

Date: _____

Client Name: _____

SCHEDULE OF ASSETS

CLIENT QUESTIONNAIRE:

We will need the following information in preparing your premarital agreement. Please answer all questions. If a question does not apply, please mark it “N/A”. If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney’s fees in trying to gather and assemble information after the case is in progress.

NOTICE OF CONFIDENTIALITY

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FOR OFFICE USE:

Ret.: _____ Type: STD|PPL|LP|H|A

OL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO

RL: WTA|JAY|JJM|MMP|BWC|MAC|JCO|CHN|NMB|MRD|TMM|NMO



ABOUT YOU

1. **Please give your *full* name, date and place of birth, and Social Security number.**

Full legal name: _____

Maiden name: _____

Do you want your maiden name restored as part of this proceeding? _____

Birth date: _____ City and State where born: _____

Social Security number: _____

Driver's license number: _____

2. **Where are you living now and what is your phone number?**

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Fax: _____

Email: _____

3. **How do you prefer that we contact you?**

Mail Home phone Cell phone Email

4. **At what address do you wish to receive mail from this office?** _____

5. **How were you referred to our office?**

Personal referral by _____ to _____ ATTORNEY

Church referral from _____ to _____ ATTORNEY

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- McKinney/Prosper
- D Magazine/D CEO

Insurance:

- Prepaid Legal/Legal Shield
- Hyatt Legal
- ARAG
- Law Point

Yellow Pages:

- AT&T Yellow Pages
- Town Yellow Pages

Other:

- Previous client

Other: _____

REAL ESTATE

A. Home Owned:

Street address: _____

County of location: _____

Legal description (e.g. Lot X, Block X, of the X Addition to the City of X, X County, Texas, as recorded on page X, volume X, of the Deed Records Office of X, County, Texas’): _____

Date of purchase: _____ Original purchase price: _____

Original lender: _____

Page and volume of Deed of Trust recordation: _____

Down payment and source of down payment: _____

Exact name on title: _____

Who lives in the house now? _____

Current fair market value: \$ _____ as of _____

Source of FMV estimation: _____

Current balance of all mortgages/liens: \$ _____

Purchase mortgage:

Name of lienholder: _____

Account number: _____

Current balance of lien: \$ _____ as of _____

Monthly payment: \$ _____ Due date: _____ Int. rate: _____

Second Lien (pools, etc.):

Name of second lienholder: _____

Account number: _____

Current balance of 2nd lien: \$ _____ as of _____

Monthly payment: \$ _____ Due date: _____ Int. rate: _____

Third Lien (decrees):

Name of third lienholder: _____

Court and cause no.: _____

Current balance of 3rd lien: \$ _____ as of _____

Monthly payment: \$ _____ Due date: _____ Int. rate: _____

B. Home Not Owned:

Address of dwelling: _____

General description of dwelling: _____

Furnished? _____

When did you move in? _____

Who owns the property? _____

Address: _____

Phone: _____

Rent amount: \$ _____ Due date: _____

Are utilities included? Yes No Is rent current now? _____

How long is the term of the lease? _____ Written lease signed? Yes No

Did you pay a deposit? Yes No If so, how much? \$ _____

How much notice required to terminate lease? _____

C. Other Real Estate:

General description: _____

Location: _____

Legal description: _____

Other owners: _____

Date acquired: _____ Total cost: \$ _____

Record title owner: _____

Down payment and source of down payment: _____

First lienholder: _____

Address: _____

Amount of payment: \$ _____ Due Date: _____ Int. rate: _____

Balance due: \$ _____ as of _____

1. CASH AND ACCOUNTS WITH FINANCIAL INSTITUTIONS

Include cash, travelers' checks, money orders, and accounts with commercial banks, savings and loan associations, and credit unions; exclude accounts with brokerage houses and any form of retirement account.

