LIST OF ASSETS AND LIABILITIES

This form is intended to help you come up with a list of all of your assets and debts. You are not expected to know all the information that is called for on this form, but it will help you think of the property and liabilities that are owned by you and your spouse.

All property and debts acquired during a marriage is presumed to be community property, which means it owned equally by both spouses. There are some exceptions to this presumption for property that was owned prior to marriage, property received as a gift or inheritance, and most personal injury awards. Your attorney will help you determine what assets and liabilities are community property, and what may be separate property of one spouse.

Prior to the time your case is finished, you and your spouse will swear to a document that contains all your assets and liabilities, stating that it is complete to the best of your knowledge.

COMMUNITY PROPERTY

REAL PROPERTY

1. Street Address: ____________________________
   Legal Description: __________________________

   Mortgage #1:
   Lender: ____________________________
   Balance: ____________________________
   Mortgage #2:
   Lender: ____________________________
   Balance: ____________________________
   Date of Purchase: ____________________________
   Purchase Price: ____________________________
   Source of Down Payment: ____________________________
   Fair Market Value: ____________________________
   Estimated Yearly Taxes: ____________________________

2. Street Address: ____________________________
   Legal Description: ____________________________

   Mortgage #1:
   Lender: ____________________________
   Balance: ____________________________
   Mortgage #2:
   Lender: ____________________________
   Balance: ____________________________
   Date of Purchase: ____________________________
   Purchase Price: ____________________________
   Source of Down Payment: ____________________________
   Fair Market Value: ____________________________
   Estimated Yearly Taxes: ____________________________

Repeat same information for all other pieces of real property.
MOTOR AND RECREATION VEHICLES

1. Year/Model: __________________________________
   Vehicle I.D. No.: __________________________________
   Name on Title: __________________________________
   Existing Lien:
     Lender: __________________________________
     Balance: __________________________________
     Fair Market Value: __________________________________

2. Year/Model: __________________________________
   Vehicle I.D. No.: __________________________________
   Name on Title: __________________________________
   Existing Lien:
     Lender: __________________________________
     Balance: __________________________________
     Fair Market Value: __________________________________

Repeat with same information for boats, airplanes, recreational vehicles, etc.

CASH & ACCOUNTS WITH FINANCIAL INSTITUTIONS

1. Financial Institution: __________________________________
   Account No.: __________________________________
   Type of Account: __________________________________
   Name(s) on Account: __________________________________
   Current Account Balance: __________________________________

2. Financial Institution: __________________________________
   Account No.: __________________________________
   Type of Account: __________________________________
   Name(s) on Account: __________________________________
   Current Account Balance: __________________________________

3. Financial Institution: __________________________________
   Account No.: __________________________________
   Type of Account: __________________________________
   Name(s) on Account: __________________________________
   Current Account Balance: __________________________________

4. Financial Institution: __________________________________
   Account No.: __________________________________
   Type of Account: __________________________________
   Name(s) on Account: __________________________________
   Current Account Balance: __________________________________

Repeat with same information for brokerage accounts, mutual funds, etc.
LIFE INSURANCE

1. Insurance Company: __________________________________
   Name of Insured: __________________________________
   Name of Owner: __________________________________
   Death Benefit: __________________________________
   Policy Number: __________________________________
   Type of Policy (term or whole life): ____________________
   Cash Surrender Value: ________________________________
   Beneficiary: _______________________________________

2. Insurance Company: __________________________________
   Name of Insured: __________________________________
   Name of Owner: __________________________________
   Death Benefit: __________________________________
   Policy Number: __________________________________
   Type of Policy (term or whole life): ____________________
   Cash Surrender Value: ________________________________
   Beneficiary: _______________________________________

Repeat with same information for all life insurance policies.

WORK-RELATED STOCK AND STOCK OPTIONS

1. Stock Option Grant No.: _______________________________
   Date Granted: ______________________________________
   Number of Options Granted: __________________________
   Number of Options Exercised: __________________________
   Vesting Schedule: __________________________________
   Strike Price: _______________________________________
   Subject to Blackout Dates? ____________________________

2. Stock Option Grant No.: _______________________________
   Date Granted: ______________________________________
   Number of Options Granted: __________________________
   Number of Options Exercised: __________________________
   Vesting Schedule: __________________________________
   Strike Price: _______________________________________
   Subject to Blackout Dates? ____________________________

3. Shares Restricted Stock: ______________________________
   Date Received: ______________________________________
   Vesting Period: _____________________________________
   Value per Share when Vested: __________________________
   Other Restrictions: ____________________________________
4. ESOP or ESPP Shares Owned: __________________________________
   Frequency of Purchase: __________________________________
   Accumulated Funds
   Awaiting Purchase: __________________________________
   Discount Rate: __________________________________

*Repeat for each set of shares, option grant, or restricted stock grant, or attach grant information from employer, if available.*

**RETIREMENT BENEFITS**

1. Plan or Company Name: __________________________________
   Type of Benefit (pension or 401(k)): __________________________________
   Name of Participant: __________________________________
   Date of Employment: __________________________________
   Date of Termination: __________________________________
   Current Value: __________________________________

