

# Grace Financial Services

190 N Wiget Lane Suite 100 Walnut Creek, CA 94598

Telephone : (925) 300-3025 • Fax: (925) 482-0998

mgrace@royalaa.com • www.Marjoriegrace.com

CA Insurance License No. 0623165

## Personal Inventory Sheet

Date: _____
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### Personal Data

<b>Your Name:</b>	<b>Sex:</b>	<b>Birthdate:</b>	<b>Social Security:</b>
Spouse Name:	Sex:	Birthdate:	Social Security:
Address: _____ City, State, Zip	Home Telephone: _____		E-Mail Address: _____

### Dependents

<b>Name:</b>	<b>Sex:</b>	<b>Birthdate:</b>	<b>Social Security:</b>
Name:	Sex:	Birthdate:	Social Security:
Name:	Sex:	Birthdate:	Social Security:

### Employment

Occupation:	Occupation:
Employer Name:	Employer Name:
Address: _____ City, State, Zip	Address: _____ City, State, Zip
Telephone:	Telephone:
Type of Business	Type of Business
Date Employment Began	Date Employment Began

### Advisors

	Name	Address	City, State, Zip	Telephone
Accountant				
Attorney				
Insurance Agent				

### Planning Considerations

1. What is your Financial Objectives? \_\_\_Income Now \_\_\_Income at Retirement \_\_\_Income Tax Deferral/Reduction \_\_\_Liquidity \_\_\_Freedom from Management \_\_\_Safety of Principal \_\_\_Asset Growth \_\_\_Other
2. Do you consider yourself a \_\_\_Conservative, \_\_\_Moderate, or \_\_\_Liberal Investor? (Check one)
3. Are any of your investments earmarked for future use? \_\_\_No \_\_\_Yes (If yes, please explain below)
4. Do you feel that your investments and savings are keeping pace with inflation? \_\_\_No \_\_\_Yes
5. Have you or your spouse ever been rated or restricted for life or disability insurance? \_\_\_No \_\_\_Yes
6. Does any member of your family currently have health or a history of health problems? \_\_\_No \_\_\_Yes
7. Do you have a will? \_\_\_No \_\_\_Yes (if yes, date of will: \_\_\_\_\_)

Please provide any additional information, if necessary.

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Securities offered through Royal Alliance Associates, Inc. member FINRA and SIPC. Investment advisory services and insurance offered through Grace Financial Services a Registered Investment Advisor not affiliated with

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## Cash Flow Sheet

### Taxable Income

Salary	\$
Bonus	\$
Dividends	\$
Interest	\$
Proceeds from Securities	\$
Rental Income	\$
Trust Income	\$
Social Security	\$
Pension	\$
Alimony	\$
Child Support	\$
Unemployment, Disability Insurance	\$
Other Taxable Income	\$

Total Taxable Income

### Non-Taxable Income

Name:	\$
Name:	\$
Name:	\$

Total Non- Taxable Income \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

### Fixed Expenses

Mortgage/ Rent	\$
Gas/ Electricity	\$
Telephone	\$
Water	\$
Garbage	\$
Real Estate Tax	\$
Home Owners Insurance Premium	\$
Automobile Insurance Premium	\$
Medical/ Disability Insurance Premium	\$
Life Insurance Premium	\$
Automobile Loan	\$
Loans	\$
Other	\$
<b>Fixed Expenses Income</b>	<b>\$</b>

### Flexible Expenses

Food/ Beverage	\$
Clothing	\$
Laundry/ Cleaning	\$
Personal Care	\$
Credit Cards	\$
Entertainment/ Recreation	\$
Travel/ Vacations	\$
Gifts/ Donations	\$
Health Care (Doctors, Medicine)	\$
Child Care	\$
Savings/ Investments	\$
Retirement Savings	\$
Personal Allowance	\$
Gasoline/ Transportation	\$
Other	\$

Total Flexible Expenses \$ \_\_\_\_\_

### Tax Expenses

Federal Income Tax	\$
State Income Tax	\$
FICA/ Medicare/ OASDI	\$
Self- Employment	\$

Total Tax Expenses \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

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## Balance Sheet

Current Value	Interest Rate	Maturity Date
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Current Balance	Interest Rate
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### Assets

#### Cash

Cash on hand	\$	%	\$
Checking Account	\$	%	\$
Savings Account	\$	%	\$
Cash value in Life Insur-	\$	%	\$
Money Markets Name:	\$	%	\$
Money Markets Name:	\$	%	\$

#### Fixed Assets

Corporate Bonds/Name:	\$	%	\$
Government Bonds/ Name:	\$	%	\$
Fixed Annuities/ Name:	\$	%	\$
Preferred Stocks/ Name:	\$	%	\$
Mutual Funds/ Name:	\$	%	\$

#### Equity Assets

Common Stocks	\$	%	\$
Mutual Funds/ Name:	\$	%	\$
Business Interests/ Name:	\$	%	\$
Variable Annuities/ Name:	\$	%	\$

#### Real Estate

Residential	\$	%	\$
Additional Properties	\$	%	\$
Additional Property	\$	%	\$

#### Retirement

Pension/ Name:	\$	%	\$
IRA	\$	%	\$
Keogh	\$	%	\$

Automobiles	\$	%	\$
Household Furnishing	\$	%	\$
Art, Collectibles	\$	%	\$
Clothing, Jewelry	\$	%	\$

### Liabilities

#### Change Accounts

Credit Cards	\$	%

#### Loans

Life Insurance	\$	%
Automobile	\$	%
Home Improvement	\$	%
Education	\$	%
Education	\$	%

#### Real Estate

Mortgage: 1st	\$	%
Mortgage: 2nd	\$	%
Additional Properties	\$	%

#### Miscellaneous Debts

Other Name:	\$	%

Total Liabilities \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

Net Worth (Assets Minus Liabilities) \$ \_\_\_\_\_

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## Insurance Protection

### Personal Life

Insured	Owner	Company and Policy Number	Type	Face Amount	Premium	Issue Age	Cash Value	Loans	Interest	Dividends

### Group Life

Insured	Face	Premium	Portable

### Group Long Term Disability

Insured	Income	Waiting Period	Premium	Portable

### Personal Disability Income

Insured	Owner	Company and Policy Number	Premium	Issue Age	Monthly Income	Waiting Period	Benefit Period

### Medical

Insured	Owner	Company and Policy Number	Premium	Deductible	Co-Insurance	Stop-loss Limit	Maximum Benefit	Family Deductible

### Property and Casualty

Please note Homeowner or Renter	Company and Policy Number	Premium	Deductible	Co-Insurance	Dwelling	Personal Property	Liability	Med. Payments

### Automobile

Company and Policy Number	Autos	Premium	Deductible	Liability	Comp.	Collision	Medical Payments	Uninsured Motorist

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