A. Checking Accounts:

Name of financial institution: _____

Address: _____

Account officer: _____



Account number: _____

Account name: _____

Type of account: _____

Name(s) on withdrawal cards: _____

Current balance: \$ _____ as of _____

Date account was opened: _____

Source of funds: _____

Use of account: _____

Name of financial institution: _____

Address: _____

Account officer: _____

Account number: _____

Account name: _____

Type of account: _____

Name(s) on withdrawal cards: _____

Current balance: \$ _____ as of _____

Date account was opened: _____

Source of funds: _____

Use of account: _____

Name of financial institution: _____

Address: _____

Account officer: _____

Account number: _____

Account name: _____

Type of account: _____

Name(s) on withdrawal cards: _____

Current balance: \$ _____ as of _____

Date account was opened: _____

Source of funds: _____

Use of account: _____

B. Savings Accounts:

Name of financial institution: _____



Address: _____

Account officer: _____

Account number: _____

Type of account: _____

Name(s) on withdrawal cards: _____

Current balance: \$ _____ as of _____

Date account was opened: _____

Source of funds: _____

Use of account: _____

Pledged: _____ To: _____

Reason: _____

Name of financial institution: _____

Address: _____

Account officer: _____

Account number: _____

Type of account: _____

Name(s) on withdrawal cards: _____

Current balance: \$ _____ as of _____

Date account was opened: _____

Source of funds: _____

Use of account: _____

Pledged: _____ To: _____

Reason: _____

C. Certificates of Deposit:

Name of financial institution: _____

Address: _____

Account officer: _____

Phone: _____

C.D. in the name of: _____

Amount of C.D.: \$ _____ Interest rate: _____

Date purchased: _____ Date due: _____

Where is C.D. now? _____

Source of funds: _____

Pledged: _____ To: _____

Reason: _____

Name of financial institution: _____

Address: _____

Account officer: _____

Phone: _____

C.D. in the name of: _____

Amount of C.D.: \$ _____ Interest rate: _____

Date purchased: _____ Date due: _____

Where is C.D. now? _____

Source of funds: _____

Pledged: _____ To: _____

Reason: _____

2. MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, ETC.

Exclude company-owned vehicles.

A. Vehicles Owned:

Year: _____ Make/Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle Identification number: _____

Estimated fair market value (Blue Book): _____

Does vehicle have a loan against it? Yes No

If yes, please provide:

Exact name of creditor: _____

Current balance: \$ _____ as of: _____

Current net equity in vehicle: \$ _____

Date acquired: _____

Source of down payment: _____

Year: _____ Make/Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle Identification number: _____

Estimated fair market value (Blue Book): _____

Does vehicle have a loan against it? Yes No

If yes, please provide:

Exact name of creditor: _____

Current balance: \$ _____ as of: _____

Current net equity in vehicle: \$ _____

Date acquired: _____

Source of down payment: _____

Year: _____ Make/Model: _____

Name on certificate of title: _____

In possession of: _____

Vehicle Identification number: _____

Estimated fair market value (Blue Book): _____

Does vehicle have a loan against it? Yes No

If yes, please provide:

Exact name of creditor: _____

Current balance: \$ _____ as of: _____

Current net equity in vehicle: \$ _____

Date acquired: _____

Source of down payment: _____

3. RETIREMENT BENEFITS

A. Defined Contribution Retirement Plans:

A plan that provides for an individual account for a participant and for benefits based solely on the amount contributed to the participant's account.

Exact name of plan: _____

Name and address of plan administrator: _____

Employer: _____

Employee: _____

Starting date of creditable service: _____

Percentage employee is vested: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Has a beneficiary been designated? Yes No

If so, identify beneficiary: _____

Current balance: \$ _____ as of _____

Current community value: \$ _____ as of _____

Current loan balance: \$ _____ as of _____

B. Defined Benefit Retirement Plan:

Any plan that is not a defined contribution plan and that usually involves payment of benefits according to a formula.

Exact name of plan: _____

Name and address of plan administrator: _____

Employee: _____

Employer: _____

Starting date of creditable service: _____

Percentage employee is vested: _____

Designated beneficiary: _____

Payee of survivor benefits: _____

Description of benefits: _____

Current balance: \$ _____ as of _____

Current value of community interest in plan: \$ _____ as of _____

C. IRA/SEP:

Name of financial institution: _____

Account name: _____

Account number: _____

Payee of survivor benefits: _____

Designated beneficiary: _____

Current account balance: \$ _____ as of _____

Current community value: \$ _____ as of _____

D. Military Benefits:

Branch of service: _____

Name of service member: _____

Rank/pay grade of service member: _____

Starting date of creditable service: _____

Status of service member: Active Reserve Retired

Payee of survivor benefits: _____

Description of benefits: _____

Monthly benefit payable: \$ _____

Value of community interest in plan: \$ _____ as of _____

Percentage of plan that is community: _____%

E. Nonqualified Plans:

Name of financial institution: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Payee of survivor benefits: _____

