## thrivent

# Navigating <br> Divorce 



This resource is designed to give you a private place to collect your thoughts and important information about you and your priorities. You'll have all the information in one place, so you can access it easily. This document is for you only; it will not be collected by Thrivent. Keep the document in a safe place so it remains confidential.

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# The basics <br> <br> Your relationship 

 <br> <br> Your relationship}

## Personal data

Gather as much personal data as you can about you, your spouse and your children (if applicable). Write down:

Your name (and maiden name if applicable):

Spouse's name (and maiden name if applicable): $\qquad$

Home address: $\qquad$

Home phone number: $\qquad$

Your age and place of birth: $\qquad$

Spouse's age and place of birth: $\qquad$

Length of time you've lived in this state $\qquad$

Make sure you have your green card(s) and immigration papers, if applicable.

Social media and email accounts shared with spouse:

Children's names and dates of birth:

Children who have custodial arrangements; list their names and birthdates:

Your state of mental and physical health (e.g., I'm maintaining, I feel in control, I may turn to a professional for help):

## Facts about your marriage

When and where did you get married?

Did you sign a prenuptial agreement? $\quad \square$ Yes $\quad \square$ No
If yes, make sure you have a copy of the agreement.

Have either of you been married before? $\quad \square$ Yes $\square$ No

Details of your previous divorce(s) may be helpful to record in some way and keep for reference.

What are your grounds for divorce (if applicable)?

What is your date of separation?

Name and address of the attorney representing your spouse:

Was there any abuse in the marriage? $\quad \square$ Yes $\quad$ No

You should tell your attorney if you were a victim or perpetrator of abuse. Knowing about the abuse allows your attorney to acquire orders of protection for you and your children, if needed.

## Employment information

Your work address: $\qquad$

Your work phone number: $\qquad$
Spouse's work address: $\qquad$

Spouse's work phone number: $\qquad$

Your current employment and income:

Spouse's current employment and income:

Your education/degree training: $\qquad$
Spouse's education/degree training: $\qquad$
Your job history (companies and dates):

Your spouse's job history (companies and dates):

Your employee benefits (e.g., health plan, disability income insurance, child care benefits, transportation benefits, paid time off):

Your spouse's employee benefits:

Your retirement or pension plans:

Your spouse's retirement or pension plans:

## The basics

## Your priorities

Use this worksheet to help you identify your priorities before entering into negotiations and share this information with your attorney.

## Property division

My priorities are: My spouse's priorities are:

Finances (spousal support, division of assets and debts)
My priorities are:
My spouse's priorities are:

Children (spousal, custody, visitation)
My priorities are:
My spouse's priorities are:

Note: If you and your spouse do not agree on custody, write down why you feel your proposed custody arrangements are reasonable and in your children's best interest, and why your spouse's proposed custody arrangements may not be.

## The basics

## Your team

Assemble a team of trusted professionals to support you during the divorce process and beyond.

Accountant $\qquad$ Phone $\qquad$ Email $\qquad$

Attorney $\qquad$ Phone $\qquad$ Email $\qquad$

Career coach $\qquad$ Phone $\qquad$ Email $\qquad$

Child's teacher $\qquad$ Phone $\qquad$ Email $\qquad$

Faith leader $\qquad$ Phone $\qquad$ Email $\qquad$

Financial advisor $\qquad$ Phone $\qquad$ Email $\qquad$

Mentor $\qquad$ Phone $\qquad$ Email $\qquad$

Parenting consultant $\qquad$ Phone $\qquad$ Email $\qquad$

Realtor $\qquad$ Phone $\qquad$ Email $\qquad$

School counselor $\qquad$ Phone $\qquad$ Email $\qquad$

Therapist $\qquad$ Phone $\qquad$ Email $\qquad$

Other $\qquad$ Phone $\qquad$ Email $\qquad$

Other $\qquad$ Phone $\qquad$ Email $\qquad$

Other $\qquad$ Phone $\qquad$ Email $\qquad$

## Assets

## Household inventory

Make one copy of this page for every room in your home. Fill in the blanks as you decide who gets what. The inventory may be helpful during your formal property division and creates a list of what you'll need for your new home.

| Item | Description and Serial \# | Qty. | Purchased During Marriage | Approximate Value | Who will keep it? |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | $\square$ Yes $\square$ No |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square$ Yes $\square$ No |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square$ Yes $\square$ No |  | $\square$ | $\square$ | $\square$ |
|  |  |  | Yes $\square$ No |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \text { Yes } \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
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|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square$ Yes $\square$ No |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \mathrm{Yes} \quad \square \mathrm{No}$ |  | $\square$ | $\square$ | $\square$ |
|  |  |  | $\square \text { Yes } \square \text { No }$ |  | $\square$ | $\square$ | $\square$ |

## Assets

## Financial asset inventory

Use this list to record each asset you and your spouse own: financial accounts (including banks, investments and CDs); retirement accounts; real estate; businesses; vehicles; patents, copyrights, royalties; antiques, art and collections; cash-value life insurance; licenses and degrees (if applicable). Note in the Source of Payment column whether marital or nonmarital funds were used to purchase the item. If you are unsure, consult your attorney or tax professional.

| Asset Description | Date <br> aquired | Titleholder | Cost | Source of <br> Payment | Value as of <br> (date) |
| :--- | :--- | :--- | :--- | :--- | :--- |
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## Assets

## Insurance contracts

Try to locate all your pre-divorce insurance contracts and record information about each.
Before you do, though, print a couple blank copies of this page so you can also record new contracts and contact information.

