

**DISSOLUTION OF MARRIAGE**  
**QUESTIONNAIRE**

**Instructions**

1. Please answer each question to the best of your ability. Please do not leave any items blank. Write “N/A” if a question or page is not applicable to your situation, “If you do not know an answer, write “**unknown**,” or “unk.” If you are uncertain about a question, you can write the question in the margins, or just write “???” and we can discuss it.

2. The documents requested on page 11 are very important. If you can’t get a document because your spouse has it, please note that on the form, and I can file a legal document to make them produce it, once we have filed the initial pleadings.

Your Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

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

Other Names You’ve Used: \_\_\_\_\_ When: \_\_\_\_\_  
                                    \_\_\_\_\_ When: \_\_\_\_\_

Your Address, including county: \_\_\_\_\_

Who lives with you? \_\_\_\_\_

If you live with someone other than your spouse or your children, please state what your relationship is with the person(s) with whom you live and that person’s age:

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

Your Phone: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Your Social Security No.: \_\_\_\_\_

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

Other Names Your Spouse has Used: \_\_\_\_\_ When: \_\_\_\_\_  
\_\_\_\_\_ When: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

What is your spouse's birth date? \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Email (will not be used without your prior consent): \_\_\_\_\_  
\_\_\_\_\_

Spouse's Social Security No.: \_\_\_\_\_

On what date were you married to your present spouse? \_\_\_\_\_

In what city/county and state were you and your present spouse married? \_\_\_\_\_

If separated, what date did you and your spouse separate? \_\_\_\_\_

Have you or your present spouse ever started a separate divorce action in this marriage? \_\_\_\_\_

If yes, in which county? \_\_\_\_\_ Date action was started: \_\_\_\_\_

How long have you \_\_\_\_\_ and/or your spouse \_\_\_\_\_ resided in this state?

Are you \_\_\_\_\_ or your spouse \_\_\_\_\_ presently in the military service?

Do you wish to have your name changed as a part of this proceeding? Yes \_\_\_ No \_\_\_

If yes, what do you want your name changed to? \_\_\_\_\_

Does your spouse wish to have his/her name changed as part of this proceeding? Yes \_\_\_ No \_\_\_

If yes, what will your spouse's new name be? \_\_\_\_\_

**II. Domestic Abuse**

Please answer the following questions “yes” or “no.” If you’re unsure, answer “yes,” and we can discuss your response in greater detail.

During the marriage, has your spouse ever:

- Told you that you were worthless, stupid, or similar words?
- Treated you like a child?
- Called you names?
- Hit you?
- Pushed you?
- Choked you?
- Grabbed you?
- Blocked you from leaving the room?
- Thrown item(s) at you?
- Damaged walls or other property in anger?
- Damaged your belongings on purpose?
- Threatened to have an affair?
- Verbally threatened you with violence?
- Physically threatened you with a weapon?
- Stated or implied that he/she would hurt you if you tried to leave the relationship?
- Held, pushed or grabbed you when you were holding a child?
- Hugged you so tightly that it hurt?
- Hurt or killed a family pet (other than euthanasia by a vet for medical reasons)?
- Threatened to hurt or kill a family pet?
  
- Does your spouse drink or use illegal substances?
- Have you ever been afraid of your spouse?
- Have the police been called because of your spouse?
- Have you ever applied for a domestic abuse restraining order/protective order against your spouse?
- Does your spouse act angry/violent/mean toward you or your children when he/she is under the influence of drugs or alcohol?
- Does your spouse withhold money or other necessities as a means of hurting you?

Please provide any other details that you think are, or may be, relevant.

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**III. CHILDREN**

**Children born or legally adopted of this marriage**

| Child's full name | Gender | Birthdate | Age | Social Security number | Living with whom? |
|-------------------|--------|-----------|-----|------------------------|-------------------|
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |

Do any of the above children have special needs? Yes \_\_\_ No \_\_\_

If yes, which child and what is the nature of his/her special needs?

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Could you (or your wife) be pregnant? Yes \_\_\_ No \_\_\_\_\_

Will custody be an issue? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete Appendix A, Childcare Duties.