2. Plan or Company Name: __________________________________
   Type of Benefit (pension or 401(k)): __________________________________
   Name of Participant: __________________________________
   Date of Employment: __________________________________
   Date of Termination: __________________________________
   Current Value: __________________________________

3. Financial Institution holding IRA: __________________________________
   Name of Owner: __________________________________
   Current Value: __________________________________

4. Financial Institution holding IRA: __________________________________
   Name of Owner: __________________________________
   Current Value: __________________________________

5. Financial Institution holding IRA: __________________________________
   Name of Owner: __________________________________
   Current Value: __________________________________

6. Military Branch: __________________________________
   Date Entered Service: __________________________________
   Date of Retirement: __________________________________
   Monthly Payment Amount: __________________________________

*Repeat for all other retirement benefits.*
FAMILY-OWNED AND/OR CLOSELY-HELD BUSINESS

1. Name of Business: __________________________________

Business Organization (C Corp., Sub-S, Partnership, etc.) __________________________________

Nature of Business: __________________________________

Business Address: __________________________________

Business Start-up Date: __________________________________

Percentage Ownership: __________________________________

Estimated Value: __________________________________

Business Debt: __________________________________

Repeat for each other business.

INTELLECTUAL PROPERTY

1. Name of Patent/Trademark Holder: __________________________________

Registration Number: __________________________________

Date Issued: __________________________________

Type of Product: __________________________________

Estimated Annual Income: __________________________________

2. Name of Copyright Holder: __________________________________

Date Copyright Issued: __________________________________

Type of Material: __________________________________

Estimated Annual Income: __________________________________

Repeat for each other patent, trademark or copyright, including work-in-progress.

HOUSEHOLD FURNITURE, FURNISHINGS & FIXTURES

Used furniture, appliances and household items generally do not have much market value. It is generally expected that divorcing spouses will divide their household furniture, appliances, and personal memorabilia between themselves in a way that feels to them that each has received approximately equal value. We ask couples to do their best in making an agreement about its division, bringing only the items in dispute to the negotiating table.

Appreciating assets such as fine art, imported rugs, antiques and some instruments might be of greater value and need to be appraised.

1. Item Description: __________________________________

Purchase Price: __________________________________

Purchase Date: __________________________________

Market Value: __________________________________

Repeat for all other items of appreciating value.
UNSECURED DEBTS/LIABILITIES ACCUMULATED DURING MARRIAGE

1. Name of Creditor: __________________________________
   Account Number: __________________________________
   Total Balance: __________________________________
   Monthly Payment: __________________________________

2. Name of Creditor: __________________________________
   Account Number: __________________________________
   Total Balance: __________________________________
   Monthly Payment: __________________________________

3. Name of Creditor: __________________________________
   Account Number: __________________________________
   Total Balance: __________________________________
   Monthly Payment: __________________________________

Repeat for each other creditor.

SEPARATE PROPERTY

Whether property is community or separate is sometimes a technical determination that needs to be made by an attorney. In general, property owned before marriage, or received as a gift or from inheritance, and most personal injury awards are separate property, if the funds still exist, or can be traced to currently-existing property.

WIFE’S SEPARATE PROPERTY

1. Property Description: __________________________________
   How Acquired: __________________________________
   Date Acquired: __________________________________

2. Property Description: __________________________________
   How Acquired: __________________________________
   Date Acquired: __________________________________

HUSBAND’S SEPARATE PROPERTY

1. Property Description: __________________________________
   How Acquired: __________________________________
   Date Acquired: __________________________________

2. Property Description: __________________________________
   How Acquired: __________________________________
   Date Acquired: __________________________________

Repeat for each other item of separate property.
SEPARATE UNSECURED DEBTS/LIABILITIES

1. Name of Creditor: __________________________________
   Account Number: __________________________________
   Date Debt Incurred: __________________________________
   Total Balance when Married: _____________________________
   Current Balance: _____________________________________
   Monthly Payment: ____________________________________
   Name of Responsible Party: _____________________________

2. Name of Creditor: __________________________________
   Account Number: __________________________________
   Date Debt Incurred: __________________________________
   Total Balance when Married: _____________________________
   Current Balance: _____________________________________
   Monthly Payment: ____________________________________
   Name of Responsible Party: _____________________________

3. Name of Creditor: __________________________________
   Account Number: __________________________________
   Date Debt Incurred: __________________________________
   Total Balance when Married: _____________________________
   Current Balance: _____________________________________
   Monthly Payment: ____________________________________
   Name of Responsible Party: _____________________________
STATE OF TEXAS §

COUNTY OF _________ §

I, ________________________, state on oath that, to the best of my knowledge and belief, the foregoing Inventory and Appraisement contains:

(1) A full and complete list of all properties I claim to belong to the community and separate estates of myself and my spouse, with the values thereof.

(2) A full and complete list of the debts that I claim to be community or separate indebtedness.

I make this affidavit with the following reservations and qualifications:

(1) Any omission from this inventory is not intentional, but is done through mere inadvertence and not for the purpose of misleading my spouse.

(2) There may be other assets and liabilities of which I am unaware, and their omission from this inventory should not be construed as a waiver of my interest in those items.

________________________________________
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on this _____ day of ____________, 200_, by ________________________.

____________________________
Notary Public, State of Texas