

4A-131. [Petitioner] [and] [respondent]'s community property and liabilities schedule.

[For use with Rule 1-123 NMRA in the District Court]

STATE OF NEW MEXICO

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____, Petitioner,

v.

No. _____

_____, Respondent.

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

Neither party is required to submit a proposed distribution. Any stipulation regarding value or distribution should be indicated by an asterisk.

ASSETS

		Value		
		Husband	Wife	Combined
1.	Cash	\$ _____	\$ _____	\$ _____
2.	Financial institution accounts: ¹			
	a. _____ Account # _____	\$ _____	\$ _____	\$ _____
	b. _____ Account # _____	\$ _____	\$ _____	\$ _____
	c. _____ Account # _____	\$ _____	\$ _____	\$ _____
	d. _____ Account # _____	\$ _____	\$ _____	\$ _____
3.	Stocks, 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		\$_____	\$_____	\$_____
8. Household furniture and goods		\$_____	\$_____	\$_____
9. Tax refunds		\$_____	\$_____	\$_____
10. IRA/Keogh/Annuity		\$_____	\$_____	\$_____
11. Retirement	\$_____	\$_____	\$_____	
12. Retirement	\$_____	\$_____	\$_____	
13. Other total assets		\$_____	\$_____	\$_____
Total assets		\$_____	\$_____	\$_____

LIABILITIES	(Mo/Pmt)	Value:	Husband:	Wife:
1. _____	\$ (_____)	\$_____	\$_____	\$_____
2. _____	\$ (_____)	\$_____	\$_____	\$_____

3.	_____	\$(_____)	\$_____	\$_____	\$_____
4.	_____	\$(_____)	\$_____	\$_____	\$_____
5.	Tax Liability	\$(_____)	\$_____	\$_____	\$_____
Total liabilities:		\$(_____)	\$_____	\$_____	\$_____

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

Name (*print*)

Address (*print*)

City, state and zip code (*print*)

Telephone number

NOTARY PUBLIC

Signed and sworn to before me this ____ day of _____, _____.

My commission expires: _____.

USE NOTE

1. Include all checking, savings and money market accounts and certificates of deposit.

[Approved, effective November 1, 2000 until November 1, 2001; approved, effective November 1, 2001.]