

Recommended Asset Sale
-in the event of health issues-

Client Name: _____

Address: _____

Phone Number: _____ Cell: _____

Cash needed to pay bills — Possible assets to be liquidated as needed.

1) _____

2) _____

3) _____

4) _____

5) _____

In the event of an emergency, person to contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Signed by: _____

Date _____