

SECTION 1 CONTACT AND EMPLOYMENT INFORMATION

1(a) CLIENT INFORMATION			
Full Legal Name			
Other Names You May Go By			
Present Address			
Mailing Address (if different from above)			
Home Phone Number	Work Phone Number	Cell Phone Number	Fax Number
Email Address			
Date of Birth		Place of Birth	
Maiden Name		Surname Before Marriage (if different than Maiden Name)	
Matrimonial Status at Time of Marriage			
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
Has your spouse been resident in Alberta for at least 1 year?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Would you like us to keep any of your contact information confidential from your spouse?			
<input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain:			
Can we contact you and send information to the above phone numbers/addresses?			
<input type="checkbox"/> YES <input type="checkbox"/> NO If not, please explain why and provide alternate contact details:			

1(b) CLIENT EMPLOYMENT INFORMATION		
Occupation	Employer	Length of employment
Employer's Address		
Gross Annual Income	Gross Income From Last Income Tax Return (line 150)	
Occupation at Time of Marriage		

1(c) OTHER INCOME INFORMATION	
Please list all other sources of current income (i.e. secondary employment, rent, etc.)	
Source	Annual Gross Income
Source	Annual Gross Income
Source	Annual Gross Income

1(d) SPOUSE'S INFORMATION			
Full Legal Name			
Other Names Your Spouse Goes By			
Present Address			
Mailing Address (if different from above)			
Home Phone Number	Work Phone Number	Cell Phone Number	Fax Number
Email Address			
Date of Birth		Place of Birth	
Maiden Name		Surname Before Marriage (if Different than Maiden Name)	
Matrimonial Status at Time of Marriage			
<input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
Has your spouse been resident in Alberta for at least 1 year?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

1(d) SPOUSE'S EMPLOYMENT INFORMATION		
Occupation	Employer	Length of employment
Employer's Address		
Gross Annual Income	Gross Income from Last Income Tax Return (line 150)	
Occupation at Time of Marriage		

1(c) SPOUSE'S OTHER INCOME INFORMATION	
Please list all other sources of current income (i.e. secondary employment, rent, etc.)	
Source	Annual Gross Income
Source	Annual Gross Income
Source	Annual Gross Income

SECTION 2**RELATIONSHIP HISTORY**

MARITAL/RELATIONSHIP HISTORY	
Date of Marriage	Place of Marriage
Date of Cohabitation	Date of Separation**
**The Date of Separation is the date you and your spouse officially decided to separate – this does not necessarily mean separated residences.	
Is the Date of Separation within the last 18 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, this will have to be discussed with one of our lawyers.	
Have you and your spouse executed a Cohabitation or Pre-Marriage contract? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you commenced divorce proceedings against your spouse in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide any and all: Agreements and/or Pleadings and/or Court Orders associated with your proceedings, along with any pertinent/applicable documentation from any Court proceedings or previous legal counsel.	
Are there any Court dates pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what is the date? _____ Which Court is the date set? <input type="checkbox"/> Court of Queen's Bench <input type="checkbox"/> Provincial Family Court	
Is your spouse represented by a lawyer? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, what is the name of your spouse's lawyer? _____	
Do you have any desire to reconcile with your spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you aware that Marriage Counselling Guidance Facilities and Mediation Services are available to you? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you like information regarding mediation and counselling? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If efforts have been made to reconcile with your spouse, what efforts were made and when were these efforts made? 	
If you are filing for divorce we will require the following documents from you: 1. Your original government-issued Marriage Certificate. If you do not have a copy of this certificate, you may attend at any registry agent in person to obtain a copy. If your marriage took place outside of Canada, you may provide the Certificate of Marriage issued to you by the Church or Civil Office that performed your marriage ceremony. 2. A current picture of your spouse (this is a requirement for service of documents).	
I have attached the following documents: <input type="checkbox"/> Government Issued Marriage Certificate <input type="checkbox"/> Marriage Certificate issued by the Church or Civil Office that performed my out-of-country ceremony <input type="checkbox"/> Current picture of my spouse	

SECTION 3

CHILDREN

3(a) CHILDREN	
Full Legal Name	Date of Birth
Full Legal Name	Date of Birth
Full Legal Name	Date of Birth
Full Legal Name	Date of Birth
Full Legal Name	Date of Birth

At this time, who has full time care of the children?

- I have full-time care of the children
- Both my spouse and myself (shared)
- My Spouse has full time care of the children
- Other _____

What sort of shared parenting arrangement or schedule would you like to have with your spouse?

