



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

Client Name: \_\_\_\_\_

## **SCHEDULE OF ASSETS**

### **CLIENT QUESTIONNAIRE:**

We will need the following information in preparing your premarital agreement. Please answer all questions. If a question does not apply, please mark it "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

### **NOTICE OF CONFIDENTIALITY**

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**FOR OFFICE USE:**

Ret: \_\_\_\_\_ Type: STD | CLC | PPL | ZNE

OL: WTA | LBR | JAY | LC | JJM | EMB | DJS | TPM | JLG | GH | MBC | MC

RL: WTA | LBR | JAY | LC | JJM | EMB | DJS | TPM | JLG | GH | MBC | MC



**ABOUT YOU**

1. **Please give your *full* name, date and place of birth, and Social Security number.**

Full legal name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Do you want your maiden name restored as part of this proceeding? \_\_\_\_\_

Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

2. **Where are you living now and what is your phone number?**

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone (if different from above): \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. **How do you prefer that we contact you?**

Mail       Home phone       Cell phone       Email

4. **At what address do you wish to receive mail from this office?** \_\_\_\_\_

\_\_\_\_\_

5. **How were you referred to our office?**

Personal referral by \_\_\_\_\_ to \_\_\_\_\_

Church referral from \_\_\_\_\_ to \_\_\_\_\_

**Internet:**

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

**Radio:**

- 94.9 KLTU
- 100.7 KWRD
- 660 KSKY

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client
- Prepaid Legal or CLC

**Other:** \_\_\_\_\_

**REAL ESTATE**

**A. Home Owned:**

Street address: \_\_\_\_\_

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

Legal description (e.g. Lot X, Block X, of the X Addition to the City of X, X County, Texas, as recorded on page X, volume X, of the Deed Records Office of X, County, Texas’): \_\_\_\_\_

\_\_\_\_\_

Date of purchase: \_\_\_\_\_ Original purchase price: \_\_\_\_\_

Original lender: \_\_\_\_\_

Page and volume of Deed of Trust recordation: \_\_\_\_\_

Down payment and source of down payment: \_\_\_\_\_

Exact name on title: \_\_\_\_\_

Who lives in the house now? \_\_\_\_\_

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

Source of FMV estimation: \_\_\_\_\_

Current balance of all mortgages/liens: \$ \_\_\_\_\_

**Purchase mortgage:**

Name of lienholder: \_\_\_\_\_

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

Current balance of lien: \$ \_\_\_\_\_ as of \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Int. rate: \_\_\_\_\_

**Second Lien (pools, etc.):**

Name of second lienholder: \_\_\_\_\_

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

Current balance of 2<sup>nd</sup> lien: \$ \_\_\_\_\_ as of \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Int. rate: \_\_\_\_\_

**Third Lien (decrees):**

Name of third lienholder: \_\_\_\_\_

Court and cause no.: \_\_\_\_\_

Current balance of 3<sup>rd</sup> lien: \$ \_\_\_\_\_ as of \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Int. rate: \_\_\_\_\_

**B. Home Not Owned:**

Address of dwelling: \_\_\_\_\_  
 General description of dwelling: \_\_\_\_\_  
 Furnished? \_\_\_\_\_  
 When did you move in? \_\_\_\_\_  
 Who owns the property? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Rent amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Are utilities included?  Yes  No Is rent current now? \_\_\_\_\_  
 How long is the term of the lease? \_\_\_\_\_ Written lease signed?  Yes  No  
 Did you pay a deposit?  Yes  No If so, how much? \$ \_\_\_\_\_  
 How much notice required to terminate lease? \_\_\_\_\_

**C. Other Real Estate:**

General description: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Legal description: \_\_\_\_\_  
 Other owners: \_\_\_\_\_  
 Date acquired: \_\_\_\_\_ Total cost: \$ \_\_\_\_\_  
 Record title owner: \_\_\_\_\_  
 Down payment and source of down payment: \_\_\_\_\_  
 First lienholder: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Amount of payment: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_ Int. rate: \_\_\_\_\_  
 Balance due: \$ \_\_\_\_\_ as of \_\_\_\_\_

**1. CASH AND ACCOUNTS WITH FINANCIAL INSTITUTIONS**

Include cash, travelers checks, money orders, and accounts with commercial banks, savings and loan associations, and credit unions; exclude accounts with brokerage houses and any form of retirement account.