If you have a proposed parenting time schedule, please complete the schedule attached as Appendix B, Parenting Time.

Do you \_\_\_\_\_ or your spouse \_\_\_\_\_ have children from a prior marriage or relationship? If so, what are their names and dates of birth? \_\_\_\_\_

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**Parent education program.** By statute, in any dissolution case in which custody is contested, the parties MUST attend a court-approved parenting education program. Furthermore, even if custody is not contested, most courts make attendance at a parenting education program mandatory. If you decide to enroll in such a program, you may wish to wait until you know the initial pleadings have been filed in the case, as some courts, such as Hennepin County, require the program to be completed within 60 days of service of the original complaint. Your children may also be required to attend a separate education program, designed to address the feelings your children may experience as a result of your separation and divorce. Your certificate(s) must be filed with the court before the dissolution will be granted.

You may review class information and sign up for a class at [www.extension.umn.edu/family/parents-forever/](http://www.extension.umn.edu/family/parents-forever/), or [www.headway.org](http://www.headway.org). Please notify me as soon as you have signed up for a class.

**IV. CHILD SUPPORT  
& SPOUSAL MAINTENANCE**

*A. General*

Child support is required by statute when minor children are involved in a dissolution. Are there any facts regarding child support that you think I should know? \_\_\_\_\_

*B. Your Employment and Income*

Are you presently employed? Yes \_\_\_ No \_\_\_ If yes, specify the following:

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_

Pay period (check one):

Every two weeks (14 days): \_\_\_\_\_

Twice per month (1<sup>st</sup> and 15<sup>th</sup>) \_\_\_\_\_

Weekly: \_\_\_\_\_

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

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

Gross income per \_\_\_\_\_ \$ \_\_\_\_\_

Net take home pay (Gross) \$ \_\_\_\_\_ minus deductions \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Do you typically receive bonuses? Last bonus received? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Have you received public assistance in the past 12 months? \_\_\_\_\_

If yes, check what you have received and state the time frame:

| Type                             | Mo. Amount | From | To |
|----------------------------------|------------|------|----|
| Cash Public Assistance (MFIP)    |            |      |    |
| Medical Assistance               |            |      |    |
| Minnesota Care                   |            |      |    |
| Child care subsidy               |            |      |    |
| Diversionsary Work Program (DWP) |            |      |    |
| Food stamps                      |            |      |    |
| General Assistance from MN state |            |      |    |
| Social Security (SSI)            |            |      |    |
| TEFRA                            |            |      |    |
| Other                            |            |      |    |

C. Other Party's Employment and Income

Is your spouse presently employed? Yes \_\_\_ No \_\_\_ If yes, specify the following:

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long has your spouse worked for this employer? \_\_\_\_\_

Pay period (check one):

Every two weeks (14 days): \_\_\_\_\_

Twice per month (1<sup>st</sup> and 15<sup>th</sup>) \_\_\_\_\_

Weekly: \_\_\_\_\_

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

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

Gross income per \_\_\_\_\_ \$ \_\_\_\_\_

Net take home pay (Gross) \$ \_\_\_\_\_ minus deductions \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Does your spouse receive bonuses? Last bonus received? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Have you received public assistance in the past 12 months? \_\_\_\_\_

If yes, check what you have received and state the time frame:

| <b>Type</b>                      | <b>Mo. Amount</b> | <b>From</b> | <b>To</b> |
|----------------------------------|-------------------|-------------|-----------|
| Cash Public Assistance (MFIP)    |                   |             |           |
| Medical Assistance               |                   |             |           |
| Minnesota Care                   |                   |             |           |
| Child care subsidy               |                   |             |           |
| Diversionsary Work Program (DWP) |                   |             |           |
| Food stamps                      |                   |             |           |
| General Assistance from MN state |                   |             |           |
| Social Security (SSI)            |                   |             |           |
| TEFRA                            |                   |             |           |
| Other                            |                   |             |           |

D. Medical Insurance

Do you \_\_\_\_\_ or your spouse \_\_\_\_\_ provide medical insurance for the children?

