



255 South Matanzas Boulevard
 St. Augustine, FL 32080
 Office) 904-819-6930 Fax) 904-819-6939

FINANCIAL STATEMENT - STRICTLY CONFIDENTIAL

Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

ASSETS

Cash on Hand and in Banks	\$
Stocks and Bonds at Fair Market Value	\$
U.S. Government Securities	\$
Retirement Funds (IRA's, etc.)	\$
Cash Surrender Value of Life Insurance	\$
\$ Value of Businesses owned	\$
Accounts/Notes Receivables	\$
Real Estate – Residence	\$
Real Estate – Other	\$
Automobile – Number ()	\$
Household Furnishings and Personal Effects	\$
Other Assets (Itemize)	\$

Total Assets	\$ _____

LIABILITIES

Notes Payable	\$
Liens on Real Estate	\$
Other Liabilities (Itemize)	\$

Total Liabilities	\$ _____

Net Worth (Assets – Liabilities) \$ _____

Source of Annual Income

Salary, Bonus & Commissions	\$
Other Income _____	\$

The undersigned certifies that this information was provided by him/her and is true and correct.

Signature(s) **Date** **Home Phone #**

Other Comments: _____