

CONFIDENTIAL FAMILY LAW QUESTIONNAIRE AND  
INVENTORY AND APPRAISEMENT  
OF  
ATTORNEY SHONDA M. JONES

NAME: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please complete the attached inventory and appraisal for your community and separate property. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem.

First, group your property and liabilities into two categories: community and separate property and debts are presumed to be community unless they were acquired before marriage or incurred before marriage, were inherited, or were a gift during marriage. After determining whether the asset or liability is community or separate, complete the sheets for each asset/liability. If a category is not applicable, please indicate. If an asset or a liability is separate, indicate whether community assets were used to benefit such asset or to pay such debt and the amount of community funds. For example, a house is separate property but the mortgage payments were made from community funds. If an asset or a liability is community, indicate whether separate property was used to benefit such asset or to pay such debt and the amount of separate funds and who owned such funds.

All information will be held in strict confidence.

Please list your email address if you would like to correspond via email:

\_\_\_\_\_

Please list your cell phone number and/or pager number:

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I. Please give your:

a. Full Name:

\_\_\_\_\_

First	Middle	Last
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Maiden Name: \_\_\_\_\_

b. Date of Birth:

\_\_\_\_\_

c. Place of Birth:

\_\_\_\_\_

d. Social Security No.: last 4 digits

\_\_\_\_\_

e. Driver's License No.:

\_\_\_\_\_

f. Race (Required by Bureau of Vital Statistics):

\_\_\_\_\_

2. Please complete the following regarding your residence:

a. Address:

\_\_\_\_\_

b. City, State & Zip:

\_\_\_\_\_

c. Residence Telephone No.:

\_\_\_\_\_

d. Mailing Address:

\_\_\_\_\_

e. County of Residence:

\_\_\_\_\_

f. How long in this County:

\_\_\_\_\_



- a. Address: \_\_\_\_\_
- b. City, State & Zip: \_\_\_\_\_
- c. Residence Telephone No.: \_\_\_\_\_
- d. Mailing Address: \_\_\_\_\_

6. Complete the following concerning your spouse's employment.

- a. Employer: \_\_\_\_\_
- b. Job Title: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_
- d. City, State & Zip: \_\_\_\_\_
- e. Telephone No.: \_\_\_\_\_
- f. Gross salary per month or annually:  
\$ \_\_\_\_\_
- g. Length of employment: \_\_\_\_\_
- h. Education: \_\_\_\_\_

7. Please give the date and place of your marriage.

Date: \_\_\_\_\_ City: \_\_\_\_\_

8. Please given full name, date, place of birth, sex, and social security number of each child of this marriage.

Name and Social Security Sex (M/F) Number	Date of Birth	Place of Birth
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
State:  
County:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
State:  
County:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_  
County:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
State:  
County:

**Jurisdictional Information Regarding Children:**

9. For the past five years, please state the addresses at which the children have resided, the persons residing there at and the dates for each address:

Current Address of the Children:

\_\_\_\_\_  
Persons lived with:

\_\_\_\_\_  
From: \_\_\_\_\_ until present date.

Prior Address of the Children:

\_\_\_\_\_  
Persons lived with:

\_\_\_\_\_  
From: \_\_\_\_\_ until \_\_\_\_\_.

Prior Address of the Children:

\_\_\_\_\_  
Persons lived with:

\_\_\_\_\_  
From: \_\_\_\_\_ until \_\_\_\_\_.

Prior Address of the Children:

\_\_\_\_\_  
Persons lived with: \_\_\_\_\_

From: \_\_\_\_\_ until \_\_\_\_\_.

Prior Address of the Children:

\_\_\_\_\_  
Persons lived with:

\_\_\_\_\_  
From: \_\_\_\_\_ until \_\_\_\_\_.

**10.** Are you now separated from your spouse?

\_\_\_\_\_  
If so, give date of separation

**11.** Have you seen any marriage counselor?

\_\_\_\_\_

If so, give name

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**12.** What is your religious preference:

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Your spouse's religious preference:

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**13.** Are either you or your spouse a citizen of an American Indian Tribe?

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**14.** List each child of the marriage who is enrolled or is eligible for enrollment in an American Indian Tribe.