Do any of your children have special needs?
 NO YES If yes, please explain:

3(b) CHILDREN – Childcare Expenses				
Below, please list all children currently attending daycare /babysitting/childcare facilities, along with the cost to you associated with the childcare. Please indicate whether this cost is yearly, monthly, weekly or per visit and whether or not this amount is subsidized. Please be prepared to provide receipts evidencing the cost should they be requested.				
Name of Child Attending Childcare	Frequency	Cost	Per	Subsidized? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Child Attending Childcare	Frequency	Cost	Per	Subsidized? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Child Attending Childcare	Frequency	Cost	Per	Subsidized? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Child Attending Childcare	Frequency	Cost	Per	Subsidized? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Child Attending Childcare	Frequency	Cost	Per	Subsidized? <input type="checkbox"/> YES <input type="checkbox"/> NO

3(c) CHILDREN – Medical and/or Dental Expenses

Are you currently paying for medical and/or dental insurance (including Alberta Health Care)?

YES NO

If you answered “yes” to the last question, please provide details below. Please be prepared to provide receipts evidencing the cost should they be requested.

Insurance

Medical / Dental Amount: _____ Per _____
 Other _____ Amount: _____ Per _____

Do any of your children have medical and dental expenses that exceed your insurance coverage?

YES NO

If you answered “yes” to the last question, please provide the costs that exceed your insurance coverage. Please be prepared to provide receipts evidencing the cost should they be requested.

Name of Child	Cost:	Per:	For:
Name of Child	Cost:	Per:	For:
Name of Child	Cost:	Per:	For:
Name of Child	Cost:	Per:	For:
Name of Child	Cost:	Per:	For:

3(d) CHILDREN –Education Expenses

Do any of your children have extra-ordinary school or educational costs (not including regular school fees)? If so, please provide details below. Please be prepared to provide receipts for these costs if requested.

Name of Child	Expense	Cost	Per
Name of Child	Expense	Cost	Per
Name of Child	Expense	Cost	Per
Name of Child	Expense	Cost	Per
Name of Child	Expense	Cost	Per

Are any of your children currently attending post-secondary schooling? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered "yes" to the last question, please provide details below.			
Name of Child	Institution	Tuition/Books/Fees	Per
Name of Child	Institution	Tuition/Books/Fees	Per
Name of Child	Institution	Tuition/Books/Fees	Per
Name of Child	Institution	Tuition/Books/Fees	Per
Name of Child	Institution	Tuition/Books/Fees	Per

3(e) CHILDREN – Extra-Curricular Activities			
Do any of your children attend, or are involved in, extra-curricular activities such as sports teams or lessons? If so, please provide details below. Please be prepared to provide receipts for these costs if requested.			
Name of Child	Activity	Cost	Per
Name of Child	Activity	Cost	Per
Name of Child	Activity	Cost	Per
Name of Child	Activity	Cost	Per
Name of Child	Activity	Cost	Per

SECTION 4**SPOUSAL SUPPORT**

4 SPOUSAL SUPPORT		
Would you like to make an application for spousal support? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Were you employed prior to marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Occupation	Approx. Annual Income
If you have children, did you take time off work after your children were born? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how long
If you answered yes to the previous question, please indicate whether this was standard maternity leave or special circumstances. <input type="checkbox"/> Standard Maternity Leave <input type="checkbox"/> Special circumstances		
If there were special circumstances surrounding your time off work after your children were born, please explain:		
Have you been a stay-at-home homemaker for any length of time? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how long?
What is your educational background? <ul style="list-style-type: none"> <input type="checkbox"/> HIGH SCHOOL DIPLOMA Institution and Year Graduated: _____ <li style="padding-left: 20px;">-or- <input type="checkbox"/> LAST GRADE COMPLETED _____ <input type="checkbox"/> POST SECONDARY Institution and Highest Degree Obtained: _____ <input type="checkbox"/> Other Courses/Training 		

SECTION 5

MATRIMONIAL PROPERTY

We require an accurate list of all of your assets and liabilities. Please make your best efforts to fill in all of the information below. If you require information from 3rd parties (i.e.: your bank, financial institutions, pension administrator) please make a note that you are in the process of obtaining the information requested. If you do not have information respecting your spouses' assets and/or liabilities please make note of this. We will be able to request this information from your spouse.

Do you have a Will, Enduring Power of Attorney and Personal Directive?

- YES
- NO

If you answered "No" to the above question, our office can provide you with information and services with respect to preparing a Will to best protect your assets and Estate for the future.

5(a) PROPERTY		
Please list the details of any and all property(ies) that is/are owned by you and/or your spouse.		
1 – Property Address		Held Prior to Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Purchase Date	Name(s) on Title	
Purchase Price	Current Amount Owing on Mortgage	Approximate Market Value
2 – Property Address		Held Prior to Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Purchase Date	Name(s) on Title	
Purchase Price	Current Amount Owing on Mortgage	Approximate Market Value
3 – Property Address		Held Prior to Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Purchase Date	Name(s) on Title	
Purchase Price	Current Amount Owing on Mortgage	Approximate Market Value
4 - Property Address		Held Prior to Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Purchase Date	Name(s) on Title	
Purchase Price	Current Amount Owing on Mortgage	Approximate Market Value

5(b) Vehicles

Please list below the details of any vehicle(s) that is/are owned by you and/or your spouse. Please include all vehicles, including motorcycles and recreation vehicles.

