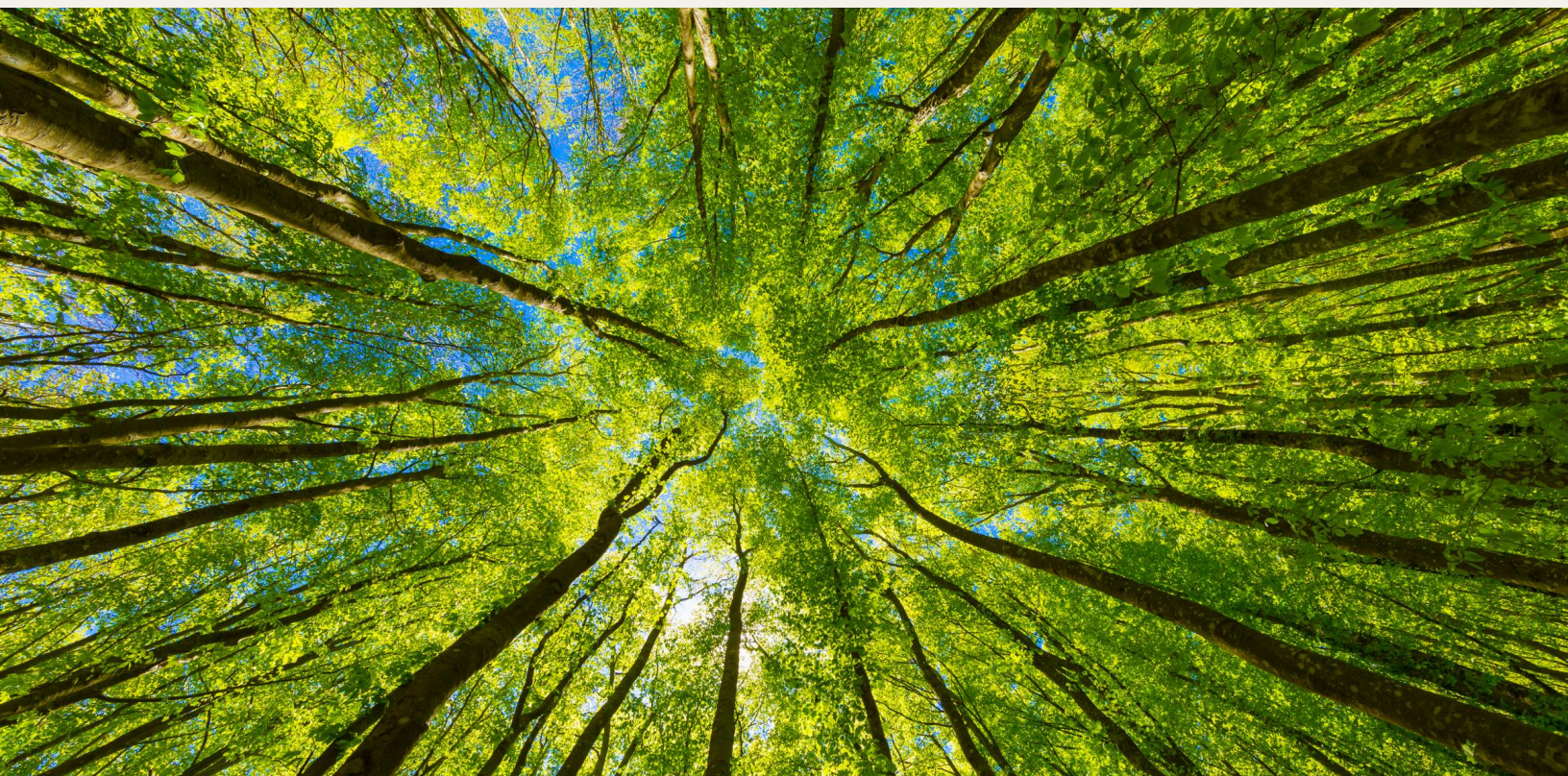


Financial Information

IN THIS DOCUMENT

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| 01 | Personal Information |
| 02 | Income |
| 03 | Expenses |
| 04 | Assets |
| 05 | Liabilities |



