

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

**CAUSE NO.** \_\_\_\_\_

**IN THE MATTER OF  
THE MARRIAGE OF**

§  
§  
§  
§  
§  
§

**IN THE DISTRICT COURT OF**

**AND**

\_\_\_\_\_ **COUNTY, TEXAS**

\_\_\_\_ **TH JUDICIAL DISTRICT**

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**SWORN INVENTORY AND APPRAISEMENT**

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**1. Real Estate**

**1.1 Home Owned:**

Street address: \_\_\_\_\_

County of location: \_\_\_\_\_

General description: \_\_\_\_\_

Legal description: \_\_\_\_\_

Current fair market value: \$ \_\_\_\_\_ as of \_\_\_\_\_

Exact name of mortgage company and account number, if any: \_\_\_\_\_

Current balance of mortgages: \$ \_\_\_\_\_

a. First mortgage

Name of lienholder and account number: \_\_\_\_\_

Current balance of lien: \$ \_\_\_\_\_ as of \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Interest rate: \_\_\_\_\_

b. Second lien

Name of second lienholder and account number: \_\_\_\_\_

Current balance of second lien: \$ \_\_\_\_\_ as of \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Interest rate: \_\_\_\_\_

Current net equity in property: \$ \_\_\_\_\_

Date property was acquired: \_\_\_\_\_

Amount of purchase price: \$ \_\_\_\_\_

Down payment and source of down payment: \$ \_\_\_\_\_

Exact name on title: \_\_\_\_\_

Who lives in the house now? \_\_\_\_\_  
Who wishes to live in the house after the divorce? \_\_\_\_\_  
Comments: \_\_\_\_\_

**1.2 Other Real Estate:**

General description: \_\_\_\_\_

Location: \_\_\_\_\_

Description of improvements, if any: \_\_\_\_\_

Date improvements made: \_\_\_\_\_

Cost of improvements: \$ \_\_\_\_\_

Balance owed, if any, on cost of improvements: \$ \_\_\_\_\_

Source of money for improvements: \_\_\_\_\_

Legal description: \_\_\_\_\_

Other owners: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Amount of purchase price: \$ \_\_\_\_\_

Record title owner: \$ \_\_\_\_\_

Down payment and source of down payment: \$ \_\_\_\_\_

First lienholder: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Interest rate: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ as of \_\_\_\_\_

Second lienholder: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_ Due date: \_\_\_\_\_ Interest rate: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ as of \_\_\_\_\_

**2. Mineral Interests**

a. Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description: \_\_\_\_\_

Name of producer or operator: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

b. Name of mineral interest/lease/well: \_\_\_\_\_

Type of interest: \_\_\_\_\_

County of location: \_\_\_\_\_

Legal description: \_\_\_\_\_

Name of producer or operator: \_\_\_\_\_

Current value: \$ \_\_\_\_\_

### 3. Cash and Accounts with Financial Institutions

(Include cash, traveler's checks, money orders, and accounts with commercial banks, savings and loan associations, and credit unions; exclude accounts with brokerage houses and all retirement accounts.)

#### 3.1 Checking Accounts:

- a. Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
When account opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_
- b. Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
When account opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_
- c. Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
When account opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_

#### 3.2 Savings Accounts:

- a. Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
When account opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

b. Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Name(s) on withdrawal cards: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
When account opened: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Use of account: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

### 3.3 Certificates of Deposit:

a. Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
C.D. in the name of: \_\_\_\_\_  
Amount of C.D.: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_  
When purchased: \_\_\_\_\_ When due: \_\_\_\_\_  
Where is C.D. now? \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

b. Name of financial institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account officer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
C.D. in the name of: \_\_\_\_\_

Amount of C.D.: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_  
When purchased: \_\_\_\_\_ When due: \_\_\_\_\_  
Where is C.D. now? \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

#### 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): \_\_\_\_\_  
\_\_\_\_\_  
Margin loan balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest in each account (and subaccounts, if any):  
\$ \_\_\_\_\_ as of \_\_\_\_\_  
Tax basis of each security held: \$ \_\_\_\_\_
- 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): \_\_\_\_\_  
\_\_\_\_\_  
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 Stocks:

