

Property - Worksheet

Separately list and describe items of property (assets) in each category below. List an item of property only once. If an item fits in more than one category, list it in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property Do you own your home or other real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide the information requested below.	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.
Property #1, Address: What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other:	Name of 1st Mortgage company? What is the balance of 1 st mortgage loan? \$ _____ What is your monthly payment? \$ _____ Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of 2nd Mortgage (or HELOC) company? What is the balance of 2nd mortgage loan? \$ _____ What is your monthly payment? \$ _____	\$ _____	<input type="checkbox"/> You - <input type="checkbox"/> Spouse - <input type="checkbox"/> Other:
Property #2, Address: What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other:	Name of 1st Mortgage company? What is the balance of 1 st mortgage loan? \$ _____ What is your monthly payment? \$ _____ Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of 2nd Mortgage (or HELOC) company? What is the balance of 2nd mortgage loan? \$ _____ What is your monthly payment? \$ _____	\$ _____	<input type="checkbox"/> You - <input type="checkbox"/> Spouse - <input type="checkbox"/> Other:

Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, or both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Motor Vehicle #1	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Condition: <input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> excellent	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Motor Vehicle #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Condition: <input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> excellent	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Motor Vehicle #3	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Condition: <input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> excellent	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other (<i>list year, make, and model</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Condition: <input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> excellent	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part C. Personal and Household Items

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, or both you and your spouse.	Office Use Only Exemptions?
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check each that you own: Kitchen: <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range/oven <input type="checkbox"/> Microwave <input type="checkbox"/> Toaster or Toaster oven <input type="checkbox"/> Table & chairs <input type="checkbox"/> Miscellaneous pots, pans, tableware, cooking utensils, cooking supplies <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check each that you own: Diningroom: <input type="checkbox"/> Table & chairs <input type="checkbox"/> Cabinet / Hutch <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check each that you own: Livingroom/Family room: <input type="checkbox"/> Couch <input type="checkbox"/> Loveseat <input type="checkbox"/> Recliner <input type="checkbox"/> Misc chairs <input type="checkbox"/> Coffee table <input type="checkbox"/> End table(s) <input type="checkbox"/> Misc lamps <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check each that you own: Bedrooms: <input type="checkbox"/> # of ____ beds <input type="checkbox"/> # of ____ dressers <input type="checkbox"/> # of ____ nightstands/side tables <input type="checkbox"/> # of ____ table lamps <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, or both you and your spouse.	Office Use Only Exemptions?
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check each that you own: Basement/Laundryroom/ Garage/Patio/Storage: <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Lawnmower <input type="checkbox"/> Misc power tools <input type="checkbox"/> Misc hand tools <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Electronics (<i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check each that you own: <input type="checkbox"/> # of ___ TVs <input type="checkbox"/> # of ___ DVD players <input type="checkbox"/> # of ___ VCR players <input type="checkbox"/> # of ___ game consoles <input type="checkbox"/> # of ___ computers, tablets, laptops <input type="checkbox"/> # of ___ mobile phones <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Collectibles of value (<i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List and Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes	List and Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Firearms, ammunition, and related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes	List and Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Clothing (<i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Misc clothing for family of ____.	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes	Misc jewelry & watches	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Pets/non-farm animals	<input type="checkbox"/> No <input type="checkbox"/> Yes	Check any that you have: <input type="checkbox"/> # of ___ dogs <input type="checkbox"/> # of ___ cats <input type="checkbox"/> # of ___ other pets: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, or both you and your spouse.	Office Use Only Exemptions?
Health aids and all other household items not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes	List and Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	

Part D. Financial Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Cash (<i>spare change/money in your purse or wallet, cash not in accounts</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	How much cash do you usually carry with you? \$ _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Bank account	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of bank/credit union: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other Acct # _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bank account	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of bank/credit union: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other Acct # _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bank account	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of bank/credit union: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other Acct # _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bank account	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of bank/credit union: <input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> other Acct # _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepaid gift cards, debit cards, cash cards	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of bank/financial institution:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Certificate of deposit (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of bank/credit union: Acct # _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bonds, mutual funds, and publicly traded stocks	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures (<i>list % of ownership</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Government and corporate bonds and instruments (<i>including U.S. Savings Bonds</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #1 (<i>IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan</i>) (<i>list type of plan and where the account is held</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Retirement, pension, or profit-sharing plan #2 (<i>IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan</i>) (<i>list type of plan and where the account is held</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Retirement, pension, or profit-sharing plan #3 (<i>IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan</i>) (<i>list type of plan and where the account is held</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Security deposits (<i>typically with landlord or utility</i>) (<i>list holder</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of company/person that holds security deposit: Purpose: <input type="checkbox"/> Residential lease <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Annuities (<i>list company</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Trusts, life estates, future, and equitable interests in property or assets	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Licenses, franchises, and other general intangibles	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Tax refunds owed to you (<i>list years due</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	For what tax year(s) ? _____ <input type="checkbox"/> Federal or <input type="checkbox"/> State	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
Alimony and child support	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name and address of person who owes you:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Other amounts someone owes you (<i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name and address of person/company who owes you for: <input type="checkbox"/> Wages <input type="checkbox"/> Commissions <input type="checkbox"/> Other: _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Cash value of insurance policies (<i>whole or universal life, health, disability, HSA, etc.</i>) (<i>list insurance company and beneficiary</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Insurance Company and policy number: Death benefit: \$ _____ Beneficiary: _____ Cash value: \$ _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Expected inheritances, life insurance proceeds, estate distributions, and death benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of person who has died or may die within next 6 to 12 months and from whom you may inherit:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Personal injury claims or awards	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of person or company against whom you may have a claim for injury damages:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Lawsuits or claims against anyone for anything	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of person or company against whom you may have a claim for any type of damages:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Any other financial asset not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Part E. Business-Related Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Office equipment, furnishings, and supplies (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe any, not already listed above:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Machinery, fixtures, equipment, business supplies, and tools of your trade (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe any, not already listed above:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Business inventory (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe any, not already listed above:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Interests in partnerships or joint ventures (<i>name and type of business, % interest</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Customer and mailing lists	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Other business-related property not already listed	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Part F. Farm and Commercial Fishing-Related Property

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Farm animals (<i>livestock, poultry, farm-raised fish, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Crops (<i>growing or harvested</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Farm and commercial fishing supplies, chemicals, and feed (<i>list</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	

Part G. Miscellaneous

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
All other property of any kind not previously listed	<input type="checkbox"/> No <input type="checkbox"/> Yes	List & describe:	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	