Personal Information

Family Information Sheet

YOUR BACKGROUND INFORMATION

Name (First, Middle, Last)			
Social Security Number		Gender	☐ Male ☐ Female
Date of Birth	/ /	Date of Marriage	/ /
Date of Separation	/ /	Preferred Email Address	
Address			
City, State, Zip			
Cell Phone		Home Phone	

Minor Children

	CHILD'S NAME	DATE OF BIRTH	CHILD HAD WITH YOUR CURRENT SPOUSE?	IN CUSTODY OF HUSBAND OR WIFE CURRENTLY?	TAX EXEMPTION HUSBAND OR WIFE?
1		/ /	☐ Y ☐ N	☐ H ☐ W	☐ H ☐ W
2		/ /	☐ Y ☐ N	☐ H ☐ W	☐ H ☐ W
3		/ /	☐ Y ☐ N	☐ H ☐ W	☐ H ☐ W
4		/ /	☐ Y ☐ N	☐ H ☐ W	☐ H ☐ W
5		/ /	☐ Y ☐ N	☐ H ☐ W	☐ H ☐ W
6		/ /	☐ Y ☐ N	☐ H ☐ W	☐ H ☐ W

Sources of Income

SOURCES OF INCOME	MONTHLY BENEFIT	AT WHAT AGE DOES THAT BENEFIT START?	STARTED COLLECTING THIS BENEFIT?
Social Security (Spouse 1)	\$		☐ Y ☐ N
Social Security (Spouse 2)	\$		☐ Y ☐ N
Military Pension Whose benefit? _____ Is this benefit taxable? ☐ Y ☐ N	\$		☐ Y ☐ N
Work Pension Name of company _____ Whose? _____	\$		☐ Y ☐ N
Work Pension Name of company _____ Whose? _____	\$		☐ Y ☐ N
Real Estate Income <i>Fill this section in for rental properties, not your residence.</i> Date you paid this property off _____ Property purchase date _____ Original purchase price \$ _____ <i>If there are multiple rental properties, list them separately.</i>	Monthly Income: \$	N/A	☐ Y ☐ N
Other Sources of Income Describe _____ Whose? _____	\$		☐ Y ☐ N
Other Sources of Income Describe _____ Whose? _____	\$		☐ Y ☐ N

Work History

Your Work History

This information is necessary to determine which assets were accumulated during the marriage, so only list your employers from the date of marriage until today.

NAME OF EMPLOYER	YEAR YOU STARTED EMPLOYMENT	YEAR YOU LEFT EMPLOYER

Your Spouse's Work History

This information is necessary to determine which assets were accumulated during the marriage, so only list your spouse's employers from the date of marriage until today.

NAME OF EMPLOYER	YEAR YOUR SPOUSE STARTED EMPLOYMENT	YEAR YOUR SPOUSE LEFT EMPLOYER

Your Non-Wage Income

Use this spreadsheet to specify income that is not covered on any other sheet. Specify an amount in whichever column — week, month, or year, whichever is most appropriate.

ITEM	WEEKLY	MONTHLY	YEARLY
Child support from prior relationship	\$	\$	\$
Alimony from prior relationship	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Public Assistance	\$	\$	\$
Bonuses	\$	\$	\$
Commissions	\$	\$	\$
Tips	\$	\$	\$
Overtime	\$	\$	\$
Disability Benefits	\$	\$	\$
Worker's Compensation	\$	\$	\$
Royalties	\$	\$	\$
Rent from Spouse	\$	\$	\$
Deferred Compensation	\$	\$	\$
Other: Specify	\$	\$	\$

Your Expenses Post Marriage

On this data sheet, specify the household, child, and personal expenses of everyday life. The list is meant to be comprehensive but there is no need to fill in every line. If there is a line item you want to track that isn't available, use the blank spaces at the end of the list.