What is the cost per month \_\_\_\_\_ or per pay period \_\_\_\_\_?

\$ \_\_\_\_\_ for employee only \$ \_\_\_\_\_ employee + one \$ \_\_\_\_\_ employee + spouse

\$ \_\_\_\_\_ for employee + children \$ \_\_\_\_\_ employee + family

Whom does the insurance cover? \_\_\_\_\_

***(I need a copy of the document from your human resources department that shows the cost for employee only, and how much it costs incrementally to add family members.)***

E. Dental Insurance

Do you \_\_\_\_\_ or your spouse \_\_\_\_\_ provide dental insurance for the children?

What is the cost per month \_\_\_\_\_ or per pay period \_\_\_\_\_?

\$ \_\_\_\_\_ for employee only \$ \_\_\_\_\_ employee + one \$ \_\_\_\_\_ employee + spouse

\$ \_\_\_\_\_ for employee + children \$ \_\_\_\_\_ employee + family

Whom does the insurance cover? \_\_\_\_\_

***(I need a copy of the document from your human resources department that shows the cost for employee only, and how much it costs incrementally to add family members.)***

F. Child Care Expenses

Where do your children receive daycare/after school care? \_\_\_\_\_

What are your monthly child care expenses during the school year? \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays those? You \_\_\_\_\_ Other parent \_\_\_\_\_

What are your monthly child care expenses during the summer? \$ \_\_\_\_\_ per \_\_\_\_\_

Who pays those? You \_\_\_\_\_ Other parent \_\_\_\_\_

Are you \_\_\_\_\_ or your spouse \_\_\_\_\_ requesting spousal maintenance? If yes, please complete Appendix C, Necessary Monthly Expenses.

**V. RETIREMENT ACCOUNTS**

a. *Your retirement accounts*

| <b>Account Name or Institution</b> | <b>Last 4 digits of account #</b> | <b>Type (Pension, 401(k), IRA, etc.)</b> | <b>Approximate value</b> | <b>Started <i>before</i> or <i>during</i> the marriage?</b> |
|------------------------------------|-----------------------------------|--|--------------------------|---|
|                                    |                                   |  |                          |   |
|                                    |                                   |  |                          |   |
|                                    |                                   |  |                          |   |

b. *Your spouse's retirement accounts*

| <b>Account Name or Institution</b> | <b>Last 4 digits of account #</b> | <b>Type (Pension, 401(k), IRA, etc.)</b> | <b>Approximate value</b> | <b>Started <i>before</i> or <i>during</i> the marriage?</b> |
|------------------------------------|-----------------------------------|--|--------------------------|---|
|                                    |                                   |  |                          |   |
|                                    |                                   |  |                          |   |
|                                    |                                   |  |                          |   |



**VI. INVESTMENTS**

Do you \_\_\_ or your spouse \_\_\_ have any vested or unvested rights in any stock options, restricted stock options or similar interests? If yes, please complete Appendix D, Business Interests.

**VII. BUSINESS INTERESTS**

Do you \_\_\_ or your spouse \_\_\_ have any interest in any business? If yes, please complete Appendix E, Business Interests.

**VIII. LIFE INSURANCE**

Do you \_\_\_ or your spouse \_\_\_ own any life insurance? Yes \_\_\_ No \_\_\_ If yes, please complete Appendix F, Life Insurance.

**IX. NON-MARITAL ASSETS**

Did you \_\_\_ or your spouse \_\_\_ enter into this marriage with separate money or property in excess of \$1,000? If yes, please detail:

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Was there an antenuptial (pre-marriage) agreement executed between you and your spouse?  
\_\_\_\_\_ Yes \_\_\_ No

Did you \_\_\_ or your spouse \_\_\_ receive money or assets during the marriage from inheritance?  
Did you \_\_\_ or your spouse \_\_\_ receive a gift to one of you but not the other from a third party, such as your parents or in-laws?

