

IN THE FAMILY COURT OF JEFFERSON COUNTY, MISSOURI

For File Stamp Only

Petitioner(s)

vs.

Respondent(s)

Date

Case Number

Division

STATEMENT OF PROPERTY

NAME

SOCIAL SECURITY NUMBER

I. PROPERTY (include all marital property and separate property of both parties and designate owner of separate property)	Present Value	Amount Owed	Marital or Separate Property*
A. Real Estate - List any and all interests held in real estate (include legal description and name of mortgagor). <div></div>			
B. Motor Vehicles (including all automobiles, boats, trailers, aircraft, recreational vehicles and campers, and give year, make, model, and serial number and name of mortgagor). <div></div>			
C. Bank Accounts - List all checking and savings accounts held either in your name alone or in your name and that of another person. Give the name of the institution, the names on the account and the account number. Be sure to include here all time deposit, etc. <div></div>			

*Indicate whether marital or separate property and if separate, also indicate whether received by gift, inheritance, owned before marriage or exchanged for such.

	Present Value	Amount Owed	Marital or Separate Property*
D. Household Goods - Include all appliances, furniture, silver, antiques, televisions, stereos, etc. Attach list of each item with value of at least \$100 showing present value, amount owed and whether marital or separate property. <hr/> <hr/> <hr/> <hr/> <hr/>			
E. Personal Goods – Include jewelry, furs, guns, cameras, coin and stamp collections, fishing and camping equipment, etc. Attach a list of each item with a value of at least \$100 showing present value, amount owed and whether marital or separate property. <hr/> <hr/> <hr/> <hr/> <hr/>			
F. Cash on Hand - 			
G. Securities - List all stocks, bonds, promissory notes, mortgages and all other such property in which you have an interest and give the names in which the securities are held and identification numbers, if any. <hr/> <hr/> <hr/> <hr/> <hr/>			
H. Life Insurance – List the kind of policy, name of issuing company, policy number, owner of policy, insured, beneficiaries, face value and cash surrender value, if any (include any policies furnished by your employer). <hr/> <hr/> <hr/> <hr/> <hr/>			
I. Retirement, Pension and/or Profit Plans - List number of plans in which you are enrolled or have interest, give names and address of plan administrators, present value of plan if known, and gross benefit payable at earliest retirement or maturity date. Is plan vested? If not, on what date will it vest? Please attach employee information concerning the plan if available. <hr/> <hr/> <hr/> <hr/> <hr/>			
J. Any Interest in any Trust – Give name of the trust, name and address of the trustee, name of settler, name of beneficiaries, nature of the interest you have in the trust and attach to this list a copy of the trust instrument. <hr/> <hr/> <hr/> <hr/> <hr/>			

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II. DEBTS

	Current Balance	Monthly Payments
A. List All Loans from Any Bank or Lending Institution to You. Show who signed the loan, the date of the loan, and give the name and address of the lender and the outstanding balance. _____ _____ _____	\$	\$
B. List All Credit Card Balances and Store Charges - Show the name on the credit card. _____ _____ _____	\$	\$
C. Other Indebtedness - Show to whom and purpose of loan. _____ _____ _____	\$	\$

STATE OF MISSOURI,
COUNTY OF JEFFERSON SS

Comes now, _____, being of lawful age and after being duly sworn, states that affiant has read the foregoing Statement of Property and the facts therein are true and correct according to the affiant's best knowledge and belief and that all property has been included.

Affiant

Subscribed and sworn to before me the undersigned Notary Public, on this _____ day of _____, 202_____.

My Commission Expires: _____

NOTARY PUBLIC

I hereby certify that I mailed a copy of this Statement of Property to _____, attorney for (Petitioner) (Respondent) by depositing a copy thereof in the United States Mail, postage prepaid, this _____ day of _____, 202_____.