Has a beneficiary been designated? Yes No

If so, identify beneficiary: _____

Current value of community interest in plan: \$ _____ as of _____

F. Government Benefits:

Civil service, teacher, railroad, state and local

Name of plan: _____

Account name: _____

Account number: _____

Account balance as of date of marriage: \$ _____

Has a beneficiary been designated? Yes No

If so, identify beneficiary: _____

Current value of community interest in plan: \$ _____

As of _____

4. OTHER DEFERRED COMPENSATION BENEFITS

Examples include workers' compensation, disability benefits, bonuses and other "special payments", employee stock options, and other forms of executive compensation.

A. Husband:

Description of assets: _____

Value: \$ _____

5. **INSURANCE AND ANNUITIES**

A. Life Insurance:

Name of insurance company: _____

Policy number: _____

Name of insured: _____

Name of owner: _____

Type of insurance: Term Whole Universal

Amount of premiums: \$ _____ per: month/quarter/semi-annually

Date of issue: _____ Face amount: \$ _____

Cash surrender value on date of marriage: \$ _____

Current cash surrender value: \$ _____

Designated beneficiary: _____

Balance of loan against policy, if any: \$ _____

B. Annuities:

Name of company: _____

Policy number: _____

Name of annuitant: _____

Name of owner: _____

Type of annuity: _____

Amount of premiums: \$ _____ per month/quarter/semi-annually

Date of issue: _____ Face amount: \$ _____

Value on date of marriage: \$ _____

Current value: \$ _____ as of _____

Designated beneficiary: _____

Balance of loan against policy, if any: \$ _____

6. **BROKERAGE AND MUTUAL FUND ACCOUNTS**

A. Brokerage Accounts:

Name of brokerage firm: _____

Address of brokerage firm: _____

5665 DALLAS PARKWAY, SUITE 200, FRISCO, TEXAS 75034
290 S. PRESTON ROAD, SUITE 190, PROSPER, TEXAS 75078
TELEPHONE 214.423.5100 FACSIMILE 214.423.5111 WWW.ALBINOLDNERLAW.COM

Name account held in: _____

Name of account (and subaccounts, if any): _____

Community value of each account (and subaccounts, if any): \$ _____

As of _____

Name of brokerage firm: _____

Address of brokerage firm: _____

Name account held in: _____

Name of account (and subaccounts, if any): _____

Community value of each account (and subaccounts, if any): \$ _____

As of _____

7. **PUBLICLY TRADED STOCKS, BONDS, AND OTHER SECURITIES**

A. Stocks:

Name of security: _____

Type of security: Common stock Preferred stock Bond Other: _____

Certificate numbers: _____

In possession of: _____

Current market value: \$ _____ as of _____

Name of exchange on which listed: _____

Pledged as collateral? Yes No

If yes, explain terms, to whom pledged, and other details surrounding pledge of securities as collateral:

B. Bonds:

Name of issuer: _____

Address: _____

Serial number of bond: _____

Denomination: _____

Date acquired: _____ Cost: \$ _____

Value: \$ _____ as of _____

Registered owner: _____

Source of funds: _____
Interest rate: _____ Interest payable: _____
Convertible: _____ Due date: _____
Pledged: _____ To: _____
Reason: _____

8. CLOSELY HELD BUSINESS INTERESTS

Include sole proprietorships, professional practices, partnerships, joint ventures, and other non-publicly traded corporate business entities, and so forth.

Name of business: _____
Address of business: _____
Type of business organization: _____
Percentage of ownership: _____
Number of shares owned (if applicable): _____
Members in business: _____
Annual income from business: \$ _____
Type of business: _____
Date business began: _____
Source of funds in business: _____
Value of interest: \$ _____ as of _____
Is there a written organizational agreement? _____
Comments: _____

9. LOANS RECEIVABLE

Include money owed to you or your spouse, including any expected federal or state income tax refund, but do not include receivables connected with a business.