**A. Checking Accounts:**

Name of financial institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Account officer: \_\_\_\_\_

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

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

Type of account: \_\_\_\_\_

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

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

Date account was opened: \_\_\_\_\_

Source of funds: \_\_\_\_\_

Use of account: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

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

Account officer: \_\_\_\_\_

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

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

Type of account: \_\_\_\_\_

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

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

Date account was opened: \_\_\_\_\_

Source of funds: \_\_\_\_\_

Use of account: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

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

Account officer: \_\_\_\_\_

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

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

Type of account: \_\_\_\_\_

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

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

Date account was opened: \_\_\_\_\_

Source of funds: \_\_\_\_\_

Use of account: \_\_\_\_\_

**B. Savings Accounts:**

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date account was opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date account was opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

**C. Certificates of Deposit:**

Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
C.D. in the name of: \_\_\_\_\_  
Amount of C.D.: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_  
Date purchased: \_\_\_\_\_ Date due: \_\_\_\_\_  
Where is C.D. now? \_\_\_\_\_  
Source of funds: \_\_\_\_\_

Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Name of financial institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Account officer: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 C.D. in the name of: \_\_\_\_\_  
 Amount of C.D.: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_  
 Date purchased: \_\_\_\_\_ Date due: \_\_\_\_\_  
 Where is C.D. now? \_\_\_\_\_  
 Source of funds: \_\_\_\_\_  
 Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason: \_\_\_\_\_

**2. MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.**

Exclude company-owned vehicles.

**A. Vehicles Owned:**

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle Identification number: \_\_\_\_\_  
 Estimated fair market value (Blue Book): \_\_\_\_\_  
 Does vehicle have a loan against it?  Yes  No  
 If yes, please provide:  
 Exact name of creditor: \_\_\_\_\_  
 Current balance: \$ \_\_\_\_\_ as of: \_\_\_\_\_  
 Current net equity in vehicle: \$ \_\_\_\_\_  
 Date acquired: \_\_\_\_\_  
 Source of down payment: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_  
 Name on certificate of title: \_\_\_\_\_  
 In possession of: \_\_\_\_\_  
 Vehicle Identification number: \_\_\_\_\_

Estimated fair market value (Blue Book): \_\_\_\_\_

Does vehicle have a loan against it?  Yes  No

If yes, please provide:

Exact name of creditor: \_\_\_\_\_

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

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

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

Source of down payment: \_\_\_\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_

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

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

Vehicle Identification number: \_\_\_\_\_

Estimated fair market value (Blue Book): \_\_\_\_\_

Does vehicle have a loan against it?  Yes  No

If yes, please provide:

Exact name of creditor: \_\_\_\_\_

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

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

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

Source of down payment: \_\_\_\_\_

**3. RETIREMENT BENEFITS**

**A. Defined Contribution Retirement Plans:**

A plan that provides for an individual account for a participant and for benefits based solely on the amount contributed to the participant's account.

Exact name of plan: \_\_\_\_\_

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

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

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

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

Percentage employee is vested: \_\_\_\_\_

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



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

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

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

Has a beneficiary been designated?  Yes  No

If so, identify beneficiary: \_\_\_\_\_

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

Current community value: \$ \_\_\_\_\_ as of \_\_\_\_\_

Current loan balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

**B. Defined Benefit Retirement Plan:**

Any plan that is not a defined contribution plan and that usually involves payment of benefits according to a formula.

Exact name of plan: \_\_\_\_\_

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

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

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

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

Percentage employee is vested: \_\_\_\_\_

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

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

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

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

Current value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

**C. IRA/SEP:**

Name of financial institution: \_\_\_\_\_

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

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

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

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

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

Current community value: \$ \_\_\_\_\_ as of \_\_\_\_\_

**D. 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: \$ \_\_\_\_\_

Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

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

**E. Nonqualified Plans:**

Name of financial institution: \_\_\_\_\_

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

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

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

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

Has a beneficiary been designated?  Yes  No

If so, identify beneficiary: \_\_\_\_\_

Current value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

**F. Government Benefits:**

Civil service, teacher, railroad, state and local

Name of plan: \_\_\_\_\_

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

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

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

Has a beneficiary been designated?  Yes  No

If so, identify beneficiary: \_\_\_\_\_

Current value of community interest in plan: \$ \_\_\_\_\_

As of \_\_\_\_\_

**4. OTHER DEFERRED COMPENSATION BENEFITS**

Examples include workers' compensation, disability benefits, bonuses and other "special payments", employee stock options, and other forms of executive compensation.

**A. Husband:**

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

Value: \$ \_\_\_\_\_

5. **INSURANCE AND ANNUITIES**

**A. Life Insurance:**

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Type of insurance:  Term  Whole  Universal

Amount of premiums: \$ \_\_\_\_\_ per: month/quarter/semi-annually

Date of issue: \_\_\_\_\_ Face amount: \$ \_\_\_\_\_

Cash surrender value on date of marriage: \$ \_\_\_\_\_

Current cash surrender value: \$ \_\_\_\_\_

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

Balance of loan against policy, if any: \$ \_\_\_\_\_

**B. Annuities:**

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

Policy number: \_\_\_\_\_

Name of annuitant: \_\_\_\_\_

Name of owner: \_\_\_\_\_

Type of annuity: \_\_\_\_\_

Amount of premiums: \$ \_\_\_\_\_ per month/quarter/semi-annually

Date of issue: \_\_\_\_\_ Face amount: \$ \_\_\_\_\_

Value on date of marriage: \$ \_\_\_\_\_

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

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

Balance of loan against policy, if any: \$ \_\_\_\_\_

6. **BROKERAGE AND MUTUAL FUND ACCOUNTS**

**A. Brokerage Accounts:**

Name of brokerage firm: \_\_\_\_\_

Address of brokerage firm: \_\_\_\_\_

Name account held in: \_\_\_\_\_

Name of account (and subaccounts, if any): \_\_\_\_\_

Community value of each account (and subaccounts, if any): \$ \_\_\_\_\_

As of \_\_\_\_\_

Name of brokerage firm: \_\_\_\_\_

Address of brokerage firm: \_\_\_\_\_

Name account held in: \_\_\_\_\_

Name of account (and subaccounts, if any): \_\_\_\_\_

Community value of each account (and subaccounts, if any): \$ \_\_\_\_\_

As of \_\_\_\_\_

7. **PUBLICLY TRADED STOCKS, BONDS, AND OTHER SECURITIES**

**A. Stocks:**

Name of security: \_\_\_\_\_

Type of security:  Common stock  Preferred stock  Bond  Other: \_\_\_\_\_

Certificate numbers: \_\_\_\_\_

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

Current market value: \$ \_\_\_\_\_ as of \_\_\_\_\_

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

Pledged as collateral?  Yes  No

If yes, explain terms, to whom pledged, and other details surrounding pledge of securities as collateral:

\_\_\_\_\_  
\_\_\_\_\_

**B. Bonds:**

Name of issuer: \_\_\_\_\_

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

Serial number of bond: \_\_\_\_\_

Denomination: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Value: \$ \_\_\_\_\_ as of \_\_\_\_\_

Registered owner: \_\_\_\_\_

Source of funds: \_\_\_\_\_  
 Interest rate: \_\_\_\_\_ Interest payable: \_\_\_\_\_  
 Convertible: \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason: \_\_\_\_\_

**8. CLOSELY HELD BUSINESS INTERESTS**

Include sole proprietorships, professional practices, partnerships, joint ventures, and other non-publicly traded corporate business entities, and so forth.

Name of business: \_\_\_\_\_  
 Address of business: \_\_\_\_\_  
 Type of business organization: \_\_\_\_\_  
 Percentage of ownership: \_\_\_\_\_  
 Number of shares owned (if applicable): \_\_\_\_\_  
 Members in business: \_\_\_\_\_  
 Annual income from business: \$ \_\_\_\_\_  
 Type of business: \_\_\_\_\_  
 Date business began: \_\_\_\_\_  
 Source of funds in business: \_\_\_\_\_  
 Value of interest: \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Is there a written organizational agreement? \_\_\_\_\_  
 Comments: \_\_\_\_\_

**9. LOANS RECEIVABLE**

Include money owed to you or your spouse, including any expected federal or state income tax refund, but do not include receivables connected with a business.

