

**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