

# CLIENT'S U.C.C.-1 INFORMATION FOR ASSET PROTECTION

Each party must fill out this form

**Print or Type Clearly**

page \_\_\_\_ of \_\_\_\_ pages

CONSULTANT'S NAME:

CONSULTANT'S PH #:

CONSULTANT'S EMAIL:

YOUR NAME: **Please, NO INITIALS!** First

Middle

Last

Please list **ALL** assets you intend placing into U.C.C. asset protection. Use multiple forms as needed. **Please paginate.**

 Asset Name:

ACCOUNT NUMBER:

Asset Description:

Single or Joint Ownership:

 Asset Name:

ACCOUNT NUMBER:

Asset Description:

Single or Joint Ownership:

 Asset Name:

ACCOUNT NUMBER:

Asset Description:

Single or Joint Ownership:

 Asset Name:

ACCOUNT NUMBER:

Asset Description:

Single or Joint Ownership:

 Asset Name:

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Asset Description:

Single or Joint Ownership: