

PROPERTY & DEBT WORKSHEET

Please return to:

TSN Law

Box 850, 217 First Street West

Nipawin, SK S0E 1E0

Phone: 306-862-3111

Fax: 306-862-2560

NOTES:

*We would ask that you please **provide copies of any supporting documents** in regard to the property listed herein (For example: mortgage statements, bank statements, credit card statements, appraisals, online comparisons, etc.)

Please note that any values you provide for property owned (not including bank statements, debts, etc.) should be listed at **fair market value**, NOT purchase or replacement value. (Fair market value is the amount that you would receive if you sold that item today)

Please also note that the date that the court uses for valuation of any real property, debts, etc. is the **date of Petition**. (Not the date of marriage or date of separation)

Real Estate

1. Family Home

Owner(s): _____

Type of Ownership: Sole / Joint / Half share interest (circle accordingly)

Street address of property: _____

Legal Description (see your tax notice): _____

Value: \$ _____

2. Other Property (*if applicable*)

Owner(s): _____

Type of Ownership: Sole / Joint / Half share interest (circle accordingly)

Street address of property: _____

Legal Description (see your tax notice): _____

Value: \$ _____

3. Other Property (*if applicable*)

Owner(s): _____

Type of Ownership: Sole / Joint / Half share interest (circle accordingly)

Street address of property: _____

Legal Description (see your tax notice): _____

Value: \$ _____

V. Other Property (jewelry, collections, electronics, tools, sport equipment, etc.)

<u>Description</u>	<u>Who currently has the item?</u>	<u>Fair Market Value</u>

VI. Bank Accounts

<u>Owner</u>	<u>Account Number</u>	<u>Institution</u>	<u>Value</u>

VII. Pensions and Retirement Savings Plans

<u>Owner</u>	<u>Category</u>	<u>Account Number</u>	<u>Institution</u>	<u>Value</u>

VIII. Life and Disability Insurance

1. Owner: _____

Company: _____

Policy Number: _____

Beneficiary: _____

Face Value: _____

2. Owner: _____

Company: _____

Policy Number: _____

Beneficiary: _____

Face Value: _____

IX. Business Interests

Owner: _____

Name of Firm or Company: _____

Interest: _____

Value: _____

X. Debts and Liabilities

1. Mortgage on the Family Home

Institution: _____

Account Number: _____

Amount owing: _____

Description (payment amount, interest, etc.) _____

2. Other (*Loans, credit cards, etc.*)

Owner: _____

Type: _____

Institution: _____

Account Number: _____

Amount owing: _____

Description (payment amount, interest, etc.) _____

3. Other (Loans, credit cards, etc.)

Owner: _____

Type: _____

Institution: _____

Account Number: _____

Amount owing: _____

Description (payment amount, interest, etc.) _____

4. Other (Loans, credit cards, etc.)

Owner: _____

Type: _____

Institution: _____

Account Number: _____

Amount owing: _____

Description (payment amount, interest, etc.) _____

NOTE: If any of the property or debts listed above were property owned by you or your spouse at the date of marriage (or date of spousal relationship, being two (2) years after you began living common-law) please advise.

XI. Property Disposed of Within the Past Two Years

1. Description of Property: _____

Details (Ex. Date of disposal, reason, value at time of disposal): _____

2. Description of Property: _____

Details (Ex. Date of disposal, reason, value at time of disposal): _____

3. Description of Property: _____

Details (Ex. Date of disposal, reason, value at time of disposal): _____

4. Description of Property: _____

Details (Ex. Date of disposal, reason, value at time of disposal): _____

NOTE:

If you require additional space in any of the above sections, please feel free to add additional pages