

# PENNEY BLAIKIE LAW

## Assets & Liabilities Form

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Providing this information, provides us with a snapshot of your Assets, and Liabilities to better assist with you with your matter

<b>Full Legal Name:</b>	
Current Address:	
Phone number:	
Email Address:	
Occupation:	

## Current Relationship Status

Relationship	Spouse / Partner Name	Date relationship commenced	Date relationship ended
Single			
De Facto			
Married / Civil Union			
Widow / Widower			Date of Death:
Divorced			
Separated			

## YOUR INCOME SOURCES

A snapshot of your current financial position, to assist us with providing the correct advice to you.

Self Employed	
Director or Shareholder salary	
Wages & Salaries	
Superannuation / Pension	
Benefit	
Term Deposit Interest	
Company	
Property Rentals	
Other	

## PBL OFFICE NOTES ONLY:

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<b>CHILDREN DETAILS</b> - include children who are deceased, adopted, stepchildren - that are dependents.				Biological / Adopted / Whangai / Step
<b>#1 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#2 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#3 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#4 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#5 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#6 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#7 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#8 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	
<b>#9 Full Legal Name:</b>				
Occupation:		D.O.B:		
Place of residence:		Male	Female	

If you have more children to add, please list their details (same as above) below:

## OTHER FINANCIAL DEPENDENTS (Raised by you)

<b>Full name:</b>	
<i>Relationship to you:</i>	
<b>Full name:</b>	
<i>Relationship to you:</i>	

## REQUIREMENTS AND CONCERNS OF THE FAMILY

*Please state any concerns, eg, health issues, personal relationships, financial circumstances, disabilities, addictions*

## BANK ACCOUNTS

Bank Name	Name of Account & Account Number	Type of Account	Joint / Separate	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$

## INVESTMENT ASSETS

	Ownership	Company Name	Estimated Value
Shares in public companies			
Shares in private companies			

## INSURANCES

Please indicate below which of the following insurance policies you have in place.

Income Protection	
Medical insurance	
Terminal life cover	
Property / House	
Public Liability	

Full Life Cover	
Disability	
Accidental	
Funeral	
Business	

Other	
Details:	

### INSURANCE POLICY DETAILS

<b>1.</b>	<b>Insurance Company</b>	<b>Policy #</b>	<b>Value \$</b>	<b>Policy Owner</b>
	Named Beneficiary:			
<b>2.</b>	<b>Insurance Company</b>	<b>Policy #</b>	<b>Value \$</b>	<b>Policy Owner</b>
	Named Beneficiary:			
<b>3.</b>	<b>Insurance Company</b>	<b>Policy #</b>	<b>Value \$</b>	<b>Policy Owner</b>
	Named Beneficiary:			
<b>4.</b>	<b>Insurance Company</b>	<b>Policy #</b>	<b>Value \$</b>	<b>Policy Owner</b>
	Named Beneficiary:			

### KiwiSaver Fund, Superannuation, Australian or Overseas Government, Forces, Private

<b>1.</b>	<b>Company</b>	<b>Policy #</b>	<b>Est value \$</b>	<b>Policy Owner</b>
	Survivor benefit:			
Named Beneficiary:				
<b>2.</b>	<b>Company</b>	<b>Policy #</b>	<b>Est value \$</b>	<b>Policy Owner</b>
	Survivor benefit:			
Named Beneficiary:				
<b>3.</b>	<b>Company</b>	<b>Policy #</b>	<b>Est value \$</b>	<b>Policy Owner</b>
	Survivor benefit:			
Named Beneficiary:				
<b>4.</b>	<b>Company</b>	<b>Policy #</b>	<b>Est value \$</b>	<b>Policy Owner</b>
	Survivor benefit:			
Named Beneficiary:				

## CHATELS

Provide a list of chattel's **worth more than \$40,000.00**. We do not expect you to record all items, just those of significant monetary or over or personal value.

Client Chattels List			Value \$
Vehicle(s):	Type:	Model:	
Jewelry:			
Equipment:			
Firearms:			
Boats:			
Art:			
Tools:			
Heirloom items:			
Other:			
Other:			

## Does anyone owe you any money?

- This is particularly relevant if you have loaned or gifted money or property to people over time.
- It is best to record that this was either as a gift or a loan during your lifetime to avoid complications on your death.
  - *E.g. later arguments as to whether it was a gift or loan.*
- Small amounts overtime can add up to a considerable amount over your lifetime.

Full Name	Date	Type of gift or loan <i>E.g. Money or Property</i>	Evidence <small>Deed, Bank Statement, letter of acknowledgement, none etc.</small>	\$ Value

## LIABILITIES

Do you owe anyone money?

Full Name	Date	Type of debt <i>E.g. Funeral costs, Rates, Creditors</i>	Evidence <small>Deed, Bank Statement, letter of demand, none etc.</small>	\$ Value

### List details of other debt: E.g. Overdrafts, Phone Plans, Credit cards, HP, Loans, WINZ, Q Card, Fines, Afterpay etc

Debtor Name	Type of debt	Balance due \$

## REAL ESTATE – PERSONAL

Address/Location/ Title Ref: <i>Nature of ownership (e.g. Sole, Joint, Tenancy in common)</i>	Estimated value \$	Mortgage	Relationship Property or Separate	\$ Value

## MĀORI LAND

Do you have shares in Multiple owned Māori Land? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Name of the Māori Land block(s) (if known):</b>			
Block:		Block:	
Block:		Block:	

<b>List other names you could be known as, in the Māori Land Court?</b> We will complete searches in these names.			
Name:		Name:	
Name:		Name:	

Have you succeeded to all your interests? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Name of person you have not yet succeeded interests from:</b>			
Name:		Name:	
Name:		Name:	

Are you a beneficiary of any Whanau Trusts? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Name of Whanau Trust</b>			
Name:			
Name:			

## BUSINESS INTERESTS

Or Company Trustee / Beneficiary / Director / Committee Member

Trust Name or Company Name	Role – Beneficiary / Shareholder/ Director/ Trustee

<b>Other financial obligations</b>	
Guarantees Indemnities	
Relationship agreements	
Court orders	
Potential Liabilities (tax)	
Tenancy Lease Other agreements	

**Are you expecting inheritance?** No \_\_\_\_\_ Yes \_\_\_\_\_ From: \_\_\_\_\_

**Have you made any Testamentary Promises?** No \_\_\_\_\_ Yes \_\_\_\_\_

Details of promise: \_\_\_\_\_

**Have you received any Testamentary promises?** No \_\_\_\_\_ Yes \_\_\_\_\_

Details of promise:

\_\_\_\_\_

I confirm that the information provided in this Assets and Liabilities Statement is true and correct to the best of my knowledge. I understand that this information will assist my legal representative in providing advice and/or administering the estate:

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

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