

RICHARD KEYT  
Tel: (602) 906-4953, ext. 1  
Fax: (602) 297-6890  
Email: rk@keytlaw.com

KEYTLAW, L.L.C.  
ATTORNEYS  
3001 East Camelback, Suite 130  
Phoenix, Arizona 85016  
(602) 906-4953  
www.keytlaw.com

Estate Planning  
Entity Formation  
Business Law  
Real Estate Law  
Contracts

---

## ASSET LIST

---

Date of this Asset List: \_\_\_\_\_

### INFORMATION NEEDED TO DESIGN YOUR ESTATE PLAN

Before we can design an estate plan that satisfies your goals we must know what the types of assets that you own and their value. If you are married, we need the same information about your spouse's assets.

This Asset List has two purposes:

- To help you collect the information we need to design your trust and ancillary documents.
- To be used as an asset inventory for your family after you sign your trust. This Asset List helps us work with you to make sure that you retitle your assets so that they are: (i) owned by your trust, or (ii) titled in such a way that assets that remain in your name will automatically be transferred to the trust on your death or if you are married, on the death of the second spouse.

If you have any questions about this Asset List, please contact KEYTLaw estate planning attorney Richard C. Keyt at 602-424-4154 (rck@keytlaw.com) or his father Richard Keyt at 602-424-4152 (rk@keytlaw.com).

The information that you supply on this form will be kept confidential by KEYTLaw and its attorneys. No information contained in this Asset List will be given to any person without your prior permission.

To learn more about Wills, Trusts and estate planning, go to our website at [www.keytlaw.com/ep](http://www.keytlaw.com/ep).

### Instructions

Complete as much of this Asset List as you can. We are asking for asset information for you and if you are married, your spouse. After you finish, make a copy and send it to Richard Keyt, 3001 East Camelback Road, Suite 130, Phoenix, AZ 85016. You can scan and email it to Richard at [rickkeyt@keytlaw.com](mailto:rickkeyt@keytlaw.com) or fax it to Richard at 602-297-6890.

---

## 1. YOUR INFORMATION

---

First Name      Middle Name      Last Name      Suffix

Mailing Address: City,      State      Zip Code

Email address

Phone Number

---

## 2. CASH / BANK / INVESTMENT ACCOUNTS

---

List all of your cash and bank accounts. If you are listed as Co-Owner on any accounts owned by someone else, please indicate Co-Owner. Indicate the type of account using the following abbreviations:

CA = Checking Account  
SD = Safety Deposit Box  
CM = Cash Management

SA = Savings Accounts  
MM = Money Market  
OA = Other Acct

CD = Certificates of Deposits  
IA = Investment Acct

1. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Account Owners: \_\_\_\_\_
2. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Account Owners: \_\_\_\_\_
3. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Account Owners: \_\_\_\_\_
4. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Account Owners: \_\_\_\_\_
5. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Account Owners: \_\_\_\_\_
6. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

	Account #:	Amount: \$
	Account Owners:	
7.	Name of Institution:	Type:
	Address:	Phone #:
	Account #:	Amount: \$
	Account Owners:	
8.	Name of Institution:	Type:
	Address:	Phone #:
	Account #:	Amount: \$
	Account Owners:	
9.	Name of Institution:	Type:
	Address:	Phone #:
	Account #:	Amount: \$
	Account Owners:	

If any of the accounts listed above has been pledged as security for a loan, insert the item number below:

---

### 3. IRA / 401(k) / PENSION / RETIREMENT PLAN INFORMATION

---

List all of your IRAs, 401(k)s, pension plans & retirement plans. Indicate the type of account using one of the following abbreviations:

PS = Profit Sharing	HR 10	SEP 401(k)	401(k) Roth
IRAT = IRA traditional	IRAR = IRA Roth	PP = Pension Plan	

10.	Name of Institution:	Type:
	Address:	Phone #:
	Account #:	Amount: \$
	Account Owners:	
	Primary Beneficiary:	
	Alternate Beneficiary:	

