

**LAW OFFICES OF
BREWER JACKSON & LANG, P.C.**

PROPERTY QUESTIONNAIRE

NAME: _____

DATE OF MARRIAGE: _____

Please answer all questions fully. If you need additional space, just copy the appropriate page.

A. Real Estate (including Cemetery plots):

A.1. Property address (location if rural): _____

Legal Description (Lot/Block Number/Subdivision): _____

County Where Property is Located: _____

Market value as of _____ \$ _____

Purchase price and date purchased: \$ _____ / _____

Mortgage Company: (name and address): _____

Mortgage loan number: _____ Monthly payment: \$ _____

Outstanding mortgage balance as of: _____ \$ _____

Name(s) on deed: _____

Description of second lien holder (name/address): _____

Mortgage loan number: _____ Monthly payment: \$ _____

Outstanding mortgage balance as of: _____ \$ _____

Improvements made since purchase (what, when, cost): _____

Current net equity in property as of: _____ \$ _____

(fair market value minus outstanding liens)

a. Who bought the property: _____

b. How property acquired--check one of the following:

____ by gift

____ by inheritance

____ owned before marriage

____ purchased with separate money

____ purchased with community money

____ other, please specify: _____

A.2. Cemetery Plot

Location and description of plot: _____

Fair market value as of: _____ \$ _____

Method of payment, check one:

____ monthly

____ quarterly

____ semiannually

____ annually

Date of purchase: _____ Purchase price: \$ _____

A.3. Recreational Property

a. time shares (location/description): _____

Fair market value as of: _____ \$ _____

Method of payment, check one:

____ monthly

____ quarterly

____ semiannually

____ annually

Date of purchase: _____ Purchase price: \$ _____

b. condos (location/description): _____

Fair market value as of: _____ \$ _____

Method of payment, check one:

____ monthly

____ quarterly

____ semiannually

____ annually

Date of purchase: _____ Purchase price: \$ _____

B. Mineral Interests.

B.1. Name of mineral interest/lease well: _____

Type of interest (royalty, working, etc.): _____

County of location: _____

Legal description: _____

Name and address of producer/operator: _____

Current value as of: _____ \$ _____

Date of purchase: _____ Purchase price: \$ _____

C. Accounts with Financial Institutions:

C.1. Name on/style of account: _____

Name and address of financial institution: _____

Date account was opened: _____ Account number: _____

If account was in existence before marriage, if so, amount on deposit at the time of marriage:
\$ _____

Source of funds used to open account (circle one--community or separate)

Account balance as of: _____ \$ _____

Person(s) on withdrawal cards: _____

Primary user of said account: _____

Type of account, check one:

____ checking

____ savings

____ money market

Is this an interest bearing account? ____ Yes ____ No

C.2. Name on/style of account: _____

Name and address of financial institution: _____

Date account was opened: _____ Account number: _____

If account was in existence before marriage, if so, amount on deposit at the time of marriage:
\$ _____

Source of funds used to open account (circle one--community or separate)

Account balance as of: _____ \$ _____

Person(s) on withdrawal cards: _____

Primary user of said account: _____

Type of account, check one:

____ checking

____ savings

____ money market

Is this an interest bearing account? ____ Yes or ____ No

D. Brokerage/Mutual Fund Accounts:

D.1. Name/address of brokerage firm/mutual fund: _____

Name on account: _____

Name/type of account: _____ Account number: _____

Account balance as of: _____ \$ _____

D.2. Name/address of brokerage firm/mutual fund: _____

Name on account: _____

Name/type of account: _____ Account number: _____

Account balance as of: _____ \$ _____

E. Publicly Traded Stocks, Bonds, and Other Securities:

E.1. Name of security: _____

Type of security: ____ Common or ____ Preferred

Number of shares: _____ Certificate numbers: _____

Market value as of: _____ \$ _____

Name of exchange on which listed:

____ NYSE

____ NASDAQ

____ Other

In possession of: _____ Pledged as collateral: ____ Yes ____ No

E.2. Name of security: _____

Type of security: ____ Common or ____ Preferred

Number of shares: _____ Certificate numbers: _____

Market value as of: _____ \$ _____

Name of exchange on which listed:

____ NYSE

____ NASDAQ

____ Other

In possession of: _____ Pledged as collateral: ____ Yes ____ No

F. Life Insurance and Annuities:

Life Insurance:

