

CLIENT NAME: _____ WORK COPY

CLIENT QUESTIONNAIRE - Inventory and Appraisalment.

Community Estate of the Parties

- 1. Real Property** (include any property purchased by contract for deed, such as Texas Veterans Land Board property, property purchased in recreational developments, and time-shares)

1.1. Street address: _____
County of location: _____
Description of improvements, if any: _____
Legal description: _____
Current fair market value (as of _____): \$ _____
Name of mortgage company and account number, if any: _____
Current balance of mortgage (as of _____): \$ _____
Other liens against property: _____
Names of other lienholders: _____
Current net equity in property: \$ _____

- 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)

2.1. Name of mineral interest/lease/well: _____

Type of interest: _____
County of location: _____
Legal description: _____
Name of producer/operator: _____
Current value (as of _____):
\$ _____
2.2. Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description: _____

Name of producer/operator: _____

Current value (as of _____):
\$ _____

2.3. Name of mineral interest/lease/well: _____

Type of interest: _____

County of location: _____

Legal description: _____

Name of producer/operator: _____

Current value (as of _____):
\$ _____

3. Cash and Accounts with Financial Institutions (include cash, traveler's checks, money orders, and accounts with commercial banks, savings banks, credit unions, and funds on deposit with attorneys and other third parties; exclude accounts with brokerage houses and all retirement accounts)

3.1. Cash on hand: _____

3.2. Traveler's checks: _____

3.3. Money orders: _____

3.4. 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 _____):
\$ _____

3.5. 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 _____):
\$ _____

3.6. 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 _____):
\$ _____

3.7. 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/Mutual Fund Accounts**

4.1. Name of brokerage firm/mutual fund:_____

Address of brokerage firm/mutual fund:_____

Name account held in:_____

Name of account (and subaccounts if any):_____

Account number (and numbers of subaccounts if any):

Margin loan balance (as of _____):

Value of community interest in each account (and subaccounts if any) (as of ____):

Tax basis of each security held:\$

4.2. Name of brokerage firm/mutual fund:

Address of brokerage firm/mutual fund:

Name account held in:

Name of account (and subaccounts if any):

Account number (and numbers of subaccounts if any):

Margin loan balance (as of ____):

Value of community interest in each account (and subaccounts if any) (as of ____):

Tax basis of each security held:\$

4.3. Name of brokerage firm/mutual fund:

Address of brokerage firm/mutual fund:

Name account held in:

Name of account (and subaccounts if any):

Account number (and numbers of subaccounts if any):

Margin loan balance (as of ____):

Value of community interest in each account (and subaccounts if any) (as of ____):

Tax basis of each security held:\$_____

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

5.1. 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 market value (as of _____):
\$_____

Value of community interest(as of _____):
\$_____

5.2. 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 market value (as of _____):
\$_____

Value of community interest(as of _____):
\$_____

6. Stock Options (include all exercisable, nonexercisable, vested and nonvested stock options regardless of any restrictions on transfer)

6.1. 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 net market value (as of _____):
\$_____

Value of community interest (as of _____):
\$_____

6.2. 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 net market value (as of _____):

\$ _____

Value of community interest (as of _____):

\$ _____

7. Bonuses

7.1. Name of company: _____

Date bonus expected to be paid: _____

Time period covered by bonus: _____

Anticipated amount of bonus: \$ _____

7.2. Name of company: _____

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)

8.1. Name of business: _____

Address: _____

Type of business organization: _____

Percentage of ownership: _____

Number 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:

<\$ _____ >

9. Retirement Benefits

9.A. *Defined Contribution 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; IRC §§ 401(k), 403(b))

9.A.1. 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: \$ _____

Value of community interest in plan (as of _____):
\$ _____

9.A.2. 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: \$ _____

Value of community interest in plan (as of _____):
\$ _____

9.B. *Defined Benefit Plan* (any plan that is not a defined contribution plan and that usually involves payment of benefits according to a formula)

9.B.1. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

Designated beneficiary: _____

Payee of survivor benefits: _____

Description of benefits: _____

Value of community interest in plan (as of _____):
\$ _____

9.B.2. Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

Designated beneficiary: _____

Payee of survivor benefits: _____

Description of benefits: _____

Value of community interest in plan (as of _____):
\$ _____

9.C. *IRA/SEP*

9.C.1. Name of financial institution: _____

Account name: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

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

Value of community interest (as of _____):
\$ _____

9.C.2. Name of financial institution: _____

Account name: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

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

Value of community interest (as of _____):
\$ _____

9.D. *Military Benefits*

9.D.1. 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: _____%

9.D.2. 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: _____%

9.E. *Nonqualified Plans (Not under ERISA)*

9.E.1. Name of financial institution: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Value of community interest in plan (as of _____):
\$ _____

