CAUSE NO.		
IN THE MATTER OF	§	IN THE DISTRICT COURT
THE MARRIAGE OF	§	
	§	
and	§	387TH JUDICIAL DISTRICT
	§	
	§	FORT BEND COUNTY, TEXAS
	8	

SWORN INVENTORY AND APPRAISEMENT

_____, the \Box Petitioner / \Box Respondent, files this sworn inventory and appraisement of all assets and liabilities, community and separate estates, as follows:

COMMUNITY ESTATE OF THE PARTIES

1.	REA	L PROPERTY		
	1.1.	Street address:		
		City/County/State:		
		Description of improvements, if any:		
		Current fair market value: \$	Appraised / Estimated	
		Mortgage or Lien owed: \$		
		Name(s) on mortgage:		
		Bank/Mortgage Company Name:		
		Account No.	Is this a VA loan? \Box Yes / \Box No	
	1.2.	Street address:		
		City/County/State:		
		Description of improvements, if any:		
		Current fair market value: \$	Appraised / Estimated	
		Mortgage or Lien owed: \$		
		Name(s) on mortgage:		
		Bank/Mortgage Company Name:		
		Account No	Is this a VA loan? \Box Yes / \Box No	

2. CASH AND ACCOUNTS WITH FINANCIAL INSTITUTIONS

2.1.	Name of Financial Institution:
	Account Number:
	Type of Account: Checking / Savings / IRA / Money Market Trust / Stock Trading / Certificate of Deposit
	Name(s) on account:
	Balance: \$as of
2.2.	Name of Financial Institution:
	Account Number:
	Type of Account: Checking / Savings / IRA / Money Market Trust / Stock Trading / Certificate of Deposit
	Name(s) on account:
	Balance: \$as of
2.3.	Name of Financial Institution:
	Account Number:
	Type of Account: Checking / Savings / IRA / Money Market
	Name(s) on account:
	Balance: \$as of
2.4.	Name of Financial Institution:
	Account Number:
	Type of Account: Checking / Savings / IRA / Money Market Trust / Stock Trading / Certificate of Deposit
	Name(s) on account:
	Balance: \$as of
2.5.	Name of Financial Institution:
	Account Number:
	Type of Account: Checking / Savings / IRA / Money Market Trust / Stock Trading / Certificate of Deposit
	Name(s) on account:
	Balance: \$as of

3. ACCOUNTS RECEIVABLE

Name of Debtor:			
Debtor's Relationship to you: Purpose of Loan:			
s the debt secured? Yes / No - If "Yes" describe:			
Current loan balance: \$as of			
Name of Debtor:			
Debtor's Relationship to you:			
Purpose of Loan:			
s the debt evidenced in writing? \Box Yes / \Box No - If "Yes" attach a copy			
s the debt secured? \Box Yes / \Box No - If "Yes" describe:			
Current loan balance: \$as of			
Name of Debtor:			
Debtor's Relationship to you:			
Purpose of Loan:			
s the debt evidenced in writing? \Box Yes / \Box No - If "Yes" attach a copy			
s the debt secured? \Box Yes / \Box No - If "Yes" describe:			
Current loan balance: \$as of			
Name of Debtor:			
Debtor's Relationship to you:			
Purpose of Loan:			
Purpose of Loan:			
Purpose of Loan:			
-			

4. RETIREMENT ACCOUNTS

4.1.	Name of Financial Institution:			
	Account Number:			
	Type of Account: 2401K / KEO			
	Name(s) on account:			
	Payee of survivor benefits:			
	Current Balance: \$	(attach most recent statement)		
	Value on date married: \$	(if more than \$0 attach proof)		
4.2.	Name of Financial Institution:			
	Account Number:			
	Type of Account: 2401K / KEO			
	Name(s) on account:			
	Payee of survivor benefits:			
	Current Balance: \$	(attach most recent statement)		
	Value on date married: \$	(if more than \$0 attach proof)		
4.3.	Name of Financial Institution:			
	Account Number:			
	Type of Account: □401K / □KEOGH / □Defined Benefits			
	Name(s) on account:			
	Payee of survivor benefits:			
		(attach most recent statement)		
		(if more than \$0 attach proof)		
4.4.	Name of Financial Institution:			
	Account Number:			
	Type of Account: \Box 401K / \Box KEOGH / \Box Defined Benefits			
	Name(s) on account:			
		(attach most recent statement)		
		(if more than \$0 attach proof)		

