

Statement of Assets:

Case _____

As of _____

The date of valuation is _____ unless otherwise specified. Please designate values. In prejudgment dissolution of marriage actions, please indicate whether the property is marital (M) or non-marital husband (NMH) or non-marital wife (NMW).

Description of Asset	Title in Name of	M/NMH/NMW	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASH or CASH EQUIVALENTS:

1. Savings or interest-bearing accounts
2. Checking Accounts
3. Certificates of Deposit
4. Money Market Accounts
5. Cash
6. Other (*specify*):

INVESTMENT ACCOUNTS and SECURITIES:

1. Stocks
2. Bonds
3. Tax exempt securities
4. Secured or Unsecured Notes
5. Other (*specify*):

Statement of Assets continued...

Case _____

As of _____

REAL PROPERTY:

(Provide address, type and description, amounts of mortgages, loans or liens)

1. Residence
2. Secondary or vacation residence
3. Investment or Business Real Estate
4. Vacant Land
5. Other (specify):

MOTOR VEHICLE(s):

Boats, Trailers, Etc. (Provide Year, Model, Make, Lien, Debtor, Amount)

BUSINESS INTERESTS:

Corporations, Partnerships, Sole Proprietorships (Provide percentage interest and number of shares, name of business, type of business, type of entity, current accounts receivable, current bank account balances, current inventory value)

INSURANCE POLICIES:

Life, medical, disability, business overhead, property, etc. (Provide type of insurance, insurer, policy number, name of insured, owner of policy, face amount, beneficiary, face value, cash value, surrender value, current death benefits)

PENSION PLANS, IRA ACCOUNTS, DEFERRED COMPENSATION, ANNUITIES, 401K, etc.:

(Provide name and type of plan, trustee of plan, nature of interest, beneficiary, vested or non-vested, current value)

STOCK OPTIONS, ESOPS, OTHER DEFERRED COMPENSATION OR EMPLOYMENT BENEFITS:

(Describe fully)

Statement of Assets continued...

Case _____

As of _____

INCOME TAX REFUNDS:

Federal and State (Identify tax year)

CHOSSES IN ACTION:

(Provide date of occurrence, nature/amount of claim, date suit filed, case number, name of plaintiffs)

COLLECTIBLES:

(Coins, stamps, art, antiques, etc.)

ALL OTHER PROPERTY:

(Personal or Real, NOT PREVIOUSLY LISTED valued in excess of \$500.00)

STATEMENT OF ASSETS TRANSFERRED OR SOLD

List all assets transferred or sold in any manner during the preceding three years, or length of marriage, whichever is shorter (transfers of sales in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.)

Description of Property	To Whom Transferred or Sold and Relationship to Transferee	Date of Transfer	Value	Amount Received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Statement of Health Insurance Coverage:

Case _____

As of _____

Currently effective health insurance coverage? Yes No

Name of insurance carrier: _____ Policy or Group No. _____

Type of insurance:

Medical Dental Optical

Deductible:

Per individual _____ Per family _____

Persons covered:

Self Spouse Dependents

Type of policy:

HMO PPO Full indemnity

Provided by:

Employer Private Policy Other Group

Monthly cost:

Paid by employer Paid by employee

\$_____ for dependents per month

\$_____ for myself per month