- a. Name of security: \_\_\_\_\_  
Number of shares: \_\_\_\_\_  
Type of security (common stock, preferred stock, bond, or other description):  
\_\_\_\_\_  
Certificate numbers: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Name of exchange on which listed: \_\_\_\_\_  
Pledged as collateral? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, explain terms, to whom pledged, and other details surrounding pledge of

securities as collateral: \_\_\_\_\_  
Date acquired: \_\_\_\_\_  
Tax basis: \$ \_\_\_\_\_  
Current market value: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest \$ \_\_\_\_\_ as of \_\_\_\_\_  
\_\_\_\_\_

## 5.2 Bonds:

a. Name of issuer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Serial number of bond: \_\_\_\_\_ Denomination \_\_\_\_\_  
Date acquired: \_\_\_\_\_  
Cost: \$ \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Registered owner: \_\_\_\_\_  
Source of funds: \_\_\_\_\_  
Interest rate: \_\_\_\_\_ Interest payable: \_\_\_\_\_  
Convertible: \_\_\_\_\_ Due date: \_\_\_\_\_  
Pledged: \_\_\_\_\_ To: \_\_\_\_\_  
Reason: \_\_\_\_\_

## 6. Stock Options

(Include all exercisable, vested, and nonvested stock options regardless of any restrictions on transfer.)

a. Name of company: \_\_\_\_\_  
Date of option or grant: \_\_\_\_\_  
Vesting schedule: \_\_\_\_\_  
Number of options: \_\_\_\_\_  
Are the options exercisable? \_\_\_\_\_ Are the options registered? \_\_\_\_\_  
Current stock price: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Strike price: \$ \_\_\_\_\_  
Current net market value: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest: \$ \_\_\_\_\_ as of \_\_\_\_\_  
If purchased, total purchase price of option contract (including commissions):  
\$ \_\_\_\_\_

b. Name of company: \_\_\_\_\_  
Date of option or grant: \_\_\_\_\_  
Vesting schedule: \_\_\_\_\_  
Number of options: \_\_\_\_\_  
Are the options exercisable? \_\_\_\_\_ Are the options registered? \_\_\_\_\_  
Current stock price: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Strike price: \$ \_\_\_\_\_  
Current net market value: \$ \_\_\_\_\_ as of \_\_\_\_\_

Value of community interest: \$ \_\_\_\_\_ as of \_\_\_\_\_  
If purchased, total purchase price of option contract (including commissions):  
\$ \_\_\_\_\_

### 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 of business: \_\_\_\_\_  
Type of business organization: \_\_\_\_\_  
Percentage of ownership: \_\_\_\_\_  
Number of shares owned (if applicable): \_\_\_\_\_  
Members in business: \_\_\_\_\_  
Annual income from business: \$ \_\_\_\_\_  
Type of business: \_\_\_\_\_  
Date business began: \_\_\_\_\_  
Source of funds in business: \_\_\_\_\_  
Value of interest: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Is there a written organizational agreement? \_\_\_\_\_  
Comments: \_\_\_\_\_

### 9. Retirement Benefits

**9.1 Defined Contribution Retirement 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):

- 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: \_\_\_\_\_  
Has beneficiary been designated? \_\_\_\_\_ yes \_\_\_\_\_ no  
If so, identify beneficiary: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Current loan balance: \$ \_\_\_\_\_ as of \_\_\_\_\_

**9.2 Defined Benefit Retirement Plans** (any plan that is not a defined contribution plan and that usually involves payment of benefits according to a formula):

a. 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: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

**9.3 IRA/SEP:**

a. Name of financial institution: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

b. Name of financial institution: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee of survivor benefits: \_\_\_\_\_  
Designated beneficiary: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

**9.4 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: \$ \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Percentage of plan that is community: \_\_\_\_\_ %

**9.5 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: \_\_\_\_\_  
Has beneficiary been designated? \_\_\_\_\_ yes \_\_\_\_\_ no  
If so, identify beneficiary: \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

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

a. Name of plan: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Account balance as of date of marriage: \$ \_\_\_\_\_  
Has beneficiary been designated? \_\_\_\_\_ yes \_\_\_\_\_ no  
If so, identify beneficiary: \_\_\_\_\_  
Value of community interest in plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

**10. Other Deferred Compensation Benefits**

(Examples include worker's compensation, disability benefits, other "special payments", and other forms of compensation.)