5. COMPANY AND/OR GOVERNMENT RETIREMENT BENEFITS

i	Employer/Sponsor:
	Plan Administrator:
	Plan type: Company Government Military Rail Road Other
	Employee Starting Date:
	□ Years / □ Months credible service - current:
	□ Years / □ Months credible service - on date of marriage:
	Percentage employee is vested:
	Is there a loan against this plan? \Box Yes / \Box No; If "Yes" balance\$
	Current value of plan: \$attach most recent statement
ł	Employer/Sponsor:
	Plan Administrator:
	Plan type: Company Government Military Rail Road Other
	Employee Starting Date:
	□ Years / □ Months credible service - current:
	\Box Years / \Box Months credible service - on date of marriage:
	Percentage employee is vested:
	Is there a loan against this plan? \Box Yes / \Box No; If "Yes" balance\$
	Current value of plan: <u>attach most recent statement</u>
I	Employer/Sponsor:
	Plan Administrator:
	Plan type: Company Government Military Rail Road Other
	Employee Starting Date:
	□ Years / □ Months credible service - current:
	\Box Years / \Box Months credible service - on date of marriage:
	Percentage employee is vested:
	Is there a loan against this plan? \Box Yes / \Box No; If "Yes" balance\$
	Current value of plan: \$ attach most recent statement

6. HUSBAND'S OTHER DEFERRED COMPENSATION BENEFITS

	6.1 Description of benefits::				
		Value: Vesting date:			
		Is Husband vested? \Box Yes \Box No; If "No" what event triggers vestment?			
	6.2	Description of benefits::			
	0.2	Value: Vesting date:			
		Is Husband vested? \Box Yes \Box No; If "No" what event triggers vestment?			
7.	WIFI	E'S OTHER DEFERRED COMPENSATION BENEFITS			
	7.1	Description of benefits::			
		Value: Vesting date:			
		Is Wife vested? \Box Yes \Box No; If "No" what event triggers vestment?			
	7.2	Description of benefits::			
		Value: Vesting date:			
		Is Wife vested? \Box Yes \Box No; If "No" what event triggers vestment?			
8.	LIFE I	NSURANCE AND ANNUITIES			
	1	Company Name:			
		Policy type: Term Whole Life Universal Annuity Other Name			
		of Insured:Owner: □Yes □No			
		Beneficiary:Owner:			
		Monthly Premium \$Next payment due:			
		Date issued: Face Value: \$			
		Cash surrender value on date of marriage: \$			
		Current cash surrender value: \$			
		Is there a loan against? The source of the second s			

1	Company Name:	
	Policy type: Term Whole Life	□Universal □Annuity □Other Name
	of Insured:	Owner: □Yes □No
	Beneficiary:	Owner: 🗆 Yes 🗆 No
	Monthly Premium \$	Next payment due:
	Date issued:	Face Value: \$
	Cash surrender value on date of ma	rriage: \$
	Current cash surrender value: \$	
		o If "Yes" what is owed: \$
8	Company Name:	
	Policy type: Term Whole Life	Universal Annuity Other Name
	of Insured:	Owner: 🗆 Yes 🗆 No
	Beneficiary:	Owner: 🗆 Yes 🗆 No
	Monthly Premium \$	Next payment due:
	Date issued:	Face Value: \$
	Cash surrender value on date of ma	rriage: \$
	Current cash surrender value: \$	
	Is there a loan against? \Box Yes \Box No	D If "Yes" what is owed: \$
ł	Company Name:	
	Policy type: Term Whole Life	Universal Annuity Other Name
	of Insured:	Owner: 🗆 Yes 🗆 No
		Owner: 🗆 Yes 🗆 No
	Monthly Premium \$	Next payment due:
	Date issued:	Face Value: \$
	Cash surrender value on date of ma	rriage: \$
	Current cash surrender value: \$	
		o If "Yes" what is owed: \$

9. PUBLICLY TRADED STOCKS, BONDS, AND OTHER SECURITIES

).	Security Name:
	Security type: Stock Futures Treasury Bills Bonds Options
	Certificate numbers:
	Current Market Value of all shares /contracts controlled: \$
	Who has possession: Exchange listed:
	Pledged?: Des Do If "Yes", give details:
9.2	Security Name:
	Security type: Stock Futures Treasury Bills Bonds Options
	Certificate numbers:
	Current Market Value of all shares /contracts controlled: \$
	Who has possession: Exchange listed:
	Pledged?: Des Do If "Yes", give details:
3	Security Name:
	Security type: Stock Futures Treasury Bills Bonds Options
	Certificate numbers:
	Current Market Value of all shares /contracts controlled: \$
	Who has possession:Exchange listed:
	Pledged?: DYes DNo If "Yes", give details:
	Security Name:
	Security type: Stock Futures Treasury Bills Bonds Options
	Certificate numbers: Current Market Value of all shares /contracts controlled: \$
	Who has possession: Exchange listed: Pledged?: Yes No If "Yes", give details:
	$ricugeu: \square res \square ro ri res , give details: \$