## Life insurance

Insurance company: $\qquad$

Contract number: $\qquad$

Agent's contact information:

Type of insurance: $\qquad$

Expiration date: $\qquad$ Premium: $\qquad$

Owner: $\qquad$

Beneficiary: $\qquad$

Death benefit: $\qquad$

Loans: $\qquad$

Net cash value and as of date: $\qquad$

Health insurance (including accident and major medical)
Insurance company: $\qquad$
Contract number: $\qquad$
Agent's contact information:

Type of insurance: $\qquad$
Expiration date: $\qquad$ Premium: $\qquad$
Persons insured:

## Homeowners or renters insurance

Insurance company: $\qquad$

Contract number: $\qquad$

Agent's contact information

Type of insurance $\qquad$

Expiration date: $\qquad$ Premium: $\qquad$

Named insured: $\qquad$

Vehicle insurance (car, truck, motorcycle, boat, snowmobile, etc.)
Insurance company: $\qquad$

Contract number: $\qquad$

Agent's contact information:

Vehicles insured: $\qquad$

Expiration date: $\qquad$ Premium: $\qquad$

Named insured, owner or beneficiary $\qquad$

## Other insurance

Insurance company: $\qquad$

Contract number: $\qquad$

Agent's contact information:

Type of insurance: $\qquad$

Expiration date: $\qquad$ Premium: $\qquad$

Named insured: $\qquad$

## Expenses

Make two copies of the expenses chart. Label one "Pre-divorce" and the other "Post-divorce." Start by creating your pre-divorce scenario, then go to the post-divorce chart and carry over each expense with an increase or decrease in its value. For example, if you will need to hire someone to do tasks your spouse typically does, those expenses will be an increase. Food expenses, on the other hand, would decrease.

## Home

Monthly expenses
$\qquad$
Rent/mortgage
Homeowner/association fee
Home equity loan
Property taxes
Telephone
Cell phone
Internet
Security system
Cable/satellite
Electricity
Gas
Water/garbage
Landscape/lawn maintenance
Snow removal
Home repairs/maintenance
Home improvement/upgrades
Housecleaning
Miscellaneous household/pool
Other
Total home expenses $\qquad$

## Food

| Groceries |  | Monthly expenses |  |
| :--- | :--- | :--- | :--- |
| Dining out | Total food |  |  |

## Clothing

Clothing
Laundry/dry cleaning $\qquad$
Total clothing $\qquad$
$\qquad$

Entertainment/recreation
Entertainment (excludes dining out)
CDs/DVDs/streaming
$\qquad$

| Hobbies |  | $\square$ |
| :--- | :--- | :--- |
| Movies and theater | $\square$ | $\square$ |
| Vacations/travel | $\square$ | $\square$ |
| Classes/lessons | $\square$ |  |
| $\quad$ Total entertainment/recreation |  |  |

Medical (not covered by insurance-excludes children)
Physicians
Dentists/orthodontists
Eye doctors/glasses/contacts
Prescriptions $\qquad$

Insurance
Life $\qquad$
Health
Disability income
$\qquad$
$\qquad$

Long-term care
Home
Auto
Other (umbrella, boat, cottage, etc.)
$\qquad$

Total insurance

## Other

|  | Monthly Expenses | Annual Expenses |
| :---: | :---: | :---: |
| Postage |  |  |
| Gifts/holiday expenses |  |  |
| Medications/supplements |  |  |
| Toiletries |  |  |
| Salon/hair/nails |  |  |
| Pet care/vet |  |  |
| Books/newspapers/magazines |  |  |
| Donations |  |  |
| Membership/clubs |  |  |
| Miscellaneous |  |  |
| Total Other Expenses |  |  |

## Transportation

Auto payment
Fuel
Maintenance
$\qquad$

License
Public transportation
$\qquad$
$\qquad$
$\qquad$
$\qquad$
Total Transportation $\qquad$
$\qquad$

## Other payments

Credit cards
Quarterly taxes and additional tax payments
Spousal support payments
$\qquad$

Eldercare expenses
Professional fees (financial, tax, legal professionals)
Service fees (banks, investments, etc.)
Other

## Child-related expenses

|  | Monthly Expenses | Annual Expenses |
| :---: | :---: | :---: |
| Education/tuition |  |  |
| School lunches |  |  |
| Counselor |  |  |
| Sports/camps/lessons |  |  |
| Hobbies/clubs |  |  |
| Field trips/school activities |  |  |
| Toys/games |  |  |
| Clothing |  |  |
| Medical |  |  |
| Dental/orthodontics |  |  |
| Eye doctor/glasses/contacts |  |  |
| Prescriptions |  |  |
| Allowance |  |  |
| Haircuts |  |  |
| Transportation |  |  |
| Miscellaneous |  |  |
| Total child-related expenses not covered by insurance |  |  |
| Total expenses including children |  |  |

## Generosity <br> Generosity planner

Spreading generosity often adds meaning to our lives, especially during times of personal stress. Write down some ways you could help strengthen your community by helping people and organizations in need.

## Time

Volunteering at places and with people that bring you joy:

## Talents

Sharing your skills and talents with the world:

## Resources

Giving as an expression of your values and purpose:

Thrivent and its financial advisors do not provide legal, accounting or tax advice. Consult your attorney or tax professional.
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