NET WORTH CALCULATION WORKSHEET

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

| Name: | Date: | |
|--|---------------------------------------|------------------|
| Assets-List everythin LIQUID ASSETS | g your loved owns that has cash value | |
| 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, Tre | asury Bills, Money Market Accounts | |
|---|---|---|
| (List funds deposited for a | | |
| 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 th | e 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) | \$ |
| . EQUITY ASSETS | | -I |
| Include current market valu and other money market a | e of U.S. Savings Bonds, Treasury Bonds, and stock investments. | |
| Stocks: | | Amount: |
| Bonds: | | Amount: |
| Other Securities: | | Amount: |
| | | |

C: TAX SHELTERED/TAX DEFERRED ASSETS

| Pension and/or Profit Sh receive income from the | | asset if your loved | one can convert them to cash and |
|---|--|---------------------|----------------------------------|
| Plan: | Account Number | r: | Amount: |
| Plan: | Account Number | r: | Amount: |
| Plan: | Account Number | r: | Amount: |
| Plan: | Account Number | r: | Amount: |
| | | Total: | \$ |
| Individual Retirement A | ccount Balance | | |
| Account: | | Amount: | |
| Account: | | Amount: | |
| Account: | | Amount: | |
| | Total: | \$ | |
| Other-Tax Sheltered An | nuities or other annuities | | |
| Description: | | Amount: | |
| Description: | | Amount: | |
| Description: | | Amount: | |
| | Total: | \$ | |
| (Add | Total Tax-Sheltered Assets: 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: | \$ |
| (Check contracts by the number of | \$ | |
| 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) | | \$ |

| ^ | | | FEDA | DEDT |
|-----|-----|-----|------|--------|
| (1. | LUN | K7- | IEKM | I DFBT |

| 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) | € |

| NCW-7 | |
|-------|--|