**10.1 Husband:**

a. Description of assets: \_\_\_\_\_  
Value : \$ \_\_\_\_\_

**10.2 Wife:**

a. Description of assets: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

**11. Insurance and Annuities**

**11.1 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, if any: \$ \_\_\_\_\_  
Value of community interest: \$ \_\_\_\_\_ 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, if any: \$ \_\_\_\_\_  
Value of community interest: \$ \_\_\_\_\_ as of \_\_\_\_\_

**11.2 Annuities:**

a. 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, if any: \$ \_\_\_\_\_  
Value of community interest: \$ \_\_\_\_\_ as of \_\_\_\_\_

**11.3 Health Savings Accounts:**

a. Institution holding account: \_\_\_\_\_

Account number: \_\_\_\_\_  
Value of assets in account: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Name of high-deductible health plan with which the HSA is coupled: \_\_\_\_\_  
\_\_\_\_\_

**11.4 Medical Savings Accounts:**

a. Institution holding account: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Value of assets in account: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Name of high-deductible health plan with which the MSA is coupled: \_\_\_\_\_  
\_\_\_\_\_

**12. Motor Vehicles, Boats, Airplanes, Cycles, etc.**

(Include mobile homes, trailers, and recreational vehicles; exclude company-owned vehicles.)

**12.1 Vehicles Owned:**

a. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_  
Name on title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Current fair market value: \$ \_\_\_\_\_  
Does vehicle have loan against it? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, state:  
Exact name of creditor: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Source of down payment: \_\_\_\_\_  
Who drives the vehicle? \_\_\_\_\_

b. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_  
Name on title: \_\_\_\_\_  
In possession of: \_\_\_\_\_  
Vehicle identification number: \_\_\_\_\_  
Current fair market value: \$ \_\_\_\_\_  
Does vehicle have loan against it? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, state:  
Exact name of creditor: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Current net equity in vehicle: \$ \_\_\_\_\_ Date acquired: \_\_\_\_\_  
Source of down payment: \_\_\_\_\_  
Who drives the vehicle? \_\_\_\_\_

c. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Name on title: \_\_\_\_\_

In possession of: \_\_\_\_\_  
 Vehicle identification number: \_\_\_\_\_  
 Current fair market value: \$ \_\_\_\_\_  
 Does vehicle have loan against it? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, state:  
     Exact name of creditor: \_\_\_\_\_  
     Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Current net equity in vehicle: \$ \_\_\_\_\_ Date acquired: \_\_\_\_\_  
 Source of down payment: \_\_\_\_\_  
 Who drives the vehicle? \_\_\_\_\_

**13. Loans Receivable**

(Include money owed to you or your spouse, including 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: \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_  
 Is debt evidenced in writing? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Is debt secured? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, detail security: \_\_\_\_\_  
 Is debt reasonable expected to be paid? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Current loan balance \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Balance of any accounts receivable: \$ \_\_\_\_\_
- b. Name of debtor: \_\_\_\_\_  
 Debtor's relationship to you: \_\_\_\_\_  
 Purpose of loan: \_\_\_\_\_  
 Is debt evidenced in writing? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Is debt secured? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, detail security: \_\_\_\_\_  
 Is debt reasonable expected to be paid? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Current loan balance \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Balance of any accounts receivable: \$ \_\_\_\_\_

**14. Household Furniture, Furnishings, and Fixtures**

State your opinion of the fair market value of the household furniture, furnishings, and fixtures. Fair market value is not necessarily the cost or the replacement value. If you expect a dispute about the division of this property, you may want to attach an itemized list of major items by room. If you or your spouse will contend that any of the property was owned before your marriage or acquired during the marriage by gift or inheritance, please so indicate.