1 – Vehicle Year/Make/Model	Purchase Date	Is this vehicle leased? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name on Title	Primary Operator	Purchase Price
Amount Owing on Vehicle Loan	Monthly Loan/Lease Payment	Approximate Resale Value

2 – Vehicle Year/Make/Model	Purchase Date	Is this vehicle leased? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name on Title	Primary Operator	Purchase Price
Amount Owing on Vehicle Loan	Monthly Loan/Lease Payment	Approximate Resale Value

3 – Vehicle Year/Make/Model	Purchase Date	Is this vehicle leased? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name on Title	Primary Operator	Purchase Price
Amount Owing on Vehicle Loan	Monthly Loan/Lease Payment	Approximate Resale Value

4 – Vehicle Year/Make/Model	Purchase Date	Is this vehicle leased? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name on Title	Primary Operator	Purchase Price
Amount Owing on Vehicle Loan	Monthly Loan/Lease Payment	Approximate Resale Value

5 – Vehicle Year/Make/Model	Purchase Date	Is this vehicle leased? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name on Title	Primary Operator	Purchase Price
Amount Owing on Vehicle Loan	Monthly Loan/Lease Payment	Approximate Resale Value

6 – Vehicle Year/Make/Model	Purchase Date	Is this vehicle leased? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name on Title	Primary Operator	Purchase Price
Amount Owing on Vehicle Loan	Monthly Loan/Lease Payment	Approximate Resale Value

5(c) REGISTERED RETIREMENT SAVINGS PLANS

Please list below the details of any RRSP'S held by you and/or your spouse.

1 – Institution	Account Number	Inception Date
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this RRSP prior to your date of cohabitation and/or marriage, please provide the value of the RRSP as at the date of cohabitation and/or marriage.		

2 – Institution	Account Number	Inception Date
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this RRSP prior to your date of cohabitation and/or marriage, please provide the value of the RRSP as at the date of cohabitation and/or marriage.		

3 – Institution	Account Number	Inception Date
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this RRSP prior to your date of cohabitation and/or marriage, please provide the value of the RRSP as at the date of cohabitation and/or marriage.		

4 – Institution	Account Number	Inception Date
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this RRSP prior to your date of cohabitation and/or marriage, please provide the value of the RRSP as at the date of cohabitation and/or marriage.		

5 – Institution	Account Number	Inception Date
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this RRSP prior to your date of cohabitation and/or marriage, please provide the value of the RRSP as at the date of cohabitation and/or marriage.		

5(d) NON-REGISTERED INVESTMENTS

Please list below the details of any and all investments:
Chequing and Savings Accounts, Term Deposits, GIC's, Stocks, Bonds, Mutual Funds, Insurance Policies, etc.

1 – Investment	Account Number	Date Acquired
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this Investment prior to your date of cohabitation and/or marriage, please provide the value of the Investment as at the date of cohabitation and/or marriage.		

2 – Investment	Account Number	Date Acquired
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this Investment prior to your date of cohabitation and/or marriage, please provide the value of the Investment as at the date of cohabitation and/or marriage.		

3 – Investment	Account Number	Date Acquired
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this Investment prior to your date of cohabitation and/or marriage, please provide the value of the Investment as at the date of cohabitation and/or marriage.		

4 – Investment	Account Number	Date Acquired
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this Investment prior to your date of cohabitation and/or marriage, please provide the value of the Investment as at the date of cohabitation and/or marriage.		

5 – Investment	Account Number	Date Acquired
Current Value	Value as at Separation (if different than current)	
If you or your spouse held this Investment prior to your date of cohabitation and/or marriage, please provide the value of the Investment as at the date of cohabitation and/or marriage.		

5(e) PENSION PLANS

Do you or your spouse have a pension plan other than Canada Pension Plan (CPP)?

- YES
- NO

If you answered "yes" to the last question, please provide details below.

Name of Plan Holder	Employer / Plan Provider
Inception Date	Years of Contribution

Name of Plan Holder	Employer / Plan Provider
Inception Date	Years of Contribution

Name of Plan Holder	Employer / Plan Provider
Inception Date	Years of Contribution

5(f) CORPORATE

Do you or your spouse have any interest, directly or indirectly, in any incorporated business, including partnerships and joint ventures?

- YES
- NO

If you answered "yes" to the last question, please provide details below.

