



FINANCIAL ASSETS/LIABILITIES & PROPERTY CHECKLIST

I. FINANCIAL INFORMATION

<input type="checkbox"/>	Individual and business income tax returns for the past 3-5 years (state and federal)	
<input type="checkbox"/>	W-2 statements for the past 3-5 years for both parties	
<input type="checkbox"/>	Recent employment pay stubs (3) for both parties	
<input type="checkbox"/>	Bank statements (monthly) for the past 1-3 years for jointing and individual accounts	
<input type="checkbox"/>	Stock, bond and mutual fund monthly account statements for the past 1-3 years	
<input type="checkbox"/>	Account statement for annuities, CD, 529s, UTMA/UGMA, etc. for the past 1-3 years	
<input type="checkbox"/>	Social Security statement for both parties	
<input type="checkbox"/>	Other	

II. RETIREMENT SAVINGS INFORMATION

<input type="checkbox"/>	401(k)s and 403(b)s	
<input type="checkbox"/>	IRAs	
<input type="checkbox"/>	SERPs, SEPs, Keoughs, etc.	
<input type="checkbox"/>	Pension statements	
<input type="checkbox"/>	Other	

III. PROPERTY INFORMATION

<input type="checkbox"/>	Primary residence	
<input type="checkbox"/>	Rental properties (including any rental income)	
<input type="checkbox"/>	Vacation homes and time shares	
<input type="checkbox"/>	Business property (what percentage ownership is allocated to you)	
<input type="checkbox"/>	Personal property of value (antiques, collectables, jewelry, art, furs etc.)	

<input type="checkbox"/>	Inheritance (past, current or anticipated)	
<input type="checkbox"/>	Interests in a trust (current or future)	
<input type="checkbox"/>	List of property owned by each party prior to marriage	
<input type="checkbox"/>	Vehicles, boats, motorcycles, etc.	
<input type="checkbox"/>	List of safety deposit box contents with a photocopy of signature cards	
<input type="checkbox"/>	Gifts to individual	
<input type="checkbox"/>	Other	

IV. CHILD RELATED EXPENSES

<input type="checkbox"/>	Number and ages of children	
<input type="checkbox"/>	Health insurance	
<input type="checkbox"/>	Medical expenses	
<input type="checkbox"/>	Education (general expenses, savings accounts, or other)	
<input type="checkbox"/>	Gifts or transfer to minors (UGMA/UTMA)	
<input type="checkbox"/>	Special needs (education plan, medical needs, associated costs or other)	
<input type="checkbox"/>	Other	

V. BILLS AND OUTSTANDING DEBT

<input type="checkbox"/>	Credit card statements whether joint or individual for 1-3 years	
<input type="checkbox"/>	Loan documents	
<input type="checkbox"/>	Leases on vehicles	
<input type="checkbox"/>	Tax liens/ debts due to the IRS	
<input type="checkbox"/>	Utility bills for the past 1-3 months	
<input type="checkbox"/>	Money due to third parties on Notes Payable	
<input type="checkbox"/>	Student loans/ tuition etc.	
<input type="checkbox"/>	Outstanding medical bills	
<input type="checkbox"/>	Arrears on prior support orders and agreements (child support/ alimony)	
<input type="checkbox"/>	Monthly budget worksheet (Quick Books, Quicken, Case Information Statement)	
<input type="checkbox"/>	Other	

VI. LEGAL AGREEMENTS

<input type="checkbox"/>	Wills	
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<input type="checkbox"/>	Living wills	
<input type="checkbox"/>	Powers of attorney	
<input type="checkbox"/>	Advance healthcare directive, healthcare	
<input type="checkbox"/>	Pre-nuptial agreement, post-nuptial agreement	
<input type="checkbox"/>	Divorce judgments/ agreements or child support orders from a previous marriage	
<input type="checkbox"/>	Business partnership agreements, records, books	
<input type="checkbox"/>	Other	

VII. INSURANCE DOCUMENTS & INFO

<input type="checkbox"/>	Health Insurances- carrier name, policy group numbers, persons covered	
<input type="checkbox"/>	Life Insurances- carrier name, policy group numbers, persons covered	
<input type="checkbox"/>	Auto Insurance- carrier name, policy group numbers, persons covered	
<input type="checkbox"/>	Homeowner's Insurance- carrier name, policy group members, persons covered	
<input type="checkbox"/>	Long Term Care Insurance- carrier name, policy group members, persons covered	
<input type="checkbox"/>	Disability Insurance- carrier name, policy group members, persons covered	
<input type="checkbox"/>	Other	