



OUR LIVING LEGACY

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Worksheet

HOME

(circle all that apply)

First Time or Refinance

Term: 30 yr 20 yr 15 yr 10 yr

Est. Monthly Mortgage (including taxes & insurance): \$ _____

EXISTING PROTECTION

Type Of Life Insurance: _____ DB \$ _____ Monthly Payment \$ _____ Living Benefit? Yes No
 (Individual or Work) _____ DB \$ _____ Monthly Payment \$ _____ Living Benefit? Yes No

ASSETS

Retirement: Individual (Roth IRA): _____ Purpose: _____
 Work (401k): _____ Purpose: _____
 Savings: _____ Purpose: _____

Other we need to list? Buried in the backyard? _____

INCOME

You: _____ /month

Spouse: _____ /month