Fair market value: \$ \_\_\_\_\_

**15. Electronics and Computers**

<b>15.1 In Possession of Husband:</b>		
Description	Source	Value

<b>15.2 In Possession of Wife:</b>		
Description	Source	Value

**16. Antiques, Artwork, and Collections**

<b>16.1 In Possession of Husband:</b>		
Description	Source	Value

<b>16.2 In Possession of Wife:</b>		
Description	Source	Value

**17. Miscellaneous Sporting Goods and Firearms**

<b>17.1 In Possession of Husband:</b>		
Description	Source	Value

<b>17.2 In Possession of Wife:</b>		
Description	Source	Value

**18. Jewelry and Other Personal Items**

(List major items and state value.)

<b>18.1 In Possession of Husband:</b>		
Description	Source	Value

<b>18.2 In Possession of Wife:</b>		
Description	Source	Value

**19. Livestock**

(Include cattle, horses, and so forth.)

**19.1 In Possession of Husband:**

Description	Source	Value
_____	_____	_____
_____	_____	_____

**19.2 In Possession of Wife:**

Description	Source	Value
_____	_____	_____
_____	_____	_____

**20. Club Memberships**

- a. Name of club: \_\_\_\_\_  
Name membership held in: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Current value: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Method of valuation: \_\_\_\_\_

**21. Travel Award Benefits**

- a. Name of airline: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name on account: \_\_\_\_\_  
Current number of miles: \_\_\_\_\_ as of \_\_\_\_\_  
Value (if any): \$ \_\_\_\_\_

**22. Miscellaneous Assets**

(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 document, estimated tax payments, tax overpayments, loss carry-forward deductions, lottery tickets/winnings, stadium bonds, stadium seat licenses, seat options, and season tickets.)

**22.1 In Possession of Husband:**

Description	Source	Value
_____	_____	_____
_____	_____	_____

**22.2 In Possession of Wife:**

Description	Source	Value
_____	_____	_____
_____	_____	_____

**23. Safe-Deposit Boxes**

- a. Name of financial institution or other depository: \_\_\_\_\_

Box number: \_\_\_\_\_  
Names of persons who have access to contents: \_\_\_\_\_

Items in safe-deposit box: \_\_\_\_\_

- b. Name of financial institution or other depository: \_\_\_\_\_  
Box number: \_\_\_\_\_  
Names of persons who have access to contents: \_\_\_\_\_  
Items in safe-deposit box: \_\_\_\_\_

#### 24. Storage Facilities

- a. Name of facility: \_\_\_\_\_  
Address of facility: \_\_\_\_\_  
Unit number: \_\_\_\_\_  
Length of lease: \_\_\_\_\_  
Terms of lease: \_\_\_\_\_  
Names of persons who have access to contents: \_\_\_\_\_  
Items in storage unit: \_\_\_\_\_
- b. Name of facility: \_\_\_\_\_  
Address of facility: \_\_\_\_\_  
Unit number: \_\_\_\_\_  
Length of lease: \_\_\_\_\_  
Terms of lease: \_\_\_\_\_  
Names of persons who have access to contents: \_\_\_\_\_  
Items in storage unit: \_\_\_\_\_

#### 25. Community Claim for Reimbursement

(Against Husband's or Wife's separate estate.)

*See section entitled "Reimbursement" at the end of this document before completing 25.1 and 25.2.*

##### 25.1 Reimbursement Claim against Husband's Separate Estate:

Description of basis of claim: \_\_\_\_\_  
Amount claimed: \$ \_\_\_\_\_

##### 25.2 Reimbursement Claim against Wife's Separate Estate:

Description of basis of claim: \_\_\_\_\_  
Amount claimed: \$ \_\_\_\_\_

#### 26. Contingent Assets

(For example, lawsuits by either party against a third party.)