F.1. Name and Address of Insurance Company: _____

Name of insured: _____ Name of owner: _____

Type of policy: ____ Term ____ Whole Life Policy number: _____

Amount of premiums [monthly/quarterly/semiannually]: _____

Date of issue: _____ Face amount: \$ _____

Cash surrender value as of: _____ \$ _____

Designated Beneficiary: _____ Balance of loan against policy: _____

F.2. Name and Address of Insurance Company: _____

Name of insured: _____ Name of owner: _____

Type of policy: ____ Term ____ Whole Life Policy number: _____

Amount of premiums [monthly/quarterly/semiannually]: _____

Date of issue: _____ Face amount: \$ _____

Cash surrender value as of: _____ \$ _____

Designated Beneficiary: _____ Balance of loan against policy: _____

Annuities:

F.3. Name/Address of Company: _____

Policy number: _____ Name of annuitant: _____

Name of owner: _____ Type of annuity: _____

Amount of premiums [monthly/quarterly/semiannually]: _____

Date of issue: _____ Face amount: \$ _____

Value on date of marriage: \$ _____ Designated beneficiary: _____

Value as of: _____ \$ _____

G. Retirement Benefits:

Defined Contribution Benefits:

G.1. Exact name of plan: _____

Employee: _____ Employer: _____

Starting date of creditable service: _____ % employee is vested: _____

Account name: _____ Account number: _____

Account balance as of date of marriage: \$ _____

Account balance as of: _____ \$ _____

Payee of survivor benefits: _____ Designated beneficiary: _____

Loan against plan ____ Yes ____ No Balance of loan against plan: _____

Defined Benefit Plan:

G.2. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____ Employer: _____

Starting date of creditable service: _____ % employee is vested: _____

Designated beneficiary: _____ Payee of survivor benefits: _____

Value of benefits as of: _____ \$ _____

Value of benefits on date of marriage: \$ _____

Individual Retirement Plan/Self-Employed Plan:

G.3. Name and address of financial institution: _____

Account name: _____ Account number: _____

Payee of survivor benefits: _____ Designated beneficiary: _____

Balance as of: _____ \$ _____

Balance on date of marriage: \$ _____

Military Benefits:

G.4. Branch of service: _____ Name of service member: _____

Rank/pay grade of service member: _____

Starting date of creditable service: _____ Monthly benefit payable: _____

Status of service member, please check one:

_____ Active

_____ Reserve

_____ Retired

Payee of survivor benefits: _____ Description of benefits: _____

Non-qualified Plans:

G.5. Name/address of financial institution: _____

Account name: _____ Account number: _____

Account balance as of date of marriage: _____

Account balance as of: _____ \$ _____

Payee of survivor benefits: _____ Designated beneficiary: _____

Government Benefits, please check all that apply:

_____ Civil service

_____ Teacher

_____ Railroad

_____ State

_____ Local

G.6. Name of plan: _____ Account number: _____

Employee: _____ Employer: _____

Account balance as of date of marriage: _____

Account balance as of: _____ \$ _____

Payee of survivor benefits: _____ Designated beneficiary: _____

H. Stock Options: (include all exercisable, non-exercisable, vested and non-vested stock options regardless of any restrictions on transfer)

H.1. Name of company: _____ Employee: _____

Date of grant: _____ No. of options: _____ Strike Price: _____

Vesting schedule: _____

Are the options exercisable: _____ Yes _____ No Are the options registered: _____ Yes _____ No

Stock price as of: _____ \$ _____ Net market value as of: _____ \$ _____

I. Other Differed Compensation Benefits:

I.1. Employee _____ Employer: _____
Worker's compensation ____ Yes ____ No Value: \$ _____
Disability benefits ____ Yes ____ No Value: \$ _____
Bonuses ____ Yes ____ No Date expected to be paid: _____ Amount: \$ _____
Other: _____

J. Motor Vehicles, Boats, Airplanes, Cycles, etc.:

J.1. Year and Model: _____ VIN: _____
Title in the name of: _____ In possession of: _____
Date purchased: _____ Purchase price: \$ _____
Name/address of lien holder: _____

Lien balance as of: _____ \$ _____ Monthly payment: \$ _____
Fair market value as of: _____ \$ _____ Net equity: \$ _____

