

Please provide a summary of what you own and owe. Feel free to change descriptions as needed.  
 When you fill in the Client, Co-Client and Joint columns, they will automatically total in the blue box.

When completed, please send

By e-mail [Connie@ssfinc.com](mailto:Connie@ssfinc.com)  
 By fax 440-247-4873  
 By US Mail Stepping Stone Financial, Inc.  
 7160 Chagrin Road, Suite 135  
 Chagrin Falls, OH 44023-1136

<b>ASSETS</b>	<b>Client</b>	<b>Co-Client</b>	<b>Joint</b>	<b>VALUE</b>
<b>Cash Accounts</b>				
Checking				-
Savings				-
Money Market				-
CDs				-
Other				-
<b>Life Insurance Cash Value</b>				
Client				-
Co-Client				-
<b>Investment Accounts</b>				
Brokerage				-
Stocks				-
Mutual Funds				-
Bonds				-
College Savings				-
Stock Options				-
<b>Investment Real Estate</b>				
Rental, Timeshare, Land				-
<b>Retirement Assets</b>				
Pension - Client				-
Pension - Co-Client				-
401k - Client				-
401k - Co-Client				-
403b - Client				-
403b - Co-Client				-
IRA - Client				-
IRA - Co - Client				-
Roth IRA - Client				-
Roth IRA - Co-Client				-
Deferred Comp				-
				-
				-

# FINANCIAL DATA FOR DATE

## Personal Use Assets

Residence				-
Auto - Client				-
Auto - Co- Client				-
Boat				-
Household Property				-
Antiques & Collectibles				-
Other				-
<b>TOTAL ASSETS</b>				-

LIABILITIES	BALANCE	Int. Rate	Term	First Payment Made
Mortgage	-			
Home Equity Line	-			
Auto Loan	-			
Auto Loan	-			
Other Loan	-			
Credit Cards	-			
<b>TOTAL LIABILITIES</b>	-			

<b>NET WORTH</b>	-
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INCOME	Client	Co-Client	Joint	TOTAL
Employment				-
(Employer)			xxx	xxx
Business				-
Investments				-
Gifts				-
Other				-

LIFE INSURANCE	Client	Co-Client	Joint	TOTAL
Group Term				-
Whole Life				-
Universal Life				-
Variable Life				-
Second-to-Die				-

DISABILITY INSURANCE	Client	Co-Client	AMOUNT
Group Short-Term	days	days	xxx
Group Long-Term	%	%	xxx
Private Long-Term	\$	\$	xxx

<b>ESTIMATED ANNUAL LIVING EXPENSES (AFTER-TAX)</b>	
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