

CLIENT NAME:

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 (as of _____):\$ _____
Names of other lienholders: _____
Current net equity in property:\$ _____
Source(s) of value: _____

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 (as of _____):\$ _____
Names of other lienholders: _____
Current net equity in property:\$ _____
Source(s) of value: _____

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 (as of _____):\$ _____
Names of other lienholders: _____
Current net equity in property:\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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

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

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 amount balance (as of _____):\$ _____
Source(s) of value/balance: _____

- 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 amount balance (as of _____):\$ _____
 Source(s) of value/balance: _____
- 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 amount balance (as of _____):\$ _____
 Source(s) of value/balance: _____
- 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 amount balance (as of _____):\$ _____
 Source(s) of value/balance: _____

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:\$ _____
 Source(s) of value: _____
- 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:\$ _____
 Source(s) of value: _____

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:\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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: \$ _____
Source(s) of value: _____

7.2. Name of company: _____
Spouse earning bonus: _____
Date bonus expected to be paid: _____
Time period covered by bonus: _____
Anticipated amount of bonus: \$ _____
Source(s) of value: _____

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: <\$ _____>
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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: _____ %
Source(s) of value: _____

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: _____ %
Source(s) of value: _____

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 _____): \$ _____
Source(s) of value: _____

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 _____): \$ _____
Source(s) of value: _____

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 (as of _____): \$ _____
Source(s) of value: _____

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 _____): \$ _____
Source(s) of value: _____

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

10.1. WIFE

Description of Asset	Value	Source(s) of value

10.2. HUSBAND

Description of Asset	Value	Source(s) of 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 _____): \$ _____
Source(s) of value: _____

11.2. Name of union member: _____
Name of Union: _____

Description of benefits: _____
Value (as of _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value:_____

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 _____):\$ _____

Source(s) of value:_____

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:_____

Name of creditor if loan against vehicle:_____

Current balance (as of _____):\$ _____

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

Current net equity in vehicle: \$ _____

Source(s) of value:_____

13.2. Year:_____

Make:_____

Model:_____

Name on title:_____

In possession of:_____

Vehicle identification number:_____

Fair market value of vehicle: (as of _____):\$ _____

Name of creditor if loan against vehicle:_____

Current balance (as of _____):\$ _____

Current net equity in vehicle: \$ _____

Source(s) of value:_____

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: \$ _____
Source(s) of value: _____

13.4. Year: _____
Make: _____
Model: _____
Name on title: _____
In possession of: _____
Vehicle identification number: _____
Fair market value of vehicle: (as of _____):\$ _____
Name of creditor if loan against vehicle: _____
Current balance (as of _____):\$ _____
Current net equity in vehicle: \$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

15. Household Furniture, Furnishings, and Fixtures

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

Description of Asset	Value	Source(s) of value

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

Description of Asset	Value	Source(s) of value

16. Electronics and Computers

16.1. In possession of WIFE (attach separate sheet by room if necessary):

Description of Asset	Value	Source(s) of value
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16.2. In possession of HUSBAND (attach separate sheet by room if necessary):

Description of Asset	Value	Source(s) of value
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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 WIFE (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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17.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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18. Miscellaneous Sporting Goods and Firearms

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

Description of Asset	Value	Source(s) of value
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18.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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19. Jewelry and Other Personal Items

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

Description of Asset	Value	Source(s) of value
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19.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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20. Livestock (include cattle, horses, and so forth)

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

Description of Asset	Value	Source(s) of value
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20.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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21. Club Memberships

21.1. Name of club: _____

Name membership held in: _____

Account number: _____

Current value (as of _____):\$ _____

Method of valuation: _____

Source(s) of value: _____

21.2. Name of club: _____

Name membership held in: _____

Account number: _____

Current value (as of _____):\$ _____

Method of valuation: _____

Source(s) of value: _____

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): \$ _____
Source(s) of value: _____

22.2. Name of airline: _____
Account number and name on account: _____,
Current number of miles (as of _____):\$ _____
Value (if any): \$ _____
Source(s) of value: _____

23. Other Assets

23.A. *Miscellaneous Assets* (include intellectual property (such as musical, literary, and artistic/creative works; discoveries and inventions; copyright, trademarks, patents, and so forth), 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, season tickets, ranch brands, and business names)

23.A.1. In possession of WIFE (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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23.A.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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23.B. *Digital Assets* (identify assets - anything that exists in digital form, i.e., data in the form of binary digits, including such things as e-mail addresses, social network accounts, Web sites, domain names, digital media such as pictures, music, e-books, movies, and videos, blogs, reward points, digital store-fronts, artwork, and data storage accounts)

23.B.1. In possession of WIFE (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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23.B.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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23.C. *Virtual Assets* (identify assets - intangibles used in virtual worlds or MMORPGs (massively multiplayer online role playing games), virtual pets, avatars, accessories for characters, prizes, virtual real estate, and virtual currency)

23.C.1. In possession of WIFE (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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23.C.2. In possession of HUSBAND (attach separate sheet if necessary):

Description of Asset	Value	Source(s) of value
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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: _____

Value(s) of items in safe-deposit box: _____

Source(s) of value: _____

24.2. Name of financial institution or other depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Value(s) of items in safe-deposit box: _____

Source(s) of value: _____

24.3. Name of financial institution or other depository: _____

Box number: _____

Names of persons with access to contents: _____

Items in safe-deposit box: _____

Value(s) of items in safe-deposit box: _____

Source(s) of value: _____

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: _____
Value(s) of items in storage unit: _____
Source(s) of value: _____

25.2. Name and location: _____
Unit number: _____
Terms and length of lease: _____
Names of persons with access to contents: _____
Items in storage unit: _____
Value(s) of items in storage unit: _____
Source(s) of value: _____

