

WHEN COMPLETE RETURN TO:

**Joel B. Jay
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DISSOLUTION CHECK LIST

Please forward the following documents, when applicable, to this office for inspection and compiling of information.

1. Federal and State Income Tax Returns for the last three (3) years.
2. Most recent pay stub for yourself and spouse. Gross and Net monthly income for both you and your spouse.
3. List of all outstanding debts and obligations with amounts owed, to whom owed, address of creditor, account number, contact person, payment due date, and names of Obligors. See Schedule I attached.
4. List of all personal, real and business property, fair market value and tax basis thereon, i.e., real estate, furniture, and furnishings, securities, bank accounts, automobiles, objects of art, interests in business ventures, tax shelters, etc. See Schedules II, III, and IV attached.
5. List of all monthly living expenses. See Schedule V attached.
6. Abstracts of Title or Title Insurance Policy to all real estate which you or your spouse own. Deeds, land contracts and/or leasehold interests.
7. Title and/or Registration, or a copy thereof to any motor vehicles, motor homes, travel trailers, etc.
8. Description of nature and coverage provided by existing insurance, i.e., life, health, accident, disability, auto, comprehensive, etc. See Schedule VI attached.
9. Financial statement or balance sheet of self or business, if available.
10. Pre-nuptial or Post-nuptial Agreement, Private Annuities.
11. Present Wills of husband and wife.
12. Trusts you or your spouse created or of which you or your spouse are a beneficiary (include documents creating a life estate or power of appointment.)
13. Business Agreements, i.e., Powers of Attorney, Partnership Agreement or Buy/Sell or Stock Transfer Restriction Agreements, Articles of Incorporation, By-Laws, Stock Transfer Sheets, etc.
14. Copies of all documents relating to Pension or Profit Sharing Plan, IRA or Deferred Compensation Plan or any other employee benefit plans.
15. Description of employee benefits for both parties.

SCHEDULE I

DEBTS AND LIABILITIES

NAME OF CREDITOR: _____

ADDRESS: _____

PHONE: (____) _____ DATE DEBT INCURRED: _____

PAYMENT AMOUNT AND PAYMENT DUE DATE _____

ACCOUNT NO.: _____ CONTACT PERSON _____

NAMES OF OBLIGORS: _____

BALANCE DUE \$ _____ AS OF: _____

REASON DEBT INCURRED _____

SECURED/UNSECURED: _____

NAME OF CREDITOR: _____

ADDRESS: _____

PHONE: (____) _____ DATE DEBT INCURRED: _____

PAYMENT AMOUNT AND PAYMENT DUE DATE _____

ACCOUNT NO.: _____ CONTACT PERSON _____

NAMES OF OBLIGORS: _____

BALANCE DUE \$ _____ AS OF: _____

REASON DEBT INCURRED _____

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PHONE: (____) _____ DATE DEBT INCURRED: _____

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ACCOUNT NO.: _____ CONTACT PERSON _____

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SECURED/UNSECURED: _____

NAME OF CREDITOR: _____

ADDRESS: _____

PHONE: (____) _____ DATE DEBT INCURRED: _____

PAYMENT AMOUNT AND PAYMENT DUE DATE _____

ACCOUNT NO.: _____ CONTACT PERSON _____

NAMES OF OBLIGORS: _____

BALANCE DUE \$ _____ AS OF: _____

REASON DEBT INCURRED _____

SECURED/UNSECURED: _____

SCHEDULE I

DEBTS AND LIABILITIES

NAME OF CREDITOR: _____

ADDRESS: _____

PHONE: (____) _____ DATE DEBT INCURRED: _____

PAYMENT AMOUNT AND PAYMENT DUE DATE _____

ACCOUNT NO.: _____ CONTACT PERSON _____

NAMES OF OBLIGORS: _____

BALANCE DUE \$ _____ AS OF: _____

REASON DEBT INCURRED _____

SECURED/UNSECURED: _____

NAME OF CREDITOR: _____

ADDRESS: _____

PHONE: (____) _____ DATE DEBT INCURRED: _____

PAYMENT AMOUNT AND PAYMENT DUE DATE _____

ACCOUNT NO.: _____ CONTACT PERSON _____

NAMES OF OBLIGORS: _____

BALANCE DUE \$ _____ AS OF: _____

REASON DEBT INCURRED _____

SECURED/UNSECURED: _____

SCHEDULE II

PERSONAL PROPERTY

Please indicate if the item was a gift, inheritance, family heirloom, bought prior to the marriage and, if so, who brought the item into the marriage. (Lack of any indication will result in the presumption that the item/property was purchased during the term of the marriage.) Please list the items you wish to retain first and the items your spouse wishes to retain second.

DESCRIPTION:	FMV
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____
20. _____	\$ _____
21. _____	\$ _____
22. _____	\$ _____
23. _____	\$ _____
24. _____	\$ _____
25. _____	\$ _____

SCHEDULE III

REAL PROPERTY

Please indicate if the real property was a gift, inheritance, bought prior to the marriage or acquired during the term of the marriage. Please indicate who is to retain the real property.

DESCRIPTION:	COST	FMV	TAX BASIS
1. _____ _____ _____	\$ _____	\$ _____	\$ _____
2. _____ _____ _____	\$ _____	\$ _____	\$ _____
3. _____ _____ _____	\$ _____	\$ _____	\$ _____
4. _____ _____ _____	\$ _____	\$ _____	\$ _____
5. _____ _____ _____	\$ _____	\$ _____	\$ _____
6. _____ _____ _____	\$ _____	\$ _____	\$ _____

SCHEDULE IV

BUSINESS PROPERTY

Please describe the business directly below, provide the cost of obtaining the business, give a fair market value and tax basis, and then list the property located in the business. Please advise whether the business was in operation prior to the marriage and, if so, who brought it into the marriage and who will retain the same.

DESCRIPTION:	FMV
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. _____	\$ _____
15. _____	\$ _____
16. _____	\$ _____
17. _____	\$ _____
18. _____	\$ _____
19. _____	\$ _____
20. _____	\$ _____

SCHEDULE V
MONTHLY LIVING EXPENSES

HOUSE PAYMENT/RENT:\$ _____

GAS: _____

ELECTRICITY: _____

FOOD: _____

TELEPHONE: _____

CABLE: _____

WATER/SEWER: _____

TRASH: _____

DAYCARE: _____

AUTOMOBILE PAYMENTS: _____

AUTOMOBILE GAS: _____

AUTOMOBILE INSURANCE: _____

HEALTH INSURANCE: _____

LIFE INSURANCE: _____

MEDICINE: _____

CLOTHING: _____

TAXES: _____

FICA: _____

UNION DUES: _____

MANDATORY RETIREMENT: _____

CHILD SUPPORT (PREVIOUS): _____

MISCELLANEOUS: _____

OTHER: _____

..... _____

PLAINTIFF'S MONTHLY EARNINGS: **GROSS** \$ _____ **NET** \$ _____

SOURCE: _____

DEFENDANT'S MONTHLY EARNINGS: **GROSS** \$ _____ **NET** \$ _____

SOURCE: _____

OTHER INCOME: _____

SCHEDULE VI

INSURANCE ANALYSIS FORM

HEALTH AND ACCIDENT INSURANCE

COMPANY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ PREMIUM: _____

PROVIDED BY EMPLOYER: YES NO

IF YES, NAME OF EMPLOYER: _____

AMOUNT OF COVERAGE: \$ _____

POLICY NO.: _____ CONTACT PERSON: _____

NAME(S) OF INSURED: _____

DISABILITY INSURANCE

COMPANY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ PREMIUM: _____

PROVIDED BY EMPLOYER: YES NO

IF YES, NAME OF EMPLOYER: _____

AMOUNT OF COVERAGE: \$ _____

POLICY NO.: _____ CONTACT PERSON: _____

NAME(S) OF INSURED: _____

LIFE INSURANCE

COMPANY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ PREMIUM: _____

PROVIDED BY EMPLOYER: YES NO

IF YES, NAME OF EMPLOYER: _____

AMOUNT OF COVERAGE: \$ _____

POLICY NO.: _____ CONTACT PERSON: _____

OWNER: _____ INSURED: _____

BENEFICIARY: _____

FACE VALUE: _____ CASH VALUE: _____

ISSUE DATE: _____ LOAN AGAINST POLICY: _____

LIFE INSURANCE

COMPANY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ PREMIUM: _____

PROVIDED BY EMPLOYER: YES NO

IF YES, NAME OF EMPLOYER: _____

AMOUNT OF COVERAGE: \$ _____

POLICY NO.: _____ CONTACT PERSON: _____

OWNER: _____ INSURED: _____

BENEFICIARY: _____

FACE VALUE: _____ CASH VALUE: _____

ISSUE DATE: _____ LOAN AGAINST POLICY: _____

AUTOMOBILE INSURANCE

COMPANY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ CONTACT PERSON: _____

PREMIUM: _____ AMOUNT OF COVERAGE: _____

POLICY NO.: _____ VEHICLE MAKE: _____

BODY TYPE: _____ YEAR _____ VIN NO.: _____

MOTOR NO.: _____ MODEL: _____ COLOR: _____

NAME(S) OF INSURED DRIVER(S): _____

COMPANY: _____

ADDRESS: _____

PHONE NO.: (_____) _____ CONTACT PERSON: _____

PREMIUM: _____ AMOUNT OF COVERAGE: _____

POLICY NO.: _____ VEHICLE MAKE: _____

BODY TYPE: _____ YEAR _____ VIN NO.: _____

MOTOR NO.: _____ MODEL: _____ COLOR: _____

NAME(S) OF INSURED DRIVER(S): _____
