THE PINES
AT · DAVIDSON

CONFIDENTIAL FINANCIAL STATEMENT

Full Name: _____ DOB_____ Spouse's Name: _____ DOB_____

Address:_____

Email: _____ Telephone:_____

ASSETS	TOTAL	LIABILITIES	TOTAL
Cash on Hand & in Banks	$	Notes Payable to Banks	$
U.S. Government Securities (Treasury Bills, Bonds, etc.)	$	Notes Payable to Others	$
Listed Securities (Stocks, Mutual Funds, etc.)	$	Accounts Due	$
Unlisted Securities (Private Investments, etc.)	$	Long Term Care Annual Premium	$
Accounts & Notes Receivable	$	Real Estate Mortgages Payable (See Schedule on Back.)	$
Real Estate Owned (See Schedule on Back)	$	Other Debts (Itemize)	$
Life Insurance, Cash Value	$		
Automobiles	$		
Personal Property	$		
Certificates of Deposit	$		
Other Assets (Itemize)	$		
Annuity Value	$		
Trust			
TOTAL ASSETS	$	**TOTAL LIABILITIES**	$
		NET WORTH (Total Assets minus Total Liabilities)	$

Applicant Initials: _____ The total principal of all investments shown above will be available to meet my financial/healthcare obligations until my death.

Schedule of U.S. Government Securities, Listed & Unlisted Securities, Other Stocks & Bonds Owned

No. Of Shares/Bonds	Description	In name of	Market Value
(If more space needed, please attach information)			

Schedule of Real Estate Owned

Description of Property & Improvement	Date Acquired	Title in Name of	Cost	Market Value	Mortgage Amount	Terms
			$	$	$	

Schedule of Notes Payable

Name of Creditor	Original Amount	Unpaid Balance	Payment Terms	Collateral-Endorser
	$	$		

Schedule of Life Insurance Carried, Including Group Insurance, Long Term Care

Amount	Name of Company	Beneficiary	Cash Surrender Value	Loan Amount
$			$	$

ANNUAL INCOME	TOTAL
Name	$
Annuity Term:	$
Pension:	$
Dividend:	$
Interest:	$
Real Estate Income:	$
Trust:	$
Other Income (specify)	$
TOTAL	**$**

Name of person having power-of-attorney over my affairs:

_____

City:_____ State: _____

Telephone #:_____

I affirm that this information is correct & substantially complete to the best of my knowledge.

Signature: _____

Spouse: _____

Date: _____