25.3. Name and location: _____
Unit number: _____
Terms and length of lease: _____
Names of persons with access to contents: _____
Items in storage unit: _____
Value(s) of items in storage unit: _____
Source(s) of value: _____

26. Community Claim for Reimbursement

26.1. Reimbursement claim against WIFE's separate estate:
Basis of claim: _____
Amount claimed (as of _____):\$ _____
Source(s) of value: _____

26.2. Reimbursement claim against HUSBAND's separate estate:
Basis of claim: _____
Amount claimed (as of _____):\$ _____
Source(s) of value: _____

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

27.1. Nature of claim: _____
Amount of claim: \$ _____
Source(s) of value: _____

27.2. Nature of claim: _____
Amount of claim:\$ _____
Source(s) of value: _____

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]:<\$ _____>
Source(s) of balance: _____

28.A.2. Name of creditor: _____
Account number: _____
Name(s) on account: _____
Current balance (as of _____):<\$ _____>
Balance as of [date of separation]:<\$ _____>
Source(s) of balance: _____

28.A.3 Name of creditor: _____
Account number: _____
Name(s) on account: _____
Current balance (as of _____):<\$ _____>
Balance as of [date of separation]:<\$ _____>
Source(s) of balance: _____

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

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

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]

Source(s) of amount owed: _____

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

Source(s) of amount owed: _____

28.B.2. Amount owed in any previous tax year:<\$ _____ >

[describe liability, e.g., federal income tax/property taxes]

Source(s) of amount owed: _____

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

Source(s) of amount owed: _____

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

28.C.1. WIFE (as of _____):<\$ _____ >

28.C.2. HUSBAND (as of _____):<\$ _____ >

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

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

28.D.2. HUSBAND (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: _____

Source(s) of balance: _____

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: _____

Source(s) of balance: _____

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: _____
Source(s) of balance: _____

28.F. *Reimbursement Claims against Community Estate*

28.F.1. Reimbursement claim by WIFE's separate estate:

Basis of claim: _____
Amount claimed (as of _____):\$ _____
Source(s) of amount: _____

28.F.2. Reimbursement claim by HUSBAND's separate estate:

Basis of Claim: _____
Amount claimed (as of _____):\$ _____
Source(s) of amount: _____

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: _____
Source(s) of amount: _____

28.H.2. Name of creditor: _____
Name of person primarily liable: _____
Amount of contingent liability: <\$ _____ >
Nature of contingency: _____
Source(s) of amount: _____

Separate Estates of the Parties

(generally defined as assets owned before marriage or assets acquired during marriage by gift or inheritance or as a result of personal injury; may include real property, mineral interests, cash and financial accounts, brokerage and mutual fund accounts, stocks, bonds, other securities, stock options, bonuses, closely held business interests, retirement benefits, deferred compensation benefits, insurance and annuities, vehicles, boats, airplanes, cycles, notes

receivable, household furnishings, electronics, antiques, art, miscellaneous sporting goods and firearms, jewelry and other personal items, livestock, club memberships, travel awards, miscellaneous assets, digital assets, virtual assets, and contingent assets)

29. Separate Assets of WIFE

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 _____):\$ _____
Source(s) of value: _____

29.2. WIFE's separate reimbursement claim against community estate:

Basis of claim: _____
Value (as of _____):\$ _____
Source(s) of value: _____

29.3. WIFE's separate reimbursement claim against HUSBAND's separate estate:

Basis of claim: _____
Value (as of _____):\$ _____
Source(s) of value: _____

30. Liabilities of WIFE's Separate Estate

30.1. Description of liability: _____
Date of liability: _____
How liability acquired: _____
Amount of liability (as of _____):<\$ _____>
Source(s) of amount: _____

30.2. HUSBAND's separate reimbursement claim against WIFE's separate estate:

Basis of claim: _____
Value (as of _____):\$ _____
Source(s) of value: _____

30.3. Community estate's reimbursement claim against WIFE's separate estate:

Basis of claim: _____
Value (as of _____):\$ _____
Source(s) of value: _____

31. Separate Assets of HUSBAND

- 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 _____):\$ _____
Source(s) of value: _____

- 31.2. HUSBAND's separate reimbursement claim against community estate:

Basis of claim: _____
Value (as of _____):\$ _____
Source(s) of value: _____

- 31.3. HUSBAND's separate reimbursement claim against WIFE's separate estate:

Basis of claim: _____
Value (as of _____):\$ _____
Source(s) of value: _____

32. Liabilities of HUSBAND's Separate Estate

- 32.1. Description of liability: _____
Date of liability: _____
How liability acquired: _____
Amount of liability Amount of liability (as of _____):<\$ _____>
Source(s) of amount: _____

- 32.2. WIFE's separate property reimbursement claim against HUSBAND's separate estate:

Basis of Claim: _____
Amount claimed (as of _____):\$ _____
Source(s) of value: _____

- 32.3. Community estate's reimbursement claim against HUSBAND's separate estate:

Basis of Claim: _____
Amount claimed (as of _____):\$ _____
Source(s) of value: _____

Trust and Estate Assets

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

33.1. 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 _____):\$ _____
Source(s) of value: _____

33.2. 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 _____):\$ _____
Source(s) of value: _____

34. Assets Held for the Benefit of Either Party as a Beneficiary (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 _____):\$ _____
Source(s) of value: _____

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 _____):\$ _____
Source(s) of value: _____

Verification

I, _____, state on oath that, to the best of my knowledge, 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.

There may be other assets and liabilities in the control of my spouse of which I am not aware as of this date, and the omission of those items from this inventory should not be construed as a waiver of my interest in them.

SIGNED under oath before me on _____.

Notary Public, State of Texas