

# DOCTORS MANAGEMENT

## FINANCIAL STATEMENT

<b>Name</b>	_____		
<b>Address</b>	_____		
<b>City</b>	<b>State</b>	<b>ZIP</b>	_____

### ASSETS

Description	Current Value
Cash on Hand	
Stocks, Bonds, Mutual Funds	
Money Market, CD, Savings Accounts	
Real Estate	
Home	
Other	
Automobiles	
Retirement/IRA	
Furniture	
Jewelry	
Collectibles/Antiques	
Receivables	
Business	
Personal	
Other Assets (List)	
<b>TOTAL ASSETS</b>	<b>\$</b>

### LIABILITIES

Description	Balance Due	Monthly Payment
Creditor		
Credit Cards		
Auto Loan		
Auto Lease		
Home Loan		
Other Real Estate Loan		
Educational Loans		
Self		
Spouse		
Other Liabilities (List)		
<b>TOTAL LIABILITIES</b>		
<b>NET WORTH</b>	<b>\$</b>	
<b>MONTHLY PAYMENTS</b>	<b>\$</b>	<b>\$</b>

**PREPARED BY** \_\_\_\_\_  
**DATE** \_\_\_\_\_  
 DMD 209 11/05