9.E.2. Name of financial institution: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Value of community interest in plan (as of _____):
\$ _____

9.F. *Government Benefits* (civil service, teacher, railroad, state and local)

9.F.1. Name of plan: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Value of community interest in plan (as of _____):
\$ _____

9.F.2. Name of plan: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Value of community interest in plan (as of _____):
\$ _____

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

10.1. Husband

Description of Asset	Value
_____	_____
_____	_____

10.2. Wife

Description of Asset	Value
_____	_____
_____	_____

11. Union Benefits (include all insurance, pensions, retirement benefits, and other benefits)

arising out of membership in any union)

11.1. Name of union member:_____

Name of Union:_____

Description of benefits:_____

Value (as of _____):\$_____

11.2. Name of union member:_____

Name of Union:_____

Description of benefits:_____

Value (as of _____):\$_____

12. Insurance and Annuities

12.A. Life Insurance

12.A.1. 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: \$ _____

Value of community interest (as of _____):
\$ _____

12.A.2. 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: \$ _____

Value of community interest (as of _____):
\$ _____

12.B. Annuities

12.B.1. Name of company: _____

Policy number: _____

Name of annuitant: _____

Name of owner: _____

Type of annuity: _____

Amount of premiums [monthly/quarterly/semiannually]: \$__

Date of issue: _____

Face amount: _____

Designated beneficiary: _____

Value on date of marriage: _____

Current value (as of _____):
\$ _____

Balance of loan against policy: \$ _____

Value of community interest (as of _____):
\$ _____

12.B.2. Name of company: _____
Policy number: _____
Name of annuitant: _____
Name of owner: _____
Type of annuity: _____
Amount of premiums [monthly/quarterly/semiannually]: \$_____
Date of issue: _____
Face amount: _____
Designated beneficiary: _____
Value on date of marriage: _____
Current value (as of _____):
\$ _____
Balance of loan against policy: \$ _____
Value of community interest (as of _____):
\$ _____

12.C. Health Savings Accounts

12.C.1. Institution holding account: _____
Account number: _____
Name of high-deductible health plan with which the HSA is coupled: _____
Value of assets in account (as of _____):
\$ _____

12.C.2. Institution holding account: _____
Account number: _____
Name of high-deductible health plan with which the HSA is coupled: _____
Value of assets in account (as of _____):
\$ _____

12.D. Medical Savings Accounts

12.D.1. Institution holding account: _____

Account number: _____

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

Value of assets in account (as of _____):
\$ _____

12.D.2. Institution holding account: _____

Account number: _____

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

Value of assets in account (as of _____):
\$ _____

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

13.1. 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: \$ _____

13.2. 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: \$ _____

13.3. 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: \$ _____

13.4. 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)

14.1. 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 _____):
\$ _____

14.2. 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

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

Description of Asset	Value
_____	_____
_____	_____
_____	_____

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

Description of Asset	Value
_____	_____
_____	_____
_____	_____

16. Electronics and Computers

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

Description of Asset	Value
_____	_____
_____	_____
_____	_____

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

Description of Asset	Value

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

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

Description of Asset	Value

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

Description of Asset	Value

18. Miscellaneous Sporting Goods and Firearms

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

Description of Asset	Value

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

Description of Asset	Value

19. Jewelry and Other Personal Items

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

Description of Asset	Value

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

Description of Asset	Value
_____	_____
_____	_____
_____	_____

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

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

Description of Asset	Value
_____	_____
_____	_____
_____	_____

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

Description of Asset	Value
_____	_____
_____	_____
_____	_____

21. Club Memberships

21.1. Name of club: _____

Name membership held in: _____

Account number: _____

Current value (as of _____):
\$ _____

Method of valuation: _____

21.2. 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)

22.1. Name of airline: _____

Account number and name on account: _____,

Current number of miles (as of _____):

Current value (if any): \$ _____

22.2. 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)

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

Description of Asset	Value
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_____	_____
_____	_____
_____	_____

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

Description of Asset	Value
----------------------	-------

_____	_____
_____	_____
_____	_____

24. Safe-Deposit Boxes

24.1. Name of financial institution or other depository:

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

24.2. Name of financial institution or other depository:

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

24.3. Name of financial institution or other depository:

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

25. Storage Facilities

25.1. Name and location: _____

Unit number: _____

Terms and length of lease: _____

Names of persons with access to contents: _____

Items in storage unit: _____

25.2. Name and location: _____

Unit number: _____

Terms and length of lease: _____

Names of persons with access to contents: _____

Items in storage unit: _____

25.3. Name and location: _____

Unit number: _____

Terms and length of lease: _____

Names of persons with access to contents: _____

Items in storage unit: _____

26. Claims for Reimbursement of Community Estate

- 26.1 Claim for reimbursement due to payment by the community estate of the unsecured liabilities of the husband:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

- 26.2. Claim for reimbursement due to payment by the community estate of the unsecured liabilities of the wife:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

- 26.3. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of the husband by a business entity under the control and direction of the husband:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

- 26.4. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of the wife by a business entity under the control and direction of the wife:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

- 26.5 Claim for reimbursement due to reduction by the community estate of the principal amount of a debt secured by a lien on property owned before marriage by husband, to the extent the debt existed at the time of marriage:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

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

27.1. Nature of claim: _____

Amount of claim: \$ _____

27.2. Nature of claim: _____

Amount of claim: \$ _____

28. Community Liabilities

28.A. Credit Cards and Charge Accounts

28.A.1. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):
<\$ _____>

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

28.A.2. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):
<\$ _____>

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

28.A.3. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):
<\$ _____>

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

- 28.A.4. Name of creditor: _____
Account number: _____
Name(s) on account: _____
Current balance (as of _____):
<\$ _____>
Balance as of _____ [date of separation]:
<\$ _____>
- 28.A.5. Name of creditor: _____
Account number: _____
Name(s) on account: _____
Current balance (as of _____):
<\$ _____>
Balance as of _____ [date of separation]:
<\$ _____>

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

- 28.B.1. Amount owed in any previous tax year: _____>
<\$ _____>
[describe liability, e.g., federal income tax/property taxes]
Amount owed for current year _____:
<\$ _____>
- 28.B.2. Amount owed in any previous tax year: _____>
<\$ _____>
[describe liability, e.g., federal income tax/property taxes]
Amount owed for current year _____:
<\$ _____>

28.C. *Attorney's Fees in This Case*

- 28.C.1. Husband (as of _____):
<\$ _____>
- 28.C.2. Wife (as of _____):
<\$ _____>

28.D. *Other Professional Fees in This Case*

- 28.D.1. Husband (as of _____):
<\$ _____>

28.D.2. Wife (as of _____):
 <\$ _____>

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

28.E.1. Name of creditor: _____
 Account number: _____
 Party incurring liability: _____
 Is loan evidenced in writing? [Yes/No]
 Current balance (as of _____):
 <\$ _____>
 Security, if any: _____

28.E.2. Name of creditor: _____
 Account number: _____
 Party incurring liability: _____
 Is loan evidenced in writing? [Yes/No]
 Current balance (as of _____):
 <\$ _____>
 Security, if any: _____

28.E.3. Name of creditor: _____
 Account number: _____
 Party incurring liability: _____
 Is loan evidenced in writing? [Yes/No]
 Current balance (as of _____):
 <\$ _____>
 Security, if any: _____

28.F. *Reimbursement Claims against Community Estate*

28.F.1. Claim for reimbursement due to payment by husband's
 separate estate of the unsecured debt of the community estate:
 Basis of claim: _____

Amount claimed (as of _____):
\$ _____

28.F.2. Claim for reimbursement due to payment by wife's separate estate of the unsecured debt of the community estate:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

28.F.3. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of the husband by a business entity, under the control and direction of the husband:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

28.F.4. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of the wife by a business entity, under the control and direction of the wife:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

28.F.5. Claim for reimbursement due to reduction by husband's separate estate of the principal amount of that part of a debt (including a home equity loan) incurred during the marriage, secured by a lien on property, and incurred for the acquisition of, or capital improvements to, property belonging to the community estate:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

28.G. *Pledges* (include charitable, church and school related)

28.G.1. 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: _____

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

28.H.1. Name of creditor: _____

Name of person primarily liable: _____

Amount of contingent liability: <\$ _____>

Nature of contingency: _____

28.H.2. Name of creditor: _____

Name of person primarily liable: _____

Amount of contingent liability: <\$ _____>

Nature of contingency: _____

Separate Estates of the Parties

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)

29.1. Description of asset: _____

Date property acquired: _____

How acquired (e.g., by gift, by devise, by descent, or owned before marriage):

Value (as of _____): \$ _____

29.2. Claim for reimbursement due to payment of unsecured debt by husband's separate estate of debts belonging to the community estate:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

29.3. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of the husband by a business entity under the control and direction of the husband:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

30. Liabilities of Husband's Separate Estate

30.1. Description of liability: _____

Date of liability: _____

How liability acquired: _____

Amount of liability (as of _____):
<\$ _____>

30.2. Claim for reimbursement by wife's separate estate due to payment of husband's unsecured debt by wife's separate estate:

Basis of Claim: _____

Amount claimed (as of _____):
<\$ _____>

30.3. Claim for reimbursement by wife's separate estate due to inadequate compensation for the time, toil, talent and effort by the husband by a business entity under the control and direction of husband:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

30.4. Claim for reimbursement due to reduction by wife's separate estate of the principal amount of a debt secured by a lien on property owned before marriage by husband, to the extent the debt existed at the time of marriage:

Basis of Claim: _____

Amount claimed (as of _____):
<\$ _____>

30.5. Claim for reimbursement due to reduction by wife's separate estate of the principal amount of a debt secured by a lien on property received by husband by gift, devise, or descent during the marriage, to the extent the debt existed at the time the property was received:

Basis of Claim: _____

Amount claimed (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)

31.1. Description of asset: _____

Date property acquired: _____

How acquired (e.g., by gift, by devise, by descent, or owned before marriage):

Value (as of _____): \$ _____

31.2. Claim for reimbursement due to payment of unsecured debt by wife's separate estate for debt belonging to the community estate:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

31.3. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of wife by a business entity under the control and direction of wife:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

31.4. Claim for reimbursement due to reduction by wife's separate estate of the principal amount of that part of a debt (including a home equity loan) incurred during the marriage, secured by a lien on property, and incurred for the acquisition of, or capital improvements to, property belonging to the community estate:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

31.5. Claim for reimbursement due to refinancing of the principal amount of any debt described in section _____ above, to the extent the refinancing reduced the principal amount in a manner described in the appropriate section:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

32. Liabilities of Wife's Separate Estate

32.1. Description of liability: _____

Date of liability: _____

How liability acquired:_____

Amount of liability (as of _____):
<\$ _____>

- 32.2. Claim for reimbursement due to payment of the wife's unsecured debt by the community estate:

Basis of Claim:_____

Amount claimed (as of _____):
\$ _____

- 32.3. Claim for reimbursement due to inadequate compensation for the time, toil, talent and effort of wife by a business entity under the control and direction of wife:

Basis of Claim:_____

Amount claimed (as of _____):
\$ _____

- 32.4. Claim for reimbursement due to reduction by the community estate of the principal amount of a debt secured by a lien on property owned before marriage by wife, to the extent the debt existed at the time of marriage:

Basis of Claim:_____

Amount claimed (as of _____):
\$ _____

- 32.5. Claim for reimbursement due to reduction by the community estate of the principal amount of a debt secured by a lien on property received by wife by gift, devise, or descent during the marriage, to the extent the debt existed at the time the property was received:

Basis of Claim:_____

Amount claimed (as of _____):
\$ _____

Child's Property

33. **Child'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*

33.A.1. 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:_____

33.A.2. 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:_____

33.A.3. 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:_____

33.A.4. 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

33.B.1. Institution or entity administering plan:_____

Designated beneficiary:_____

Type of plan:_____

Value of assets in plan (as of _____):
\$ _____

33.B.2. Institution or entity administering plan:_____

Designated beneficiary:_____

Type of plan:_____

Value of assets in plan (as of _____):
\$ _____

33.B.3. Institution or entity administering plan:_____

Designated beneficiary:_____

Type of plan:_____

Value of assets in plan (as of _____):
\$ _____

33.B.4. Institution or entity administering plan:_____

Designated beneficiary:_____

Type of plan:_____

Value of assets in plan (as of _____):
\$ _____

Trust and Estate Assets

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

34.1. 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 _____):
\$ _____

34.2. 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)

35.1. 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 _____):
\$ _____

35.2. 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 _____):
\$ _____

Verification

I, _____, state on oath that, to the best of my knowledge and belief, this inventory and appraisal contains -

1. a full and complete list of all properties that I claim belong to the community estate of me and my spouse, with the values thereof;
2. a full and complete list of all properties in my possession or subject to my control that I claim or admit are my or my spouse's separate property and estate, with the values thereof; and
3. a full and complete list of the debts that I claim are community indebtedness.

Any omission from this inventory is not intentional but is done through mere inadvertence and not to mislead my spouse. There may be other assets and liabilities of which my spouse is aware, and the omission of those items from this inventory should not be construed as a waiver of my interest in them.

*****Client's Name*****

SIGNED under oath before me on _____ 20__.

Notary Public, State of Texas