

## *Inventory and Appraisement*

**1. Real Property**

**A. Street address:** \_\_\_\_\_

**County of location:** \_\_\_\_\_

Legal description: \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Names of other lienholders: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**B. Street address:** \_\_\_\_\_

**County of location:** \_\_\_\_\_

Legal description: \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Names of other lienholders: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**C. Street address:** \_\_\_\_\_

**County of location:** \_\_\_\_\_

Legal description: \_\_\_\_\_

Current fair market value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Name of mortgage company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current balance of mortgage (as of \_\_\_\_\_): \$ \_\_\_\_\_

Other liens against property: \_\_\_\_\_

Names of other lienholders: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

**2. Mineral Interests** (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and nonproducing oil and gas wells)

Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description: \_\_\_\_\_

Name of producer/operator: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**3. Bank Accounts:**

**A. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**B. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**C. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**D. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (checking/savings/money market/certificate of deposit) \_\_\_\_\_

Name(s) on withdrawal cards: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

4. **Brokerage and Mutual Fund Accounts**

- A. Name of brokerage firm or mutual fund:** \_\_\_\_\_  
Address of brokerage firm or mutual fund: \_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_
- B. Name of brokerage firm or mutual fund:** \_\_\_\_\_  
Address of brokerage firm or mutual fund: \_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_
- C. Name of brokerage firm or mutual fund:** \_\_\_\_\_  
Address of brokerage firm or mutual fund: \_\_\_\_\_  
Name account held in: \_\_\_\_\_  
Name of account (and subaccounts if any): \_\_\_\_\_  
Account number (and numbers of subaccounts if any): \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

5. **Publicly Traded Stocks, Bonds, and Other Securities** (include securities not in a brokerage account, mutual fund, or retirement fund)

- A. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type of security: [common stock/preferred stock/bond/other security]: \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Pledged as collateral? [Yes/No] \_\_\_\_\_  
Date acquired: \_\_\_\_\_  
Tax basis: \$ \_\_\_\_\_  
Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_
- B. Name of security:** \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type of security: [common stock/preferred stock/bond/other security]: \_\_\_\_\_  
Certificate numbers: \_\_\_\_\_

In possession of: \_\_\_\_\_

Name of exchange on which listed: \_\_\_\_\_

Pledged as collateral? [Yes/No]

Date acquired: \_\_\_\_\_

Tax basis: \$ \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**6. Stock Options**

**A. Name of company:** \_\_\_\_\_

Date of option/grant: \_\_\_\_\_

Vesting schedule: \_\_\_\_\_

Number of options: \_\_\_\_\_

Are the options exercisable? [Yes/No]

Are the options registered? [Yes/No]

Current stock price: \$ \_\_\_\_\_

Strike price: \$ \_\_\_\_\_

If purchased, total purchase price of option contract (including commissions):

\$ \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**B. Name of company:** \_\_\_\_\_

Date of option/grant: \_\_\_\_\_

Vesting schedule: \_\_\_\_\_

Number of options: \_\_\_\_\_

Are the options exercisable? [Yes/No]

Are the options registered? [Yes/No]

Current stock price: \$ \_\_\_\_\_

Strike price: \$ \_\_\_\_\_

If purchased, total purchase price of option contract (including commissions):

\$ \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**7. Bonuses**

**A. Name of company:** \_\_\_\_\_

Spouse earning bonus: \_\_\_\_\_

Date bonus expected to be paid: \_\_\_\_\_

Time period covered by bonus: \_\_\_\_\_

Anticipated amount of bonus: \$ \_\_\_\_\_

**B. Name of company:** \_\_\_\_\_

Spouse earning bonus: \_\_\_\_\_

Date bonus expected to be paid: \_\_\_\_\_

Time period covered by bonus: \_\_\_\_\_

Anticipated amount of bonus: \$ \_\_\_\_\_

**8. Closely Held Business Interests** (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

**A. Name of business:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of business organization: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

Number of shares owned (if applicable): \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

\$ \_\_\_\_\_

Balance of accounts receivable if on cash basis accounting: \$ \_\_\_\_\_

Balance of liabilities if on cash basis accounting:

<\$ \_\_\_\_\_

**9. Retirement Benefits**

**401K Plans**

**A. Exact name of plan:** \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Balance of loan against plan: \$ \_\_\_\_\_

**B. Exact name of plan:** \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Balance of loan against plan: \$ \_\_\_\_\_

**Defined Benefit Plan**

**A. Exact name of plan:** \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**B. Exact name of plan:** \_\_\_\_\_

Name and address of plan administrator: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**IRA/SEP**

**A. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**B. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current account balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Military Benefits**

Branch of service: \_\_\_\_\_

Name of service member: \_\_\_\_\_

Rank/pay grade of service member: \_\_\_\_\_

Starting date of creditable service: \_\_\_\_\_

Status of service member: [active/reserve/retired]

Payee of survivor benefits: \_\_\_\_\_

Description of benefits: \_\_\_\_\_

Monthly benefit payable: \$ \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Percentage of plan that is community: \_\_\_\_\_ %

**Nonqualified Plans (Not under ERISA)**

**A. Name of financial institution:** \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Account balance as of date of marriage: \$ \_\_\_\_\_

Payee of survivor benefits: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**Government Benefits (civil service, teacher, railroad, state and local)**

- A. Name of plan:** \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account balance as of date of marriage: \$ \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_
- B. Name of plan:** \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account balance as of date of marriage: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**10. Other Deferred Compensation Benefits** (e.g., worker's compensation, disability benefits, other "special payments", and other forms of compensation)

**A. Husband**

Description of Asset	Value
_____	_____
_____	_____
_____	_____

**B. Wife**

Description of Asset	Value
_____	_____
_____	_____
_____	_____

**11. Union Benefits** (include all insurance, pensions, retirement benefits, and other benefits arising out of membership in any union)

- A. Name of union member:** \_\_\_\_\_  
Name of Union: \_\_\_\_\_  
Description of benefits: \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_



12. Insurance and Annuities

Life Insurance

A. **Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance: [term/whole/universal]  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Face amount: \_\_\_\_\_  
Cash surrender value on date of marriage: \_\_\_\_\_  
Current cash surrender value: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Balance of loan against policy: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

B. **Name of insurance company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance: [term/whole/universal]  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Face amount: \_\_\_\_\_  
Cash surrender value on date of marriage: \_\_\_\_\_  
Current cash surrender value: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Balance of loan against policy: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

Annuities

A. **Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance: [term/whole/universal]

Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Face amount: \_\_\_\_\_  
Cash surrender value on date of marriage: \_\_\_\_\_  
Current cash surrender value: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Balance of loan against policy: \$ \_\_\_\_\_  
Current value (a \_\_\_\_): \$ \_\_\_\_\_

**B.** **Name of company:** \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Name of insured: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Type of insurance: [term/whole/universal]  
Amount of premiums [monthly/quarterly/semiannually]: \$ \_\_\_\_\_  
Date of issue: \_\_\_\_\_  
Face amount: \_\_\_\_\_  
Cash surrender value on date of marriage: \_\_\_\_\_  
Current cash surrender value: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Balance of loan against policy: \$ \_\_\_\_\_  
Current value (as of \_\_\_\_): \$ \_\_\_\_\_

### Health Savings Accounts

**A.** **Institution holding account:** \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of high-deductible health plan with which the HSA is coupled: \_\_\_\_\_  
Current value (as of \_\_\_\_): \$ \_\_\_\_\_

**B.** **Institution holding account:** \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name of high-deductible health plan with which the HSA is coupled: \_\_\_\_\_  
Current value (as of \_\_\_\_): \$ \_\_\_\_\_

### Medical Savings Accounts

**A.** **Institution holding account:** \_\_\_\_\_

Account number: \_\_\_\_\_

Name of high-deductible health plan with which the MSA is coupled: \_\_\_\_\_

Current value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**13. Motor Vehicles, Boats, Airplanes, Cycles, etc.** (including mobile homes, trailers, and recreational vehicles; exclude company-owned vehicles)

**A. Year:** \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Fair market value of vehicle: \$ \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**B. Year:** \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Fair market value of vehicle: \$ \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**C. Year:** \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Fair market value of vehicle: \$ \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**D. Year:** \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Name on certificate of title: \_\_\_\_\_

In possession of: \_\_\_\_\_

Vehicle identification number: \_\_\_\_\_

Fair market value of vehicle: \$ \_\_\_\_\_

Name of creditor if loan against vehicle: \_\_\_\_\_

Current balance (as of \_\_\_\_\_): \$ \_\_\_\_\_

Current net equity in vehicle: \$ \_\_\_\_\_

**14. Money Owed to Me or My Spouse** (include any expected federal or state income tax refund but do not include receivables connected with a business)

