| 0 | Ν | T | Δ | R | Γ |
|------------------------|----|---|---|-----|----------|
| $\mathbf{\mathcal{C}}$ | ıν | | ~ | 1 N | |

| | | | | | | Court File Number | | | | |
|--|--|--|--|--|------------------------------|-------------------------|--|--|--|--|
| | (Name of Cour | t) | | | L | | Comparison of | | | |
| at | Court office add | ress | | | Net Family Property Statemer | | | | | |
| Property Statements (Form with the court seven days to to agree on this document, it with the court before the must serve and file the doc | mpleted once both parties had 13B). This document can be pefore the settlement confere then you each must prepare settlement conference. If you cament seven days before the ment has been filed, the other than the conference. | ne completed jointly by ence. If you and the oth one, and serve it on the urequested the settlen e settlement conference | the parties and the party are in the party are in the party ment conferent ce, even if it is | nd filed not able and file ce, you s a joint | s form is being pre | | e Applicant e Respondent e Applicant and espondent jointly | | | |
| Applicant(s) | | | | | | | | | | |
| Full legal name & address for ser & fax numbers and e-mail addres | rvice — street & number, municipali ss (if any). | ity, postal code, telephone | | e & address — stree e-mail address (if an | et & number, municipa y). | ality, postal code, tel | ephone & fax | | | |
| | | | | | | | | | | |
| Respondent(s) | | | | | | | | | | |
| Full legal name & address for ser & fax numbers and e-mail addres | rvice — street & number, municipali ss (if any). | ty, postal code, telephone | | e & address — stree e-mail address (if an | et & number, municipa y). | ality, postal code, tel | ephone & fax | | | |
| | | | | | | | | | | |
| Valuation Date: | | | | S | tatement Date: _ | | | | | |
| 1. VALUE OF ASSET | S OWNED ON VALUATION | N DATE | | | | | | | | |
| NATURE & TYPE OF OWNERSHIP (State percentage interest | NATURE & ADDRESS OF OWNERSHIP | COMMENTS | Document Number | Applicant | 's Position | Responder | nt's Position | | | |
| where relevant) | 3. 0 | 33 | - Namber | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT | | | |

(A) TOTALS: Value of Land \$

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^{*} Please use the number that you used for the document in your Certificate of Financial Disclosure (Form 13A)

(b) GENERAL HOUSEHOLD ITEMS AND VEHICLES

| ITEM | DESCRIPTION | COMMENTS | Document Number | Applicant | 's Position | Respondent's Position | |
|---|-------------|----------|--------------------|-----------|-------------|-----------------------|------------|
| | | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| Household goods & furniture | | | | \$ | \$ | \$ | \$ |
| Cars, boats, vehicles | | | | \$ | \$ | \$ | \$ |
| Jewellery, art, electronics, tools, sports & hobby, equipment | | | | \$ | \$ | \$ | \$ |
| Other special items | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| (B) TOTALS: Value of General Household Items and Vehicles | | | \$ | \$ | \$ | \$ | |

(c) BANK ACCOUNTS AND SAVINGS, SECURITIES AND PENSIONS

| CATEGORY (Savings, Checking, GIC, RRSP, Pensions, etc.) | INSTITUTION | ACCOUNT COMMENTS NUMBER | Document Number | Applicant's Position | | Respondent's Position | | |
|---|-------------|-------------------------|--------------------|----------------------|-----------|-----------------------|-----------|------------|
| RRSP, Pensions, etc.) | | | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| | | | | | \$ | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ | \$ |
| (C) TOTALS: Value of Accounts and Savings | | | \$ | \$ | \$ | \$ | | |

(d) LIFE AND DISABILITY INSURANCE

| COMPANY TYPE & | OWNER | ER BENEFICIARY FACE AMOUNT COM | | COMMENTS | Document Number | Applicant's Position | | Respondent's Position | |
|--|-------|--------------------------------|----|----------|--------------------|----------------------|-----------|-----------------------|----|
| POLICY NO. | | | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT | |
| | | | \$ | | | \$ | \$ | \$ | \$ |
| | | | \$ | | | \$ | \$ | \$ | \$ |
| | | | \$ | | | \$ | \$ | \$ | \$ |
| (D) TOTALS: Cash Surrender Value of Insurance Policies | | | | \$ | \$ | \$ | \$ | | |

