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Asset, Liability and Income Disclosure

INSTRUCTIONS: Please complete the following providing as much detail as possible. If answer is based on estimated figures, so indicate (Est.). If an item does not apply, so indicate (N/A). Attach additional sheets if necessary.

Need for Information: In the course of your legal matter, you are required by law to make a full disclosure of your income, assets and liabilities. This information will be reviewed in order to provide you with advice upon which you will rely to make important financial decisions. To facilitate these matters, you are being asked to answer various questions and to complete various schedules. Some of this information might seem unimportant, but be assured that this information is needed to properly handle your legal matter. One way to assist in reducing your attorney fees will be to provide a complete response to this survey. If you have any questions concerning any of the information requested, please do not hesitate to contact this office.

The Law Requires a Full and Complete Disclosure: The law provides that, if a person deliberately or negligently fails to disclose any asset, the Court can impose penalties. The law further provides that, if any asset was transferred for inadequate value, was wasted, or was given away within the recent past or during the course of the action or is otherwise unaccounted for, the asset is subject to financial disclosure and may be subject to division unless the transfer resulted in an exchange of assets with substantially equivalent value. If you are aware of any asset that was transferred for inadequate value or given away during the past few years, you must disclose the asset in this questionnaire. If you have any questions regarding whether disclosure is required, direct your questions to this office.

Fair Market Value Means What You Could Now Sell The Item For: With respect to any request for the value of a particular item, please provide your best estimate of the fair market value. Fair market value is the price a person could obtain by selling the asset in the current market. It is not the purchase price or replacement value.

Documentation: If you have supporting documentation immediately available to you for any information reported herein, please attach it, but do not delay returning this questionnaire simply because you do not have a document immediately available to you. After you complete this survey, we will advise you of any additional documentation that you need to provide. This may include account statements, appraisals, deeds, insurance policies, etc.

PLEASE NOTE: Under Ohio law, the name on an account or title does not determine whether the property or debt is marital or non-marital. Do not assume that an asset or debt in your spouse's sole name is your spouse's asset or debt for purposes of the division of property and debts.

HUSBAND

WIFE

Full Legal Name _____ Full Legal Name _____

Address _____ Address _____

City _____ City _____

County _____ County _____

State _____ State _____

Zip _____ Zip _____

Phone Number (work) _____ Phone Number (work) _____

Phone Number (home) _____ Phone Number (home) _____

Phone Number (cell) _____ Phone Number (cell) _____

E-mail _____ E-mail _____

Social Security Number _____ Social Security Number _____

Driver's License Number _____ Driver's License Number _____

How long have you been a resident of this:

County? _____ County? _____

State? _____ State? _____

Former legal/maiden name _____ Former legal/maiden name _____

Date of Birth _____ Date of Birth _____

MARITAL STATUS

Date of Marriage _____

Place of Marriage _____

Number of prior marriages: Husband _____ Wife _____

Current living arrangements: Husband _____ Wife _____

Date separated, if applicable _____

CHILDREN OF THIS MARRIAGE

Name _____ SSN# _____ Age _____

Date of birth _____ Place of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____ Place of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____ Place of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____ Place of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____ Place of birth _____

Name _____ SSN# _____ Age _____

Date of birth _____ Place of birth _____

Describe any health problems for either party or dependent children:

EMPLOYMENT

HUSBAND

WIFE

Employer _____ Employer _____

Employer address: _____ Employer address: _____

Payroll Address _____ Payroll Address _____

How long? _____ How long? _____

Position/Title _____ Position/Title _____

Gross earnings per pay: _____ Gross earnings per pay: _____

Scheduled paychecks per year: Scheduled paychecks per year:

12 24 26 52 12 24 26 52

Deductions other than taxes and social security:

Net pay per period: _____ Net pay per period: _____

Describe if applicable:

Describe if applicable:

Overtime _____ Overtime _____

Bonus _____ Bonus _____

Commissions _____ Commissions _____

Other benefits _____ Other benefits _____

INCOME, OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS

	<u>HUSBAND</u>			<u>WIFE</u>
Base yearly income	\$ _____	3 years ago	20 _____	\$ _____
	\$ _____	2 years ago	20 _____	\$ _____
	\$ _____	Last year	20 _____	\$ _____
Yearly overtime, commissions and/or bonuses	\$ _____	3 years ago	20 _____	\$ _____
	\$ _____	2 years ago	20 _____	\$ _____
	\$ _____	Last year	20 _____	\$ _____

