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DISSOLUTION WITHOUT MINOR CHILDREN

PERSONAL INFORMATION (Dissolution without children)

INFORMATION ABOUT CLIENT:

Full Name: _____
(first) (middle) (last)

Street: _____ City: _____ Zip Code: _____

County: _____ In or out of city limits _____

Mailing Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Other: _____ E-Mail: _____

Birth Date: _____ Age: ____ Birthplace: _____ Social Security # _____

Drivers' License # _____

INFORMATION ABOUT SPOUSE:

Spouse's Full Name _____

Spouse's Home Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ Other _____

County _____ In or out of city limits _____

Email address: _____

Mailing Address _____

Birth Date _____ Age _____ Birthplace _____

Social Security # _____

Driver's License # _____

Wife's Maiden Name: _____
(first) (middle) (last)

Last Name (surname) wife desires to use after divorce: _____

Is wife now pregnant? No __ Yes __ due date: _____

INFORMATION ABOUT MARRIAGE:

Date on which the marriage took place _____

Place of Marriage _____
(city) (county) (state)

Date of Separation _____

MILITARY SERVICE

ARE HUSBAND _____ AND/OR WIFE _____ in the military service? If so, please state:

1. Branch _____

2. Duty Station _____

PROPERTY AND DEBTS

PROPERTY:

REAL PROPERTY

FOR EACH PIECE OF PROPERTY, STATE ON A SEPARATE PAGE:

A. Location

Street Address: _____

City: _____ State: _____ Zip Code: _____

Legal description (Please attach a copy of a deed).

Parcel number: _____

Owned in name of: _____

Is there a mobile home on the property? _____ Yes _____ No. If there is, please provide the following:

Make: _____ Year: _____ Model: _____ Size: _____
Serial Number: _____ Revenue Tax Code Number: _____
Personal Property Parcel Number: _____

B. Acquisition

Date acquired: _____

How acquired (gift, inheritance, purchase): _____

Purchase price: _____

Cost of improvements: _____

Means of purchase (mortgage, deed of trust): _____

Terms of purchase agreement: _____

Source of down payment funds to purchase: _____

Down payment amount: _____

Date of instrument: _____

Name of lienholder: _____

Balance owing: _____

Fair market value: _____

Value of equity: _____

C. If Income Property

Accumulated depreciation _____

Annual taxes _____

Annual income _____

Annual depreciation _____

Annual costs _____

Annual net income _____

2. Have you ever hired an appraiser to evaluate any real property? Yes ___ No ___ If so, state for each:

Appraiser's name; _____

Appraiser's address; _____

Date of appraisal; _____

Appraised amount; _____

Location of property appraised. _____

Please attach a copy of any and all appraisals done on any real property listed above.

3. Are taxes current? Yes ___ No ___ Amount due _____

4. Proposal for Division:

Please provide copies of the legal description, real property tax statements and title insurance policy for each parcel of real property.

VEHICLES

<u>Description</u>	<u>Acquisition Date</u>	<u>Cost Basis</u>	<u>Fair Market Value</u>	<u>Debt</u>
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AUTOMOBILES:

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

RECREATIONAL
VEHICLES:
(boats, campers, etc.)

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

Proposal for division: **Circle the vehicle you want awarded to you.**

BANK ACCOUNTS

DEPOSITORIES

<u>Name & Address of Bank</u>	<u>Account No.</u>	<u>Savings/ checking</u>	<u>Current Balance</u>	<u>Ownership & w/Whom</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Certificates of Deposit/Savings Bonds, etc.

<u>Name & Address of Bank</u>	<u>Face Certificate No.</u>	<u>Current Amount</u>	<u>Value</u>	<u>Ownership & w/ Whom</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

Others: _____

Proposal for division: **Circle the accounts you want awarded to you.**

For each account listed above, please provide copies of the monthly statement that is closet to the date you and your spouse separated.

LIFE INSURANCE

<u>Company</u>	<u>PolicyNo.</u>	<u>Name of Ins.</u>	<u>Amt.</u>	<u>Type</u>
----------------	------------------	---------------------	-------------	-------------

1. _____

2. _____

3. _____

4. _____

5. _____

Annual Premium	Date Issued	Primary Beneficiary	Contingent Beneficiary	Cash Value / Loan?
1.				
2.				
3.				
4.				
5.				

HUSBAND'S TOTAL: _____

WIFE'S TOTAL: _____

PERSONAL PROPERTY

Description	Acquisition Date	Cost Basis	Garage sale Value	Debt	C/S
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JEWELRY: _____

COLLECTIONS/ANTIQUES: _____

LIVESTOCK/ANIMALS: _____

EQUIPMENT: _____

Description	Acquisition Date	Cost Basis	Garage sale Value	Debt	C/S
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FURNITURE/FURNISHINGS

APPLIANCES. ETC.:

OTHER:

NOTE: PLEASE SPECIFY USING THE SYMBOL "S" IF ANY OF THE ABOVE PROPERTY IS YOUR SEPARATE PROPERTY. "SEPARATE PROPERTY" IS THAT OWNED BY YOU PRIOR TO YOUR MARRIAGE OR ACQUIRED BY YOU BY INHERITANCE.

Proposal for division: **Circle the items you want awarded to you.**

STOCKS/BONDS

BOND AND TREASURY NOTES :

Company and Type	Ownership	Shares	Date Acquired	Bases per Share	Value	No. of Cur Mkt
------------------	-----------	--------	---------------	-----------------	-------	----------------

1. _____

2. _____

3 _____

4 _____

STOCKS:

Company	Date	Bases per	No. of
Mkt and Type	Ownership	Shares	Cur
	Acquired	Share	Value

1. _____

2. _____

3. _____

4. _____

5. _____

With respect to the corporate stock you have listed above, state:

Whether any of the stock is pledged or otherwise encumbered as security for any obligation or purposes, and, if so, briefly describe the transaction and identify the parties thereto.

b. The names and addresses of your broker(s).