IN THIS SECTION

- | | |
|----|------------------|
| 01 | Personal Items |
| 02 | Home Expenses |
| 03 | Vehicle Expenses |

Personal Items

ITEM	MONTHLY	YEARLY
Spousal Support (paid by you)	\$	\$
Bank Charges	\$	\$
Books/Magazines	\$	\$
Business Expense	\$	\$
Care for Parent/Other	\$	\$
Cash-Miscellaneous	\$	\$
Cell Phone	\$	\$
Charitable Donations	\$	\$
Child Activities or Expenses	\$	\$
Child Care	\$	\$
Child Support (paid by you)	\$	\$
Child Tutor/School Expenses	\$	\$
Clothing	\$	\$
Clothing for Children	\$	\$
Club Dues	\$	\$
Credit Card Debt (the amount you pay monthly)	\$	\$
Dining	\$	\$
Education	\$	\$
Entertainment	\$	\$
Gifts	\$	\$
Groceries	\$	\$

ITEM CONTINUED	MONTHLY	YEARLY
Healthcare - Dental (insurance + out of pocket)	\$	\$
Healthcare - Medical (insurance + out of pocket)	\$	\$
Healthcare - Prescription (insurance + out of pocket)	\$	\$
Healthcare - Vision (insurance + out of pocket)	\$	\$
Hobbies	\$	\$
Household Items	\$	\$
Laundry/Dry Cleaning	\$	\$
Personal Care	\$	\$
Personal Loan Payment	\$	\$
Pet Care	\$	\$
Public Transportation	\$	\$
Recreation/Entertainment	\$	\$
Self-Improvement	\$	\$
Student Loan Payment	\$	\$
Vacation/Travel	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$
Other:	\$	\$

Home & Vehicle Expenses

HOME EXPENSES	MONTHLY	YEARLY
First Mortgage	\$	\$
Second Mortgage	\$	\$
Home Equity Line of Credit (HELOC)	\$	\$
Real Estate Tax	\$	\$
Rent	\$	\$
Homeowner's Insurance	\$	\$
Homeowner's Association Fees	\$	\$
Electricity	\$	\$
Gas/Oil	\$	\$
Trash Pickup	\$	\$
Water/Sewer	\$	\$
Cable/Satellite TV	\$	\$
Internet	\$	\$
Telephone (land line)	\$	\$
Lawn Care	\$	\$
Maintenance - Major Repairs	\$	\$
Maintenance - Regular	\$	\$
Furniture	\$	\$
Household Help	\$	\$
Other:	\$	\$
Other:	\$	\$

VEHICLE EXPENSES	MONTHLY	YEARLY
Loan Payment	\$	\$
Lease Payment	\$	\$
Insurance	\$	\$
Personal Property tax	\$	\$
Fuel	\$	\$
Repairs/Maintenance	\$	\$
Parking/Tolls	\$	\$
Docking/Storage	\$	\$
Other:	\$	\$

Assets

For both you and your spouse. The pages that follow gather your bank, investment, and retirement accounts, personal items of value, vehicles, real estate, insurance policies, and business interests. Please indicate ownership and the last date you contributed to each account.

IN THIS SECTION

- | | |
|----|---------------------------------|
| 01 | Checking, Savings & Investments |
| 02 | Retirement Accounts & Valuables |
| 03 | Vehicles & Real Estate |
| 04 | Insurance Policies & Businesses |

Checking, Savings & Investments

Checking and Savings Accounts

Note in the name if it is earmarked for a specific purpose. Please indicate what the last date that you contributed to these accounts was. (Month and year is fine.)

BANK ACCOUNTS – NAME OF INSTITUTION	OWNERSHIP			LAST 4 OF ACCT #	CURRENT BALANCE
	H	W	JT		
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$

Investment Accounts

After tax brokerage or investing accounts, after tax annuities, stock options — do not include retirement accounts. Please indicate the last date you contributed to these accounts (month and year is fine).

