

Inventory and Appraisement

1. Real Property

A. Street address: _____

County of location: _____

Legal description: _____

Current fair market value (as of _____): \$ _____

Name of mortgage company: _____

Account Number: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Names of other lienholders: _____

Current net equity in property: \$ _____

Date of Purchase: _____

B. Street address: _____

County of location: _____

Legal description: _____

Current fair market value (as of _____): \$ _____

Name of mortgage company: _____

Account Number: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Names of other lienholders: _____

Current net equity in property: \$ _____

Date of Purchase: _____

C. Street address: _____

County of location: _____

Legal description: _____

Current fair market value (as of _____): \$ _____

Name of mortgage company: _____

Account Number: _____

Current balance of mortgage (as of _____): \$ _____

Other liens against property: _____

Names of other lienholders: _____

Current net equity in property: \$ _____

Date of Purchase: _____

2. Mineral Interests (include any property in which the parties own the mineral estate, separate and apart from the surface estate, such as oil and gas leases; also include royalty interests, working interests, and producing and nonproducing oil and gas wells)

Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description: _____

Name of producer/operator: _____

Current value (as of _____): \$ _____

3. Bank Accounts:

A. 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 _____): \$ _____

B. 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 _____): \$ _____

C. 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 _____): \$ _____

D. 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 _____): \$ _____

4. **Brokerage and Mutual Fund Accounts**

- A. Name of brokerage firm or mutual fund:** _____
Address of brokerage firm or mutual fund: _____
Name account held in: _____
Name of account (and subaccounts if any): _____
Account number (and numbers of subaccounts if any): _____
Current account balance (as of _____): \$ _____
- B. Name of brokerage firm or mutual fund:** _____
Address of brokerage firm or mutual fund: _____
Name account held in: _____
Name of account (and subaccounts if any): _____
Account number (and numbers of subaccounts if any): _____
Current account balance (as of _____): \$ _____
- C. Name of brokerage firm or mutual fund:** _____
Address of brokerage firm or mutual fund: _____
Name account held in: _____
Name of account (and subaccounts if any): _____
Account number (and numbers of subaccounts if any): _____
Current account balance (as of _____): \$ _____

5. **Publicly Traded Stocks, Bonds, and Other Securities** (include securities not in a brokerage account, mutual fund, or retirement fund)

- A. Name of security:** _____
Number of shares: _____
Type of security: [common stock/preferred stock/bond/other security]: _____
Certificate numbers: _____
In possession of: _____
Name of exchange on which listed: _____
Pledged as collateral? [Yes/No] _____
Date acquired: _____
Tax basis: \$ _____
Current account balance (as of _____): \$ _____
- B. Name of security:** _____
Number of shares: _____
Type of security: [common stock/preferred stock/bond/other security]: _____
Certificate numbers: _____

In possession of: _____

Name of exchange on which listed: _____

Pledged as collateral? [Yes/No]

Date acquired: _____

Tax basis: \$ _____

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

6. Stock Options

A. Name of company: _____

Date of option/grant: _____

Vesting schedule: _____

Number of options: _____

Are the options exercisable? [Yes/No]

Are the options registered? [Yes/No]

Current stock price: \$ _____

Strike price: \$ _____

If purchased, total purchase price of option contract (including commissions):

\$ _____

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

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

B. Name of company: _____

Date of option/grant: _____

Vesting schedule: _____

Number of options: _____

Are the options exercisable? [Yes/No]

Are the options registered? [Yes/No]

Current stock price: \$ _____

Strike price: \$ _____

If purchased, total purchase price of option contract (including commissions):

\$ _____

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

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

7. Bonuses

A. Name of company: _____

Spouse earning bonus: _____

Date bonus expected to be paid: _____

Time period covered by bonus: _____

Anticipated amount of bonus: \$ _____

B. Name of company: _____

Spouse earning bonus: _____

Date bonus expected to be paid: _____

Time period covered by bonus: _____

Anticipated amount of bonus: \$ _____

8. Closely Held Business Interests (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublicly traded business entities)

A. Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number of shares owned (if applicable): _____

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

\$ _____

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

Balance of liabilities if on cash basis accounting:

<\$ _____

9. Retirement Benefits

401K Plans

A. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

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: \$ _____

B. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

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: \$ _____

Defined Benefit Plan

A. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Designated beneficiary: _____

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

B. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Designated beneficiary: _____

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

IRA/SEP

A. Name of financial institution: _____

Account name: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

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

Current value (as of _____): \$ _____

B. Name of financial institution: _____

Account name: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

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

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

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: \$ _____

Current value (as of _____): \$ _____

Percentage of plan that is community: _____ %

Nonqualified Plans (Not under ERISA)

A. Name of financial institution: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current value (as of _____): \$ _____

Government Benefits (civil service, teacher, railroad, state and local)

- A. Name of plan:** _____
Account name: _____
Account number: _____
Account balance as of date of marriage: \$ _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current value (as of _____): \$ _____
- B. Name of plan:** _____
Account name: _____
Account number: _____
Account balance as of date of marriage: _____
Payee of survivor benefits: _____
Designated beneficiary: _____
Current value (as of _____): \$ _____

10. Other Deferred Compensation Benefits (e.g., worker's compensation, disability benefits, other "special payments", and other forms of compensation)

A. Husband

Description of Asset	Value
_____	_____
_____	_____
_____	_____

B. Wife

Description of Asset	Value
_____	_____
_____	_____
_____	_____

11. Union Benefits (include all insurance, pensions, retirement benefits, and other benefits arising out of membership in any union)

- A. Name of union member:** _____
Name of Union: _____
Description of benefits: _____
Value (as of _____): \$ _____

12. Insurance and Annuities

Life Insurance

A. **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: \$ _____
Current value (as of _____): \$ _____

B. **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: \$ _____
Current value (as of _____): \$ _____

Annuities

A. **Name of 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: \$ _____
Current value (a ____): \$ _____

B. **Name of 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: \$ _____
Current value (as of ____): \$ _____

Health Savings Accounts

A. **Institution holding account:** _____
Account number: _____
Name of high-deductible health plan with which the HSA is coupled: _____
Current value (as of ____): \$ _____

B. **Institution holding account:** _____
Account number: _____
Name of high-deductible health plan with which the HSA is coupled: _____
Current value (as of ____): \$ _____

Medical Savings Accounts

A. **Institution holding account:** _____

Account number: _____

Name of high-deductible health plan with which the MSA is coupled: _____

Current value (as of _____): \$ _____

13. Motor Vehicles, Boats, Airplanes, Cycles, etc. (including mobile homes, trailers, and recreational vehicles; exclude company-owned vehicles)

A. Year: _____

Make: _____

Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Fair market value of vehicle: \$ _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

B. Year: _____

Make: _____

Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Fair market value of vehicle: \$ _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

C. Year: _____

Make: _____

Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Fair market value of vehicle: \$ _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

D. Year: _____

Make: _____

Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle identification number: _____

Fair market value of vehicle: \$ _____

Name of creditor if loan against vehicle: _____

Current balance (as of _____): \$ _____

Current net equity in vehicle: \$ _____

14. Money Owed to Me or My Spouse (include any expected federal or state income tax refund but do not include receivables connected with a business)

A. Name of debtor: _____

Debtor's relationship to you: _____

Is debt evidenced in writing? [Yes/No]

Is debt secured? [Yes/No]

Current loan amount owed (as of _____):

\$ _____

B. Name of debtor: _____

Debtor's relationship to you: _____

Is debt evidenced in writing? [Yes/No]

Is debt secured? [Yes/No]

Current loan amount owed (as of _____):

\$ _____

15. Household Furniture, Furnishings, and Fixtures

A. In possession of husband (attach separate sheet by room if necessary):

Description of Asset	Value
_____	_____
_____	_____
_____	_____

B. In possession of wife (attach separate sheet by room if necessary):

Description of Asset	Value
_____	_____

16. Electronics and Computers

A. In possession of husband (attach separate sheet if necessary):

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. In possession of wife (attach separate sheet if necessary):

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

17. Antiques, Artwork, and Collections (include any works of art, such as paintings, tapestry, rugs, and coin or stamp collections)

A. In possession of husband (attach separate sheet if necessary):

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. In possession of wife (attach separate sheet if necessary):

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

18. Miscellaneous Sporting Goods and Firearms

A. In possession of husband (attach separate sheet if necessary):

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. In possession of wife (attach separate sheet if necessary):

Description of Asset	Value
<hr/>	<hr/>
<hr/>	<hr/>

19. **Jewelry and Other Personal Items**

A. In possession of husband (attach separate sheet if necessary):

Description of Asset	Value
_____	_____
_____	_____
_____	_____

B. In possession of wife (attach separate sheet if necessary):

Description of Asset	Value
_____	_____
_____	_____
_____	_____

20. **Livestock** (include cattle, horses, and so forth)

A. In possession of husband (attach separate sheet if necessary):

Description of Asset	Value
_____	_____
_____	_____
_____	_____

B. In possession of wife (attach separate sheet if necessary):

Description of Asset	Value
_____	_____
_____	_____
_____	_____

21. **Club Memberships**

A. Name of club: _____

Name membership held in: _____

Account number: _____

Current value (as of _____):
\$ _____

Method of valuation: _____

B. Name of club: _____

Name membership held in: _____

Account number: _____

Current value (as of _____):
\$ _____

Method of valuation: _____

22. Travel Award Benefits (include frequent-flyer mileage accounts)

A. Name of airline: _____

Account number and name on account: _____

Current number of miles (as of _____):

Current value (if any): \$ _____

B. Name of airline: _____

Account number and name on account: _____

Current number of miles (as of _____):

Value (if any): \$ _____

23. Miscellaneous Assets (include intellectual property, licenses, crops, farm equipment, construction equipment, tools, leases, cemetery lots, gold or silver coins not part of a collection described elsewhere in this inventory, estimated tax payments, tax overpayments, loss carry-forward deductions, lottery tickets/winnings, stadium bonds, stadium seat licenses, seat options, and season tickets)

A. In possession of husband (attach separate sheet if necessary):

Description of Asset

Value

B. In possession of wife (attach separate sheet if necessary):

Description of Asset

Value

24. Safe-Deposit Boxes

A. Name of financial institution or other depository:

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

B. Name of financial institution or other depository:

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

25. Storage Facilities

A. Name and location: _____

Unit number: _____

Terms and length of lease: _____

Names of persons with access to contents: _____

Items in storage unit: _____

26. Community Claim for Reimbursement

A. Reimbursement claim against husband's separate estate:

Basis of claim: _____

Amount claimed (as of _____):

\$ _____

B. Reimbursement claim against wife's separate estate:

Basis of claim: _____

Amount claimed (as of _____):

\$ _____

27. Contingent Assets (e.g., lawsuits by either party against third party)

A. Nature of claim: _____

Amount of claim: \$ _____

B. Nature of claim: _____

Amount of claim:\$ _____

28. Community Liabilities

Credit Cards and Charge Accounts

A. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

B. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

C. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

D. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

E. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):
<\$ _____>
Balance as of _____ [date of separation]:
<\$ _____>

Federal, State, and Local Tax Liability

- A. Amount owed in any previous tax year:**
<\$ _____>
[describe liability, e.g., federal income tax/property taxes]
Amount owed for current year _____:
<\$ _____>
- B. Amount owed in any previous tax year:**
<\$ _____>
[describe liability, e.g., federal income tax/property taxes]
Amount owed for current year _____:
<\$ _____>

Attorney's Fees in This Case

- A. Husband (as of _____):**
<\$ _____>
- B. Wife (as of _____):**
<\$ _____>

Other Professional Fees in This Case

- A. Husband (as of _____):**
<\$ _____>
- B. Wife (as of _____):**
<\$ _____>

Other Liabilities Not Otherwise Listed in This Inventory (e.g., loans, margin accounts, if not previously disclosed)

- A. Name of creditor:** _____
Account number: _____
Party incurring liability: _____
Is loan evidenced in writing? [Yes/No] _____
Current balance (as of _____): <\$ _____>
Security, if any: _____
- B. Name of creditor:** _____
Account number: _____

Party incurring liability: _____

Is loan evidenced in writing? [Yes/No]

Current balance (as of _____):

<\$ _____ >

Security, if any: _____

C. Name of creditor: _____

Account number: _____

Party incurring liability: _____

Is loan evidenced in writing? [Yes/No]

Current balance (as of _____):

<\$ _____ >

Security, if any: _____

Reimbursement Claims against Community Estate

A. Reimbursement claim by husband's separate estate:

Basis of claim: _____

Amount claimed (as of _____):

\$ _____

B. Reimbursement claim by wife's separate estate:

Basis of Claim: _____

Amount claimed (as of _____):

\$ _____

Pledges (include charitable, church and school related)

Name and address of recipient: _____

Date of pledge: _____

Total amount of pledge: < _____ >

Is pledge payable in installments? [Yes/No]

Date each installment payment is due: _____

Amount of each installment: _____

Contingent Liabilities (e.g., lawsuit against either party, guaranty either party may have signed)

A. Name of creditor: _____

Name of person primarily liable: _____

Amount of contingent liability: <\$ _____ >

Nature of contingency: _____

B. Name of creditor: _____
Name of person primarily liable: _____
Amount of contingent liability: <\$ _____>
Nature of contingency: _____

29. Separate Assets of Husband (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

A. Description of asset: _____
Date property acquired: _____
How acquired (e.g., by gift, by devise, by descent, or owned before marriage): _____
Value (as of _____): \$ _____

B. Husband's separate reimbursement claim against community estate:
Basis of claim: _____
Amount claimed (as of _____):
\$ _____

C. Husband's separate reimbursement claim against wife's separate estate:
Basis of claim: _____
Value (as of _____): \$ _____

30. Liabilities of Husband's Separate Estate

A. Description of liability: _____
Date of liability: _____
How liability acquired: _____
Amount of liability (as of _____):
<\$ _____>

B. Wife's separate reimbursement claim against husband's separate estate:
Basis of claim: _____
Value (as of _____): \$ _____

C. Community estate's reimbursement claim against husband's separate estate:
Basis of claim: _____
Value (as of _____): \$ _____

31. Separate Assets of Wife (generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury)

A. Description of asset: _____
Date property acquired: _____
How acquired (e.g., by gift, by devise, by descent, or owned before marriage): _____
Value (as of _____): \$ _____

- B. Wife's separate reimbursement claim against community estate:
 Basis of claim: _____
 Value (as of _____): \$ _____
- C. Wife's separate reimbursement claim against husband's separate estate:
 Basis of claim: _____
 Value (as of _____): \$ _____

32. Liabilities of Wife's Separate Estate

- A. Description of liability: _____
 Date of liability: _____
 How liability acquired: _____
 Amount of liability (as of _____):
 <\$ _____ >
- B. Husband's separate property reimbursement claim against wife's separate estate:
 Basis of Claim: _____
 Amount claimed (as of _____):
 \$ _____
- C. Community estate's reimbursement claim against wife's separate estate:
 Basis of Claim: _____
 Amount claimed (as of _____):
 \$ _____

33. Children's Property (e.g., custodial accounts under the Texas Uniform Gifts to Minors Act or Uniform Transfers to Minors Act, 529 plans)

A. Custodial Account under Texas Uniform Transfers to Minors Act

Name of financial institution: _____
 Address of financial institution: _____
 Name of account: _____
 Account number: _____
 Amount on deposit (as of _____): \$ _____
 Name of minor for whom funds were deposited: _____

B. 529 Plan

Institution or entity administering plan: _____
 Designated beneficiary: _____
 Type of plan: _____
 Amount on deposit (as of _____): \$ _____

34. Assets Held by Either Party for the Benefit of Another (include formal and informal trusts)

A. 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 _____):\$ _____

B. 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 _____):\$ _____

35. Assets Held for the Benefit of Either Party as a Beneficiary (include formal and informal trusts)

A. 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 _____):\$ _____

B. 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 _____):\$ _____

FAILURE TO COMPLETE THIS INVENTORY IN IT'S ENTIRETY MAY RESULT IN THE LOSS OF PROPERTY OR THE LOSS OF THE ABILITY TO DIVIDE PROPERTY IN THE FUTURE.