**A. Name of debtor:** \_\_\_\_\_

Debtor's relationship to you: \_\_\_\_\_

Is debt evidenced in writing? [Yes/No]

Is debt secured? [Yes/No]

Current loan amount owed (as of \_\_\_\_\_):

\$ \_\_\_\_\_

**B. Name of debtor:** \_\_\_\_\_

Debtor's relationship to you: \_\_\_\_\_

Is debt evidenced in writing? [Yes/No]

Is debt secured? [Yes/No]

Current loan amount owed (as of \_\_\_\_\_):

\$ \_\_\_\_\_

**15. Household Furniture, Furnishings, and Fixtures**

**A. In possession of husband (attach separate sheet by room if necessary):**

Description of Asset

Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. In possession of wife (attach separate sheet by room if necessary):**

Description of Asset

Value

\_\_\_\_\_

\_\_\_\_\_

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**16. Electronics and Computers**

**A. In possession of husband (attach separate sheet if necessary):**

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**B. In possession of wife (attach separate sheet if necessary):**

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**17. Antiques, Artwork, and Collections** (include any works of art, such as paintings, tapestry, rugs, and coin or stamp collections)

**A. In possession of husband (attach separate sheet if necessary):**

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**B. In possession of wife (attach separate sheet if necessary):**

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**18. Miscellaneous Sporting Goods and Firearms**

**A. In possession of husband (attach separate sheet if necessary):**

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**B. In possession of wife (attach separate sheet if necessary):**

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>

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19. **Jewelry and Other Personal Items**

**A. In possession of husband (attach separate sheet if necessary):**

Description of Asset	Value
_____	_____
_____	_____
_____	_____

**B.. In possession of wife (attach separate sheet if necessary):**

Description of Asset	Value
_____	_____
_____	_____
_____	_____

20. **Livestock** (include cattle, horses, and so forth)

**A. In possession of husband (attach separate sheet if necessary):**

Description of Asset	Value
_____	_____
_____	_____
_____	_____

**B. In possession of wife (attach separate sheet if necessary):**

Description of Asset	Value
_____	_____
_____	_____
_____	_____

21. **Club Memberships**

**A. Name of club:** \_\_\_\_\_

Name membership held in: \_\_\_\_\_

Account number: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Method of valuation: \_\_\_\_\_

**B. Name of club:** \_\_\_\_\_

Name membership held in: \_\_\_\_\_

Account number: \_\_\_\_\_

Current value (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

Method of valuation: \_\_\_\_\_

**22. Travel Award Benefits** (include frequent-flyer mileage accounts)

**A. Name of airline:** \_\_\_\_\_

Account number and name on account: \_\_\_\_\_

\_\_\_\_\_

Current number of miles (as of \_\_\_\_\_):

\_\_\_\_\_

Current value (if any): \$ \_\_\_\_\_

**B. Name of airline:** \_\_\_\_\_

Account number and name on account: \_\_\_\_\_

\_\_\_\_\_

Current number of miles (as of \_\_\_\_\_):

\_\_\_\_\_

Value (if any): \$ \_\_\_\_\_

**23. Miscellaneous Assets** (include intellectual property, licenses, crops, farm equipment, construction equipment, tools, leases, cemetery lots, gold or silver coins not part of a collection described elsewhere in this inventory, estimated tax payments, tax overpayments, loss carry-forward deductions, lottery tickets/winnings, stadium bonds, stadium seat licenses, seat options, and season tickets)

**A. In possession of husband (attach separate sheet if necessary):**

Description of Asset

Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. In possession of wife (attach separate sheet if necessary):**

Description of Asset

Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**24. Safe-Deposit Boxes**

**A. Name of financial institution or other depository:**

\_\_\_\_\_

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

**B. Name of financial institution or other depository:**

Box number: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

**25. Storage Facilities**

**A. Name and location:** \_\_\_\_\_

Unit number: \_\_\_\_\_

Terms and length of lease: \_\_\_\_\_

Names of persons with access to contents: \_\_\_\_\_

Items in storage unit: \_\_\_\_\_

**26. Community Claim for Reimbursement**

**A. Reimbursement claim against husband's separate estate:**

Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):

\$ \_\_\_\_\_

**B. Reimbursement claim against wife's separate estate:**

Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):

\$ \_\_\_\_\_

**27. Contingent Assets** (e.g., lawsuits by either party against third party)

**A. Nature of claim:** \_\_\_\_\_

Amount of claim: \$ \_\_\_\_\_



B. Nature of claim: \_\_\_\_\_

Amount of claim:\$ \_\_\_\_\_

28. Community Liabilities

Credit Cards and Charge Accounts

A. Name of creditor: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

B. Name of creditor: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

C. Name of creditor: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

D. Name of creditor: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Balance as of \_\_\_\_\_ [date of separation]:

<\$ \_\_\_\_\_ >

E. Name of creditor: \_\_\_\_\_

Account number: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Current balance (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_>  
Balance as of \_\_\_\_\_ [date of separation]:  
<\$ \_\_\_\_\_>

**Federal, State, and Local Tax Liability**

- A. Amount owed in any previous tax year:**  
<\$ \_\_\_\_\_>  
[describe liability, e.g., federal income tax/property taxes]  
Amount owed for current year \_\_\_\_\_:  
<\$ \_\_\_\_\_>
- B. Amount owed in any previous tax year:**  
<\$ \_\_\_\_\_>  
[describe liability, e.g., federal income tax/property taxes]  
Amount owed for current year \_\_\_\_\_:  
<\$ \_\_\_\_\_>

**Attorney's Fees in This Case**

- A. Husband (as of \_\_\_\_\_):**  
<\$ \_\_\_\_\_>
- B. Wife (as of \_\_\_\_\_):**  
<\$ \_\_\_\_\_>

**Other Professional Fees in This Case**

- A. Husband (as of \_\_\_\_\_):**  
<\$ \_\_\_\_\_>
- B. Wife (as of \_\_\_\_\_):**  
<\$ \_\_\_\_\_>

***Other Liabilities Not Otherwise Listed in This Inventory (e.g., loans, margin accounts, if not previously disclosed)***

- A. Name of creditor:** \_\_\_\_\_  
Account number: \_\_\_\_\_  
Party incurring liability: \_\_\_\_\_  
Is loan evidenced in writing? [Yes/No]  
Current balance (as of \_\_\_\_\_): <\$ \_\_\_\_\_>  
Security, if any: \_\_\_\_\_
- B. Name of creditor:** \_\_\_\_\_  
Account number: \_\_\_\_\_

Party incurring liability: \_\_\_\_\_

Is loan evidenced in writing? [Yes/No]

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Security, if any: \_\_\_\_\_

**C. Name of creditor:** \_\_\_\_\_

Account number: \_\_\_\_\_

Party incurring liability: \_\_\_\_\_

Is loan evidenced in writing? [Yes/No]

Current balance (as of \_\_\_\_\_):

<\$ \_\_\_\_\_ >

Security, if any: \_\_\_\_\_

**Reimbursement Claims against Community Estate**

**A. Reimbursement claim by husband's separate estate:**

Basis of claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):

\$ \_\_\_\_\_

**B. Reimbursement claim by wife's separate estate:**

Basis of Claim: \_\_\_\_\_

Amount claimed (as of \_\_\_\_\_):

\$ \_\_\_\_\_

**Pledges (include charitable, church and school related)**

Name and address of recipient: \_\_\_\_\_

\_\_\_\_\_

Date of pledge: \_\_\_\_\_

Total amount of pledge: < \_\_\_\_\_ >

Is pledge payable in installments? [Yes/No]

Date each installment payment is due: \_\_\_\_\_

Amount of each installment: \_\_\_\_\_

**Contingent Liabilities (e.g., lawsuit against either party, guaranty either party may have signed)**

**A. Name of creditor:** \_\_\_\_\_

Name of person primarily liable: \_\_\_\_\_

Amount of contingent liability: <\$ \_\_\_\_\_ >

Nature of contingency: \_\_\_\_\_

**B. Name of creditor:** \_\_\_\_\_  
Name of person primarily liable: \_\_\_\_\_  
Amount of contingent liability: <\$ \_\_\_\_\_>  
Nature of contingency: \_\_\_\_\_

**29. Separate Assets of Husband** (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

**A. Description of asset:** \_\_\_\_\_  
Date property acquired: \_\_\_\_\_  
How acquired (e.g., by gift, by devise, by descent, or owned before marriage): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**B. Husband's separate reimbursement claim against community estate:**  
Basis of claim: \_\_\_\_\_  
Amount claimed (as of \_\_\_\_\_):  
\$ \_\_\_\_\_

**C. Husband's separate reimbursement claim against wife's separate estate:**  
Basis of claim: \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**30. Liabilities of Husband's Separate Estate**

**A. Description of liability:** \_\_\_\_\_  
Date of liability: \_\_\_\_\_  
How liability acquired: \_\_\_\_\_  
Amount of liability (as of \_\_\_\_\_):  
<\$ \_\_\_\_\_>

**B. Wife's separate reimbursement claim against husband's separate estate:**  
Basis of claim: \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**C. Community estate's reimbursement claim against husband's separate estate:**  
Basis of claim: \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**31. Separate Assets of Wife** (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

**A. Description of asset:** \_\_\_\_\_  
Date property acquired: \_\_\_\_\_  
How acquired (e.g., by gift, by devise, by descent, or owned before marriage): \_\_\_\_\_  
Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

- B. Wife's separate reimbursement claim against community estate:  
 Basis of claim: \_\_\_\_\_  
 Value (as of \_\_\_\_\_): \$ \_\_\_\_\_
- C. Wife's separate reimbursement claim against husband's separate estate:  
 Basis of claim: \_\_\_\_\_  
 Value (as of \_\_\_\_\_): \$ \_\_\_\_\_

**32. Liabilities of Wife's Separate Estate**

- A. Description of liability: \_\_\_\_\_  
 Date of liability: \_\_\_\_\_  
 How liability acquired: \_\_\_\_\_  
 Amount of liability (as of \_\_\_\_\_):  
 <\$ \_\_\_\_\_ >
- B. Husband's separate property reimbursement claim against wife's separate estate:  
 Basis of Claim: \_\_\_\_\_  
 Amount claimed (as of \_\_\_\_\_):  
 \$ \_\_\_\_\_
- C. Community estate's reimbursement claim against wife's separate estate:  
 Basis of Claim: \_\_\_\_\_  
 Amount claimed (as of \_\_\_\_\_):  
 \$ \_\_\_\_\_

**33. Children's Property** (e.g., custodial accounts under the Texas Uniform Gifts to Minors Act or Uniform Transfers to Minors Act, 529 plans)

**A. Custodial Account under Texas Uniform Transfers to Minors Act**

Name of financial institution: \_\_\_\_\_  
 Address of financial institution: \_\_\_\_\_  
 Name of account: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Amount on deposit (as of \_\_\_\_\_): \$ \_\_\_\_\_  
 Name of minor for whom funds were deposited: \_\_\_\_\_

**B. 529 Plan**

Institution or entity administering plan: \_\_\_\_\_  
 Designated beneficiary: \_\_\_\_\_  
 Type of plan: \_\_\_\_\_  
 Amount on deposit (as of \_\_\_\_\_): \$ \_\_\_\_\_

**34. Assets Held by Either Party for the Benefit of Another** (include formal and informal trusts)

**A. Name(s) of person(s) holding assets:** \_\_\_\_\_

Description of assets: \_\_\_\_\_

\_\_\_\_\_  
Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_

\_\_\_\_\_  
Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):\$ \_\_\_\_\_

**B. Name(s) of person(s) holding assets:** \_\_\_\_\_

Description of assets: \_\_\_\_\_

\_\_\_\_\_  
Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_

\_\_\_\_\_  
Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):\$ \_\_\_\_\_

**35. Assets Held for the Benefit of Either Party as a Beneficiary** (include formal and informal trusts)

**A. Name(s) of person(s) holding assets:**

Description of assets: \_\_\_\_\_

Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_

\_\_\_\_\_  
Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):\$ \_\_\_\_\_

**B. Name(s) of person(s) holding assets:**

Description of assets: \_\_\_\_\_

Name and title of fiduciary (e.g., executor, trustee): \_\_\_\_\_

\_\_\_\_\_  
Name of owner of beneficial interest: \_\_\_\_\_

Value of assets (as of \_\_\_\_\_):\$ \_\_\_\_\_

**FAILURE TO COMPLETE THIS INVENTORY IN IT'S ENTIRETY MAY RESULT IN THE LOSS OF PROPERTY OR THE LOSS OF THE ABILITY TO DIVIDE PROPERTY IN THE FUTURE.**