

**FIRST JUDICIAL DISTRICT COURT
STATE OF NEW MEXICO
COUNTY OF _____**

Case No.: _____

Petitioner,

-vs.-

Respondent.

**PETITIONER AND RESPONDENT'S
COMMUNITY PROPERTY AND LIABILITIES SCHEDULE**

ASSETS:		Value		
		Husband	Wife	Combined
1. Cash		\$ _____	\$ _____	\$ _____
2. Financial Institution accounts				
a. _____	Account# _____	\$ _____	\$ _____	\$ _____
b. _____	Account# _____	\$ _____	\$ _____	\$ _____
c. _____	Account# _____	\$ _____	\$ _____	\$ _____
d. _____	Account# _____	\$ _____	\$ _____	\$ _____
3. Stock, bonds, and mutual funds:				
a. _____	Sh. _____	\$ _____	\$ _____	\$ _____
b. _____	Sh. _____	\$ _____	\$ _____	\$ _____
c. _____	Sh. _____	\$ _____	\$ _____	\$ _____
4. Insurance policies:				
a. Company				

Face amount \$	_____			
Cash Value		\$ _____	\$ _____	\$ _____
Loan Balance \$	_____	\$ _____	\$ _____	\$ _____

b. Company

Face amount \$ _____			
Cash Value	\$ _____	\$ _____	\$ _____
Loan Balance \$ _____	\$ _____	\$ _____	\$ _____

5. Real estate:

a. _____	\$ _____		
Mortgage (\$/mo)	\$ _____		
REC (\$/mo)	\$ _____		
Cost of Sale (\$/%)	\$ _____	\$ _____	\$ _____

b. _____	\$ _____		
Mortgage (\$/mo)	\$ _____		
REC (\$/mo)	\$ _____		
Cost of Sale (\$/%)	\$ _____	\$ _____	\$ _____

6. Vehicles:

a. _____	\$ _____	\$ _____	\$ _____
Lien (\$/mo)	\$ _____	\$ _____	\$ _____

b. _____	\$ _____	\$ _____	\$ _____
Lien (\$/mo)	\$ _____	\$ _____	\$ _____

7. Business Assets	\$ _____	\$ _____
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9. Household furniture and goods	\$ _____	\$ _____
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10. Tax Refunds	\$ _____	\$ _____
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11. IRA/Keogh/Annuity	\$ _____	\$ _____
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12. Retirement	\$ _____	\$ _____
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13. Retirement	\$ _____	\$ _____
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14. Other total assets:	\$ _____	\$ _____
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Total Assets	\$ _____	\$ _____	\$ _____
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LIABILITIES	(Mo/Pmt)	Value:	Husband	Wife
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Tax Liability	\$ _____	\$ _____	\$ _____	\$ _____
Total Liability	\$ _____	\$ _____	\$ _____	\$ _____
ESTIMATED NET ASSETS		\$ _____	\$ _____	\$ _____
Equalization of assets:		\$ _____	\$ _____	\$ _____
EQUAL ASSETS:		\$ _____	\$ _____	\$ _____

I have read the foregoing and the amounts are true and correct. I understand that if I make a material misstatement of fact, I may be prosecuted and punished for perjury.

Signature of Party

Print Name

Print Address

Print City/State/Zip

Telephone No.

Sworn to before me this ____ day of _____, 200__. My Commission expires: _____ <div style="text-align: right;">_____ Notary Public</div>
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USE NOTES

**1. Include all checking, savings, money market and certificates of deposits.
[Approved, effective November 01, 2000 until November 01, 2001]**