

Asset and Debt Information Sheet

Please feel free to add additional sheets at the end of this form for any information you need to add.

Your Employment Information

Are you employed? _____ Full Time? _____ Part Time? _____
Reason not employed: _____
Employer: _____
Address: _____
Position: _____ Length of Employment: _____
Salary: _____ Gross Monthly Income: _____ Net Monthly Income: _____

Your Spouse's Employment Information

Spouse Employed? _____ Full Time? _____ Part Time? _____
Reason not employed: _____
Employer: _____
Address: _____
Position: _____ Length of Employment: _____
Salary: _____ Gross Monthly Income: _____ Net Monthly Income: _____

Your Education

Highest level of education you've completed: _____
List any certificates/degrees: _____

Your Spouse's Education

Highest level of education you've completed: _____
List any certificates/degrees: _____

Medical Insurance

Do you have health insurance? _____
If so, who provides? _____
Does your spouse have health insurance? _____
If so, who provides? _____
Do your children have health insurance? _____
If so, who provides? _____
Do you have dental insurance? _____
Does your spouse have dental insurance? _____
Do your children have dental insurance? _____

Pets

Do you have family pets? _____
Who will they live with after the divorce? _____

Asset Information

Real Estate Information

Legal Description: _____
Exact Name (s) on Title: _____
Address: _____
County: _____ Mortgage Holder: _____
Amount of Mortgage: _____ Date Purchased: _____
Fair Market Value: _____ Monthly Payment: _____

Business

Name of Business: _____
Address: _____
Type of Business: _____
Approximate Value of Business: _____
Name of Person Operating Business: _____
If farm property, please provide list of machinery, crops, leases, etc. and approximate value.

Cash and Bank Accounts (Payable on Death = P.O.D)

Name of Bank: _____
Type of Account: _____ Balance: _____
Name(s) on the Account: _____
Account Number: _____ P.O.D.? _____

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Type of Account: _____ Balance: _____
Name(s) on the Account: _____
Account Number: _____ P.O.D.? _____

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Type of Account: _____ Balance: _____
Name(s) on the Account: _____
Account Number: _____ P.O.D.? _____

Investments: Securities, Stocks, and Bonds

Name of Company: _____
Type of Investment: _____
Name(s) on Account: _____
P.O.D.? _____ Account Value: _____

If individual stocks, please bring to our meeting a list of the stocks, number of shares, and value per share.

Name of Company: _____
Type of Investment: _____
Name(s) on Account: _____
P.O.D.? _____ Account Value: _____

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Type of Investment: _____

Name(s) on Account: _____

P.O.D.? _____ Account Value: _____

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Life Insurance Information

Name of Company: _____

Address: _____

Policy Number: _____ Date Issued: _____

Policy Value: _____ Beneficiary Information: _____

Name of Company: _____

Address: _____

Policy Number: _____ Date Issued: _____

Policy Value: _____ Beneficiary Information: _____

Vehicles (cars, boats, atvs)

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Type: _____ Make/Model: _____ Year: _____

Owner(s): _____ Est. Value: _____

Amount still owed: _____ Monthly Payment: _____

Retirement Accounts (401(k), IRA), Pensions, Annuities

Name of Company: _____

Type: _____ Account Number: _____

Owner: _____ Value: _____

Beneficiary: _____

Name of Company: _____

Type: _____ Account Number: _____

Owner: _____ Value: _____

Beneficiary: _____

Name of Company: _____
Type: _____ Account Number: _____
Owner: _____ Value: _____
Beneficiary: _____
Name of Company: _____
Type: _____ Account Number: _____
Owner: _____ Value: _____
Beneficiary: _____

Other Assets

Est. Value of Furniture/Household Goods: _____
Est. Value of Clothes and Jewelry: _____
Other Personal Property: _____
Other Personal Property: _____
Other Personal Property: _____
Other Personal Property: _____

Debt Information

Mortgages

Lender: _____ Loan Number: _____
Loan Amount: _____ Amount Remaining: _____
Monthly Payment Amount and Due Date: _____

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Loan Amount: _____ Amount Remaining: _____
Monthly Payment Amount and Due Date: _____

Other Debts

Lender/Creditor: _____ Amount: _____
Account Number: _____ Phone Number: _____
Address: _____
Debt Description: _____

Lender/Creditor: _____ Amount: _____
Account Number: _____ Phone Number: _____
Address: _____
Debt Description: _____

Lender/Creditor: _____ Amount: _____
Account Number: _____ Phone Number: _____
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