

SNAPSHOT OF YOUR PRESENT BUDGET

FIXED EXPENSES

1.	Rent or Mortgage	\$		
2.	Public Service	\$		
3.	Water, Trash & Sewer	\$		
4.	Telephone	\$		
5.	Auto Insurance	\$		
6.	Life Insurance	\$		
7.	Health Insurance	\$		
8.	Other Expenses	\$		
9.	Other Fixed Expenses	\$		
	SUBTOTAL	\$		
VARIABLE EXPENSES				

\$_____ 1. Grocery Store \$ _____ 2. Work Lunches \$ _____ 3. Clothing \$ _____ 4. Dry Cleaning \$_____ 5. Auto, Gas, Repairs, etc.

6.	Doctor & Medications	\$
7.	Dentist	\$
8.	Home Repairs	\$
9.	Child Care	\$

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9. Child Care

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SUBTOTAL \$ _____

C. MISCELLANEOUS EXPENSES

1.	Entertainment	\$
	Restaurants	\$
	Hobbies	\$
	Clubs Dues	\$
	Other	\$
2.	Church & Charities	\$
3.	Education	
4.	Gifts-Christmas, birthday, etc	\$
5.	Vacations	\$
6.	Savings	\$
7.	Investments	\$
8.	Other Misc. Expenses	\$
	SUBTOTAL	\$

D. DEBT SERVICE

1. Total Non-Mortgage Consumer Loan Payments

SUBTOTAL \$ _____

\$___

SUMMARY OF EXPENSES

SUBTOTALS

A FIXED	\$
B VARIABLE	\$
C MISC.	\$
D DEBT SERVICE	\$

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TOTAL MONTHLY EXPENSE

SOURCES OF ANNUAL INCOME

x 12 months = ANNUAL INCOME	\$
TOTAL MONTHLY INCOME	\$
(# of pay periods)	т
Interest	\$
(# of pay periods)	
Dividends	\$
(# of pay periods)	
Rental	\$
(# of pay periods)	
Spouse's earnings	\$
(# of pay periods)	
Your earning	\$
Social Security Income	\$
	<u>~</u>

LET US HELP YOU, YOUR **FAMILY AND FRIENDS:**

Organize Existing Assets IRA and 401(k) rollovers • College Savings Life, Disability Protection • Long Term Care Phone: (262) 551-8900 Fax: (262) 551-8530 Email: Invest@TheSchaefferGroupLLC.com theschaeffergroupllc.com 2315-30th Avenue | Kenosha 53144

Securities and investment advice offered by licensed individuals through Coordinated Capital Securites, Inc. (CCS), Member FINRA/SIPC. CCS and The Schaeffer Financial Group, LLC are not affliliated.

Date _____



Date of Appointment _____ Time _____ Place _____

ESTATE INVENTORY FORM

Legal Name				
	First	MI	Last	Nickname
		Birthdate _	//	
Spouse		Birthdate _	//	_
Child		Birthdate _	//	_
Child		Birthdate _	//	_
Child		Birthdate _	//	_
Child		Birthdate _	//	_
				Phone
Employer			_ Bus. Add	
Phone	Position			If Owner, # of Employees
Spause's Employer			Buc Add	
Phone	Position			If Owner, # of Employees
Email		Ei	mail #2	
DL#		E	хр	State
Spouse DL#		E	xp	State
Your tax preparer is :				
Your attorney is:				
How would you like our f	irm to help you?			

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CHECKLIST

A TAX RECORDS

- Past 2 years state and federal tax returns
- Recent paycheck statement showing tax and FICA withholding, automatic savings and deductions.
- Number of pay periods per year _____

B STATE AND LEGAL

- Will(s) / Trust(s)
- Divorce Decree
- Other

C COMPANY BENEFITS (Descriptive Brochures and Current Account Statements for:)

- Life/Health/ Disability
- Pensions _____
- 401(k) Plan / 403b / 457
- Stock Option / RSU / ESOP

D PERSONAL INSURANCE

Life Auto Disability

E SAVINGS

- #_____ of checking accounts
- #_____ of credit union accounts
- #_____ of Money Market accounts
- #_____ of Certificate of Deposit
- #_____ of other accounts

F INVESTMENTS

- #_____ of IRA / SEP
- #_____ of Mutual Funds
- #_____ of Brokerage Accounts
- #_____ of Stocks
- #_____ of Bonds
- #_____ Annuities
- #_____ Real Estate Properties
- #_____ Business Interests

G SOCIAL SECURITY

Statements

ASSET/LIABILITY (Mortgage, Notes and Credit Card Information)							
ASSET DESCRIPTION	OWED TO WHICH INSTITUTION?	ORIGINAL LOAN AMOUNT & DATE	CURRENT BALANCE	MONTHLY PAYMENT	INTEREST RATE	CURRENT MARKET VALUE	
1		\$	\$	\$	%	\$	
2		\$	\$	\$	%	\$	
3		\$	\$	\$	%	\$	
4		\$	\$	\$	%	\$	
5		\$	\$	\$	%	\$	
6		\$	\$	\$	%	\$	

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