Did you \_\_\_ or your spouse \_\_\_ receive a personal injury or worker's compensation award during the marriage?

Are you \_\_\_\_, your spouse \_\_\_\_, or both of you beneficiaries of any trust? Yes \_\_\_ No

Details of the above: \_\_\_\_\_  
\_\_\_\_\_

**X. REAL ESTATE**

Do you and/or your spouse own real estate? \_\_\_\_ Yes \_\_\_\_ No If yes, please complete

Appendix G, Real Estate.

**XI. PERSONAL PROPERTY**

Please give us your estimate of the fair market value of the following items, indicate who currently has possession of the items, and indicate to whom you believe the asset should belong.

| <b>Item</b>         | <b>Husband</b> | <b>Wife</b> | <b>Joint</b> | <b>Possession</b> | <b>Proposal</b> |
|---------------------|----------------|-------------|--------------|-------------------|-----------------|
| Household contents  |                |             |              |                   |                 |
| Stocks bonds        |                |             |              |                   |                 |
| Securities          |                |             |              |                   |                 |
| Checking Account #1 |                |             |              |                   |                 |
| Checking Account #2 |                |             |              |                   |                 |
| Savings Account #1  |                |             |              |                   |                 |
| Savings Account #2  |                |             |              |                   |                 |

**Motor Vehicles**

| <b>Year</b> | <b>Make &amp; Model</b> | <b>Titled*</b> | <b>Value</b> | <b>Amt. owed</b> | <b>Who has car?</b> | <b>Who gets?</b> |
|-------------|-------------------------|----------------|--------------|------------------|---------------------|------------------|
|             |                         |                |              |                  |                     |                  |
|             |                         |                |              |                  |                     |                  |
|             |                         |                |              |                  |                     |                  |

\* Whose name is on the title as owner?

**Boats, Motors, Campers, Snowmobiles, Trailer, etc. (for boats, include model number)**

| <b>Type*</b> | <b>Make &amp; Model</b> | <b>Titled**</b> | <b>Value</b> | <b>Amt. owed</b> | <b>Who has it?</b> | <b>Who gets?</b> |
|--------------|-------------------------|-----------------|--------------|------------------|--------------------|------------------|
|              |                         |                 |              |                  |                    |                  |
|              |                         |                 |              |                  |                    |                  |

\*Is it a boat? Camper? Snowmobile? What is it?

\*\* Whose name is on the title as owner?

**Other: (Such as Power Equipment, Tools, Guns, Valuable Animals, etc.)**

| <b>Item Description</b> | <b>Titled</b> | <b>Value</b> | <b>Amt. owed</b> | <b>Who has it?</b> | <b>Who should keep?</b> |
|-------------------------|---------------|--------------|------------------|--------------------|-------------------------|
|                         |               |              |                  |                    |                         |
|                         |               |              |                  |                    |                         |

**XII. DEBTS**

**Secured Debts (include car loans and real estate mortgages)**

| Creditor | Total owed | Debt in whose name? | Reason for debt | Who should pay? |
|----------|------------|---------------------|-----------------|-----------------|
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |
|          |            |                     |                 |                 |

**Unsecured Debts (credit cards, etc.):**

| Creditor | Total owed | Debt in whose name? | Reason for debt (i.e, household, gambling, etc.) | Who should pay? |
|----------|------------|---------------------|--|-----------------|
|          |            |                     |  |                 |
|          |            |                     |  |                 |
|          |            |                     |  |                 |
|          |            |                     |  |                 |
|          |            |                     |  |                 |
|          |            |                     |  |                 |
|          |            |                     |  |                 |
|          |            |                     |  |                 |

How do you believe the debts should be divided and why? \_\_\_\_\_

**XIII. DOCUMENTS**

Please provide the following documents for me:

1. Your latest three (3) pay stubs.
2. Your spouse’s latest three (3) pay stubs, if you can get them.
3. If you carry the health and dental insurance, a copy of the statement from HR showing the cost for employee only, employee plus one, employee plus children, etc.
4. A copy of the deed(s) for all real estate you and/or your spouse own. If you don’t have it/them, you can get a copy from the county real estate office.
5. A copy of any appraisal(s) or other statements showing the value of any real estate, antiques, jewelry or other valuable items of personal property owned by you and/or your spouse; and
6. A copy of your most recent statements for all 401(k), other retirement plans and investments owned by you and/or your spouse.

