES

Company:______________________________
Phone # (_____)_________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address_________________________________
Acct. Number_____________________________
Insured:_________________________________
Primary Beneficiary:______________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)_________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address_________________________________
Acct. Number_____________________________
Insured:_________________________________
Primary Beneficiary:______________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)_________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address_________________________________
Acct. Number_____________________________
Insured:_________________________________
Primary Beneficiary:______________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Company:______________________________
Phone # (_____)_________________________
Type:__________________________________
Owner_________________________________
Secondary Beneficiary:_________________
Address_______________________________
Face Amt______________________________

Address_________________________________
Acct. Number_____________________________
Insured:_________________________________
Primary Beneficiary:______________________
Agents Name_____________________________
Phone #(____)____________________________
Cash Value_______________________________

Total $________________________________

MONEY OWED TO US (ME)

Type: Mortgages or promissory notes, payable to you; other monies owed to you.

Please bring a copy of any promissory notes.

Name & Address of Debtor	Date Due	Owed to	Current Balance
______________________	________________	____________	_______________
______________________	________________	____________	_______________
______________________	________________	____________	_______________
______________________	________________	____________	_______________
______________________	________________	____________	_______________

Total $__________________

PARTNERSHIP INTERESTS

Type: General and Limited Partnerships. Please list your percentages that you own.

Please bring the Partnership Agreement

Name of Partnership____
Owners_________________________________ Value___________________________
Who holds Partnership papers_______________ Phone # (____)____________________

Name of Partnership____
Owners_________________________________ Value___________________________
Who holds Partnership papers_______________ Phone # (____)____________________

Name of Partnership____
Owners_________________________________ Value___________________________
Who holds Partnership papers_______________ Phone # (____)____________________

Total $__________________

CORPORATE BUSINESS AND PROFESSIONAL INTEREST

TYPE: Privately owned (nonpublicly traded) stock. *Please provide a copy of any Buy/Sell agreements if applicable.*

Company:_____________________ Address:________________ Phone #(____)______
Number of Shares_________________ % of Ownership:____________
Owner:__________________ Value:_______________________________________
Is there a Buy/Sell Agreement __ Yes __ No Is this an "S-Corporation" ___ Yes ___ No

Company:_____________________ Address:________________ Phone #(____)______
Number of Shares_________________ % of Ownership:____________
Owner:__________________ Value:_______________________________________
Is there a Buy/Sell Agreement __ Yes __ No Is this an "S-Corporation" ___ Yes ___ No

Total $___________________

SOLE PROPRIETORSHIP BUSINESS AND PROFESSIONAL INTERESTS

TYPE: All of the assets used by you in a sole proprietorship type of business ownership.

Name of Business	Description of Business	Owner	Value
___________________	______________________________	_____________	________
___________________	______________________________	_____________	________
___________________	______________________________	_____________	________
___________________	______________________________	_____________	________

Total $______________

OIL, GAS AND MINERAL INTERESTS

TYPE: Lease, overriding royalty, fee mineral estate, working interest, pooling agreement, etc. *Please provide copy of Agreement, Certificate or Deed*

Company_______________Type___________ Name______________________________
Address________________________________ City_______________________________
Country________________________________ Phone #____________________________
Owner_________________________________ Value______________________________

Company_______________Type___________ Name______________________________
Address________________________________ City_______________________________
Country________________________________ Phone #____________________________
Owner_________________________________ Value______________________________

Total $_______________________

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or monies that you anticipate receiving through a judgment in a lawsuit.

Description	Value
__________________________________	__________________________________
__________________________________	__________________________________
__________________________________	__________________________________
__________________________________	__________________________________

Total $__________________________

REAL PROPERTY

Type: land, buildings, homes, vacation homes and time shares. TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS), Tenants in Common (TC), Tenancy by the entireties (TBE)

Please provide a copy of the Deed or Agreement relating to each property

Address ______________________________ Owner ____________ Fair Market Value ____________

City______________ State____ Zip_____ Commercial ___ ____ Mortgage

County__________________________ Residential ____ Amount $_______

Loan No. ____________________

Address ______________________________ Owner ____________

City______________ State____ Zip_____ Commercial ___

County__________________________ Residential ____

Loan No. ____________________

Address ______________________________ Owner ____________

City______________ State____ Zip_____ Commercial ___

County__________________________ Residential ____

Loan No. ____________________

Total $___________________ net mortgages

HOMEOWNER'S INSURANCE AGENT

Name of Agent:_______________________________

Address of Agent:_______________________________

____

Name of Company:_______________________________

Policy Number:_______________________________

OTHER ASSETS

TYPE: Any property that you have that does not fit into any listed category.

Description	**Owner**	**Value**

Total $_______________

ASSETS	**HUSBAND**	**WIFE**
	AMOUNT	
Cash Accounts	______________	______________
Investment Accounts	______________	______________
Stocks	______________	______________
Bonds	______________	______________
Personal Effects	______________	______________
Retirements Plans	______________	______________
Life Insurance Policies and Annuities	______________	______________
Money owed to us (me)	______________	______________
Partnership Interests	______________	______________
Corporate Business & Professional Interests	______________	______________
Sole Proprietorship Bus. and Prof. Interests	______________	______________
Farm and Ranch Interests	______________	______________
Oil, Gas and Mineral Interests	______________	______________
Real Property	______________	______________
Anticipated Inheritance, Gift, or Judgment	______________	______________
Other Assets:	______________	______________
Total Assets	______________	______________

LIABILITIES	**HUSBAND**	**WIFE**
	AMOUNT WE (I) OWE	
Loans payable	______________	______________
Accounts payable	______________	______________
Real Estate mortgages payable	______________	______________
Contingent liabilities	______________	______________
Loans against life insurance	______________	______________
Unpaid taxes	______________	______________
Other obligations:	______________	______________
____________________________	______________	______________
Total Liabilities	______________	______________

NET ESTATE	**$**______________	______________

**Joint tenancy (JT), Tenancy in Common (TC) and Community Property (CP) values go ½ in Husband's column, ½ in Wife's column.*

CURRENT INCOME AND SOURCES	**DOLLAR AMOUNTS (PER YEAR)**
Salary and Wages	$_______________________________
Investment Income and Dividends (estimated)	$_______________________________
Social Security Income	$_______________________________
Pension or Retirement Plan Income	$_______________________________

Other Income

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Office Manager/ Paralegal
Christina L. Drake
Paralegal

RELEASE

I, __________________________, of ____________________, ________ County, Pennsylvania, hereby authorize ___________________________, with a mailing address of ____, to release any past or present records or knowledge, either verbally or in writing, of any and all known accounts, policies, plans or other information regarding me or my records which my attorney Melanie Walz Scaringi, or anyone acting on her behalf as her agent from the law firm of Scaringi & Scaringi, P.C. may request.

A photographic reproduction of this authorization shall be as valid as the original. This authorization shall be valid for a period of six (6) months from the date hereof.

Date: _______________________ _______________________________________

Witness: _____________________

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Christina L. Drake
Paralegal

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Witness: _____________________