J.2. Year and Model: _____ VIN: _____
Title in the name of: _____ In possession of: _____
Date purchased: _____ Purchase price: \$ _____
Name/address of lien holder: _____

Lien balance as of: _____ \$ _____ Monthly payment: \$ _____
Fair market value as of: _____ \$ _____ Net equity: \$ _____

J.3. Year and Model: _____ VIN: _____
Title in the name of: _____ In possession of: _____
Date purchased: _____ Purchase price: \$ _____
Name/address of lien holder: _____

Lien balance as of: _____ \$ _____ Monthly payment: \$ _____
Fair market value as of: _____ \$ _____ Net equity: \$ _____

J.4. Year and Model: _____ VIN: _____
Title in the name of: _____ In possession of: _____
Date purchased: _____ Purchase price: \$ _____
Name/address of lien holder: _____

Lien balance as of: _____ \$ _____ Monthly payment: \$ _____

Fair market value as of: _____ \$ _____ Net equity: \$ _____

J.5. Year and Model: _____ VIN: _____

Title in the name of: _____ In possession of: _____

Date purchased: _____ Purchase price: \$ _____

Name/address of lien holder: _____

Lien balance as of: _____ \$ _____ Monthly payment: \$ _____

Fair market value as of: _____ \$ _____ Net equity: \$ _____

K. Closely Held Business Interests: (include sole proprietorships, professional practices, partnerships, joint ventures, and other non-publicly traded corporate business entities, and so forth)

K.1. Name/Address of business: _____

Type of business organization: _____ Date started: _____

Nature of business: _____ % of ownership: _____

No. of shares owned: (if applicable) _____ Value as of: _____ \$ _____

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

Balance of liabilities if on cash basis accounting: \$ _____

L. Money Owed to Community:

Accounts Receivable: (do not include receivables connected with a business)

L.1. Name of debtor: _____ Relationship to you: _____

Date debt incurred: _____ Original amount of debt: \$ _____

Current amount of debt: \$ _____

Debt _____ is/ _____ is not evidenced in writing.

Debt _____ is/ _____ is not reasonably expected to be paid.

Rental/Lease Income:

L.2. Type/location of rental property: _____

Owner of rental property: _____ Date property acquired: _____

Name and address of debtor: _____

Amount of rental income: \$ _____ Method of payment _____ weekly _____ monthly

Income Tax Refund:

L.3. Amount of expected refund: \$ _____

M. Safe-Deposit Box/Storage Facility:

Safe-Deposit Box

M.1. Name/address of financial institution or other depository: _____

Box Number: _____ Rental Fee: _____ monthly _____ quarterly _____ yearly: \$ _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Storage Facility

M.2. Name/address of storage facility: _____

Unit Number: _____ Rental Fee: _____ monthly _____ quarterly _____ yearly:
\$ _____

Names of persons with access to contents: _____

Items in storage facility: _____

O. Memberships in clubs:

O.1. Name of club: _____ Account No.: _____

Name membership held in: _____ Type of membership: _____

Value of membership: \$ _____

O.2. Name of club: _____ Account No.: _____

Name membership held in: _____ Type of membership: _____

Value of membership: \$ _____

P. Household Furniture, Furnishings, and Fixtures:

Furniture and Furnishings:

P.1. If you and your spouse have not reached an agreement regarding the division of the furniture and furnishings owned by the community attach a schedule by the room that the furniture or furnishing was located in the marital residence or the furniture and furnishings in each party's possession. By each piece, designate whether it is community property (purchased during the term of the marriage) or the separate property of either you or your spouse (owned prior to marriage, inherited, or received as a gift). If you have reached an agreement regarding the community property, just list the separate property of each party.

Electronics and Computers:

P.2. In possession Husband/with value of each piece/when and how acquired:

P.3. In possession of Wife/with value of each piece/when and how acquired:

Antiques, Artwork, and Collection:

P.4. In possession of Husband/with value of each piece/when and how acquired:

P.5. In possession of Wife/with value of each piece/when and how acquired:

Miscellaneous Sporting Goods and Firearms:

P.6. In possession of Husband/with value of each piece/when and how acquired:

P.7. In possession of Wife/with value of each piece/when and how acquired:

Q. Jewelry and Personal Effects:

Q.1. Jewelry/Personal Effects of Husband/value of each piece/when and how acquired:

Q.2. Jewelry/Personal Effects of Wife/value of each piece/when and how acquired:

R. Miscellaneous Assets:

R.1. Livestock: (include registered dogs, cats, birds, etc.)