11.	Name of Institution:	_____	Type:	_____
	Address:	_____	Phone #:	_____
	Account #:	_____	Amount: \$	_____
	Account Owners:	_____		
	Primary Beneficiary:	_____		
	Alternate Beneficiary:	_____		
12.	Name of Institution:	_____	Type:	_____
	Address:	_____	Phone #:	_____
	Account #:	_____	Amount: \$	_____
	Account Owners:	_____		
	Primary Beneficiary:	_____		
	Alternate Beneficiary:	_____		
13.	Name of Institution:	_____	Type:	_____
	Address:	_____	Phone #:	_____
	Account #:	_____	Amount: \$	_____
	Account Owners:	_____		
	Primary Beneficiary:	_____		
	Alternate Beneficiary:	_____		
14.	Name of Institution:	_____	Type:	_____
	Address:	_____	Phone #:	_____
	Account #:	_____	Amount: \$	_____
	Account Owners:	_____		
	Primary Beneficiary:	_____		
	Alternate Beneficiary:	_____		
15.	Name of Institution:	_____	Type:	_____
	Address:	_____	Phone #:	_____

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Account Owners: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Alternate Beneficiary: \_\_\_\_\_

16. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Account Owners: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Alternate Beneficiary: \_\_\_\_\_

17. Name of Institution: \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Account Owners: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Alternate Beneficiary: \_\_\_\_\_

If you are receiving distributions from any of the above accounts, indicate the item number of the account below.

\_\_\_\_\_

#### 4. VALUABLE PERSONAL PROPERTY

Please list all personal property that has a value of more than \$5,000. Personal property includes jewelry, collections, equipment, computers, flat screen TVs, motor vehicles, airplanes, boats, trailers, ATV's and all other non-business personal property:

	Item	Owner(s)	Value
18.	_____	_____	\$ _____
19.	_____	_____	\$ _____
20.	_____	_____	\$ _____
21.	_____	_____	\$ _____

22.	_____	_____	\$ _____
23.	_____	_____	\$ _____
24.	_____	_____	\$ _____
25.	_____	_____	\$ _____

---

## 5. ANNUITIES

---

List all of your annuities.

26.	Name of Institution:	_____	
	Address:	_____	Phone #: _____
	Account/Contract #:	_____	Value: \$ _____
	Annuitant:	_____	Agent: _____
	Contract Owners:	_____	
	Primary Beneficiary:	_____	
	Alternate Beneficiary:	_____	
27.	Name of Institution:	_____	
	Address:	_____	Phone #: _____
	Account/Contract #:	_____	Value: \$ _____
	Annuitant:	_____	Agent: _____
	Contract Owners:	_____	
	Primary Beneficiary:	_____	
	Alternate Beneficiary:	_____	
28.	Name of Institution:	_____	
	Address:	_____	Phone #: _____
	Account/Contract #:	_____	Value: \$ _____
	Annuitant:	_____	Agent: _____
	Contract Owners:	_____	
	Primary Beneficiary:	_____	

Alternate Beneficiary: \_\_\_\_\_

29. Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account/Contract #: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Annuitant: \_\_\_\_\_ Agent: \_\_\_\_\_

Contract Owners: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Alternate Beneficiary: \_\_\_\_\_

30. Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account/Contract #: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Annuitant: \_\_\_\_\_ Agent: \_\_\_\_\_

Contract Owners: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Alternate Beneficiary: \_\_\_\_\_

## 6. LIFE INSURANCE POLICIES

List all life insurance policies. If a corporation or company owns the policy or pays the premium write "Company."

Indicate the type of policy using one of the following abbreviations:

T = Term	W = Whole Life	V = Variable	U = Universal Life	S = Split Dollar
G = Group	D = Disability	2 = 2 <sup>nd</sup> to Die	L = Long Term Care	

31. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insured: \_\_\_\_\_ Type: \_\_\_\_\_

