

Insurance Policies

Automobile

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Name(s) of Insured: _____

Automobile(s) Covered: _____

Automobile

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Name(s) of Insured: _____

Automobile(s) Covered: _____

Health Insurance

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Name(s) of Insured: _____

Dental Insurance

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Name(s) of Insured: _____

Homeowners/Renter's Insurance

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Address of Property Insured: _____

Long Term Care Insurance

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Disability Insurance

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Medicare

Company Name: _____

Policy #: _____ Contact: _____

Phone Number: _____

Owner of Policy: _____

Government Life Insurance

Serial #: _____

Branch of Military: _____

Dates of Service: _____

Loans

Mortgage Loan

Company Name: _____

Loan #: _____ Total Loan Amount: _____

Name(s) the Loan is In: _____

Loan Origination Date: _____

Monthly Loan Payment Amount: _____

Address of Property Mortgaged: _____

2nd Mortgage Loan or Home Equity Line of Credit

Company Name: _____

Loan #: _____ Total Loan Amount: _____

Name(s) the Loan is In: _____

Loan Origination Date: _____

Monthly Loan Payment Amount: _____

Address of Property Mortgaged: _____

Loans Client(s) Owe (Not Credit Card Debt)

Company Name: _____

Loan #: _____ Loan Amount: _____

Name(s) the Loan is In: _____

Reason for the Loan: _____
(Car, ATV, Home Repair, etc.)

Loan Payment Amount: _____

Company Name: _____

Loan #: _____ Loan Amount: _____

Name(s) the Loan is In: _____ Loan Payment Amount: _____

Reason for the Loan: _____
(Car, ATV, Home Repair, etc.)

Credit Cards

Name: _____

Creditor: _____ Account #: _____

Phone #: _____ Current Balance: _____

Account Holder(s): _____

Name: _____

Creditor: _____ Account #: _____

Phone #: _____ Current Balance: _____

Account Holder(s): _____

Name: _____

Creditor: _____ Account #: _____

Phone #: _____ Current Balance: _____

Account Holder(s): _____

Name: _____

Creditor: _____ Account #: _____

Phone #: _____ Current Balance: _____

Account Holder(s): _____

Name: _____

Creditor: _____ Account #: _____

Phone #: _____ Current Balance: _____

Account Holder(s): _____

Name: _____

Creditor: _____ Account #: _____

Phone #: _____ Current Balance: _____

Account Holder(s): _____

Life Insurance Policies

Policy Name: _____

Type of Coverage: _____ Premium: _____

Name(s) of Insured: _____

Owner of Policy: _____

Beneficiary(ies): _____

Face Value: _____ Cash Value: _____

Growth: _____ Pay to Age: _____

Policy Name: _____

Type of Coverage: _____ Premium: _____

Name(s) of Insured: _____

Owner of Policy: _____

Beneficiary(ies): _____

Face Value: _____ Cash Value: _____

Growth: _____ Pay to Age: _____

Policy Name: _____

Type of Coverage: _____ Premium: _____

Name(s) of Insured: _____

Owner of Policy: _____

Beneficiary(ies): _____

Face Value: _____ Cash Value: _____

Growth: _____ Pay to Age: _____

Policy Name: _____

Type of Coverage: _____ Premium: _____

Name(s) of Insured: _____

Owner of Policy: _____

Beneficiary(ies): _____

Face Value: _____ Cash Value: _____

Growth: _____ Pay to Age: _____

Assets

Investment Accounts (Including checking, savings, annuities, and brokerage accounts)

Account 1

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Account 2

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Account 3

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Account 4

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Retirement Accounts (401(k) Plans/IRA's)

Account 1

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Beneficiary: _____

Account 2

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Beneficiary: _____

Account 3

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Beneficiary: _____

Retirement Accounts (Pension Plans)

Account 1

Owner of the account: _____

Company name: _____

Account Number: _____ Balance: _____

Beneficiary: _____

Account 2

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Beneficiary: _____

Account 3

Owner of the account: _____

Company name: _____

Type of account: _____

Account Number: _____ Balance: _____

Beneficiary: _____

Personal Property (Real Estate-Primary Residence)

Address: _____

Jointly owned?: yes no If yes, name of co-owner: _____

1st Mortgage lender: _____

Mortgage account number: _____

2nd Mortgage lender: _____

Mortgage account number: _____

Equity loan lender: _____

Equity loan number: _____

Personal Property (Rental Property, Vacation Home, Condo, Timeshare, Land)

Address: _____

Jointly owned?: yes no If yes, name of co-owner: _____

1st Mortgage lender: _____

Mortgage account number: _____

2nd Mortgage lender: _____

Mortgage account number: _____

Equity loan lender: _____

Equity loan number: _____

Personal Property Continued

Address: _____

Jointly owned?: yes no If yes, name of co-owner: _____

1st Mortgage lender: _____

Mortgage account number: _____

2nd Mortgage lender: _____

Mortgage account number: _____

Equity loan lender: _____

Equity loan number: _____

Address: _____

Jointly owned?: yes no If yes, name of co-owner: _____

1st Mortgage lender: _____

Mortgage account number: _____

2nd Mortgage lender: _____

Mortgage account number: _____

Equity loan lender: _____

Equity loan number: _____

Vehicles/Boats/Motorcycle/ATV's etc.

Vehicle/Boat/Motorcycle/ATV 1

Make: _____ Model: _____

Year: _____ Own/Lease: _____

VIN: _____

Name the title is in: _____

Purchase date: _____

Vehicle/Boat/Motorcycle/ATV 2

Make: _____ Model: _____

Year: _____ Own/Lease: _____

VIN: _____

Name the title is in: _____

Purchase date: _____

Vehicle/Boat/Motorcycle/ATV 3

Make: _____ Model: _____

Year: _____ Own/Lease: _____

VIN: _____

Name the title is in: _____

Purchase date: _____

Vehicle/Boat/Motorcycle/ATV 4

Make: _____ Model: _____

Year: _____ Own/Lease: _____

VIN: _____

Name the title is in: _____

Purchase date: _____

Business Ownerships/Interests

Business name: _____

Type of business: _____

Percentage of ownership: _____

Other owners: _____

Date ownership was established: _____

Business name: _____

Type of business: _____

Percentage of ownership: _____

Other owners: _____

Date ownership was established: _____

Reimbursement Claims

(Please circle yes or no for each questions)

- Did you have debt when you entered the marriage? yes no

If yes, please list debts below:

Debt:	Amount Owed

- Did your spouse have debt when she/she entered the marriage? yes no

If yes, please list debts below:

Debt:	Amount Owed

- Did you use any separate funds (including funds owned before the marriage, inherited, or received from a lawsuit for personal injury) to purchase any community assets or pay any community debt? yes no

If yes, please list below:

Asset or Debt the Separate Funds Were Used For:	Amount

- Did your spouse use any separate funds (including funds owned before the marriage, inherited, or received from a lawsuit for personal injury) to purchase any community assets or pay any community debt? yes no

If yes, please list below:

Asset or Debt the Separate Funds Were Used For:	Amount