Date and how acquired: _____

Type of livestock: _____ Number: _____

Fair market value as of: _____ \$ _____

Have the livestock bore any offspring: ____ Yes ____ No. If so, when and how many: _____

R.2. Crops:

Location of crops: _____ Type of crops: _____

Property in the name of: _____

How and when were the crops acquired: _____

Fair market value as of: _____ \$ _____

R.3. Lottery/Gambling winnings:

Type of winnings/losses: _____ Date of winnings/loses: _____

Source of funds used for gambling: _____

Amount of winnings/loses: _____

R.4. Frequent Flyer Miles:

Airline associated with program: _____

Name on account: _____ No. of miles earned: _____

R.5. Season Tickets:

Name of entity: _____ Seat number(s): _____

Fair market value: _____ Related parking passes: ____ Yes ____ No

R.6. Stadium Bonds:

Name of entity: _____ Number of bond(s): _____

Fair market value: _____ Related parking passes: ____ Yes ____ No

R.7. Community Reimbursement Claims:

R.7.1. Have community monies been used on your spouse's separate property, if so, how much:
Explain: _____

R.7.2. Have community monies been used on your separate property, if so, how much: Explain:

R.8. Equitable Interest(s) of Community Estate:

R.8.1. If community monies have been spent on your spouse's separate estate, such as a house, has that piece of property increased in value, if so by how much: Explain:

R.8.2. If community monies have been spent on your separate estate, such as a house, has that piece of property increased in value, if so by how much: Explain:

R.8.3. If your separate monies have been spent on your spouse's separate estate, such as a house, has that piece of property increased in value, if so by how much: Explain:

R.8.4. If your spouse's separate monies have been spent on your separate estate, such as a house, has that piece of property increased in value, if so by how much: Explain:

R.9. Contingent Assets:

Do you or your spouse have any pending lawsuits filed against anyone, if so, please explain the nature of the claim and the anticipated damages:

S. Community Debts/Liabilities:

Credit Cards and Charge Accounts

S.1. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.2. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.3. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.4. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.5. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.6. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.7. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.8. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.9. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

S.10. Name of Creditor: _____ Account Number: _____

Current balance as of: _____ \$ _____

Balance as of [date of separation]: \$ _____

Federal, State, and Local Tax Liability:

S.11. Describe tax liability: _____

Amount owed in any previous tax year: \$ _____

Amount owed in current year: \$ _____

Attorney's Fees in this Case:

S.12. Amount of your attorney's fees: \$ _____

S.13. Amount of your spouse's attorney's fees: \$ _____

Other Professional Fees in this Case:

S.14. Fees incurred by you: \$ _____

S.15. Fees incurred by your spouse: \$ _____

Other Liabilities Not Otherwise Listed in this Inventory: (e.g. loans, margin accounts, pledges)

S.16. Name of creditor: _____ Account number: _____

Party incurring liability: _____ Is loan evidenced in writing? ____ Yes ____ No

Current balance as of: _____ \$ _____ Security, if any: _____

S.17. Name of entity to whom pledge is owed: _____

Total amount of pledge: \$ _____ Length of pledge: _____

Reimbursement Claims Against Community Estate:

S.18. Have your separate monies been used on community property: Explain:

S.19. Have your spouse=s separate monies been used on community property: Explain:

Equitable Interest Claims Against Community Estate:

S.20. If your separate monies have been spent on your spouse=s separate estate, such as a house, has that piece of property increased in value, if so by how much: Explain:

S.21. If your spouse=s separate monies have been spent on your separate estate, such as a house, has that piece of property increased in value, if so by how much: Explain:

Contingent Liabilities: (lawsuit against either party, guaranty either party may have signed)

S.15. Name of creditor: _____ Person primarily liable: _____

Amount of contingent liability as of: _____ :\$ _____

Nature of contingency: _____

Other Property

A. Custodial Accounts:

A.1. Name/address of financial institution: _____

Name of account: _____

Amount on deposit as of: _____ \$ _____

Name of minor for whom funds were deposited: _____

B. Assets Held by Either Party for the Benefit of Another:

B.1. 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: _____ \$ _____

C. Assets Held for the Benefit of Either Party as a Beneficiary:

C.1. 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: _____ \$ _____

Date Completed: _____

By: _____