COMPUTATION OF CURRENT INCOME

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$ _____	\$ _____
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____
Disability benefits		
<input type="checkbox"/> Workers' Compensation		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Retirement benefits		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other: _____	\$ _____	\$ _____
Spousal support received	\$ _____	\$ _____
Interest and dividend income (source)		

_____	\$ _____	\$ _____
Other income (type and source)		

_____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) or public assistance	\$ _____	\$ _____

Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship

\$ _____ \$ _____

OTHER INCOME

If other income is received, state details including source, amount and frequency: **If other income is received, state details including source, amount and frequency:**

IF UNEMPLOYED

Last employer's:

Last employer's:

Name _____

Name _____

Address _____

Address _____

Date of last employment _____

Date of last employment _____

Unemployment benefits _____

Unemployment benefits _____

Since _____

Since _____

Prior salary _____

Prior salary _____

Worker's Comp. Acct. No. _____

Worker's Comp. Acct. No. _____

EDUCATION, EMPLOMENT SKILLS

What level of education does each party have?

Husband _____

Wife _____

What level of education did each party have at the time the parties were married?

Husband _____

Wife _____

ASSETS

REAL ESTATE (Supply copy of Deed(s), if available.)

A. Principal Residence

Address _____

Name(s) on Deed _____

Date of purchase _____ Purchase price _____ Present value _____

Upon what do you base present value? _____

Name(s) on Mortgage and/or Note Financing Property _____

Amount and source of down payment _____

Balance of first mortgage _____

Who holds the first mortgage? _____

Monthly payment _____ Interest rate _____

Balance of second mortgage _____

Who holds the second mortgage? _____

Monthly payment _____ Interest rate _____

Balance of third mortgage _____

Who holds the third mortgage _____

Monthly payment _____ Interest rate _____

Real Estate Taxes: yearly? _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? __ If in arrears, how many months? _____

Insurer name _____ Monthly payment for insurance _____

Included in monthly mortgage payment? _____

Other liens? _____

If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

Use of property? (Residence, Recreational, Investments, etc.) _____

B. Other Real Property

Address _____

Name(s) on Deed _____

Date of purchase _____ Purchase price _____ Present value _____

Upon what do you base present value? _____

Name(s) on Mortgage and/or Note Financing Property _____

Amount and source of down payment _____

Balance of first mortgage _____

Who holds the first mortgage _____

Monthly payment _____ Interest rate _____

Balance of second mortgage _____

Who holds the second mortgage _____

Monthly payment _____ Interest rate _____

Balance of third mortgage _____

Who holds the third mortgage _____

Monthly payment _____ Interest rate _____

Real Estate Taxes: yearly? _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? ___ If in arrears, how many months? _____

Insurer name _____ Monthly payment for insurance _____

Included in monthly mortgage payment? _____

Other liens? _____

If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

Use of property? (Residence, Recreational, Investments, etc.) _____

C. Other Real Property

Address _____

Name(s) on Deed _____

Date of purchase _____ Purchase price _____ Present value _____

Upon what do you base present value? _____

Name(s) on Mortgage and/or Note Financing Property _____

Amount and source of down payment _____

Balance of first mortgage _____

Who holds the first mortgage _____

Monthly payment _____ Interest rate _____

Balance of second mortgage _____

Who holds the second mortgage _____

Monthly payment _____ Interest rate _____

Balance of third mortgage _____

Who holds the third mortgage _____

Monthly payment _____ Interest rate _____

Real Estate Taxes: yearly? _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? ___ If in arrears, how many months? _____

Insurer name _____ Monthly payment for insurance _____

Included in monthly mortgage payment? _____

Other liens? _____

If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

Use of property? (Residence, Recreational, Investments, etc.) _____

MOTOR VEHICLES (Cars, Trucks, Motorcycles, Boats, RV's, etc.)

A. Make _____ **Model** _____ **Year** _____

Name(s) on title _____ **Principal driver** _____

Purchase price _____ **Present value** _____

Balance due _____

Monthly payment _____ **Name of Lender** _____

Payments current? _____

B. Make _____ **Model** _____ **Year** _____

Name(s) on title _____ **Principal driver** _____

Purchase price _____ **Present value** _____

Balance due _____

Monthly payment _____ **Name of Lender** _____

Payments current? _____

C. Make _____ **Model** _____ **Year** _____

Name(s) on title _____ **Principal driver** _____

Purchase price _____ **Present value** _____

Balance due _____

Monthly payment _____ **Name of Lender** _____

Payments current? _____

D. Make _____ **Model** _____ **Year** _____

Name(s) on title _____ **Principal driver** _____

Purchase price _____ **Present value** _____

Balance due _____

Monthly payment _____ **Name of Lender** _____

Payments current? _____

E. Make _____ Model _____ Year _____
 Name(s) on title _____ Principal driver _____
 Purchase price _____ Present value _____
 Balance due _____
 Monthly payment _____ Name of Lender _____
 Payments current? _____