INVESTMENT ACCOUNTS – NAME OF INSTITUTION	OWNERSHIP			LAST 4 OF ACCT #	CURRENT BALANCE
	H	W	JT		
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$
	☐	☐	☐		\$

Ownership: H = Husband • W = Wife • Jt = Joint

Retirement Accounts & Valuables

Retirement Accounts

401(k)'s, 403(b)'s, 401(a)'s, 457's, Tax Deferred Annuities, Pensions, Deferred Compensation, Roth IRA's, Traditional or Rollover IRA's, etc. Name the institution where the assets are held as well as the company they are associated with, if applicable. Please note when these accounts started and when you stopped contributing to them (month and year is fine).

RETIREMENT ACCOUNTS – INSTITUTION	TYPE OF ACCOUNT (E.G. ROTH IRA / 401(K))	LAST 4 OF ACCT #	CURRENT BALANCE
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If you need additional space, attach a separate sheet.

☐ Additional sheet attached.

Other Personal Items of Value

For example, paintings, wine collections, collectibles, patents, gold or other metals, valuable jewelry that was not a gift. Indicate if these assets were owned prior to marriage or after/ during marriage.

PERSONAL ITEMS OF VALUE	CURRENT VALUE	ORIGINAL COST	TITLE		
			H	W	JT
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐
	\$	\$	☐	☐	☐

Title: H = Husband • W = Wife • Jt = Joint

Vehicles & Real Estate

Vehicles

MAKE AND MODEL OF VEHICLES	WHO DRIVES?	OWN OR LEASE?	CURRENT LOAN BALANCE (IF ANY)	LENGTH OF LEASE (IF APPLICABLE)
	☐ H ☐ W	☐ Own ☐ Lease	\$	
	☐ H ☐ W	☐ Own ☐ Lease	\$	
	☐ H ☐ W	☐ Own ☐ Lease	\$	
	☐ H ☐ W	☐ Own ☐ Lease	\$	
	☐ H ☐ W	☐ Own ☐ Lease	\$	

Real Estate

Please use separate pages if more than 3 properties exist.

BASIC INFORMATION	PRIMARY RESIDENCE	2ND PROPERTY	3RD PROPERTY
Address			
Current Value	\$	\$	\$
Original Cost	\$	\$	\$
Total Owed on Current Mortgage Principal and Interest, not including Taxes or Insurance	\$	\$	\$
Interest Rate	%	%	%
Monthly Payment	\$	\$	\$
Title	☐ H ☐ W ☐ Joint	☐ H ☐ W ☐ Joint	☐ H ☐ W ☐ Joint
Second Mortgage or HELOC if applicable	\$	\$	\$

Insurance Policies & Businesses

Insurance Policies

NAME OF INSURANCE COMPANY	TYPE OF POLICY			OWNER OF POLICY			INSURED			CASH VALUE	BENEFIT VALUE	PREMIUM PAID PER YEAR
	WL	T	G	H	W	O	H	W	O			
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$
	☐	☐	☐	☐	☐	☐	☐	☐	☐	\$	\$	\$

Type of policy: WL = Whole Life • T = Term • G = Group

Owner of policy / Insured: H = Husband • W = Wife • O = Other

Businesses

DESCRIPTION	CURRENT VALUE	ORIGINAL COST	ANNUAL CASH FLOW (BEFORE TAXES)	FORM OF BUSINESS			
				INDIV	PRTRN	S CORP	CORP
	\$	\$	\$	☐	☐	☐	☐
	\$	\$	\$	☐	☐	☐	☐
	\$	\$	\$	☐	☐	☐	☐
	\$	\$	\$	☐	☐	☐	☐
	\$	\$	\$	☐	☐	☐	☐
	\$	\$	\$	☐	☐	☐	☐
	\$	\$	\$	☐	☐	☐	☐

Form of business: Indiv = Individual • Prtrn = Partnership

Attach additional pages if needed.

Debts

DESCRIPTION	CURRENT BALANCE	INTEREST RATE	MONTHLY PAYMENT	REGISTERED TO		
				H	W	JT
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐
	\$	%	\$	☐	☐	☐

Registered to: H = Husband • W = Wife • Jt = Jointly

Additional Comments

Do you have any additional comments that are important for us to know about (for example if you or your spouse have assets that are non-marital or if you are aware of inheritances?)



Thank you for taking the time to help us understand
your full financial picture.

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