Nature of claim: \_\_\_\_\_  
Amount of claim: \$ \_\_\_\_\_  
Legal representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cause number: \_\_\_\_\_

Court where case is pending: \_\_\_\_\_

Name of opposing attorney: \_\_\_\_\_  
Address: \_\_\_\_\_

## 27. Community Liabilities

### 27.1 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: \$ \_\_\_\_\_  
Who charged what on this account? \_\_\_\_\_  
Who will be responsible after divorce? \_\_\_\_\_
- b. Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Balance as of date of separation: \$ \_\_\_\_\_  
Who charged what on this account? \_\_\_\_\_  
Who will be responsible after divorce? \_\_\_\_\_
- c. Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Balance as of date of separation: \$ \_\_\_\_\_  
Who charged what on this account? \_\_\_\_\_  
Who will be responsible after divorce? \_\_\_\_\_
- d. Name of creditor: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Name(s) on account: \_\_\_\_\_  
Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Balance as of date of separation: \$ \_\_\_\_\_  
Who charged what on this account? \_\_\_\_\_  
Who will be responsible after divorce? \_\_\_\_\_

### 27.2 Federal, State, and Local Tax Liability:

Amount owed in any previous tax year (describe liability, such as federal income tax, property taxes): \$ \_\_\_\_\_  
Amount owed for current year: \$ \_\_\_\_\_



**27.3 Attorney's Fees in This Case:**

- a. Husband: \$ \_\_\_\_\_ as of \_\_\_\_\_
- b. Wife: \$ \_\_\_\_\_ as of \_\_\_\_\_

**27.4 Other Professional Fees in This Case:**

- a. Husband: \$ \_\_\_\_\_ as of \_\_\_\_\_
- b. Wife: \$ \_\_\_\_\_ as of \_\_\_\_\_

**27.5 Other Liabilities Not Otherwise Listed in This Document:**

Name of creditor: \_\_\_\_\_  
 Name on account: \_\_\_\_\_  
 Account number: \_\_\_\_\_  
 Is loan evidenced in writing? \_\_\_\_\_  
 Margin account balances: \_\_\_\_\_  
 Party incurring liability: \_\_\_\_\_  
 Party actually signing: \_\_\_\_\_  
 Current balance: \$ \_\_\_\_\_ as of \_\_\_\_\_  
 Security, if any: \_\_\_\_\_

*See section entitled "Reimbursement" at the end of this document before completing 27.6.*

**27.6 Reimbursement Claims against Community Estate:**

Reimbursement claim by husband's separate estate against community estate:  
 Description of basis of claim: \_\_\_\_\_  
 Amount claimed: \$ \_\_\_\_\_  
 Reimbursement claim by wife's separate estate against community estate:  
 Description of basis of claim: \_\_\_\_\_  
 Amount claimed: \$ \_\_\_\_\_

**27.7 Pledges:**

Name of recipient: \_\_\_\_\_  
 Address of recipient: \_\_\_\_\_  
 Date of pledge: \_\_\_\_\_  
 Total amount of pledge: \$ \_\_\_\_\_  
 Is pledge payable in installments? \_\_\_\_\_  
 If payable in installments, date each installment payment is due: \_\_\_\_\_  
 If payable in installments, amount of each installment: \$ \_\_\_\_\_

**27.8 Contingent Liabilities** (for example, lawsuit against either party, guaranty either party may have signed):

Name of creditor: \_\_\_\_\_  
 Name of person primarily liable: \_\_\_\_\_  
 Amount of contingent liability: \$ \_\_\_\_\_  
 Nature of contingency: \_\_\_\_\_

**28. Separate Assets of Husband**

**28.1 Assets:**

- a. Description of asset: \_\_\_\_\_  
Date property acquired: \_\_\_\_\_  
How acquired (for example, by gift, by devise, by descent, or owned before marriage): \_\_\_\_\_  
Value: \$ \_\_\_\_\_ as of \_\_\_\_\_

*See section entitled "Reimbursement" at the end of this document before completing 28.2 and 28.3.*

