



Statement of Financial Condition

Date: _____

Assets (Present Value)

Cash on Hand	
Checking Account	
Savings	
Stocks & Bonds	
Collectables (stamps, coins, antiques, etc.)	
Home	
Other Real Estate	
Accounts Receivable	
Automobiles	
Recreational Vehicles	
Furniture	
Jewelry	
Other Personal Items	
Retirement Savings (IRA, Pension, 401k)	

TOTAL ASSETS:

Liabilities (from Debt Sheet)

Credit Card Debt	
Automobile Loans	
Home Mortgage	
Other Real Estate Mortgages	
Personal Debts to Relatives/Friends	
Business Loans	
Educational Loans	
Medical Bills	
Life Insurance Loans	
Bank Loans	
Other Debts and Loans	

TOTAL LIABILITIES:

(total assets minus total liabilities) NET WORTH: