

CLIENT NAME: _____

CLIENT QUESTIONNAIRE - Inventory and Appraisal.

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: \$ _____

1.2. 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: \$ _____

1.3. 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 and Mutual Fund Accounts

4.1. 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): _____

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 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):

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 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): _____

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: _____

Spouse earning bonus: _____

Date bonus expected to be paid: _____

Time period covered by bonus: _____

Anticipated amount of bonus: \$ _____

7.2. 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)

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 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 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 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 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
_____	_____
_____	_____
_____	_____

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. Community Claim for Reimbursement

26.1. Reimbursement claim against husband's separate estate:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

26.2. 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)

[subnumber].1. Nature of claim: _____

Amount of claim: \$ _____

[subnumber].2. Nature of claim: _____

Amount of claim: \$ _____

28. Community Liabilities

[subnumber].A. *Credit Cards and Charge Accounts*

[subnumber].[subnumber].1. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

[subnumber].[subnumber].2. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

[subnumber].[subnumber].3. Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance (as of _____):

<\$ _____ >

Balance as of _____ [date of separation]:

<\$ _____ >

[subnumber].[subnumber].4. Name of creditor: _____

Account number: _____

Name(s) on account: _____

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

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

[subnumber].[subnumber].5. Name of creditor: _____

Account number: _____

Name(s) on account: _____

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

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

[subnumber].B. *Federal, State, and Local Tax Liability*

[subnumber].[subnumber].1. Amount owed in any previous tax year:
<\$ _____>
[describe liability, e.g., federal income tax/property taxes]

Amount owed for current year _____:
<\$ _____>

[subnumber].[subnumber].2. Amount owed in any previous tax year:
<\$ _____>
[describe liability, e.g., federal income tax/property taxes]

Amount owed for current year _____:
<\$ _____>

[subnumber].C. *Attorney's Fees in This Case*

[subnumber].[subnumber].1. Husband (as of _____):
<\$ _____>

[subnumber].[subnumber].2. Wife (as of _____):
<\$ _____>

[subnumber].D. *Other Professional Fees in This Case*

[subnumber].[subnumber].1. Husband (as of _____):
<\$ _____>

[subnumber].[subnumber].2. Wife (as of _____):
<\$ _____>

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

[subnumber].[subnumber].1. Name of creditor: _____

Account number: _____

Party incurring liability: _____

Is loan evidenced in writing? [Yes/No]

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

Security, if any: _____

[subnumber].[subnumber].2. Name of creditor: _____

Account number: _____

Party incurring liability: _____

Is loan evidenced in writing? [Yes/No]

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

Security, if any: _____

[subnumber].[subnumber].3. Name of creditor: _____

Account number: _____

Party incurring liability: _____

Is loan evidenced in writing? [Yes/No]

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

Security, if any: _____

[subnumber].F. *Reimbursement Claims against Community Estate*

[subnumber].[subnumber].1.Reimbursement claim by husband's separate estate:

Basis of claim: _____

Amount claimed (as of _____):

\$ _____

[subnumber].[subnumber].2.Reimbursement claim by wife's separate estate:

Basis of Claim: _____

Amount claimed (as of _____):

\$ _____

[subnumber].G. *Pledges (include charitable, church and school related)*

[subnumber].[subnumber].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: _____

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

[subnumber].[subnumber].1. Name of creditor: _____

Name of person primarily liable: _____

Amount of contingent liability: <\$ _____ >

Nature of contingency: _____

[subnumber].[subnumber].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)

[subnumber].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. Husband's separate reimbursement claim against community estate:

Basis of claim: _____

Amount claimed (as of _____):
\$ _____

29.3. Husband's separate reimbursement claim against wife's separate estate:

Basis of claim: _____

Value (as of _____):
\$ _____

30. Liabilities of Husband's Separate Estate

[subnumber].1. Description of liability: _____

Date of liability: _____

How liability acquired: _____

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

30.2. Wife's separate reimbursement claim against husband's separate estate:

Basis of claim: _____

Value (as of _____):
\$ _____

30.3. 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)

[subnumber].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. Wife's separate reimbursement claim against community estate:

Basis of claim: _____

Value (as of _____): \$ _____

31.3. Wife's separate reimbursement claim against husband's separate estate:

Basis of claim: _____

Value (as of _____): \$ _____

32. Liabilities of Wife's Separate Estate

[subnumber].1. Description of liability: _____

Date of liability: _____

How liability acquired: _____

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

32.2. Husband's separate property reimbursement claim against wife's separate estate:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

32.3. Community estate's reimbursement claim against wife's separate estate:

Basis of Claim: _____

Amount claimed (as of _____):
\$ _____

***[Child[ren]'s Property**

33. Child[ren]'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*

[subnumber].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: _____

[subnumber].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: _____

[subnumber].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: _____

[subnumber].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*

[subnumber].B.1. Institution or entity administering plan: _____

Designated beneficiary: _____

Type of plan: _____

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

[subnumber].B.2. Institution or entity administering plan: _____

Designated beneficiary: _____

Type of plan: _____

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

[subnumber].B.3. Institution or entity administering plan: _____

Designated beneficiary: _____

Type of plan: _____

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

[subnumber].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)

[subnumber].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 _____):
\$ _____

[subnumber].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)

[subnumber].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 _____):
\$ _____

[subnumber].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, [name], 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.

[name]

SIGNED under oath before me on _____.

Notary Public, State of Texas