10. CLOSELY HELD BUSINESS INTERESTS

10.1	Name of Business:			
	□Sole Proprietors	hip 🗆 Partnership 🗖	d/b/a DLLC DInc DA/PC Dat	
	Business began:		Percentage owned:	
	Estimated Value: \$	<u> </u>	as of	
10.2	Name of Business	:		
			l/b/a LLC Inc PA/PC Dat	
			Percentage owned:	
	-		as of	
MOT	OK VEHICLES, D	OATS, AIRPLANES,	CTCLES, ETC.	
11.1	Year:	Make:	Model:	
	Name on Title:		Plate:	
	In possession of:	V	IN:	
	Lien Holder:		Acct #:	
	Amt owed: \$	as of	Value: \$	
11.2	Year:	Make:	Model:	
	Name on Title:		Plate:	
	In possession of:	V	IN:	
	Lien Holder:		Acct #:	
	Amt owed: \$	as of	Value: \$	
11.3	Year:	Make:	Model:	
	Name on Title:		Plate:	
	In possession of:	V	IN:	
	Lien Holder:		Acct #:	
			Value: \$	

11.

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC. (Cont.)

11.4 Year: N	Make:		Model:
Name on Title:			Plate:
In possession of:		VIN:	
Lien Holder:		Ac	ct #:
Amt owed: \$	as	s of	Value: \$
11.5 Year: I	Make:		Model:
Name on Title:			Plate:
In possession of:		VIN:	
Lien Holder:		Ac	ct #:
Amt owed: \$	as	s of	Value: \$
11.6 Year: I	Make:		Model:
Name on Title:			Plate:
In possession of:		VIN:	
Lien Holder:		Ac	ct #:
Amt owed: \$	as	s of	Value: \$
MISCELLANEOUS ITEM 12.1 Furniture: 12.2 Antiques:	\$	BAND'S POS	
12.3 Artwork			
12.4 Household misc.			
12.5 Firearms:			
12.6 Sporting Equipment:			
12.7 Hand Tools:	\$		
12.8 Power Tools:	\$		
12.9 Garden Tools/Equip.			
12.10 Collectibles:	\$		
	Ф		
12.11 Jewelry/watches:12.12 Clothing/furs			

TOTAL MISC. ITEMS IN H'S POSSESSION: \$_____

12

13. MISCELLANEOUS ITEMS IN WIFE'S POSSESSION

13.1	Furniture:	\$
13.2	Antiques:	\$
13.3	Artwork	\$
13.4	Household misc.	\$
13.5	Firearms:	\$
13.6	Sporting Equipment:	\$
13.7	Hand Tools:	\$
13.8	Power Tools:	\$
13.9	Garden Tools/Equip.	\$
13.10 Collectibles:		\$
13.11 Jewelry/watches:		\$
13.12 Clothing/furs		\$

TOTAL MISC. ITEMS IN W'S POSSESSION: \$_____

14. LIVESTOCK

14.1	Description:			
	In possession of: \Box Husband \Box Wife	Value: \$		
14.2	Description:			
	In possession of: Husband Wife			
14.3	Description:			
	In possession of: \Box Husband \Box Wife	Value: \$		
14.4	Description:			
	In possession of: Husband Wife			
14.5	Description:			
	In possession of: Husband Wife			

15. TRAVEL ACCOUNTS

	15.1	Description:
		In possession of: Husband Wife Value: \$
		Account/Membership #:
	15.2	Description:
		In possession of: Husband Wife Value: \$
		Account/Membership #:
	15.3	Description:
		In possession of: Husband Wife Value: \$
		Account/Membership #:
	15.4	Description:
		In possession of: Husband Wife Value: \$
		Account/Membership #:
16.		CLUB MEMBERSHIPS
10.		
	16.1	Name of club:
		Value: \$Account/Membership #:
		Method of valuation:
16.2		Name of club:
		Value: \$Account/Membership #:
		Method of valuation:
16.3		Name of club:
		Value: \$Account/Membership #:
		Method of valuation:

17. MISCELLANEOUS ASSETS NOT OTHERWISE DISCLOSED

17.1	Description:	
	In possession of: \Box Husband \Box Wife	
17.2	Description:	
	In possession of: \Box Husband \Box Wife	
17.3	Description:	
	In possession of: \Box Husband \Box Wife	
17.4	Description:	
	In possession of: \Box Husband \Box Wife	
17.5	Description:	
	In possession of: \Box Husband \Box Wife	
17.6	Description:	
1110	In possession of: \Box Husband \Box Wife	
17.7	Description:	
	In possession of: Husband Wife	
17.8	Description:	
	In possession of: \Box Husband \Box Wife	Value: \$
17.9	Description:	
	In possession of: Husband Wife	
17.10	Description:	
1,110	In possession of: \Box Husband \Box Wife	Value: \$
17.11	Description:	
	In possession of: Husband Wife	Value: \$
17.12	Description:	
11,12	In possession of: Husband Wife	