Proposal for division: **Circle the stocks/bonds/certificates you want awarded to you.**

Please provide account statements for each of the stocks listed above.

PENSION/RETIREMENT

1. RETIREMENT BENEFITS THROUGH COMPANY OR EMPLOYER :

Company

Type of Plan

ALSO, STATE THE FOLLOWING:

A. Name of Program: _____

B. Name of participant: _____

C. General resume of terms: _____

D. Name & address of plan administrator of the fund: _____

E. Name & address contact person for fund or program: _____

F. Participant's date of hire: _____

G. Total amount of employer contributions to date: _____

H. Total amount of your contributions to date: _____

I. Present balance of your interest in the fund: _____

J. Date you are entitled to receive benefits upon early retirement and upon normal retirement: _____

K. Amount of benefits receivable per month on early retirement and upon normal retirement: _____

L. Amount of funds available to you and method of obtaining them without retirement: _____

2. PROFIT SHARING, 401K, TAX DEFERRED ANNUITIES, OR OTHER RIGHTS:

Are you entitled to any profit sharing rights? If so, provide the following:

a. Plan: _____

b. Amount: _____

c. Basis: _____

d. Name and address of plan administrator: _____

3. STOCK PURCHASE RIGHTS:

Regarding any stock purchase rights you may have, state:

a. Dates when rights may be exercised: _____

b. Maximum and minimum number of shares to be purchased: _____

c. Price per share or basis of computation of price: _____

Proposal for division: _____

BUSINESS OR PROFESSION

BUSINESS INTEREST

1. Do you own an interest in any partnership, sole proprietorship, joint venture, or corporation? Yes __
No __ If so, state:

a. Name of business interest; _____

b. Ownership interest; _____

c. Fair market value of your interest; _____

d. Whether business will be disposed of during your life-time; and

e. Whether you have a buy/sell redemption agreement.

2. If the business owns land, set forth:

a. Location and legal description (attach legal);

b. Present fair market value;

c. Name and address of legal owner;

d. Type of encumbrance, i.e., mortgage, deed of trust, or contract;

e. Amount of lien(s); and

f. Equity.

3. OTHER ASSETS/LIABILITIES:
(attach additional listings, if needed)

<u>Description</u>	<u>Value</u>	<u>Depreciation</u>	<u>Net</u>	<u>Value</u>
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Equipment: _____

Supplies: _____

Inventory: _____

Accounts Receivable: _____

Accounts Payable: _____

Other: _____

Proposal for division: _____

OTHER ASSETS

OTHER ASSETS

<u>Description</u>	<u>Encumbrance</u>	<u>Fair Market Value</u>	<u>Equity</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Proposal for division: **Circle the assets you want awarded to you.**

LIABILITIES/DEBTS

Please indicate what debts are owed at the present time:

<u>Creditors</u>	<u>Item</u>	<u>Unpaid Balance</u>	<u>Monthly Payments</u>	<u>Who to Pay</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Proposal for division: **Circle the debts you are willing to take.**

Please provide copies of the billings that are dated as close to the date of your separation for each of the liabilities/debts you listed above.

FINANCIAL INFORMATION OF PARTIES

Income of Client:

Are you presently employed? _____

What is your occupation? _____

Where do you work (name and address):

When did you start (month/year) _____

If you are not currently employed, when did you last work: _____

If you are not currently employed, why are you unemployed: _____

Support from other relationships: _____

Other miscellaneous income: _____

Income from other adults in your household: _____

Income of Spouse:

Is your spouse presently employed? _____

What is your spouse's occupation? _____

Where does your spouse work (name and address): _____

When did your spouse start (month/year) _____

If your spouse is not currently employed, when did your spouse last work: _____

If your spouse is not currently employed, why is your spouse
unemployed: _____

Support from other relationships: _____

Other miscellaneous income: _____

Income from other adults in your spouse's household: _____

Please provide paystubs for the last six (6) months as well as copies of your complete IRS 1040 tax return and schedules for the past two years along with the W-2 for those two years as well.

HEALTH INSURANCE

Do you or your spouse have health care insurance? _____

If yes, what types (medical, dental, vision): _____

ATTORNEY'S FEES

Are you seeking an award of attorney's fees from your spouse? Yes ___ No ___.

TEMPORARY ORDERS

MAINTENANCE OF SPOUSE

1. Are you seeking maintenance of spouse for yourself? Yes ___ No ___, If so, then please provide the following:

List all financial resources available to you (i.e. income from all sources, child support):

Education history: _____

Work History: _____

The standard of living established during the marriage; _____

The duration of the marriage; _____

Age: _____

Physical and emotional condition: _____

Financial obligations: _____

Your spouses financial circumstances: _____

RESTRAINING ORDERS

1. Are you seeking restraining orders? Yes ___ No ___. If so, please state what specific behavior you want restrained and why.

ADDITIONAL ISSUES THAT MAY ARISE IN TEMPORARY ORDER REQUESTS

These are matters that the court is asked to rule on during the pendency of the dissolution proceedings.

DEBT ALLOCATION

How should the current debts be allocated while the dissolution case is pending before the courts? Please list your allocation between you and your spouse.:

FAMILY RESIDENCE

Who should reside in the family residence during the pendency of the dissolution proceedings?

Please state why one party should remain and the other party be ordered by the court to vacate the family residence.

What date was the property purchased? _____