**Appendix A**  
**CHILDCARE DUTIES**

(complete for any children under 5)

| Child-related duties                                     | Your % | Your spouse % |
|--|--------|---------------|
| Bathing  |        |               |
| Preparing meals  |        |               |
| Putting children to bed                                  |        |               |
| Attending to them during the night                       |        |               |
| Getting them up in the morning                           |        |               |
| Getting them ready in the morning                        |        |               |
| Feeding  |        |               |
| Dressing   |        |               |
| Laundry  |        |               |
| Making sure they are well-equipped for school            |        |               |
| Helping with homework                                    |        |               |
| Supervising toothbrushing                                |        |               |
| Hairwashing  |        |               |
| Nail clipping  |        |               |
| Getting them to and from school                          |        |               |
| Getting them to and from school events                   |        |               |
| Getting them to and from sporting/extracurricular events |        |               |
| Parent Teacher meetings                                  |        |               |
| Discipline/manners                                       |        |               |
| Rewarding them for good grades/good conduct in school    |        |               |
| Making doctor and dentist appointments                   |        |               |
| Grocery shopping   |        |               |
| Shopping for their clothes                               |        |               |
| Taking them to and from doctor appointments              |        |               |
| Taking them to and from dentist appointments             |        |               |
| Taking them to and from daycare                          |        |               |
| Other (please specify)                                   |        |               |
|  |        |               |

**Legal** custody identifies who will have a right to make decisions regarding the education, religious, and medical upbringing of the child(ren). Are you asking the court to grant legal custody of the child(ren) to yourself \_\_\_\_\_ the other parent \_\_\_\_\_ Both \_\_\_\_\_

Are you and the other parent in agreement regarding legal custody? \_\_\_\_\_

**Physical** custody identifies with whom the child(ren) will live. Are you asking the court to grant physical custody of the child(ren) to yourself \_\_\_\_\_ the other parent \_\_\_\_\_ Both \_\_\_\_\_

Are you and the other parent in agreement regarding physical custody? \_\_\_\_\_

Are you asking that the other parent's parenting time be supervised? \_\_\_\_\_

**Appendix B**  
**PARENTING TIME SCHEDULE**

- a) Weekends: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Week nights or after school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c) Holidays: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d) School release days: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e) Birthdays: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f) Summers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g) Telephone Contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- h) Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you and the other parent in agreement regarding this schedule? \_\_\_\_\_

**Appendix B, cont'd**  
**HOLIDAY PARENTING TIME SCHEDULE**

Take a look at the below sample holiday schedule.

| <b>Holiday</b>       | <b>Odd years</b> | <b>Even Years</b> |
|----------------------|------------------|-------------------|
| New Year's Eve       | Dad              | Mom               |
| New Year's Day       | Mom              | Dad               |
| Easter               | Mom              | Dad               |
| Memorial Day         | Regular Schedule | Regular Schedule  |
| Spring Break         | Mom              | Dad               |
| Mother's Day         | Mom              | Mom               |
| Father's Day         | Dad              | Dad               |
| July 4 <sup>th</sup> | Dad              | Mom               |
| Labor Day            | Regular Schedule | Regular Schedule  |
| MEA weekend          | Dad              | Mom               |
| Halloween            | Mom              | Dad               |
| Thanksgiving         | Mom              | Dad               |
| Christmas Eve        | Mom              | Dad               |
| Christmas Day        | Dad              | Mom               |
| Child's birthday     | Regular Schedule | Regular Schedule  |

Do you believe that this schedule would work for your children and you? \_\_\_\_\_

Are there additional holidays you would like to add? \_\_\_\_\_

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What, if any changes would you like to make to the above schedule? \_\_\_\_\_

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## Appendix C

### NECESSARY MONTHLY EXPENSES

1. It can be helpful to look at your checkbook register or bank statements to help recreate how much you are currently spending.