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**15.** Do your marital difficulties involve:

- |                           |                       |
|---------------------------|-----------------------|
| { } Drugs/Alcohol         | { } Physical Violence |
| { } Sexual Disappointment | { } Religion          |
| { } Sexual Infidelity     | { } Incompatibility   |
| { } Financial Disputes    | { } Other: _____      |

**16.** Will there be a dispute over custody of the children? \_\_\_\_\_

If not, custody will be with whom? \_\_\_\_\_

**17.** Where are the children living at this time? \_\_\_\_\_

**18.** List all property (other than furniture and clothing) owned by the children.

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19. How long have you lived in Texas?

\_\_\_\_\_

20. Have you or your spouse ever filed for a divorce? If so, when and where?

\_\_\_\_\_

21. Does your spouse now have an attorney? \_\_\_\_\_  
If so, whom? \_\_\_\_\_

22. Have you been married before? \_\_\_\_\_ If so, how many times? \_\_\_\_\_  
Do you have children by a previous marriage? \_\_\_\_\_ If so, give full name,  
date and place of birth, and sex of each child of your previous marriage(s):

Name and Sex (M/F)

Date & Place of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

23. Do you pay/receive child support? \_\_\_\_\_. If so, how much? \$ \_\_\_\_\_.

24. Has your spouse been married before? \_\_\_\_\_ If so, how many times? \_\_\_\_\_  
Does your spouse have children by a previous marriage? \_\_\_\_\_ If so, give full  
name, date and place of birth, and sex of each child of spouse's previous marriage(s):

Name and Sex (M/F)

Date & Place of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With whom do these children reside? \_\_\_\_\_



25. Does your spouse pay/receive child support? \_\_\_\_\_. If so, how much? \$ \_\_\_\_\_.
26. If a divorce is granted, should the wife's maiden name or prior name be restored? If so, what Name should be used? \_\_\_\_\_.
27. Who referred you to this office? \_\_\_\_\_.
28. State the name of your health insurance plans (medical and dental), giving insurance company names, group and policy numbers and so forth.  
\_\_\_\_\_  
\_\_\_\_\_.

**SUMMARY OF PROPERTY**

I. REAL ESTATE: For each property list the following information:

(I) A. Street Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Record owners listed on deed:

\_\_\_\_\_

C. Legal description (on deed): { attach copy of deed, deed of trust, note, and closing statement }

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Date acquired:

\_\_\_\_\_

E. Original purchase price:

\_\_\_\_\_

F. Fair market value: \$ \_\_\_\_\_ as of \_\_\_\_\_;  
Attach any appraisals, letters from realtors as to value.

G. First Lien: Original Principal Amount \$ \_\_\_\_\_

\_\_\_\_\_ Date of Note:

\_\_\_\_\_ Noteholder:

\_\_\_\_\_ Recording Information for Deed of Trust:  
\_\_\_\_\_

\_\_\_\_\_ Outstanding principal balance as of \_\_\_\_\_, 20\_\_\_\_\_,  
\$ \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

H. Second Liens: Original Principal Amount \$ \_\_\_\_\_

Date of Note: \_\_\_\_\_

Noteholder: \_\_\_\_\_

Recording Information for Deed of Trust: \_\_\_\_\_  
\_\_\_\_\_

Outstanding principal balance as of \_\_\_\_\_, 20\_\_\_\_\_,

\$ \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Is this asset community or separate? \_\_\_\_\_

If this asset is separate, were community funds used to pay any debts on the property (taxes, loans), to improve the property? \_\_\_\_\_ If so, state amounts paid.  
\_\_\_\_\_

If this asset is community, were separated funds used to pay any debts on the property (taxes, loans), to improve the property? \_\_\_\_\_ If so, state amounts paid and from whose account. \_\_\_\_\_

2) A. Street Address: \_\_\_\_\_

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B. Record owners listed on deed: \_\_\_\_\_

C. Legal description (on deed): { attach copy of deed, deed of trust, note, and closing statement }

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D. Date acquired: \_\_\_\_\_

E. Original purchase price: \_\_\_\_\_

F. Fair market value: \$ \_\_\_\_\_ as of \_\_\_\_\_;  
Attach any appraisals, letters from realtors as to value.

G. First Lien: Original Principal Amount \$ \_\_\_\_\_  
Date of Note: \_\_\_\_\_  
Noteholder: \_\_\_\_\_  
Recording Information for Deed of Trust: \_\_\_\_\_