Owner: \_\_\_\_\_ Agent: \_\_\_\_\_

Death Benefit: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

	Alternate Beneficiary:	_____	
32.	Insurance Company:	_____	Policy #: _____
	Address:	_____	Phone #: _____
	Insured:	_____	Type: _____
	Owner:	_____	Agent: _____
	Death Benefit:	\$ _____	Cash Value: \$ _____
	Primary Beneficiary:	_____	
	Alternate Beneficiary:	_____	
33.	Insurance Company:	_____	Policy #: _____
	Address:	_____	Phone #: _____
	Insured:	_____	Type: _____
	Owner:	_____	Agent: _____
	Death Benefit:	\$ _____	Cash Value: \$ _____
	Primary Beneficiary:	_____	
	Alternate Beneficiary:	_____	
34.	Insurance Company:	_____	Policy #: _____
	Address:	_____	Phone #: _____
	Insured:	_____	Type: _____
	Owner:	_____	Agent: _____
	Death Benefit:	\$ _____	Cash Value: \$ _____
	Primary Beneficiary:	_____	
	Alternate Beneficiary:	_____	
35.	Insurance Company:	_____	Policy #: _____
	Address:	_____	Phone #: _____
	Insured:	_____	Type: _____
	Owner:	_____	Agent: _____



Death Benefit: \$ \_\_\_\_\_

Cash Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Alternate Beneficiary: \_\_\_\_\_

If any of the insurance policies is pledged as collateral for a loan indicate the item number of the policy below:

\_\_\_\_\_

---

## **7. OTHER ASSETS**

---

36. If you own any bonds, indicate the type of bond, owner(s) and amount below:

37. If any person, company, trust or other party owes you money indicate the name of debtor, date due, current balance and if the debtor signed a promissory note to evidence the debt.

38. If you own any stock in corporation that is not listed above, indicate the name of the corporation, number of shares owned, value of the shares and if you have a stock certificate for the stock.

39. Indicate below if you anticipate that you will receive any money in the future by inheritance, gifts, judgments or lawsuits. If so, describe the item.

40. If you own any oil, gas or mineral interests, describe the interests below including estimated value.

---

## **8. REAL ESTATE**

---

List below all real estate in which you have an interest. Indicate the type of property by using the appropriate abbreviation below:

L = Raw land  
H = Your home

C = Commercial  
V = Vacation home

R = Residential  
T = Time share

M = Multi-family homes

41.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 <sup>st</sup> Lender:	_____	Debt:	\$_____
	2 <sup>nd</sup> Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____
42.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 <sup>st</sup> Lender:	_____	Debt:	\$_____
	2 <sup>nd</sup> Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____
43.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 <sup>st</sup> Lender:	_____	Debt:	\$_____
	2 <sup>nd</sup> Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____
44.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 <sup>st</sup> Lender:	_____	Debt:	\$_____
	2 <sup>nd</sup> Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____
45.	Owner(s):	_____	Value:	\$_____
	Address:	_____	Type:	_____
	1 <sup>st</sup> Lender:	_____	Debt:	\$_____
	2 <sup>nd</sup> Lender:	_____	Debt:	\$_____
	Insured By:	_____	Amount:	\$_____

46.	Owner(s):	<hr/>	Value:	\$ <hr/>
	Address:	<hr/>	Type:	<hr/>
	1 <sup>st</sup> Lender:	<hr/>	Debt:	\$ <hr/>
	2 <sup>nd</sup> Lender:	<hr/>	Debt:	\$ <hr/>
	Insured By:	<hr/>	Amount:	\$ <hr/>
47.	Owner(s):	<hr/>	Value:	\$ <hr/>
	Address:	<hr/>	Type:	<hr/>
	1 <sup>st</sup> Lender:	<hr/>	Debt:	\$ <hr/>
	2 <sup>nd</sup> Lender:	<hr/>	Debt:	\$ <hr/>
	Insured By:	<hr/>	Amount:	\$ <hr/>
48.	Owner(s):	<hr/>	Value:	\$ <hr/>
	Address:	<hr/>	Type:	<hr/>
	1 <sup>st</sup> Lender:	<hr/>	Debt:	\$ <hr/>
	2 <sup>nd</sup> Lender:	<hr/>	Debt:	\$ <hr/>
	Insured By:	<hr/>	Amount:	\$ <hr/>

---

## 9. CLOSELY HELD BUSINESSES

---

List all closely held limited liability companies, corporations, partnerships and sole proprietorships. Use the following abbreviations for the type of entity and method of federal income tax.

