

COURT OF COMMON PLEAS
 _____ COUNTY, OHIO

Plaintiff/Petitioner 1		Case No. _____	
v./and		Judge _____	
Respondent/Petitioner 2		Magistrate _____	

Instructions: Check local court rules to determine when this form must be filed. List ALL OF YOUR PROPERTY AND DEBTS, the property and debts of your spouse, and any joint property or debts. Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." If more space is needed, add additional pages.

STATEMENT OF PROPERTY

This statement is made by _____
 (Print Your Name)

I. REAL ESTATE INTERESTS

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity (as of date)</u>
1. _____	\$ _____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
2. _____	\$ _____	<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Both	\$ _____	\$ _____
TOTAL SECTION I: REAL ESTATE INTERESTS				\$ _____

II. OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
A. Vehicles and Other Certificate of Title Property	(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> _____ Both	
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> _____ Both	
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> _____ Both	
		<input type="checkbox"/> _____ Your Name	\$ _____
<input type="checkbox"/> _____ Spouse's Name			
<input type="checkbox"/> _____ Both			
<input type="checkbox"/> _____ Your Name	\$ _____		
<input type="checkbox"/> _____ Spouse's Name			
<input type="checkbox"/> _____ Both			
<input type="checkbox"/> _____ Your Name	\$ _____		
<input type="checkbox"/> _____ Spouse's Name			
<input type="checkbox"/> _____ Both			
B. Financial Accounts	(Include checking, savings, CDs, POD accounts, money market accounts, etc.)	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> _____ Both	
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
		<input type="checkbox"/> _____ Both	
		<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	
<input type="checkbox"/> _____ Both			
<input type="checkbox"/> _____ Your Name	\$ _____		
<input type="checkbox"/> _____ Spouse's Name			
<input type="checkbox"/> _____ Both			
<input type="checkbox"/> _____ Your Name	\$ _____		
<input type="checkbox"/> _____ Spouse's Name			
<input type="checkbox"/> _____ Both			

<u>Category</u>	<u>Description</u> (List who has possession) (Include profit-sharing, IRAs, 401k plans, etc.; Describe each type of plan)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
3. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
4. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
3. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
4. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession) (Type of ownership and number)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company	1. _____	<input type="checkbox"/> _____ Your Name	\$ _____
		<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____
2. _____	_____	<input type="checkbox"/> _____ Spouse's Name	_____
		<input type="checkbox"/> Both	_____
		<input type="checkbox"/> _____ Your Name	\$ _____

F. Life Insurance Type (Term/Whole Life)		(Any cash value or loans)	(Insured party & value upon death)	
1.	_____	_____	<input type="checkbox"/> Your Name	\$ _____
			<input type="checkbox"/> Spouse's Name	
			<input type="checkbox"/> Both	
2.	_____	_____	<input type="checkbox"/> Your Name	\$ _____
			<input type="checkbox"/> Spouse's Name	
			<input type="checkbox"/> Both	
3.	_____	_____	<input type="checkbox"/> Your Name	\$ _____
			<input type="checkbox"/> Spouse's Name	
			<input type="checkbox"/> Both	
4.	_____	_____	<input type="checkbox"/> Your Name	\$ _____
			<input type="checkbox"/> Spouse's Name	
			<input type="checkbox"/> Both	

<u>Category</u>	<u>Description</u>	<u>Who Has Possession</u>	<u>Value/Date of Value</u>
G. Furniture & Appliances			
(Estimate value of those in your possession and value of those in your spouse's possession)			
1.	_____	_____	\$ _____
		<input type="checkbox"/> Your Name	
		<input type="checkbox"/> Spouse's Name	
		<input type="checkbox"/> Both	
2.	_____	_____	\$ _____
		<input type="checkbox"/> Your Name	
		<input type="checkbox"/> Spouse's Name	
		<input type="checkbox"/> Both	
3.	_____	_____	\$ _____
		<input type="checkbox"/> Your Name	
		<input type="checkbox"/> Spouse's Name	
		<input type="checkbox"/> Both	
4.	_____	_____	\$ _____
		<input type="checkbox"/> Your Name	
		<input type="checkbox"/> Spouse's Name	
		<input type="checkbox"/> Both	

H. Safe Deposit Box		(Give location and describe contents)	<u>Titled To</u>	
1.	_____	_____	<input type="checkbox"/> Your Name	\$ _____
			<input type="checkbox"/> Spouse's Name	
			<input type="checkbox"/> Both	
2.	_____	_____	<input type="checkbox"/> Your Name	\$ _____
			<input type="checkbox"/> Spouse's Name	
			<input type="checkbox"/> Both	

IV. DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know exact figures for any item, give your best estimate, and put "EST." If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.

<u>Type</u>	<u>Name of Creditor/Purpose of Debt</u>	<u>Account Name</u>	<u>Name(s) on Account</u>	<u>Total Debt Due</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
4.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
5.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$

B. Unsecured Debt, including credit cards					
1.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
2.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$
3.			<input type="checkbox"/> Your Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Joint	\$	\$