LIFE INSURANCE

Policy-Owner Company	Insured	Amount	Beneficiary	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK ACCOUNTS

A. Savings Accounts (Husband and/or Wife, include credit union and Money Market accounts.)

Institution	Type of Account	Account Number	Name(s) on Acct.	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Checking Accounts (Husband and/or Wife)

Institution	Type of Account	Account Number	Name(s) on Acct.	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Savings or Checking Accounts for Children

Institution	Type of Account	Account Number	Name(s) on Acct.	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATE OF DEPOSITS

Institution	Account Number	Name(s) on Acct.	Maturity Date	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECURITIES (Stocks, Bonds, Etc.)

Company	# of Shares	Name(s) on Certificate	Purchase date	Cost	Present Value	Date of Valuation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

INVESTMENT ACCOUNTS (Other than Retirement)

Note: Please include IRA accounts under Retirement.

Company	Account No.	Name(s) on Account	Present Value	Date of Valuation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**RETIREMENT ACCOUNTS (IRA'S, KEOUGH, 401(k), Pension, Profit Sharing,
Annuities, Deferred Compensation, etc.)**

Please describe and attach relevant documents or plan descriptions, if available.

HUSBAND

WIFE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACCOUNT/NOTES/RECEIVABLES (Does anyone owe money to you or your spouse?)

Debtor	Original Amount	Present Balance	How Paid	Due Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please identify any note or other written contract, agreement or writing pertaining to any of the above-referenced accounts or notes receivable.

PARTNERSHIP/JOINT VENTURES OR OTHER BUSINESS INTERESTS

Name	% of Ownership	Amount Invested	Description of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL/BUSINESS EQUIPMENT (Please describe for you and spouse.
State values if known.)

TAX REFUNDS DUE (Federal, State or City)

Describe, if applicable. Include amounts.

OTHER ASSETS

A. Household Goods and Furniture

Please describe any items of significant value or particular importance.

Please estimate the second-hand value of furniture in your possession and in your spouse's possession: _____

B. Other items of special value (jewelry, artwork, hobby assets, camera or video equipment, collections, etc.)

Please describe or attach an itemization and include values.

C. Safe Deposit Box

Name of Institution	Address	In What Names
---------------------	---------	---------------

Describe contents for each:

D. Any other assets.

Please describe.

TRANSFER OF ASSETS

List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
2.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
3.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	
4.			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	\$	

DEBTS/LIABILITIES

(Include every known debt incurred or owed by either spouse and any obligations that will arise in the near future except estate real property mortgages.)

Creditor	What Secured or for? Unsecured	Name(s) on Acct. H, W, JT	Present balance	Fixed Payment Monthly	Min. Monthly Payment	Delinquent Months

SEPARATE PROPERTY (Gifts/Inheritances/Property Owned Prior to Marriage)

Please Note: Some of the property you listed in this questionnaire may be considered as the separate property of you or your spouse. Separate property is generally not subject to division between the parties. Complete this section if:

- A. Either you or your spouse owned the asset prior to this marriage;**
- B. Either you or your spouse inherited the asset;**
- C. Either you or your spouse received the asset as a gift during this marriage; or**
- D. The asset was purchased in whole or in part with money that was gifted, inherited, or acquired prior to this marriage.**

(Limit response to items of significant value.)

	<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____

MONTHLY LIVING EXPENSES

Please note: The information you are asked to provide in this section will be used in connection with determination of appropriate amounts of child support and/or spousal support. If support is not an issue in your case, you do not need to complete this section.

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUTED FROM YOUR SALARY. Items deducted from your salary should be identified elsewhere in this questionnaire. (See page 4.)

To get the monthly amount, multiply the weekly amount by 4.3 or divide yearly total by 12.

Fill out only those items that apply. If estimated, so state.

