

Spouse's Liabilities

Mortgages

Institution	Amount	Life Insured (yes or no)
1. _____		
2. _____		
3. _____		

Credit Cards

Institution	Amount	Life Insured (yes or no)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Loans Payable

Institution	Amount	Life Insured (yes or no)
1. _____		
2. _____		
3. _____		

Income Tax Owed (details)

Other Money Owed

To	Amount	Special Note
1. _____		
2. _____		
3. _____		

Total Liabilities: _____

DATE: _____