LAW OFFICE OF
BRYAN FAGAN
PLLC

NET WORTH CALCULATION WORKSHEET

A form to help you assess your loved one's financial situation.

Name: .... **Date:** ....

1. Assets-List everything your loved owns that has cash value.

A. LIQUID ASSETS

Checking Accounts:		
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
	Checking Total:	**$**

Savings Accounts:		
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
	Savings Total:	**$**

Certificates of Deposit, Treasury Bills, Money Market Accounts (List funds deposited for a specific period of time.)		
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
Bank Name:	Account Number:	Account Balance:
	Total:	**$**

Cash Value Life Insurance (Include cash value, equity, investment built up in each policy; NOT in the face value.)		
Insurance Agency:	Policy Number:	Cash Value:
Insurance Agency:	Policy Number:	Cash Value:
Insurance Agency:	Policy Number:	Cash Value:
	Total:	**$**
	Total Liquid Assets: (Add totals from all tables above)	**$**

B. EQUITY ASSETS

Include current market value of U.S. Savings Bonds, Treasury Bonds, and other money market and stock investments.	
Stocks:	Amount:
Bonds:	Amount:
Other Securities:	Amount:
Total Equity Assets: (Add totals from this table above)	**$**

C: TAX SHELTERED/TAX DEFERRED ASSETS

Pension and/or Profit Sharing Plans (these are only an asset if your loved one can convert them to cash and receive income from them.)		
Plan:	Account Number:	Amount:
Plan:	Account Number:	Amount:
Plan:	Account Number:	Amount:
Plan:	Account Number:	Amount:
	Total:	**$**

Individual Retirement Account Balance	
Account:	Amount:
Account:	Amount:
Account:	Amount:
Total:	**$**

Other-Tax Sheltered Annuities or other annuities	
Description:	Amount:
Description:	Amount:
Description:	Amount:
Total:	**$**
Total Tax-Sheltered Assets: **(Add totals from all tables above)**	**$**

D. NON-INCOME EARNING ASSETS

Home(s): (Contact real estate agent or professional appraiser to estimate current market value)	$
Car(s): (Use current "Blue Book" or other valuation guide)	$
Other Vehicle(s):	$
Personal Property: (Includes home furnishings, appliances, antiques, collectibles, art, jewelry, tools, livestock, etc.)	$
Total Non-Income Earning Assets: (Add totals from this table above)	**$**

E. OTHER ASSETS

Accounts or Notes Receivable:	$
Rebates or Refunds:	$
Trusts, Patents, or Memberships:	$
Other: (Include non-residential real estate)	$
Total Other Assets: (Add total from this table above)	**$**

TOTAL ASSETS:

Total Assets: (Add totals from A-E above)	**$**

2. Debt/Liabilities-List everything your loved one owes in depth

F. SHORT-TERM DEBT

Car:		$
Car:		$
Other Vehicle:		$
Credit Card: (Check current monthly statement)	Account Number:	$
Credit Card:	Account Number:	$
Credit Card:	Account Number:	$
Total Installment Debt: **(Check contracts by the number of months remaining on the contract)**		**$**
Other Loans: (List of loans of less than 5 years in length. Also list doctor bills, service bills, etc.)		$
Other Liabilities: (List any court-ordered payments, lawsuit settlements, past-due accounts, and taxes due)		$
Total Short-Term Debt: **(Add totals from this table above)**		**$**

G. LONG-TERM DEBT

Home Mortgage(s): (Check the current period statements from the financial institution)	$
Other Mortgages:	$
Other Loans:	$
Total Long-Term Debt: **(Add totals from this table above)**	**$**

H. CONTINGENT LIABILITIES

Debts your loved one has cosigned:	$
Suits pending against your loved one:	$
Other contingent liabilities:	$
Total Contingent Liabilities: **(Add totals from this table above)**	**$**

TOTAL DEBT:

Total Debt/Liabilities: **(Add totals from F-H above)**	**$**

3. Net worth

Total Assets: (Enter total from section 1. above)	$
Total Debt/Liabilities: (Enter total from section 2. above)	$
Net Worth: **(Subtract Total Debt/Liabilities from Total Assets)**	**$**