ITEM OF EXPENSE	AVG. AMOUNT PER MONTH	BALANCE DUE
<u>MONTHLY HOUSING EXPENSES</u>		
If own or plan to buy home:		
First Mortgage payment.....	_____	_____
Second Mortgage payment.....	_____	_____
Home Insurance (if not included in mortgage payments).	_____	_____
Real Estate Taxes (if not included in mortgage payments).	_____	_____
Rent.....	_____	_____
Electricity.....	_____	_____
Gas, fuel oil, propane.....	_____	_____
Telephone.....	_____	_____
Water.....	_____	_____
Garbage & Trash.....	_____	_____
Cable.....	_____	_____
Cleaning, Maintenance, Repair...	_____	_____
Lawn service/snow removal	_____	_____
Other.....	_____	_____
	<u>Total Monthly:</u>	_____

OTHER MONTHLY LIVING EXPENSES

Food:

Groceries (food, paper, cleaning prod., toiletries). _____

Meals out (yours & children) _____

Automobile expenses: Car Payment(s) _____

Maintenance (oil, repair, license)..... _____

Gas _____

Parking/Public Transportation..... _____

Clothing (for self only)..... _____

Dry cleaning & laundry..... _____

Hair and nail care (for self only)..... _____

Other personal grooming..... _____

Cell phone..... _____

Internet..... _____

Other..... _____

Total Monthly: _____

INSURANCE PREMIUMS

Life..... _____

Auto..... _____

Health..... _____

Disability..... _____

Renters/personal property..... _____

Other..... _____

Total Monthly: _____

MONTHLY EDUCATION EXPENSES

Tuition (self)..... _____
Tuition (Children)..... _____
Books, fees, other..... _____
College loan repayment..... _____
Other..... _____
Total Monthly: _____

MONTHLY HEALTHCARE EXPENSES (NOT COVERED BY INSURANCE)

Physicians..... _____
Dentists..... _____
Optometrists/optician..... _____
Perscriptions..... _____
Other..... _____
Total Monthly: _____

MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/special needs children, not stepchildren:

..... _____
Child support for children not born of this marriage:
..... _____
Spousal support to former spouse..... _____
Subscriptions, books..... _____
Entertainment..... _____
Charitable contributions..... _____
Memberships (associations and clubs)..... _____
Travel, vacations..... _____
Pet expenses..... _____
Gifts..... _____
Bankruptcy payments..... _____
Attorney fees..... _____

Required deductions from wages (excluding taxes, Social Security, and Medicare)

Type: _____

Additional taxes paid (not deducted from wages) Type: _____

..... _____

Other..... _____

Total Monthly: _____

MONTHLY INSTALLMENT PAYMENTS

Do not repeat expenses already listed. Examples: car, credit card, etc.

To whom paid	Purpose	Monthly payment	Balance due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grand Total Monthly Expenses: _____

Loans (except car payment & home mortgage):

Lender _____

Lender _____

Lender _____

Charge accounts (include gasoline credit cards only if in arrears)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other outstanding debts (such as Attorney fees, miscellaneous bills not paid & other obligations)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Miscellaneous expenses (unexpected expenses, job related expenses, etc. not itemized on this list)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINGENT LIABILITIES

A contingent liability is one that is not presently fixed, but which will become so in case of the occurrence of some future event. By way of example, if you caused an accident and there was potential for you to be sued as a result, that liability would be a contingent liability, even though it has not yet been pursued. A common type of a contingent liability is liability based on you guaranteeing another person's obligation, such as signing a loan document as a guarantor.

Please provide any information known to you regarding any possible contingent liability(s).

Description	Creditor Name	Debt amount	Payment	Period	Balance H/W/JT
_____	_____	_____	_____	_____	_____

Date incurred: _____

Date incurred: _____

Date incurred: _____

TOTAL of all items: _____

BANKRUPTCY

<u>Filed by: Wife, Husband, Both</u>	<u>Date of Filing: Case Number</u>	<u>Date of Discharge or Relief from Stay</u>	<u>Type of Case (Ch. 7, 11, 12, 13)</u>	<u>Current Monthly Payments</u>
1. <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____
2. <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	_____	_____	_____	\$ _____

Other Matters

Is there anything else you can think of in the way of property, debt or other information not already provided on this form that may be relevant to your dissolution or divorce, or to your negotiations? If so, please describe.

In completing the information called for in this disclosure, was there any information that husband or wife dispute or see differently than is indicated in the form above? If so, please describe.

Do you or your spouse wish to return to your maiden name in connection with this matter? If so, please provide the party's full maiden name:

Would you prefer to hold your final hearing in this matter in one of the attorneys' offices, rather than at Court? _____

Kindly sign and date below:

Client

Date