LLC = limited liability company    SP = sole proprietorship    G = general partnership    C = corporation  
 LP = limited partnership    LLP = limited liability partnership    LLLP = limited liability limited partnership

Tax Method: S = sole proprietorship    P = partnership    SC = S corporation    CC = C corporation

49.	Name:	<hr/>	Value:	\$ <hr/>
	Owner(s):	<hr/>	Type:	<hr/>
	Percentage Owned:	<hr/>	Taxed as:	<hr/>
	Operating Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No             Shareholders Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No             Buy Sell Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Insured By:	<hr/>	Amount:	\$ <hr/>

50. Name: \_\_\_\_\_ Value: \$\_\_\_\_\_

Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_

Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No

Insured By: \_\_\_\_\_ Amount: \$\_\_\_\_\_

51. Name: \_\_\_\_\_ Value: \$\_\_\_\_\_

Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_

Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No

Insured By: \_\_\_\_\_ Amount: \$\_\_\_\_\_

52. Name: \_\_\_\_\_ Value: \$\_\_\_\_\_

Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_

Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No

Insured By: \_\_\_\_\_ Amount: \$\_\_\_\_\_

53. Name: \_\_\_\_\_ Value: \$\_\_\_\_\_

Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_

Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No

Insured By: \_\_\_\_\_ Amount: \$\_\_\_\_\_

54. Name: \_\_\_\_\_ Value: \$\_\_\_\_\_

Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_

Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_

Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No

Insured By: \_\_\_\_\_ Amount: \$\_\_\_\_\_

55. Name: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_  
 Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No  
 Insured By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

56. Name: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_  
 Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No  
 Insured By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

57. Name: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Owner(s): \_\_\_\_\_ Type: \_\_\_\_\_  
 Percentage Owned: \_\_\_\_\_ Taxed as: \_\_\_\_\_  
 Operating Agreement: ☐ Yes ☐ No Shareholders Agreement: ☐ Yes ☐ No Buy Sell Agreement: ☐ Yes ☐ No  
 Insured By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

---

## 10. ESTIMATED NET WORTH

---

What is the estimated net value (total assets minus total liabilities) of your estate as of the date you prepare this Asset List? In making your estimate, each spouse owns: (i) the full net value of all of his or her separate property, plus (ii) 1/2 of the full net value of all community property.

Your net value: \$ \_\_\_\_\_ Spouse/Companion's net value: \$ \_\_\_\_\_  
 Your IRA/retirement plan value: \$ \_\_\_\_\_ Spouse/Companion's IRA plan value: \$ \_\_\_\_\_

---

## 11. ADDITIONAL INFORMATION

---

In the space below give us any additional information about your assets and liabilities that you think would help us to design your estate plan.

---

## 12. PRIVACY NOTICE

---

Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations Part 313, law firms that provide tax preparation and tax planning services to their clients are categorized as financial service providers and required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorney, Richard Keyt, KEYTLaw, L.L.C. and Richard C. Keyt, collect non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions, and other advisors. This information includes information that we receive from you (such as your name, address, income, assets, social security information, and other financial or household information); information about your relationship and past history with us and others (such as the types of legal services we provide to you, your invoice balances and payment history); and information that we receive, with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions and others. We do not disclose any non-public personal information about our clients or former clients to anyone except as permitted and/or required by law and the applicable rules of professional conduct, or as authorized by you. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with tax returns or tax planning. We restrict access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information. Obviously, we do not sell client information to anyone or disclose client information to marketing companies.

---

## 13. SIGNATURES

---

Submitting this Asset List to us does not obligate you to hire us. We will not prepare your estate plan and related documents unless you and the KEYTLaw, LLC, law firm sign an engagement agreement that states exactly the services our attorneys will provide and the legal fees you will pay.

### **Call to Schedule Your Free Initial Consultation**

Please contact Richard Keyt's legal assistant at 602-424-4122 to schedule an appointment to meet with him or his attorney son Richard C. Keyt at 3001 East Camelback, Suite 130, Phoenix, Arizona, to answer your questions and to design and plan your estate plan.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Signature of Spouse or Companion

Date Signed: \_\_\_\_\_