

ASSET DOCUMENTATION (재산 관련 서류)

SCHEDULE A - REAL ESTATE 부동산

Please provide the information about all real property (including timeshares, rental property or farmland) you own as individuals (not as general or limited partners), located in California. Separate residential and investment property and note which is which. For rental properties you own, please provide the name, address and telephone number of the property manager, if any. Note where documents relating to the property are kept and please provide a photocopy of the most recent Grant Deed and any Deed of Trust. 소유하고 계신 모든 부동산의 내역을 적어주시고 부동산서류(Grant Deed나 Deed of Trust 등)의 copy를 주시기 바랍니다.

SCHEDULE B - MARKETABLE SECURITIES
(STOCKS, BONDS, MUTUAL FUND SHARES, TREASURY INSTRUMENTS)
주식, 채권 등

Securities Accounts: 주식

Please provide a photocopy of a recent monthly statement, which will contain all of the requested information. 최근의 스테이트먼트를 주시기 바랍니다.

Name and Address of Brokerage:

Telephone Number: () _____

Fax Number: () _____

E-mail address: _____

Account Number: _____

Account Registration: _____

Account Representatives Name: _____

Form of ownership (circle one):

Joint Tenancy	Tenants in Common	Community Property	Husbands Separate	Wives Separate
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Securities Held in Certificate Form: 증서형식으로 되어있는 주식, 증권

Please provide a photocopy of each stock certificate or bond. 주식이나 채권의 copy를 주시면 됩니다.

SCHEDULE C - BANK ACCOUNTS 은행구좌

Please provide a photocopy of a recent monthly statement, which will contain all the requested information. 최근의 스테이먼트의 copy를 주시면 됩니다.

If the account has a passbook or certificate, note where it is located. Also state where monthly statements are kept for the bank and money market accounts.

SCHEDULE D - LOANS, NOTES AND MORTGAGES RECEIVABLE 받을 돈

Notes Payable to You. Please provide a copy of the document: 받을 돈이 있는 경우 약속어음의 copy를 주시면 됩니다.

SCHEDULE E - LIFE INSURANCE 생명보험

Please provide a photocopy of the front page of the policy, which will contain the requested information, and please provide a copy of the current beneficiary designation. 생명보험 policy의 첫 페이지의 copy를 주시든지 다음의 내용을 모두 적어주시면 됩니다.

1. Carriers Name: _____

Carriers Address: _____

Policy No.: _____ Face Value: _____

Name of Insured: _____

Owner of Policy: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Type (circle one): Term Universal Life Whole Life

Policy Loans: _____

How Are Dividends Used? _____

How Are Premiums Paid? _____

Location of Policy Documents (including current beneficiary designation):

SCHEDULE F - JOINT INTERESTS 공동소유재산

Please list all property, etc., in which you have a joint interest with another person, including your spouse: 배우자를 포함해서 다른사람과 공동으로 소유하고 있는 재산

Type of Property (Schedule on which listed) 재산의 종류: _____

Name of Co-Owner(s) 공동소유권자의 이름: _____

Relationship to You: _____
본인과의 관계

% Contributed by You to Acquisition: _____
본인의 소유비율

Nature of your funds used for acquisition (e.g., community property, separate property): 구입을 위해 사용한 자금의 출처

SCHEDULE G - PERSONAL, HOUSEHOLD, ETC. PROPERTY 기타 동산

Personal Property 동산:

List all personal property of significant value, including, for example, antiques, artwork, other collectibles, jewelry:

Household furniture and furnishings가구등 가정용품:

Jewelry 보석등 귀중품:

Automobiles 자동차:

Model and license no: _____

Name on registration: _____

Leased or owned: _____

If there is a loan on this automobile, provide a copy of last statement. 자동차
용자가 있으시면 최근 스테이트먼트의 카피를 주시기 바랍니다.

Collections: If you have any collections (such as Art, Stamp, Coin, Gun), describe
here and indicate whether the collection is specially insured:

Other Property Not Listed Above (Motorcycles, Boats, Etc.): Describe here and
indicate pertinent information (location, special insurance, etc.):

SCHEDULE H - TRUSTS AND GIFTS

Trusts created by you:

If a gift tax return was filed in connection with the transfer of assets to the trust, note the year for which the return was filed and indicate if any tax was paid, and whether to the IRS or the state. Indicate the type of trust created (insurance, minor's trust, QTIP, etc.).

