

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
MEDINA COUNTY, OHIO**

Plaintiff)	CASE NO.
)	
vs.)	JUDGE MARY KOVACK
)	
Defendant)	

NOTE: This document should *not* be filed with the Clerk of Courts, but should be submitted to the Court's confidential file, and accompanied by a Notice of Submission (Form 1.10B). Do not leave any category blank. For each item, if none, put "NONE." If you do not know exact figures for any item, give your best estimate, and put "EST." **If more space is needed, add additional pages.**

AFFIDAVIT OF PROPERTY

Affidavit of _____
(Print Your Name)

Date of marriage _____ Date of separation _____

SECTION I – REAL ESTATE INTERESTS

<u>Address</u>	<u>Present Fair Market Value</u>	<u>Titled To</u>	<u>Mortgage Balance</u>	<u>Equity/ Date of Equity</u>
1. _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____	\$ _____
2. _____	\$ _____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____	\$ _____

TOTAL SECTION I: REAL ESTATE INTERESTS \$ _____

SECTION II – OTHER ASSETS

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
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A. Vehicles and Other Certificate of Title Property

(Include model and year of automobiles, trucks, motorcycles, boats, motors, motor homes, etc.)

1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____
3.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____
4.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____

B. Financial Accounts

(Include checking, savings, CDs, POD accounts, money market accounts, etc.)

1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____
3.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____
4.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> Other	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
C. Pensions & Retirement plans	Include profit-sharing, IRAs, 401k plans, etc. (Describe each type of plan)		
1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____
3.		<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____
4.		<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____

D. Publicly Held Stocks, Bonds, Securities, & Mutual Funds

1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____
3.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____
4.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both	\$ _____

<u>Category</u>	<u>Description</u> (List who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
E. Closely Held Stocks & Other Business Interests and Name of Company	(Type of ownership and number)		

1.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____
2.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____

F. Life Insurance Type (Term/Whole Life)	Cash value or loans	Policy Owner	Death Benefit & Person Insured
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1.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____
2.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____
3.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____

G. Furniture & Appliances	Description & estimated value of those in your possession and those in your spouse's possession	<u>Who Has Possession</u>	<u>Value/Date of Value</u>
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1.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> _____	\$ _____
2.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> _____	\$ _____
3.	_____	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> _____	\$ _____

H. Safe Deposit Box	Give bank, location, and describe contents	<u>Titled To</u>	<u>Value</u>
1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse	\$ _____

I. Assets Transferred List the name and address of any person (other than creditors listed on your Affidavit) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> _____	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> _____	\$ _____
3.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> _____	\$ _____

<u>Category</u>	<u>Description</u> (Also list who has possession)	<u>Titled To</u>	<u>Value/Date of Value</u>
J. All Other Assets Not Listed Above	List any item you have not listed above that is considered an asset.		
1.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____
2.		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/> _____	\$ _____

TOTAL SECTION II: OTHER ASSETS \$ _____

SECTION III – SEPARATE PROPERTY CLAIMS: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

<u>Category</u> (Pre-marital Gift, Inheritance, etc., acquired after separation)	<u>Description</u>	<u>Why do you claim this as a separate property?</u>	<u>Present Fair Market Value</u>
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
TOTAL SECTION III: SEPARATE PROPERTY CLAIMS			\$ _____

SECTION IV – DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put “NONE.” If you don’t know exact figures for any item, give your best estimate, and put “EST.” **If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

<u>Type</u>	<u>Creditor</u>	<u>Account No.</u>	<u>Name(s) on Account</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
A. Secured Debt (Mortgages, Car, etc.)					
1.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____

B. Unsecured Debt, including credit cards					
1.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$ _____	\$ _____

TOTAL SECTION IV: DEBT \$ _____

SECTION V – BANKRUPTCY

Filed by	Date of Filing & Case Number	Date of Discharge or Relief from Stay	Type of Case (Ch. 7, 11, 12, 13)	Current Monthly Payments
1. <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	\$ _____
2. <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	_____	_____	_____	\$ _____
TOTAL SECTION V: BANKRUPTCY				\$ _____

OATH
(Do Not Sign Until Notary is Present)

I, (print name) _____ swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

Notary Public
My Commission Expires: _____