
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,

vs.

_____,
Respondent.

Case No. _____

☐ PETITIONER'S ☐ RESPONDENT'S
INVENTORY OF PROPERTY AND DEBTS

I. PROPERTY

List all property acquired during your marriage in which you or your spouse claims to have a community interest. Value of the property is the current fair market value. If you need additional room, add a separate sheet of paper.

	Description	Date Acquired	Value	Proposed allocation [H or W]
	A. Financial Institution Accounts: Cash and deposit accounts: Savings, Checking, Credit Union, Money Market, etc. Include financial institution's name, branch and last four numbers of account number			
1				
2				
3				

	Description	Date Acquired	Value	Proposed allocation [H or W]
4				
5				
	B. Investments: Stocks, bonds, Notes, Certificates of Deposit, Mortgages, Deeds of Trust, etc.			
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7				
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	C. Life Insurance: company name, owner, policy number, insured, face amount, and beneficiary			
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	D. Retirement Plans: IRA, SEP IRA, Pension Plan, Profit Sharing Share, 401(k), Deferred Compensation, etc.			
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17				
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	E. Real Property			
22				
23				
24				
25				
	F. Business Interest: corporations, Partnerships, Limited Liability Corporations, Joint Ventures, Proprietorships			
26				

	Description	Date Acquired	Value	Proposed allocation [H or W]
27				
28				
29				
	G. Vehicles: Cars, Motorcycles, Motor Homes, Boats, Trailers, ATVs, Snowmobiles, etc. Include make, model, year, and miles			
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	H. Personal Property over \$100 in Value: Household goods, personal effects, antiques, etc.			
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	Description	Date Acquired	Value	Proposed allocation [H or W]
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I. Miscellaneous Assets				
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II. DEBTS

List all debts and installment payments you current owe. Follow the form below. Use additional paper if necessary.

	Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of last Payment	Proposed allocation [H or W]
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I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature