

PROPERTY WORKSHEET

VEHICLES:

Make: _____ Model: _____ Year: _____
Vin Number: _____ Titled in name of: _____
Amount owed: \$ _____ To whom: _____

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Vin Number: _____ Titled in name of: _____
Amount owed: \$ _____ To whom: _____

BANK ACCOUNTS:

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 _____) :\$ _____

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Name(s) on withdrawal cards: _____
Current account balance (as of _____) :\$ _____

BROKERAGE/MUTUAL FUND ACCOUNTS

Name of brokerage firm/mutual fund: _____
Address of brokerage firm/mutual fund: _____
Name account held in: _____
Name of account (and subaccounts if any): _____
Account number (and numbers of subaccounts if any): _____
Margin loan balance (as of _____): _____
Value of community interest in each account (and subaccounts if any) (as of _____):

Name of brokerage firm/mutual fund: _____
Address of brokerage firm/mutual fund: _____
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Margin loan balance (as of _____): _____
Value of community interest in each account (and subaccounts if any) (as of _____):

CLOSELY HELD BUSINESS INTERESTS

Name of business: _____
Address: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Value (as of _____):\$ _____
Balance of accounts receivable if on cash accounting basis: \$ _____
Balance of liabilities if on cash accounting basis:<\$ _____>

LIFE INSURANCE

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: \$ _____

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: \$ _____

REAL PROPERTY:

Location: _____
Titled in whose name: _____ Owned before marriage: Y or N
1st Mortgage owed: \$ _____ 1st Mortgage holder: _____
2nd Mortgage owed: \$ _____ 2nd Mortgage holder: _____
(attach copy of Warranty Deed and Deed of Trust)

Location: _____
Titled in whose name: _____ Owned before marriage: Y or N
1st Mortgage owed: \$ _____ 1st Mortgage holder: _____
2nd Mortgage owed: \$ _____ 2nd Mortgage holder: _____
(attach copy of Warranty Deed and Deed of Trust)

INCOME TAXES:

Filed for Prior year? Y or N Refund due? Y or N Refund Amount Due: \$ _____
Taxes Owed? Y or N Amount Owed: \$ _____ For Year(s): _____

RETIREMENT BENEFITS

Exact name of plan: _____
Name and address of plan administrator: _____
Employee: _____
Employer: _____
Starting date of creditable service: _____
Percentage employee is vested: _____
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: \$ _____
Value of community interest in plan (as of _____): \$ _____

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Name and address of plan administrator: _____
Employee: _____
Employer: _____
Starting date of creditable service: _____
Percentage employee is vested: _____
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: \$ _____
Value of community interest in plan (as of _____): \$ _____

IRA/SEP

Name of financial institution: _____
Account name: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____): \$ _____
Value of community interest (as of _____): \$ _____

Name of financial institution: _____
Account name: _____
Account number: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current account balance (as of _____):\$ _____
Value of community interest (as of _____):\$ _____

CREDIT CARDS OR OTHER DEBTS:

Bank Name: _____ Account Number: _____
Owner Name: _____
Current account balance (as of _____) :\$ _____

Bank Name: _____ Account Number: _____
Owner Name: _____
Current account balance (as of _____) :\$ _____

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Owner Name: _____
Current account balance (as of _____) :\$ _____

Bank Name: _____ Account Number: _____
Owner Name: _____
Current account balance (as of _____) :\$ _____

Bank Name: _____ Account Number: _____
Owner Name: _____
Current account balance (as of _____) :\$ _____