

FINANCIAL SUMMARY OF
DATE:

I. LIQUID ASSETS

A. Accounts. Provide the following information as to all bank accounts (checking/savings) savings and loan accounts, credit union accounts, money market accounts, mutual funds, investment accounts (other than IRAs and other retirement accounts), stocks, bonds or certificates of deposit established in your name or your spouse's name individually, and/or in either of your names jointly with any other person(s):

Name of Institution/Account #	Type of Account	How Titled	Balance/Value as of Date of Separation	Present Balance/Value

B. Monies Owed to You or Your Spouse. As to any outstanding notes, accounts receivable, or other debts owed to you or your spouse individually, and/or to either of you and any other person(s) jointly, provide the following information:

By Whom Owed	To Whom Owed	Terms of Payment	Date Due	Principal Balance Due

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II. REAL ESTATE

As to any real estate titled in your or your spouse's name individually, or by either of you jointly with any other person(s), provide the following information:

	PARCEL #1	PARCEL #2
1. ADDRESS		
2. NATURE/TYPE		
3. HOW DEEDED		
4. YEAR PURCHASED		
5. PURCHASE PRICE		
6. COST OF ADDITIONS		
7. AMOUNT OF DOWN PAYMENT		
8. SOURCE OF DOWN PAYMENT		
9. MORTGAGE HOLDER		
10. INTEREST RATE		
11. MONTHLY PAYMENT		
12. CURRENT VALUE		
13. MORTGAGE OWED		
14. EQUITY		

COMMENTS:

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III. TANGIBLE PERSONAL PROPERTY

A. Vehicles. Provide the following information regarding any automobiles, boats, airplanes or other vehicles which are titled in your name and/or your spouse's name individually, or which are titled in either of your names jointly with any other person(s).

DESCRIPTION		HOW TITLED	COST	AMT. OWING ON VEHICLE	ESTIMATED VALUE
YEAR	MODEL				

B. Household and Personal Effects. What major items or categories of household furnishings or personal effects having estimated value in excess of \$500.00 per item or category (such as china, silver, antiques, original art, oriental rugs, collections, jewelry and furs) are owned by you or your spouse individually, or by either of you jointly with any person(s).

NATURE OF ITEM	OWNER(S)	COST	ESTIMATED VALUE

C. Acquisitions or Transfers Since Separation. Are there any assets valued in excess of \$500.00 titled in your name, individually, and/or jointly with any person(s) which have been acquired or disposed of since the date of separation? If so, provide the following information:

DESCRIPTION	OWNER(S)	Acquired or Disposed of?	DATE	COST/ CONSIDERATION RECEIVED

D. Property Held in Trust. If any person, firm or other entity holds any property for your benefit, describe in full including name and address of holder and description and value of property so held.

E. Property in Safe Deposit Boxes or Stored. If there are any safe deposit boxes, vaults, safes, or other places of deposit or safekeeping in which you have had any money, documents, or other items of personal property during the past two years, please state location and describe all items (tangible or intangible) previously or presently so deposited.

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IV. MISCELLANEOUS

A. Intangibles. State the following as to any other intangible personal property (such as franchises, patents, trademarks, copyrights, and other royalty rights) owned by you or your spouse individually, or jointly by either of you and any other person(s) or entity.

NAME OF PROPERTY	OWNERS	COST	ESTIMATED VALUE

B. Stock Options. Describe fully any stock options you are entitled to including but not limited to:

ISSUING COMPANY	NUMBER OF OPTIONS GRANTED	DATE GRANTED	DATE VESTED	EXERCISE PRICE	CURRENT VALUE

COMMENTS:

C. Describe Any Additional Income/Assets You May Receive in the Next 2 Years:

COMMENTS:

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V. BUSINESS INTERESTS

Businesses. Provide the following information as to any proprietorships, partnerships (general or limited), corporations, joint ventures, and other business entities owned by you and/or your spouse individually, or jointly by either of you and any other person(s).

DESCRIPTION	PERCENT YOU OWN	OWNER(S)	AMOUNT YOU INVESTED	ESTIMATED VALUE

COMMENTS:

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VI. INSURANCE

A. Life Insurance Policies.

INSTITUTION/ ACCOUNT #	TYPE	INSURED	LOANS	BENEFI- CIARY	FACE VALUE	CASH VALUE

B. Health Insurance.

COMPANY	TYPE OF COVERAGE	POLICY NUMBER	INDIVIDUALS COVERED

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VII. SEPARATE PROPERTY

A. Property Inherited During Marriage: (Include date and source of inheritance, original and present values, and present status):

B. Property Acquired During Marriage by Gift from Third party (Other than Spouse). (Include date and source of gift, recipient, original and present values, and present status; you need not include gifts of minimal value, or Christmas or birthday gifts, unless you believe for some reason your spouse will make a claim to them):

C. Property Brought to Marriage. (Include date and source, original and present values, disposition and present status; you need not include purely personal items, such as jewelry, or household furniture and effects, unless you believe for some reason your spouse will make a claim to them):

D. Property Acquired After Separation:

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VIII. LIABILITIES

Provide the following information as to current credit cards, personal charge accounts, and loans and notes payable, including those in your or your spouse's name alone, or in either of your names jointly with any other person(s).