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Outstanding principal balance as of \_\_\_\_\_, 20\_\_\_\_,

\$ \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

H. Second Liens: Original Principal Amount \$ \_\_\_\_\_  
Date of Note: \_\_\_\_\_  
Noteholder: \_\_\_\_\_  
Recording Information for Deed of Trust: \_\_\_\_\_

\_\_\_\_\_  
Outstanding principal balance as of \_\_\_\_\_, 20\_\_\_\_\_,

\$ \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Is this asset community or separate? \_\_\_\_\_

If this asset is separate, were community funds used to pay any debts on the property (taxes, loans), to improve the property? \_\_\_\_\_ If so, state amounts paid.

\_\_\_\_\_

If this asset is community, were separated funds used to pay any debts on the property (taxes, loans), to improve the property? \_\_\_\_\_ If so, state amounts paid and from whose account. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II. MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.: For each item, list:**

a. Item:

\_\_\_\_\_  
\_\_\_\_\_

1. Year:

\_\_\_\_\_  
\_\_\_\_\_

2. Model:

\_\_\_\_\_  
\_\_\_\_\_

3. Who uses:

\_\_\_\_\_  
\_\_\_\_\_

4. Date acquired:

\_\_\_\_\_  
\_\_\_\_\_

5. Motor vehicle identification no.

\_\_\_\_\_

6. Lienholder:

\_\_\_\_\_

7. Monthly payment:

\_\_\_\_\_

8. Lien balance: \$ \_\_\_\_\_ & date of

\_\_\_\_\_

9. Fair market value:

\$ \_\_\_\_\_

10. Options included on the vehicle such as (alarm, leather seats, power seats, CD player, 4 wheel drive, alum/alloy wheels, power sunroof, special trim package)

\_\_\_\_\_

\_\_\_\_\_

Miles on vehicle \_\_\_\_\_

\_\_\_\_\_

b. Item:

\_\_\_\_\_

1. Year:

\_\_\_\_\_

2. Model:

\_\_\_\_\_

3. Who uses:

\_\_\_\_\_

4. Date acquired:

\_\_\_\_\_

5. Motor vehicle identification

no. \_\_\_\_\_

6. Lienholder:

\_\_\_\_\_

7. Monthly payment:

8. Lien balance: \$ \_\_\_\_\_ & date of

9. Fair market value: \$ \_\_\_\_\_

10. Options included on the vehicle such as (alarm, leather seats, power seats, CD player, 4 wheel drive, alum/alloy wheels, power sunroof, special trim package)

\_\_\_\_\_

Miles on  
vehicle \_\_\_\_\_

c. Item:

1. Year:

2. Model:

3. Who uses:

4. Date acquired:

5. Motor vehicle identification no.

6. Lienholder:

7. Monthly payment:

8. Lien balance: \$ \_\_\_\_\_ & date of

9. Fair market value: \$ \_\_\_\_\_

10. Options included on the vehicle such as (alarm, leather seats, power seats, CD

player, 4 wheel drive, alum/alloy wheels, power sunroof, special trim package)

\_\_\_\_\_  
\_\_\_\_\_  
Miles on vehicle

III. ACCOUNTS WITH FINANCIAL INSTITUTIONS (including accounts with commercial banks, savings & loans, brokerage houses and credit unions; excluding any form of retirement account):

Name of Account:

I. Account number:

\_\_\_\_\_  
2. Name & address of financial institution:

\_\_\_\_\_  
\_\_\_\_\_  
3. Current account balance: \$

\_\_\_\_\_  
4. Persons named on withdrawal cards:

\_\_\_\_\_  
5. Type of account:

A. Name of Account:

I. Account number:

\_\_\_\_\_  
2. Name & address of financial institution:

\_\_\_\_\_  
\_\_\_\_\_  
3. Current account balance: \$

\_\_\_\_\_  
4. Persons named on withdrawal cards:

\_\_\_\_\_  
5. Type of account:

B. Name of Account:

I. Account number:

\_\_\_\_\_

2. Name & address of financial institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Current account balance:

\_\_\_\_\_

4. Persons named on withdrawal cards:

\_\_\_\_\_

5. Type of

account: \_\_\_\_\_

C. Name of Account:

I. Account number:

\_\_\_\_\_

2. Name & address of financial institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Current account balance:

\_\_\_\_\_

4. Persons named on withdrawal cards:

\_\_\_\_\_

5. Type of account:

\_\_\_\_\_

#### IV. STOCKS AND BONDS:

A. Name of Stock/Bond:

\_\_\_\_\_

I. Type of Stock/bond:

\_\_\_\_\_

2. Number of shares/bonds:

\_\_\_\_\_

3. Stock certificate numbers and/or brokerage house account number  
where stock



certificates may be held in street name:

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4. Market value as of \_\_\_\_\_, 200\_\_\_\_:

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5. Present location of stock certificates/bonds:

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6. Date acquired:

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**B. Name of Stock/Bond:**

1. Type of Stock/bond:

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2. Number of shares/bonds:

---

3. Stock certificate numbers and/or brokerage house account number where stock certificates may be held in street name:

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4. Market value as of \_\_\_\_\_, 200\_\_\_\_,

---

5. Present location of stock certificates/bonds:

---

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---

6. Date acquired:

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C. Name of Stock/Bond:

1. Type of Stock/Bond:

2. Number of shares/bonds:

3. Stock certificate numbers and/or brokerage house account number where stock certificates may be held in street name:

4. Market value as of \_\_\_\_\_, 200\_\_\_\_\_,

5. Present location of stock certificates/bonds:

6. Date acquired:

Comments:

V. LIFE INSURANCE

A. Insurance Company:

1. Name of insured & owner, if different:

2. Face amount: \$

3. Policy number:

4. Date of issue:

5. Type of Policy (Term/whole life)

\_\_\_\_\_

6. Premium payment:

\_\_\_\_\_

7. Value: \$

\_\_\_\_\_

8. Beneficiary:

\_\_\_\_\_

9. Outstanding loans:

\$ \_\_\_\_\_

**B. Insurance Company:**

\_\_\_\_\_

1. Name of insured & owner, if different:

\_\_\_\_\_

2. Face amount: \$

\_\_\_\_\_

3. Policy number:

\_\_\_\_\_

4. Date of issue:

\_\_\_\_\_

5. Type of Policy (Term/whole life)

\_\_\_\_\_

6. Premium payment:

\_\_\_\_\_

7. Value: \$

\_\_\_\_\_

8. Beneficiary:

\_\_\_\_\_

9. Outstanding loans: \$

\_\_\_\_\_

**C. Insurance Company:**

\_\_\_\_\_

1. Name of insured & owner, if different:

\_\_\_\_\_

2.

- 
3. Face amount: \$ \_\_\_\_\_

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  4. Policy number: \_\_\_\_\_

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  5. Date of issue: \_\_\_\_\_

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  6. Type of Policy (Term/whole life) \_\_\_\_\_

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  7. Premium payment: \_\_\_\_\_

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  8. Value: \$ \_\_\_\_\_

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  9. Beneficiary: \_\_\_\_\_

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  10. Outstanding loans: \$ \_\_\_\_\_

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Comments:

**VI. INDIVIDUAL RETIREMENT ACCOUNTS, SEP & KEOGH ACCOUNTS:**

**A.** Name & Address of financial institution:

\_\_\_\_\_

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1. Account name: \_\_\_\_\_

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2. Account number: \_\_\_\_\_

---

3. Payee of survivor benefits: \_\_\_\_\_

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4. Present balance as of \_\_\_\_\_, 200\_\_\_\_: \$ \_\_\_\_\_

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5. Date acquired: \_\_\_\_\_

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B. Name & Address of financial institution:

\_\_\_\_\_

1. Account name:

2. Account number:

3. Payee of survivor benefits:

4. Present balance as of \_\_\_\_\_, 20\_\_\_\_; \$ \_\_\_\_\_

5. Date acquired:

\_\_\_\_\_

C. Name & Address of financial institution:

\_\_\_\_\_

1. Account name:

2. Account number:

3. Payee of survivor benefits:

4. Present balance as of \_\_\_\_\_, 20\_\_\_\_; \$ \_\_\_\_\_

5. Date acquired:

\_\_\_\_\_

D. Name & Address of financial institution:

\_\_\_\_\_

1. Account name:

2. Account number:

3. Payee of survivor benefits:

\_\_\_\_\_

4. Present balance as of \_\_\_\_\_, 200\_\_\_\_\_: \$

5. Date acquired:  
\_\_\_\_\_

Comments:

