

MARITAL ESTATE QUESTIONNAIRE

BIOGRAPHICAL INFORMATION				
NAME HUSBAND:				
Street Address:				
City:		State:		Zip Code:
E-Mail:				
Home Phone:		Work Phone:		
Cell Phone:				
Age/DOB:		Education:		
NAME WIFE:				
Street Address:				
City:		State:		Zip Code:
E-Mail:				
Home Phone:		Work Phone:		
Cell Phone:				
Age/DOB:		Education:		

DATE OF MARRIAGE:	
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CHILDREN			
NAME:		Age/DOB:	
NAME:		Age/DOB:	
NAME:		Age/DOB:	
NAME:		Age/DOB:	

ASSETS

REAL ESTATE			
RESIDENCE ADDRESS:	TITLED	VALUE	OWNED BEFORE MARRIAGE (Y/N)
OTHER REAL ESTATE ADDRESS:	TITLED	VALUE	OWNED BEFORE MARRIAGE (Y/N)

RETIREMENT

DEFINED BENEFIT: COMPANY(S) PENSION(S)	TITLED	VALUE	BEFORE MARRIAGE (Y/N)
DEFINED CONTRIBUTIONS: 401k, 403b,457, Thrifts	TITLED	VALUE	BEFORE MARRIAGE (Y/N)
IRA	TITLED	VALUE	BEFORE MARRIAGE (Y/N)
OTHER RETIREMENT	TITLED	VALUE	BEFORE MARRIAGE (Y/N)

INVESTMENTS ACCOUNTS:

STOCK OPTIONS	TITLED	VALUE	OWNED BEFORE MARRIAGE (Y/N)
OTHER INVESTMENTS	TITLED	VALUE	OWNED BEFORE MARRIAGE (Y/N)

BANK ACCOUNTS (CHECKING & SAVINGS)

BANK	TITLED	BALANCE	OWNED BEFORE MARRIAGE (Y/N)

AUTOMOBILES

MAKE	TITLED	VALUE	OWNED BEFORE MARRIAGE (Y/N)

LAWSUIT CLAIM	TITLED	VALUE	BEFORE MARRIAGE (Y/N)

LOAN PAYMENT	TITLED	VALUE	BEFORE MARRIAGE (Y/N)

CHILDREN'S ACCOUNTS	TITLED	VALUE	BEFORE MARRIAGE (Y/N)

TANGIBLE PERSONAL PROPERTY			
DESCRIPTION	TITLED	VALUE	OWNED BEFORE MARRIAGE (Y/N)

BUSINESS			
ENTITY NAME & ADDRESS	OWNERSHIP %	VALUE	OWNED BEFORE MARRIAGE (Y/N)

TOTAL ASSETS: _____

LIABILITIES

DEBT			
MORTGAGE	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)
HOME EQUITY	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)
LINE OF CREDIT	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)
STUDENT LOAN	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)

AUTO LOANS/LEASE	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)

CREDIT CARD DEBT	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)

OTHER LOANS	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)
LAWSUIT CLAIMS	TITLED	BALANCE	BEFORE MARRIAGE (Y/N)

TOTAL DEBT: _____

NET MARITAL ESTATE (ASSETS MINUS DEBT) _____

EMPLOYMENT			
HUSBAND:			
Employer:			
Position:			
Full or Part Time:		Income:	
Length of Employment:		Health Benefits:	
WIFE:			

Employer:			
Position:			
Full or Part Time:		Income:	
Length of Employment:		Health Benefits:	