Asset	Description
Date Acquired	Value

Asset	Description
Date Acquired	Value

Asset	Description
Date Acquired	Value

5(g) OTHER ASSETS

Please list any and all other assets:
i.e. Household items of extraordinary value, jewellery, livestock, farm equipment, collections, location of safety deposit boxes, etc.

Asset / Description		Name of Asset Holder
Date Acquired	Current Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

Asset / Description		Name of Asset Holder
Date Acquired	Value	Value as at Separation (if different)

SECTION 6**LIABILITIES****6(a) CREDIT CARDS**

Please list below the details of any and all credit card accounts for both yourself and your spouse, including department store credit cards.

1 – Name of Card Holder	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

2 – Name of Card Holder	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

3 – Name of Card Holder	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

4 – Name of Card Holder	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

5 – Name of Card Holder	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6(b) LOANS

Please list below the details of any and all loans with any financial institutions or personal loans held by you or your spouse.

1 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

2 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

3 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

4 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

5 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6(c) LINES OF CREDIT

Please list below the details of any and all lines of credit held by you or your spouse.

1 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at separation (if different than current)	
Monthly Payment	Date Acquired	

2 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

3 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

4 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

5 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6 – Name of Debtor	Credit Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6(d) MORTGAGES

Please list below the details of any and all Mortgages you or your spouse currently holds.

1 – Property Address	Mortgage Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

2 – Property Address	Mortgage Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

3 – Property Address	Mortgage Provider	Account Number
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6(e) OTHER LIABILITIES

Please list below the details of any and all liabilities not listed in one of the categories above.

1 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

2 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

3 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

4 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

5 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

6 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

7 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

8 – Debtor Name	Liability	Credit Provider
Current Balance	Balance as at Separation (if different than current)	
Monthly Payment	Date Acquired	

SECTION 7

PROPERTY EXEMPTIONS

The following section lists cases whereby certain property may be exempt from the division of Matrimonial Property. Please list any assets held under the appropriate category.

7(a) Property Acquired as a Gift from a Third Party (Not from your Spouse)		
1 – Property Owner	Description / Details	
Date Acquired	Value as at separation	Current Value
2 – Property Owner	Description / Details	
Date Acquired	Value as at separation	Current Value
3 – Property Owner	Description / Details	
Date Acquired	Value as at separation	Current Value
4 – Property Owner	Description / Details	
Date Acquired	Value as at separation	Current Value
5 – Property Owner	Description / Details	
Date Acquired	Value as at separation	Current Value
7(b) Property Acquired through Inheritance		
1 – Property Acquired by	Description / Details	
Date Acquired	Current Value	
2 – Property Acquired by	Description / Details	
Date Acquired	Current Value	
3 – Property Acquired by	Description / Details	
Date Acquired	Current Value	

7(c) Property Owned Prior to Marriage (including RRSP's and Savings)		
1 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value
2 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value
3 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value
4 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value
5 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value
6 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value
7 – Property Owner		Description / Details
Date Acquired	Value as at separation	Current Value

7(d) Awards or Settlement for Damages	
1 – Award or Settlement Amount	Date of Award or Settlement
Details / Description	

2 – Award or Settlement Amount	Date of Award or Settlement
Details / Description	

3 – Award or Settlement Amount	Date of Award or Settlement
Details / Description	

4 – Property Acquired	Date of Award or Settlement
Details / Description	

7(e) Proceeds of an Insurance Policy (not insurance in respect of property unless proceeds are for both you and your spouse)

1 – Property Acquired	Description / Details	
Date Acquired	Current Value	

2 – Property Acquired	Description / Details	
Date Acquired	Current Value	

3 – Property Acquired	Description / Details	
Date Acquired	Current Value	

4 – Property Acquired	Description / Details	
Date Acquired	Current Value	

7(f) Property that was exempt but item no longer exists. Please explain the exempt property and where the item has gone (i.e., sold, exchanged, spent, etc.)		
1 – Property Acquired by	Description / Details	
Date Acquired	Date Sold, Traded or Disposed of	
Description on of Sale, Trade or Disposition of Asset	Value	

2 – Property Acquired by	Description / Details	
Date Acquired	Date Sold, Traded or Disposed of	
Description on of Sale, Trade or Disposition of Asset	Value	

3 – Property Acquired by	Description / Details	
Date Acquired	Date Sold, Traded or Disposed of	
Description on of Sale, Trade or Disposition of Asset	Value	

4 – Property Acquired by	Description / Details	
Date Acquired	Date Sold, Traded or Disposed of	
Description on of Sale, Trade or Disposition of Asset	Value	

5 – Property Acquired by	Description / Details	
Date Acquired	Date Sold, Traded or Disposed of	
Description on of Sale, Trade or Disposition of Asset	Value	

6 – Property Acquired by	Description / Details	
Date Acquired	Date Sold, Traded or Disposed of	
Description on of Sale, Trade or Disposition of Asset	Value	