Name of debtor: _____
Debtor's relationship to you: _____
Purpose of loan: _____
Is debt evidenced in writing? Yes No
Is debt secured? Yes No
If so, detail security: _____
Is debt reasonably expected to be paid? Yes No

Current loan balance: \$ _____ as of _____

Balance of any accounts receivable: \$ _____

Name of debtor: _____

Debtor's relationship to you: _____

Purpose of loan: _____

Is debt evidenced in writing? Yes No

Is debt secured? Yes No

If so, detail security: _____

Is debt reasonably expected to be paid? Yes No

Current loan balance: \$ _____ as of _____

Balance of any accounts receivable: \$ _____

Name of debtor: _____

Debtor's relationship to you: _____

Purpose of loan: _____

Is debt evidenced in writing? Yes No

Is debt secured? Yes No

If so, detail security: _____

Is debt reasonably expected to be paid? Yes No

Current loan balance: \$ _____ as of _____

Balance of any accounts receivable: \$ _____

10. HOUSEHOLD FURNITURE, FURNISHINGS, AND FIXTURES

State your opinion of the fair market value of the household furniture, furnishings, and fixtures. Fair market value is not necessarily the cost or the replacement value.

Fair market value: \$ _____

11. ELECTRONICS AND COMPUTERS

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. **ANTIQUES, ARTWORK, AND COLLECTIONS**

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

13. **MISCELLANEOUS SPORTING GOODS AND FIREARMS**

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. **JEWELRY AND OTHER PERSONAL ITEMS**

List only major items and state value.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. **LIVESTOCK**

Include cattle, horses, and so forth.

Description	Value
_____	\$ _____

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

16. CLUB MEMBERSHIPS

Name of club: _____
 Name membership held in: _____
 Account number: _____
 Current value: \$ _____ as of _____
 Method of valuation: _____

17. TRAVEL AWARD BENEFITS

Name of airline: _____
 Account number: _____
 Current number of miles: _____ as of _____
 Value (if any): \$ _____

18. MISCELLANEOUS ASSETS

Intellectual property, licenses, crops, cemetery lots, gold or silver coins no part of a collection described elsewhere in this document, tax overpayments, loss carry-forward deductions.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

19. CONTINGENT ASSETS

For example, lawsuits by either party against a third party.

Nature of claim: _____
 Amount of claim: _____
 Legal representative: _____

Address: _____

Cause number: _____

Court where case is pending: _____

Name of opposing attorney: _____

Address: _____

20. **COMMUNITY LIABILITIES**

A. Credit Cards and Charge Accounts:

Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance: \$ _____ as of _____

Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance: \$ _____ as of _____

Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance: \$ _____ as of _____

Name of creditor: _____

Account number: _____

Name(s) on account: _____

Current balance: \$ _____ as of _____

B. Federal, State, and Local Tax Liability:

Amount owed in any previous tax year (describe liability, such as federal income tax, property taxes):

\$ _____

Amount owed for current year: \$ _____

C. Other Liabilities Not Otherwise Listed Elsewhere in This Document:

Name of creditor: _____

Name on account: _____

Account number: _____

Is loan evidenced in writing? _____

Margin account balances: _____
Party incurring liability: _____
Party actually signing: _____
Current balance: \$ _____ as of _____
Security, if any: _____

21. **CHILDREN'S PROPERTY**

A. Custodial Account under the Texas Uniform Transfers to Minors Act:

Name of financial institution: _____
Name of account: _____
Account number: _____
Amount on deposit: \$ _____ as of _____
Name of minor for whom funds were deposited: _____
Name of custodian: _____

B. Other Property:

22. **ASSETS HELD BY EITHER PARTY FOR THE BENEFIT OF ANOTHER**

Name(s) of person(s) holding assets: _____
Description of assets: _____
Name and title of fiduciary (for example, executor or trustee): _____

Name of owner of beneficial interest: _____
Value of assets: \$ _____ as of _____

23. **ASSETS HELD FOR THE BENEFIT OF EITHER PARTY AS A BENEFICIARY**

Name(s) of person(s) holding assets: _____
Description of assets: _____
Name and title of fiduciary (for example, executor or trustee): _____

Name of owner of beneficial interest: _____
Value of assets: \$ _____ as of _____