

Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset 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	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.	If you are not the only owner: Please enter the % of the property you own.	Office Use Only Exemptions?
<p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p>	<p>Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		
<p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other</p>	<p>Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		

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, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Vehicle #1	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #3	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<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			<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, both you and your spouse, you and at least one person other than your spouse.	Office Use Only <i>Exemptions?</i>
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Electronics (<i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Collectibles of value (<i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Firearms, ammunition, and related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Clothing (<i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Pets/non-farm animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

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?
Health aids and all other household items not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #1 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #2 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #1 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #2 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #1 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #2 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #3 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #4 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<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			<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			<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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

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?
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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Security deposits (<i>typically with landlord or utility</i>) (<i>list holder</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepayments (<i>prepaid rent, layaway, gift cards, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<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			<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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Trusts, life estates, future, and equitable interests in property or assets	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

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?
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input type="checkbox"/> No <input type="checkbox"/> Yes			<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			<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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Alimony and child support	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
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			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Inheritances, estate distributions, and death benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Personal injury claims or awards	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

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 <i>Exemptions?</i>
Lawsuits or claims against anyone for anything	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
All other claims or rights to sue someone	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Any other financial asset not listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	