18. COMMUNITY CLAIM FOR REIMBURSEMENT

18.1	Description:	
		Claimed against: Husband Wife
18.2	1	
	Amt. Claimed: \$	Claimed against: \Box Husband \Box Wife
	Details:	
18.3	Description:	
		Claimed against: □Husband □Wife
		<u> </u>
18.4		
		Claimed against: \Box Husband \Box Wife
	Details:	
CRF	DIT CARDS ADN UNSEC	URED CHARGE ACCOUNTS
CILL		
19.1	Description:	
	Amt. owed: \$	Name on account: \Box Husband \Box Wife
	Details:	
19.2	Description:	
17.2		Name on account: Husband Wife
	2 ••••••••	
19.3		
	Amt. owed: \$	Name on account: \Box Husband \Box Wife
	Details:	
19.4	Description:	
		Name on account: Husband Wife

19.

CREDIT CARDS AND UNSECURED CHARGE ACCOUNTS (cont.)

19.5	Description:	
	Amt. owed: \$	Name on account: \Box Husband \Box Wife
	Details:	
19.6	Description:	
		Name on account: \Box Husband \Box Wife
19.7	Description:	
		Name on account: Husband Wife
19.8	Description:	
		Name on account: \Box Husband \Box Wife
	Details:	
19.9	Description:	
		Name on account: Husband Wife
	Details:	
19.10	Description:	
		Name on account: \Box Husband \Box Wife
	Details:	

20. FEDERAL, STATE, AND LOCAL TAX LIABILITY

20.1	Taxing Authority Name:
	Amt. owed for current year: \$
	Amt. owed for previous years: \$
20.2	Taxing Authority Name:
	Amt. owed for current year: \$
	Amt. owed for previous years: \$

21. HUSBAND'S SEPARATE ESTATE

21.1	Description:			
	Date acquired:	How acquired:		
	Value: \$	Liability, if any: \$		
	Details of why this prope	Details of why this property is separate:		
21.2	Description:			
		How acquired:		
	Value: \$	Liability, if any: \$		
	Details of why this prope	Details of why this property is separate:		
21.3	Description:			
		How acquired:		
	Value: \$	Liability, if any: \$		
	Details of why this property is separate:			
WIFE	'S SEPARATE ESTATE			
22.1	Description:			
		How acquired:		
	Value: \$	Liability, if any: \$		
	Details of why this prope	rty is separate:		
22.2	Description:			
		How acquired:		
		Liability, if any: \$		
		Details of why this property is separate:		

22.

WIFE'S SEPARATE ESTATE (cont.)

	22.3	Description:		
		Date acquired:	How acquired:	
		Value: \$	Liability, if any: \$	
		Details of why this propert	y is separate:	
23.	HUSB	HUSBAND'S SEPARATE ESTATE CLAIMS		
	Claims against Community:		y: \$	
		Details:		
	23.1	Claims against Wife's Separate Estate: \$		
		Details:		
24.	WIFE'	FE'S SEPARATE ESTATE CLAIMS		
	11	Claims against Community	y: \$	
		Details:		
	24.1			
		Details:		
25.	DEB	TS NOT LISTED ABOVE		
	51	Description:		
		Amt. owed: \$	<u>Name on account:</u> Husband \Box Wife	
		Details:		
	52	Description:		
			<u>Name on account:</u> Husband \Box Wife	
		Details:	-	
	3 3			
		Amt. owed: \$	<u>Name on account:</u> Husband \Box Wife	
		Details:		

DEBTS NOT LISTED ABOVE (cont.)

54	Description:	
	Amt. owed: \$	Name on account: □Husband □Wife
	Details:	

VERIFICATION

STATE OF TEXAS §

FORT BEND COUNTY §

I,_____, state on oath that, to the best of my knowledge and belief, the foregoing inventory and appraisement contains:

- a. a full and complete list of all properties in my possession or subject to my control that I claim belong to the community estate of me and my spouse, with the values thereof;
- b. a full and complete list of all properties in my possession or subject to my control that I claim or admit as my or my spouse's separate property and estate, with the values thereof; and
- c. a full and complete list of the debts that I claim are community indebtedness.

Any omission from this inventory is not intentional but is done through mere inadvertence and not to mislead my spouse. Furthermore, there may be other assets and liabilities of which my spouse is aware, and their omission from this inventory should not be construed as a waiver of my interest in those items.

SIGNED this ______, 20____,

SIGNED under oath before me this _____day of _____, 20___.

Notary Public, State of Texas