(e) BUSINESS INTERESTS

| NAME OF FIRM OR COMPANY | INTERESTS | | Document Number | Applicant's Position | | Respondent's Position | |
|---|-----------|--|--------------------|----------------------|------------|-----------------------|------------|
| | | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| (E) TOTALS: Value of Business Interests | | | | \$ | \$ | \$ | \$ |

(f) MONEY OWED TO YOU

| DETAILS | COMMENTS | Document Number | Applicant's Position | | Respondent's Position | |
|-------------------------------|----------|--------------------|----------------------|------------|-----------------------|------------|
| | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| (F) TOTALS: Money Owed to You | | | \$ | \$ | \$ | \$ |

(g) OTHER PROPERTY

| CATEGORY | DETAILS | COMMENTS | Document Number | Applicant's Position | | Respondent's Position | |
|----------|---|---------------------------|--------------------|----------------------|------------|-----------------------|------------|
| | | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| | (G | i) TOTALS: Value of Other | Property | \$ | \$ | \$ | \$ |
| VALUE C | VALUE OF PROPERTY OWNED ON THE VALUATION DATE (TOTAL 1) | | | \$ | \$ | \$ | \$ |

2. VALUE OF DEBTS AND OTHER LIABILITIES ON VALUATION DATE

DEBTS AND OTHER LIABILITIES

| CATEGORY | DETAILS | COMMENTS | Document Number | Applicant's Position | | Respondent's Position | |
|---|---------|----------|--------------------|----------------------|------------|-----------------------|------------|
| | | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| | | | | \$ | \$ | \$ | \$ |
| TOTALS: Value of Debts and Other Liabilities, (TOTAL 2) | | | \$ | \$ | \$ | \$ | |

3. NET VALUE OF PROPERTY (Other than a Matrimonial Home) AND DEBTS ON DATE OF MARRIAGE

PROPERTY, DEBTS AND OTHER LIABILITIES ON DATE OF MARRIAGE

| CATEGORY AND DETAILS | COMMENTS | Document Number | Applicant's Position | | Respondent's Position | |
|--|-------------------|--------------------|----------------------|------------|-----------------------|------------|
| | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| Assets | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | TOTAL OF PROPERTY | Y ITEMS | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| TOTAL OF DEBTS ITEMS | | | \$ | \$ | \$ | \$ |
| NET VALUE OF PROPERTY OWNED ON DATE OF MARRIAGE (NET TOTAL 3 | | | \$ | \$ | \$ | \$ |

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4. VALUE OF PROPERTY EXCLUDED UNDER SUBS. 4(2) OF "FAMILY LAW ACT"

| ITEM | COMMENIC | cument umber | Applicant | 's Position | Responder | t's Position |
|----------------------------|---------------------------------------|-----------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| | | | APPLICANT | RESPONDENT | APPLICANT | RESPONDENT |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| то | TALS: Value of Excluded Property (TOT | AL 4) | \$ | \$ | \$ | \$ |
| | TOTAL 2: Debts and Other Liab | ilities | \$ | \$ | \$ | \$ |
| TOTAL 3: Value | of Property Owned on the Date of Mar | riage | \$ | \$ | \$ | \$ |
| | TOTAL 4: Value of Excluded Pro | perty | \$ | \$ | \$ | \$ |
| TC | OTAL 5: (TOTAL 2 + TOTAL 3 + TOTA | AL 4) | \$ | \$ | \$ | \$ |
| TOTAL 1: \ | Value of Property Owned on Valuation | Date | \$ | \$ | \$ | \$ |
| | TOTAL 5: (from a | above) | \$ | \$ | \$ | \$ |
| TOTAL 6: NET FAMILY PROPER | RTY (Subtract: TOTAL 1 minus TOTA | AL 5) | \$ | \$ | \$ | \$ |
| | | | Applicant's | Position | Respondent | 's Position |
| EQUALIZATION PAYMENTS | | | Applicant Pays To Respondent | Respondent Pays To Applicant | Applicant Pays To Respondent | Respondent Pays To Applicant |
| | | | \$ | \$ | \$ | \$ |