CREDITOR	REASON DEBT INCURRED	ACCOUNT NUMBER	PERSON(S) LIABLE	BALANCE OWED ON DATE SEPARATED	PRESENT BALANCE

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IX. CLIENT'S EMPLOYMENT INFORM

By whom are you employed, and for each employment provide the following inf

- A. EMPLOYER:
- B. INCLUSIVE DATES:
- C. POSITION/TITLE:
- D. ANNUAL SALARY:
- E. NET SALARY:
- F. FRINGE BENEFITS: (Describe each applicable benefit)

- 1. Company Car:
- 2. Credit Cards:
- 3. Medical Insurance:
- 4. Medical/Dental Reimbursement:
- 5. Life Insurance:
- 6. Expense Reimbursement:
- 7. Use of Company Facilities
- 8. Membership or Dues Payments:
- 9. Company Loans:
- 10. Stock Options:
- 11. Other (specify):

G. LAST YEAR'S INCOME:

THIS YEAR'S INCOME:

NEXT YEAR'S INCOME:

COMMENTS:

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IX. SPOUSE'S EMPLOYMENT INFORMATION

By whom is your spouse employed, and for each employment provide the following information:

- A. EMPLOYER:
- B. INCLUSIVE DATES:
- C. POSITION/TITLE:
- D. ANNUAL SALARY:
- E. NET SALARY:
- F. FRINGE BENEFITS: (Describe each applicable benefit)

- 1. Company Car:
- 2. Credit Cards:
- 3. Medical Insurance:
- 4. Medical/Dental Reimbursement:
- 5. Life Insurance:
- 6. Expense Account Reimbursement:
- 7. Use of Company Facilities:
- 8. Membership or Dues Payments:
- 9. Company Loans:
- 10. Stock Options:
- 11. Other (specify):

- G. LAST YEAR'S INCOME:
THIS YEAR'S INCOME:
NEXT YEAR'S INCOME:

COMMENTS:

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XI. PENSION, RETIREMENT AND PROFIT SHARING PLAN INFORMATION

A. Through Employment. As to each and every pension and retirement plan (excluding IRAs, 401(k) and profit sharing benefits) which you or your spouse are entitled to receive by virtue of past or current employment, please state the following:

PLAN NAME	PLAN NO. 1	PLAN NO. 2
1. EMPLOYER 2. INCLUSIVE YEARS OF EMPLOYMENT 3. CREDITABLE YEARS OF SERVICE 4. VEST OR NON-VESTED 5. EMPLOYEE'S CONTRIBUTIONS TO PLAN a. Total from start of plan to present b. Net amount received monthly 6. EMPLOYER'S CONTRIBUTIONS TO PLAN a. Total from start of plan to present b. Net amount received monthly 7. IF ALREADY RETIRED a. Gross amount received annually b. Net amount received annually 8. IF NOT ALREADY RETIRED: a. Year of anticipated retirement b. Amount of expected gross annual retirement pay c. Other available retirement options		
9. PRESENT VALUE		

B. IRA, Keogh, 401(k) and Profit Sharing Plans. As to Individual Retirement Account (IRA), 401(k), Keogh and Profit Sharing Plans in the name of you and/or your spouse, state the following:

HUSBAND	PLAN NO. 1	PLAN NO. 2
1. Type of Plan 2. Current Balance 3. Amount you expect to be added to plan over next year		

WIFE	PLAN NO. 1	PLAN NO. 2
1. Type of Plan 2. Current Balance 3. Amount you expect to be added to plan over next year		

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X. MISCELLANEOUS

Please set forth below information as to other assets, liabilities, and/or other financial matters including but not limited to information regarding any judgments you have been awarded (amount, reason, and date) as well as any pending litigation you are involved in.

XII. DOCUMENTS NEEDED FOR REVIEW

Indicate "NA" next to the request if the document requested does not apply

1. Loan Application(s) for the past three (3) years
2. Past three (3) years of tax returns (including all attachments, i.e., W-2s, 1099s, etc.)
3. Copies of statement from all financial institutions (bank accounts, investment accounts, mutual funds, stock accounts, 401k accounts, IRA accounts, etc.) in your name, individually or with any other person or entity for the past twelve (12) months.
4. The following documents for the last twelve (12) months
 - a. Pay Stubs
 - b. List of or documents evidencing all Employment Benefits
 - c. Retirement Summary Plan Statements -- including but not limited to 401-K, Profit Sharing, Stock Options (Present and past employment)
 - d. Schedules and Statements of Stock Options , including grant awards, schedules, vesting schedule, exercise and grant prices, etc.
 - e. Employee Savings Account(s) statements
 - f. Any other documents evidencing compensation, bonuses, awards, commissions, etc.
5. Life Insurance Policy(ies)
6. Copies of statements of any accounts for, or in the name of, the child(ren)
7. Health Insurance card or Group Policy cover sheet
8. Copies of credit card statements, loan statements, and any other statements evidencing any liabilities in your name, individually or with any other person, for the past twelve (12) months
9. Documents evidencing terms of employment including compensation, benefits, bonuses, etc.