2. You will need to estimate some debts, such as groceries. Give it your best guess, and I will review all of your expenses to ensure that they do not appear too high or too low.

3. For debts that are due quarterly, bi-annually or annually, divide the debt by the number of months covered, and include that in your expenses.

| Debt                 | Your current | Your projected | Total owed | Children |
|----------------------|--------------|----------------|------------|----------|
| Mortgage/rent        |              |                |            |          |
| Hazard Insurance     |              |                |            |          |
| Real Estate Taxes    |              |                |            |          |
| Utilities            |              |                |            |          |
| Heat                 |              |                |            |          |
| Food                 |              |                |            |          |
| Clothing             |              |                |            |          |
| Laundry              |              |                |            |          |
| Medical              |              |                |            |          |
| Dental               |              |                |            |          |
| Car payment          |              |                |            |          |
| Gasoline             |              |                |            |          |
| Car insurance        |              |                |            |          |
| Car Maintenance      |              |                |            |          |
| Health Insurance     |              |                |            |          |
| Life Insurance       |              |                |            |          |
| Entertainment        |              |                |            |          |
| Charitable Contribs. |              |                |            |          |
| Child Care           |              |                |            |          |
| Home Maintenance     |              |                |            |          |
| School               |              |                |            |          |
| Allowances           |              |                |            |          |
| Credit Cards         |              |                |            |          |
| Bank Loans           |              |                |            |          |
| Other Loans          |              |                |            |          |
| Misc.                |              |                |            |          |
| <b>TOTALS</b>        |              |                |            |          |

Explanation of other expenses above: \_\_\_\_\_

**Appendix D**  
**VESTED AND UNVESTED INTERESTS**

Type of interest (i.e., stock options, RSUs, etc.): \_\_\_\_\_

Please state the dates and number of options/RSUs issued:

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

What is the vesting schedule? (Does it vest 1/3 at a time over 3 years? Does it vest all at once over three years? Four years?) \_\_\_\_\_

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

When is the next vesting date, and how many vest? \_\_\_\_\_

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

Please attach the following:

- a. Your most recent statement (all pages);
- b. All documentation for these investments, including the vesting schedule, etc.

Is there anything else I should know about these investments? \_\_\_\_\_

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



**Appendix E**  
**BUSINESS INTERESTS**

Name of business: \_\_\_\_\_

Is this business a corporation \_\_\_\_, partnership \_\_\_\_, or other \_\_\_\_? (specify: \_\_\_\_\_)

Percentage interest owned by you \_\_\_\_\_% or your spouse \_\_\_\_\_%

Service or product: \_\_\_\_\_

Date interest was acquired, and extent of interest: \_\_\_\_\_

Initial investment: \_\_\_\_\_

Position held: \_\_\_\_\_

Names and addresses of other shareholders, partners, or participants: \_\_\_\_\_

If a corporation, what is your or your spouse's stock interest? \_\_\_\_\_

Names and addresses of directors/officers and their respective titles: \_\_\_\_\_

Does your spouse provide any services to this business? Yes \_\_\_ No \_\_\_ If yes, give detail:

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

Is your spouse compensated for the services rendered? Yes \_\_\_ No \_\_\_ If yes, give detail:

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

Have you and your spouse reached an agreement regarding the disposition of this business?  
Yes \_\_\_ No \_\_\_ If yes, give details:

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

**Appendix F**  
**LIFE INSURANCE**

Carrier: \_\_\_\_\_ Owner of policy: \_\_\_\_\_

Policy No.: \_\_\_\_\_ On life of: \_\_\_\_\_

Benefit amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Encumbered in the amount of \$ \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\*\*\*\*\*

Carrier: \_\_\_\_\_ Owner of policy: \_\_\_\_\_

Policy No.: \_\_\_\_\_ On life of: \_\_\_\_\_

Benefit amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Encumbered in the amount of \$ \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\*\*\*\*\*