**VII. COMPANY RETIREMENT BENEFITS (including pension, profit-sharing, thrift, ESOP plans):**

A. Name of Plan:  
\_\_\_\_\_

1. Name of employee:  
\_\_\_\_\_

2. Name of employer:  
\_\_\_\_\_

3. Payee of survivor benefits:  
\_\_\_\_\_

4. Vested?  
\_\_\_\_\_

5. Value as of date of marriage; \$  
\_\_\_\_\_

6. Most Recent Value as of \_\_\_\_\_; \$  
\_\_\_\_\_

7. Description of benefits and/or amount in plan and method of computation:  
\_\_\_\_\_  
\_\_\_\_\_

B. Name of Plan:  
\_\_\_\_\_

1. Name of employee:  
\_\_\_\_\_

2. Name of employer:  
\_\_\_\_\_

3. Payee of survivor benefits:  
\_\_\_\_\_

4. Vested?  
\_\_\_\_\_

5. Value as of date of marriage; \$

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6. Most Recent Value as of \_\_\_\_\_; \$

7. Description of benefits and/or amount in plan and method of computation:

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C. Name of Plan:

---

1. Name of employee:

---

2. Name of employer:

---

3. Payee of survivor benefits:

---

4. Vested?

---

5. Value as of date of marriage; \$

---

6. Most Recent Value as of \_\_\_\_\_; \$

---

7. Description of benefits and/or amount in plan and method of computation:

---

D. Name of Plan:

---

1. Name of employee:

---

2. Name of employer:

---

3. Payee of survivor benefits:

---

4. Vested?

---

5. Value as of date of marriage; \$

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6. Most Recent Value as of \_\_\_\_\_; \$  
\_\_\_\_\_
7. Description of benefits and/or amount in plan and method of computation:  
\_\_\_\_\_

**VIII. SAFE DEPOSIT BOX**

- I. Name of financial institution or other depository:

\_\_\_\_\_

A. Box Number:

\_\_\_\_\_

B. Names of persons with access to contents:

\_\_\_\_\_

C. Items in safe-deposit box:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name of financial institution or other depository:

\_\_\_\_\_

A. Box Number:

\_\_\_\_\_

B. Names of persons with access to contents:

\_\_\_\_\_



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

Comments:

**IX. FAMILY-OWNED AND/OR CLOSELY HELD BUSINESS (including professional practices, partnerships, limited partnerships, and other nonpublicly traded business entities):**

- A. Exact name of business: \_\_\_\_\_  
1. Type of business organization: \_\_\_\_\_  
2. Nature of business: \_\_\_\_\_  
3. Business address: \_\_\_\_\_  
4. Date business started: \_\_\_\_\_  
5. Percentage of ownership: \_\_\_\_\_  
6. Estimated value: \$ \_\_\_\_\_
- B. Exact name of business: \_\_\_\_\_  
1. Type of business organization: \_\_\_\_\_  
2. Nature of business: \_\_\_\_\_  
3. Business address: \_\_\_\_\_  
4. Date business started: \_\_\_\_\_  
5. Percentage of ownership: \_\_\_\_\_  
6. Estimated value: \$ \_\_\_\_\_
- C. Exact name of business: \_\_\_\_\_  
1. Type of business organization: \_\_\_\_\_  
2. Nature of business: \_\_\_\_\_  
3. Business address: \_\_\_\_\_  
\_\_\_\_\_













3. Debt reasonably expected to be paid?

\_\_\_\_\_

4. Date debt originated:

\_\_\_\_\_

C. Name of debtor:

\_\_\_\_\_

1. Amount of debt:

\_\_\_\_\_

2. Debt in writing:

\_\_\_\_\_

3. Debt reasonably expected to be paid?

\_\_\_\_\_

4. Date debt originated:

\_\_\_\_\_

D. Name of debtor:

\_\_\_\_\_

1. Amount of debt:

\_\_\_\_\_

2. Debt in writing:

\_\_\_\_\_

3. Debt reasonably expected to be paid?

\_\_\_\_\_

4. Date debt originated:

\_\_\_\_\_

Comments:

**XV. LIVESTOCK ( including cattle, horses, etc.) itemized and accurately described, giving estimated value and location.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Comments:

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XVI. OTHER ASSETS, **include club memberships and frequent flier miles**, stating whether they are transferable.