**28.2 Husband's Separate Reimbursement Claim against Community Estate:**

Description of basis of claim: \_\_\_\_\_  
Amount claimed: \$ \_\_\_\_\_

**28.3 Husband's Separate Reimbursement Claim against Wife's Separate Estate:**

Description of basis of claim: \_\_\_\_\_  
Amount claimed: \$ \_\_\_\_\_

**29. Liabilities of Husband's Separate Estate**

**29.1 Liabilities:**

- a. Description of liability: \_\_\_\_\_  
Date of liability: \_\_\_\_\_  
How liability acquired: \_\_\_\_\_  
Amount of liability: \$ \_\_\_\_\_ as of \_\_\_\_\_

*See section entitled "Reimbursement" at the end of this document before completing 29.2 and 29.3.*

**29.2 Wife's Separate Reimbursement Claim against Husband's Separate Estate:**

Description of basis of claim: \_\_\_\_\_  
Amount claimed: \$ \_\_\_\_\_

**29.3 Community Reimbursement Claim against Husband's Separate Estate:**

Description of basis of claim: \_\_\_\_\_  
Amount claimed: \$ \_\_\_\_\_

**30. Separate Assets of Wife**

**30.1 Assets:**

- a. Description of asset: \_\_\_\_\_  
Date property acquired: \_\_\_\_\_  
How acquired (for example, by gift, by devise, by descent, or owned before marriage): \_\_\_\_\_  
Value: \$ \_\_\_\_\_ as of \_\_\_\_\_

See section entitled "Reimbursement" at the end of this document before completing 30.2 and 30.3.

**30.2 Wife's Separate Reimbursement Claim against Community Estate:**

Description of basis of claim: \_\_\_\_\_

Amount claimed: \$ \_\_\_\_\_

**30.3 Wife's Separate Reimbursement Claim against Husband's Separate Estate:**

Description of basis of claim: \_\_\_\_\_

Amount claimed: \$ \_\_\_\_\_

**31. Liabilities of Wife's Separate Estate**

**31.1 Liabilities:**

a. Description of liability: \_\_\_\_\_

Date of liability: \_\_\_\_\_

How liability acquired: \_\_\_\_\_

Amount of liability: \$ \_\_\_\_\_ as of \_\_\_\_\_

See section entitled "Reimbursement" at the end of this document before completing 31.2 and 31.3.

**31.2 Husband's Separate Reimbursement Claim against Wife's Separate Estate:**

Description of basis of claim: \_\_\_\_\_

Amount claimed: \$ \_\_\_\_\_

**31.3 Community Reimbursement Claim against Wife's Separate Estate:**

Description of basis of claim: \_\_\_\_\_

Amount claimed: \$ \_\_\_\_\_

**32. Children's Property**

**32.1 Custodial Account under Texas Uniform Transfers to Minors Act:**

a. Name of financial institution: \_\_\_\_\_

Name of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Amount on deposit: \$ \_\_\_\_\_ as of \_\_\_\_\_

Name of minor for whom funds were deposited: \_\_\_\_\_

Name of custodian: \_\_\_\_\_

**32.2 529 Plans:**

a. Institution or entity administering the plan: \_\_\_\_\_

Designated beneficiary: \_\_\_\_\_

Is the plan a prepaid plan or a savings plan? \_\_\_\_\_

Value of assets in the plan: \$ \_\_\_\_\_ as of \_\_\_\_\_

**32.3 Other Property:**

\_\_\_\_\_

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**33. Assets Held by Either Party for Benefit of Another**

- a. Name(s) of person(s) holding assets: \_\_\_\_\_  
Description of assets: \_\_\_\_\_  
Name and title of fiduciary (for example, executor or trustee): \_\_\_\_\_  
Name of owner of beneficial interest: \_\_\_\_\_  
Value of assets \$ \_\_\_\_\_ as of \_\_\_\_\_

**34. Assets Held for Benefit of Either Party as Beneficiary**

- a. Name(s) of person(s) holding assets: \_\_\_\_\_  
Description of assets: \_\_\_\_\_  
Name and title of fiduciary (for example, executor or 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

SIGNED under oath before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_