Carrier: \_\_\_\_\_ Owner of policy: \_\_\_\_\_

Policy No.: \_\_\_\_\_ On life of: \_\_\_\_\_

Benefit amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Encumbered in the amount of \$ \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

\*\*\*\*\*

Carrier: \_\_\_\_\_ Owner of policy: \_\_\_\_\_

Policy No.: \_\_\_\_\_ On life of: \_\_\_\_\_

Benefit amount: \$ \_\_\_\_\_ Cash value: \$ \_\_\_\_\_

Encumbered in the amount of \$ \_\_\_\_\_

Beneficiary(ies): \_\_\_\_\_

**Appendix G**  
**REAL ESTATE**

Homestead address: \_\_\_\_\_

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

Is the realty abstract \_\_\_\_ or Torrens \_\_\_\_ property?

Date purchased: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Down payment: \$ \_\_\_\_\_ Source of down payment: \_\_\_\_\_

In what name(s) is the property held? \_\_\_\_\_

| <b>Mortgage Type</b><br><small>(1<sup>st</sup>, 2<sup>nd</sup>, HELOC, etc.)</small> | <b>Mortgage Holder</b><br><small>(Who do you pay?)</small> | <b>Loan #</b> | <b>Original Balance</b> | <b>Current Balance</b> |
|--|--|---------------|-------------------------|------------------------|
|  |  |               |                         |                        |
|  |  |               |                         |                        |
|  |  |               |                         |                        |

Contract for deed balance: \$ \_\_\_\_\_ Owners of contract for deed: \_\_\_\_\_

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

What do you believe the home is worth? \$ \_\_\_\_\_

What was the most recent tax assessed value: \$ \_\_\_\_\_ For what year? \_\_\_\_\_

Monthly payment: \$ \_\_\_\_\_

Are the real estate taxes \_\_\_\_ and/or insurance \_\_\_\_ included in the mortgage or contract for deed payment? If no, are the real estate taxes \_\_\_\_ and/or insurance \_\_\_\_ payments escrowed?

If yes, where? \_\_\_\_\_

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has these records? \_\_\_\_\_

Have you and your spouse agreed on a way of distributing this property? For instance, you purchase your spouses's interest in the property, or your spouse might purchase your interest, the two of you might agree to sell it and split the proceeds...) Please list details of agreement: \_\_\_\_\_

Other Real Estate  
ADDENDUM

Property address: \_\_\_\_\_

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

Is the realty abstract \_\_\_ or Torrens \_\_\_ property?

Date purchased: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Down payment: \$\_\_\_\_\_ Source of down payment: \_\_\_\_\_

In what name(s) is the property held? \_\_\_\_\_

| <b>Mortgage Type</b><br>(1 <sup>st</sup> , 2 <sup>nd</sup> , HELOC, etc.) | <b>Mortgage Holder</b><br>(Who do you pay?) | <b>Loan #</b> | <b>Original Balance</b> | <b>Current Balance</b> |
|---|---|---------------|-------------------------|------------------------|
|   |   |               |                         |                        |
|   |   |               |                         |                        |
|   |   |               |                         |                        |

Contract for deed balance: \$\_\_\_\_\_ Owners of contract for deed: \_\_\_\_\_

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

What do you believe the home is worth? \$\_\_\_\_\_

What was the most recent tax assessed value: \$\_\_\_\_\_ For what year? \_\_\_\_\_

Monthly payment: \$\_\_\_\_\_

Are the real estate taxes \_\_\_ and/or insurance \_\_\_ included in the mortgage or contract for deed payment? If no, are the real estate taxes \_\_\_ and/or insurance \_\_\_ payments escrowed?

If yes, where? \_\_\_\_\_

What major improvements have been made to the realty since you purchased it, what was the cost of the improvements, and who has these records? \_\_\_\_\_

Have you and your spouse agreed on a way of distributing this property? For instance, you purchase your spouses's interest in the property, or your spouse might purchase your interest, the two of you might agree to sell it and split the proceeds...) Please list details of agreement: \_\_\_\_\_