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Comments:

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**XVII. DEBTS/LIABILITIES:**

**A.** Name of Creditor:

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Account Number:

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Amount owed:

---

Date incurred:

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Monthly Payment:

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**B.** Name of Creditor:

---

Account Number:

---

Amount owed:

---

Date incurred:

---

Monthly Payment:

---

**C.** Name of Creditor:

---

Account Number:

---

Amount owed:

---

Date incurred:

---

Monthly Payment:

---

**D.** Name of Creditor:

---

Account Number:

---

Amount owed:

---

Date incurred:

---

Monthly Payment:

---

**E.** Name of Creditor:

---

Account Number:

---

Amount owed:

---

Date incurred:

---

Monthly Payment:

---

**F.** Name of Creditor:

---

Account Number:

---

Amount owed:

---

Date incurred:

---

Monthly Payment:

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**G.** Name of Creditor:

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Account Number:

---

Amount owed:

---

Date incurred:

---

Monthly Payment:

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Comments:

**XVIII. CONTINGENT ASSETS AND CLAIMS (including any lawsuits):**

**A.** Nature of Claim:

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I. Amount of claim:

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2. Name and address of legal representative, if any:

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3. Cause number:

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4. Court where case is  
pending:

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5. Name and address of opposing attorney:

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**B.** Nature of Claim:

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I. Amount of claim:

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2. Name and address of legal representative, if any:

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3. Cause number:

---

4. Court where case is pending:

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5. Name and address of opposing attorney:

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**C. Nature of Claim:**

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1. Amount of claim:

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2. Name and address of legal representation, if any:

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3. Cause number:

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4. Court where case is pending:

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5. Name and address of opposing attorney:

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Comments:

**XIX. CONTINGENT LIABILITIES:**

I. Name of Creditor:

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A. Name of person primarily liable:

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B. Amount of liability:

---

C. Nature of contingency:

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2. Name of Creditor:

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A. Name of person primarily liable:

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B. Amount of liability:

---

C. Nature of contingency:

---

3. Name of Creditor:

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A. *Name of person primarily liable:*

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B. Amount of liability:

---

C. Nature of contingency:

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4. Name of Creditor:

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A. Name of person primarily liable:

---

B. Amount of liability:

---

C. Nature of contingency:

---

5. Name of Creditor:

---

A. Name of person primarily liable:

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B. Amount of liability:

---

C. Nature of contingency:

---

6. Name of Creditor:

---

A. Name of person primarily liable:

---

B. Amount of liability:

---

C. Nature of contingency:

---

7. Name of Creditor:

---

A. Name of person primarily liable:

---

B. Amount of liability:

---

C. Nature of contingency:

---

Comments:

**XX. TRUST, ESTATE AND CUSTODIAL ASSETS: List any assets held by or for either party as fiduciary or beneficiary.**

I. Name of estate/trust/custodial account :

---

---

A. Name & Title of fiduciary:

---

---

B. Name of owner of beneficial interest:

---

C. Estimated amount of property:

---

2. Name of estate/trust/custodial account :

---

A. Name & Title of fiduciary:

---

B. Name of owner of beneficial interest:

---

C. Estimated amount of property:

---

3. Name of estate/trust/custodial account :

---

A. Name & Title of fiduciary:

---

---



B. Name of owner of beneficial interest:

---

C. Estimated amount of property:

---

4 Name of estate/trust/custodial account :

---

---

A. Name & Title of fiduciary:

---

---

B. Name of owner of beneficial interest:

---

C. Estimated amount of property:

---

Comments:

## XXI. INCOME TAXES

1. Have you filed for all previous years?

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2. If not, which years have not been filed?

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3. Estimated tax due for each year not filed (by year):

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4. Income tax preparer:

a. Name:

---

b. Address:

---

c. Telephone:

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5. Refund expected? \_\_\_\_\_; If so, how much? \$

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**XXII. LAST WILL AND TESTAMENT**

1. Do you have a will? \_\_\_\_\_. If so, prepared by whom?

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2. Does your spouse have a will? \_\_\_\_\_. If so, prepared by whom?\_\_\_\_\_