Name of debtor: \_\_\_\_\_  
 Debtor's relationship to you: \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_  
 Is debt evidenced in writing?  Yes  No  
 Is debt secured?  Yes  No  
 If so, detail security: \_\_\_\_\_  
 Is debt reasonably expected to be paid?  Yes  No  
 Current loan balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

Balance of any accounts receivable: \$ \_\_\_\_\_

Name of debtor: \_\_\_\_\_

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

Purpose of loan: \_\_\_\_\_

Is debt evidenced in writing?  Yes  No

Is debt secured?  Yes  No

If so, detail security: \_\_\_\_\_

Is debt reasonably expected to be paid?  Yes  No

Current loan balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

Balance of any accounts receivable: \$ \_\_\_\_\_

Name of debtor: \_\_\_\_\_

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

Purpose of loan: \_\_\_\_\_

Is debt evidenced in writing?  Yes  No

Is debt secured?  Yes  No

If so, detail security: \_\_\_\_\_

Is debt reasonably expected to be paid?  Yes  No

Current loan balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

Balance of any accounts receivable: \$ \_\_\_\_\_

**10. HOUSEHOLD FURNITURE, FURNISHINGS, AND FIXTURES**

State your opinion of the fair market value of the household furniture, furnishings, and fixtures. Fair market value is not necessarily the cost or the replacement value.

Fair market value: \$ \_\_\_\_\_

**11. ELECTRONICS AND COMPUTERS**

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



12. ANTIQUES, ARTWORK, AND COLLECTIONS

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

13. MISCELLANEOUS SPORTING GOODS AND FIREARMS

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. JEWELRY AND OTHER PERSONAL ITEMS

List only major items and state value.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. LIVESTOCK

Include cattle, horses, and so forth.

Description	Value
_____	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

16. **CLUB MEMBERSHIPS**

Name of club: \_\_\_\_\_  
 Name membership held in: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Current value: \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Method of valuation: \_\_\_\_\_

17. **TRAVEL AWARD BENEFITS**

Name of airline: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Current number of miles: \_\_\_\_\_ as of \_\_\_\_\_  
 Value (if any): \$ \_\_\_\_\_

18. **MISCELLANEOUS ASSETS**

Intellectual property, licenses, crops, cemetery lots, gold or silver coins no part of a collection described elsewhere in this document, tax overpayments, loss carry-forward deductions.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

19. **CONTINGENT ASSETS**

For example, lawsuits by either party against a third party.

Nature of claim: \_\_\_\_\_  
 Amount of claim: \_\_\_\_\_  
 Legal representative: \_\_\_\_\_  
 Address: \_\_\_\_\_



Cause number: \_\_\_\_\_  
Court where case is pending: \_\_\_\_\_  
Name of opposing attorney: \_\_\_\_\_  
Address: \_\_\_\_\_

20. **COMMUNITY LIABILITIES**

**A. Credit Cards and Charge Accounts:**

Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

**B. Federal, State, and Local Tax Liability:**

Amount owed in any previous tax year (describe liability, such as federal income tax, property taxes):  
\$ \_\_\_\_\_  
Amount owed for current year: \$ \_\_\_\_\_

**C. Other Liabilities Not Otherwise Listed Elsewhere in This Document:**

Name of creditor: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Is loan evidenced in writing? \_\_\_\_\_  
Margin account balances: \_\_\_\_\_  
Party incurring liability: \_\_\_\_\_

Party actually signing: \_\_\_\_\_

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

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

21. **CHILDREN'S PROPERTY**

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

Name of financial institution: \_\_\_\_\_

Name of account: \_\_\_\_\_

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

Amount on deposit: \$ \_\_\_\_\_ as of \_\_\_\_\_

Name of minor for whom funds were deposited: \_\_\_\_\_

Name of custodian: \_\_\_\_\_

**B. Other Property:**

\_\_\_\_\_  
\_\_\_\_\_

22. **ASSETS HELD BY EITHER PARTY FOR THE BENEFIT OF ANOTHER**

Name(s) of person(s) holding assets: \_\_\_\_\_

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

Name and title of fiduciary (for example, executor or trustee): \_\_\_\_\_

\_\_\_\_\_

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

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

23. **ASSETS HELD FOR THE BENEFIT OF EITHER PARTY AS A BENEFICIARY**

Name(s) of person(s) holding assets: \_\_\_\_\_

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

Name and title of fiduciary (for example, executor or trustee): \_\_\_\_\_

\_\_\_\_\_

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

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