Trustee(s): _____

Date of Trust: _____

Beneficiaries: _____

Type of Trust: _____

Gift Tax Information: _____

Trusts created for your benefit or for the benefit of your family, or in which you are a trustee:

Grantor(s): _____

Trustee(s): _____

Date of Trust: _____

Type of Beneficial Interest: _____

Gifts to children:

List gifts you have made to minor children pursuant to UGMA (Uniform Gifts to Minors Act) or UTMA (Uniform Transfers to Minors Act) for which you are the custodian:

Gifts to Others:

List gifts you have made to others falling outside of the annual gift exclusion amount and/or for which you have filed gift tax returns:

SCHEDULE I - GENERAL POWERS OF APPOINTMENT

Instrument Creating Subject Power*	Date of Creation	Value of Property to Power
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**SCHEDULE J - RETIREMENT AND OTHER EMPLOYMENT BENEFITS,
INDIVIDUAL RETIREMENT ACCOUNTS (IRAs) OR KEOGH ACCOUNTS**

RETIREMENT AND EMPLOYMENT BENEFITS

For all employee benefits provided to you or your spouse, please provide the following information, or a photocopy of the most recent statement containing all the requested information. Also please provide a copy of the current beneficiary designation.

Pensions or Corporate Retirement Plans

Name of Employer: _____

Address of Employer: _____

Name of Plan: _____

Name of Plan Administrator: _____

Address of Plan Administrator: _____

Name of Primary Beneficiary: _____

Name of Contingent Beneficiary: _____

Health (Medical) Insurance

Insurer: _____

Brief Description of Coverage: _____

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

Please provide a photocopy of the most recent annual statement, which will contain all of

the requested information. Also please provide a copy of the current beneficiary designation.

Mutual Funds

Participants Name: _____

Name of Custodial Institution: _____

Address of Custodial Institution: _____

Account Number: _____

Name of Primary Beneficiary: _____

Name of Contingent Beneficiary: _____

Location of statements: _____

Certificates of Deposit

Name of Financial Institution: _____

Address of Financial Institution: _____

Account Number: _____

Type of Account: _____

Name of Primary Beneficiary: _____

Name of Contingent Beneficiary: _____

SCHEDULE K - BUSINESSES, PARTNERSHIPS AND JOINT VENTURES

Please provide a copy of the Schedule K1 filed with your most recent Federal income tax return, which will contain all of the requested information.

CLOSELY-HELD CORPORATION:

Please obtain balance sheet and profit and loss statements for the most recent year. If possible, please provide a copy to us.

Name of Corporation: _____

Address: _____

Exact Title of Ownership: _____

Manner of Ownership Interest (circle one):

Joint Tenants Tenants in Common Community Property Husbands Separate Wives Separate

Percentage of Ownership: _____

State of Incorporation: _____

Date of Incorporation: _____

S or C Corporation? _____

Ownership of stock:

Owner	Number of Shares/Type	Relation (if any) to You
1. _____	_____	_____
2. _____	_____	_____

PARTNERSHIP INTERESTS

If there is a written partnership agreement, please attach a copy. Also, please attach balance sheet and earnings statements for preceding five years.

Name of Partnership: _____

Address of Partnership: _____

Full Name of Owner as It Appears on Partnership Records: _____

Nature of Partnership Interest (circle one): General Partner Limited Partner

Amount of Original Investment: _____

SOLE PROPRIETORSHIPS

Please attach balance sheet and income statements for last year.

Name of Business: _____

Address: _____

SCHEDULE L - MISCELLANEOUS LIABILITIES

Please describe any liabilities not disclosed on prior schedules.

Debt	Separate Debt	Joint
Leasehold liability	_____	_____
Joint notes	_____	_____
Endorsement of notes for others	_____	_____
Disputed damage (tort) liability	_____	_____
Taxes due	_____	_____
Disputed past taxes	_____	_____

NOTES: