

# Client Questionnaire for Non-Business Debtor

## Basic Information

### Part A. Name and Address

Name: \_\_\_\_\_  
*Last First Middle*

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Have you used any other names in the past eight years?  No  Yes **If yes, list other names:**

\_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

When did you move to the address above: \_\_\_\_\_

If you have not lived in the above address for at 2 years, please provide your prior residence(s) below and give the dates you moved into them::

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: \_\_\_\_\_  
*Last First Middle*

Has your spouse used any other names in the past eight years?  No  Yes **If yes, list other names:**

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver' License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: **(if different from your address):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If your spouse has a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?  No  Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

## Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes (If yes, please attach a list and description of the property.)

## Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you?  No  Yes

If yes, please provide the name and address of the landlord:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 🏠 Property

### Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	<b>List all mortgages, home equity loans, and liens:</b> What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)

## Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value
1. Cash on hand				
2. Checking/Savings Account, Certificates of deposit, other bank accounts		Acct Type: Acct #: Institution:		
3. Security deposits held by utility companies, landlord				
4. Household goods, furniture, including audio, video, and computer equipment		<i>See attached pages. If there are any that are not addressed, please list them here.</i>		

## Personal Property Cont.

### Item 4 – Household Goods & Furnishings

Please fill in the quantity to the left of the appropriate item which is contained in your home. Blank lines are provided for items not listed at the end of each list. To the right of each item, please fill in the **market value\*\*** of each item. Use additional pages if needed.

**\*\*Market Value is the amount that you could get if you were to sell your current items or what you would pay for another used item exactly like it.**

#### Living Room

\_\_\_ Sofa \$ \_\_\_\_\_  
 \_\_\_ Armchair \$ \_\_\_\_\_  
 \_\_\_ Loveseat \$ \_\_\_\_\_  
 \_\_\_ Cocktail Table \$ \_\_\_\_\_  
 \_\_\_ End Table \$ \_\_\_\_\_  
 \_\_\_ Picture \$ \_\_\_\_\_  
 \_\_\_ Lamp \$ \_\_\_\_\_  
 \_\_\_ Credenza \$ \_\_\_\_\_  
 \_\_\_ Bookcase \$ \_\_\_\_\_  
 \_\_\_ Desk \$ \_\_\_\_\_  
 \_\_\_ Wall Unit \$ \_\_\_\_\_  
 \_\_\_ Bar \$ \_\_\_\_\_  
 \_\_\_ Piano \$ \_\_\_\_\_  
 \_\_\_ Organ \$ \_\_\_\_\_  
 \_\_\_ Drapes \$ \_\_\_\_\_  
 \_\_\_ Recliner \$ \_\_\_\_\_  
 \_\_\_ Painting \$ \_\_\_\_\_  
 \_\_\_ Plant \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

\_\_\_ TV (size \_\_\_) \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

\_\_\_ Étagère \$ \_\_\_\_\_  
 \_\_\_ Buffet \$ \_\_\_\_\_  
 \_\_\_ China Cabinet \$ \_\_\_\_\_  
 \_\_\_ Picture \$ \_\_\_\_\_  
 \_\_\_ Plant \$ \_\_\_\_\_  
 \_\_\_ Armoire \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

#### Family Room

\_\_\_ Sofa Bed \$ \_\_\_\_\_  
 \_\_\_ Sofa \$ \_\_\_\_\_  
 \_\_\_ Chair \$ \_\_\_\_\_  
 \_\_\_ Loveseat \$ \_\_\_\_\_  
 \_\_\_ Coffee Table \$ \_\_\_\_\_  
 \_\_\_ Cocktail Table \$ \_\_\_\_\_  
 \_\_\_ Desk \$ \_\_\_\_\_  
 \_\_\_ Lamp \$ \_\_\_\_\_  
 \_\_\_ Bookcase \$ \_\_\_\_\_  
 \_\_\_ Ent Center \$ \_\_\_\_\_  
 \_\_\_ Stereo \$ \_\_\_\_\_  
 \_\_\_ TV (size \_\_\_) \$ \_\_\_\_\_  
 \_\_\_ Bridge Table \$ \_\_\_\_\_  
 & Chairs  
 \_\_\_ Painting \$ \_\_\_\_\_  
 \_\_\_ Recliner \$ \_\_\_\_\_  
 \_\_\_ CD Player \$ \_\_\_\_\_  
 \_\_\_ Telephone \$ \_\_\_\_\_  
 \_\_\_ Answering \$ \_\_\_\_\_  
 Machine  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

#### Patio

\_\_\_ Patio Table \$ \_\_\_\_\_  
 \_\_\_ Patio Chairs \$ \_\_\_\_\_  
 \_\_\_ Umbrella \$ \_\_\_\_\_  
 \_\_\_ Lounge \$ \_\_\_\_\_  
 \_\_\_ Grill \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

#### Kitchen

\_\_\_ Dinette Table \$ \_\_\_\_\_  
 & Chairs  
 \_\_\_ Kitchen Clock \$ \_\_\_\_\_  
 \_\_\_ Microwave \$ \_\_\_\_\_  
 \_\_\_ Toaster Oven \$ \_\_\_\_\_  
 \_\_\_ Dishwasher \$ \_\_\_\_\_  
 \_\_\_ Dishes, Pots, \$ \_\_\_\_\_  
 Pans, Silverware, Etc.  
 \_\_\_ Refrigerator \$ \_\_\_\_\_  
 \_\_\_ Stove \$ \_\_\_\_\_

#### Dining Room

\_\_\_ Dining Table \$ \_\_\_\_\_  
 \_\_\_ Dining Chair \$ \_\_\_\_\_

#### Pool Area

\_\_\_ Lounge \$ \_\_\_\_\_  
 \_\_\_ Chair \$ \_\_\_\_\_  
 \_\_\_ Table \$ \_\_\_\_\_  
 \_\_\_ Umbrella \$ \_\_\_\_\_  
 \_\_\_ Pool Equip \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

**Total This Page: \$ \_\_\_\_\_**

**Master Bedroom**

\_\_\_ King Size \$ \_\_\_\_\_  
Mattress, Box  
Spring/Frame  
\_\_\_ Queen, Full \$ \_\_\_\_\_  
, or Twin Mattress, Box  
Spring/Frame (Circle One)  
\_\_\_ Waterbed \$ \_\_\_\_\_  
\_\_\_ Headboard \$ \_\_\_\_\_  
\_\_\_ Night Tables \$ \_\_\_\_\_  
\_\_\_ Dresser \$ \_\_\_\_\_  
\_\_\_ Lamp \$ \_\_\_\_\_  
\_\_\_ Vanity \$ \_\_\_\_\_  
\_\_\_ Chair \$ \_\_\_\_\_  
\_\_\_ Picture \$ \_\_\_\_\_  
\_\_\_ Footstool/  
Chest \$ \_\_\_\_\_  
\_\_\_ TV (size \_\_\_) \$ \_\_\_\_\_  
\_\_\_ VCR \$ \_\_\_\_\_  
\_\_\_ Bedspread. \$ \_\_\_\_\_  
Pillows  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Bedroom #2**

\_\_\_ King Size \$ \_\_\_\_\_  
Mattress, Box  
Spring/Frame  
\_\_\_ Queen, Full \$ \_\_\_\_\_  
, or Twin Mattress, Box  
Spring/Frame (Circle One)  
\_\_\_ Waterbed \$ \_\_\_\_\_  
\_\_\_ Headboard \$ \_\_\_\_\_  
\_\_\_ Night Tables \$ \_\_\_\_\_  
\_\_\_ Dresser \$ \_\_\_\_\_  
\_\_\_ Lamp \$ \_\_\_\_\_  
\_\_\_ Vanity \$ \_\_\_\_\_  
\_\_\_ Chair \$ \_\_\_\_\_

\_\_\_ Picture \$ \_\_\_\_\_  
\_\_\_ Footstool/  
Chest \$ \_\_\_\_\_  
\_\_\_ TV (size \_\_\_) \$ \_\_\_\_\_  
\_\_\_ VCR \$ \_\_\_\_\_  
\_\_\_ Bedspread. \$ \_\_\_\_\_  
Pillows  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Bedroom #3**

\_\_\_ King Size \$ \_\_\_\_\_  
Mattress, Box  
Spring/Frame  
\_\_\_ Queen, Full \$ \_\_\_\_\_  
, or Twin Mattress, Box  
Spring/Frame (Circle One)  
\_\_\_ Waterbed \$ \_\_\_\_\_  
\_\_\_ Headboard \$ \_\_\_\_\_  
\_\_\_ Night Tables \$ \_\_\_\_\_  
\_\_\_ Dresser \$ \_\_\_\_\_  
\_\_\_ Lamp \$ \_\_\_\_\_  
\_\_\_ Vanity \$ \_\_\_\_\_  
\_\_\_ Chair \$ \_\_\_\_\_  
\_\_\_ Picture \$ \_\_\_\_\_  
\_\_\_ Footstool/  
Chest \$ \_\_\_\_\_  
\_\_\_ TV (size \_\_\_) \$ \_\_\_\_\_  
\_\_\_ VCR \$ \_\_\_\_\_  
\_\_\_ Bedspread. \$ \_\_\_\_\_  
Pillows  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Items not otherwise listed**

\_\_\_ Washer \$ \_\_\_\_\_  
\_\_\_ Dryer \$ \_\_\_\_\_

\_\_\_ Freezer \$ \_\_\_\_\_  
\_\_\_ Compactor \$ \_\_\_\_\_  
\_\_\_ Microwave \$ \_\_\_\_\_  
\_\_\_ TV (size \_\_\_) \$ \_\_\_\_\_  
\_\_\_ Window A/C \$ \_\_\_\_\_  
\_\_\_ AC Compress \$ \_\_\_\_\_  
\_\_\_ VCR \$ \_\_\_\_\_  
\_\_\_ Video Games \$ \_\_\_\_\_  
, Tapes  
\_\_\_ Vacuum \$ \_\_\_\_\_  
Cleaner  
\_\_\_ Copy Machine \$ \_\_\_\_\_  
\_\_\_ Typewriter \$ \_\_\_\_\_  
\_\_\_ Telephone \$ \_\_\_\_\_  
\_\_\_ Wireless \$ \_\_\_\_\_  
(Cellular) Telephone  
\_\_\_ Car Phone \$ \_\_\_\_\_  
\_\_\_ Fax Machine \$ \_\_\_\_\_  
\_\_\_ Computer \$ \_\_\_\_\_  
\_\_\_ Comp Printer \$ \_\_\_\_\_  
\_\_\_ Comp Scanner \$ \_\_\_\_\_  
\_\_\_ Baby furniture \$ \_\_\_\_\_  
Toys, Playpen, etc.  
\_\_\_ Sewing Mach \$ \_\_\_\_\_  
\_\_\_ Bicycle \$ \_\_\_\_\_  
\_\_\_ Hand Tools \$ \_\_\_\_\_  
\_\_\_ Antiques \$ \_\_\_\_\_  
\_\_\_ Musical \$ \_\_\_\_\_  
instruments  
\_\_\_ Metal File \$ \_\_\_\_\_  
Cabinet  
\_\_\_ Lawn Mower \$ \_\_\_\_\_  
and other Garden Equip.  
\_\_\_ Public Ware- \$ \_\_\_\_\_  
house contents  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Total This Page:** \$ \_\_\_\_\_

**Plus Other Total:** \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value
5. Books, pictures, art objects, records, compact discs, collectibles				
6. Clothing				
7. Furs and jewelry				
8. Sports, photographic, hobby equipment, firearms				
9. Interest in insurance policies-specify refund or cancellation value				
10. Annuities				
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)				

12. Interests in pension or profit sharing plans				
13. Stock and interests in incorporated/unincorporated business				
14. Interests in partnerships/joint ventures				
15. Bonds				
16. Accounts receivable				
17. Alimony/family support to which you are entitled				
18. Other liquidated debts owed to you, including tax refunds				
19. Equitable or future interests or life estates				
20. Interests in estate of decedent or life insurance plan or trust				
21. Other contingent/unliquidated claims, including tax refunds, counterclaims				
22. Patents, copyrights, other intellectual property				

23. Licenses, franchises				
24. Customer List or other compilation				
25. Automobiles, trucks, trailers, and accessories. <i>Please include <b>mileage</b> and <b>VIN</b> number.</i>		1.  2.  3.  4.		

**AUTOMOBILE DESCRIPTION (applies only to vehicles owned, NOT LEASED)**

**Car # 1**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_ **Style:** \_\_\_\_\_ **Doors:** \_\_\_\_\_

**Size of Engine**(circle one): **4 6 8 hp** **Condition**(circle one): **fair good excellent**

**Type of Transmission**(circle one): **Automatic Manual**

**Check all that apply:**

**Necessary Repairs and amounts:** \_\_\_\_\_  
\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Working A/C          | <input type="checkbox"/> Side Air Bags        |
| <input type="checkbox"/> Anti-Lock Brakes     | <input type="checkbox"/> Rear Spoiler         |
| <input type="checkbox"/> Under Warranty       | <input type="checkbox"/> AM/FM Radio          |
| <input type="checkbox"/> Power Windows        | <input type="checkbox"/> Cassette Player      |
| <input type="checkbox"/> Power Door Locks     | <input type="checkbox"/> CD Player-Single     |
| <input type="checkbox"/> Power Brakes         | <input type="checkbox"/> CD Player-Multi-disc |
| <input type="checkbox"/> Power Seat-Driver    | <input type="checkbox"/> Video/TV Entertain   |
| <input type="checkbox"/> Power Seat-Passenger | <input type="checkbox"/> Sun Roof             |
| <input type="checkbox"/> Power Steering       | <input type="checkbox"/> Moon Roof            |
| <input type="checkbox"/> Tilt Wheels          | <input type="checkbox"/> Winch                |
| <input type="checkbox"/> Cruise Control       | <input type="checkbox"/> Extended Cab         |
| <input type="checkbox"/> OnStar               | <input type="checkbox"/> Steel Wheels         |
| <input type="checkbox"/> GPS                  | <input type="checkbox"/> Alloy Wheels         |
| <input type="checkbox"/> Leather Seats        | <input type="checkbox"/> Captain Chairs       |
| <input type="checkbox"/> Air Bag-Driver       | <input type="checkbox"/> Bench Seats          |
| <input type="checkbox"/> Air Bag—Passenger    |   |
-

**AUTOMOBILE DESCRIPTION (applies only to vehicles owned, NOT LEASED)**

**Car # 2**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_ **Style:** \_\_\_\_\_ **Doors:** \_\_\_\_\_

**Size of Engine**(circle one): **4 6 8 hp** **Condition**(circle one): **fair good excellent**

**Type of Transmission**(circle one): **Automatic Manual**

**Check all that apply:**

**Necessary Repairs and amounts:** \_\_\_\_\_

\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Working A/C          | <input type="checkbox"/> Side Air Bags        |
| <input type="checkbox"/> Anti-Lock Brakes     | <input type="checkbox"/> Rear Spoiler         |
| <input type="checkbox"/> Under Warranty       | <input type="checkbox"/> AM/FM Radio          |
| <input type="checkbox"/> Power Windows        | <input type="checkbox"/> Cassette Player      |
| <input type="checkbox"/> Power Door Locks     | <input type="checkbox"/> CD Player-Single     |
| <input type="checkbox"/> Power Brakes         | <input type="checkbox"/> CD Player-Multi-disc |
| <input type="checkbox"/> Power Seat-Driver    | <input type="checkbox"/> Video/TV Entertain   |
| <input type="checkbox"/> Power Seat-Passenger | <input type="checkbox"/> Sun Roof             |
| <input type="checkbox"/> Power Steering       | <input type="checkbox"/> Moon Roof            |
| <input type="checkbox"/> Tilt Wheels          | <input type="checkbox"/> Winch                |
| <input type="checkbox"/> Cruise Control       | <input type="checkbox"/> Extended Cab         |
| <input type="checkbox"/> OnStar               | <input type="checkbox"/> Steel Wheels         |
| <input type="checkbox"/> GPS                  | <input type="checkbox"/> Alloy Wheels         |
| <input type="checkbox"/> Leather Seats        | <input type="checkbox"/> Captain Chairs       |
| <input type="checkbox"/> Air Bag-Driver       | <input type="checkbox"/> Bench Seats          |
| <input type="checkbox"/> Air Bag—Passenger    |   |
-

**AUTOMOBILE DESCRIPTION (applies only to vehicles owned, NOT LEASED)**

**Car # 3**

**Year:**\_\_\_\_\_ **Make:**\_\_\_\_\_ **Model:**\_\_\_\_\_

**Mileage:**\_\_\_\_\_ **Style:**\_\_\_\_\_ **Doors:** \_\_\_\_\_

**Size of Engine**(circle one): **4 6 8** hp **Condition**(circle one): **fair good excellent**

**Type of Transmission**(circle one): **Automatic Manual**

**Check all that apply:**

**Necessary Repairs and amounts:** \_\_\_\_\_

\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Working A/C          | <input type="checkbox"/> Side Air Bags        |
| <input type="checkbox"/> Anti-Lock Brakes     | <input type="checkbox"/> Rear Spoiler         |
| <input type="checkbox"/> Under Warranty       | <input type="checkbox"/> AM/FM Radio          |
| <input type="checkbox"/> Power Windows        | <input type="checkbox"/> Cassette Player      |
| <input type="checkbox"/> Power Door Locks     | <input type="checkbox"/> CD Player-Single     |
| <input type="checkbox"/> Power Brakes         | <input type="checkbox"/> CD Player-Multi-disc |
| <input type="checkbox"/> Power Seat-Driver    | <input type="checkbox"/> Video/TV Entertain   |
| <input type="checkbox"/> Power Seat-Passenger | <input type="checkbox"/> Sun Roof             |
| <input type="checkbox"/> Power Steering       | <input type="checkbox"/> Moon Roof            |
| <input type="checkbox"/> Tilt Wheels          | <input type="checkbox"/> Winch                |
| <input type="checkbox"/> Cruise Control       | <input type="checkbox"/> Extended Cab         |
| <input type="checkbox"/> OnStar               | <input type="checkbox"/> Steel Wheels         |
| <input type="checkbox"/> GPS                  | <input type="checkbox"/> Alloy Wheels         |
| <input type="checkbox"/> Leather Seats        | <input type="checkbox"/> Captain Chairs       |
| <input type="checkbox"/> Air Bag-Driver       | <input type="checkbox"/> Bench Seats          |
| <input type="checkbox"/> Air Bag—Passenger    |   |

**AUTOMOBILE DESCRIPTION (applies only to vehicles owned, NOT LEASED)**

**Car # 4**

**Year:**\_\_\_\_\_ **Make:**\_\_\_\_\_ **Model:**\_\_\_\_\_

**Mileage:**\_\_\_\_\_ **Style:**\_\_\_\_\_ **Doors:** \_\_\_\_\_

**Size of Engine**(circle one): **4 6 8** hp **Condition**(circle one): **fair good excellent**

**Type of Transmission**(circle one): **Automatic Manual**

**Check all that apply:**

**Necessary Repairs and amounts:** \_\_\_\_\_

\_\_\_\_\_

**Working A/C**

**AM/FM Radio**

**Anti-Lock Brakes**

**Cassette Player**

**Under Warranty**

**CD Player-Single**

**Power Windows**

**CD Player-Multi-disc**

**Power Door Locks**

**Video/TV Entertain**

**Power Brakes**

**Sun Roof**

**Power Seat-Driver**

**Moon Roof**

**Power Seat-Passenger**

**Winch**

**Power Steering**

**Extended Cab**

**Tilt Wheels**

**Steel Wheels**

**Cruise Control**

**Alloy Wheels**

**OnStar**

**Captain Chairs**

**GPS**

**Bench Seats**

**Leather Seats**

**Air Bag-Driver**

**Air Bag—Passenger**

**Side Air Bags**

**Rear Spoiler**

\_\_\_\_\_  
\_\_\_\_\_

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value
26. Boats, motors, and accessories				
27. Aircraft and accessories				
28. Office equipment, supplies				
29. Machinery, fixtures etc. for business				
30. Inventory				
31. Animals				
32. Crops-growing or harvested				
33. Farming equipment and implements				
34. Farm supplies, chemicals, feed				

35. Other personal property of any kind not listed.				
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## 🔗 Debts

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	<ol style="list-style-type: none"> <li>1. Creditor Name and Address</li> <li>2. Account Number, if any</li> <li>3. Date/range of dates when debt was incurred</li> <li>4. Contact person's name and address, if different</li> </ol>	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?
Home loans/ mortgages				
Car loans				
Other bank loans				
Personal loans				
Student loans				
Major credit card debts (Visa, Am Ex, MasterCard, Discover) - <i>continue on next page, if necessary</i>				

Type of Debt	<ol style="list-style-type: none"> <li>1. Creditor Name and Address</li> <li>2. <b>Account Number</b>, if any</li> <li>3. Date/range of dates when debt was incurred</li> <li>4. Contact person's name and address, if different</li> </ol>	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?
Unpaid credit cards, (Visa, Am Ex, MasterCard, Discover) <b>continued</b>				
Department store credit card debts				
Other credit card debts (Gas cards, phone cards, etc.)				
Cash Advances (from credit cards)				
Unpaid medical bills				

Type of Debt	<b>1. Creditor Name and Address</b> <b>2. Account Number, if any</b> <b>3. Date/range of dates when debt was incurred</b> <b>4. Contact person's name and address, if different</b>	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?
Unpaid rent				
Unpaid taxes				
Unpaid alimony or child support				
Unpaid service fees				
All other unpaid debts/bills				

## Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

## 🔗 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

Name	Age	Relationship

### Part A. Debtor's Income

1. What is your occupation? \_\_\_\_\_
  2. Name and address of your employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. How long have you been employed there? \_\_\_\_\_
  4. What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ \_\_\_\_\_
  5. How often do you get paid?     once a week  
 every two weeks     twice a month  
 once a month     other \_\_\_\_\_
- Complete the below questions with your estimate of monthly averages.*
6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ \_\_\_\_\_
  7. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
  8. How much is taken out for insurance? \$ \_\_\_\_\_
  9. How much for union dues? \$ \_\_\_\_\_
  10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_
- Do you receive
- a) Income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?
  - b) Income from real estate property? If so, how much per month?     No     Yes \$ \_\_\_\_\_
  - c) Interest or dividends? If so, how much per month?  No     Yes \$ \_\_\_\_\_
  - d) Alimony or family support payments for your use or for the care of your dependents? If so, how much per month?     No     Yes \$ \_\_\_\_\_
  - e) Social security or other forms of monetary government assistance?  No     Yes \$ \_\_\_\_\_
  - f) Retirement or pension money?  No     Yes \$ \_\_\_\_\_
- Do you have any other sources of income not listed?

### Part B. Joint Debtor's Income

1. What is your spouse's occupation? \_\_\_\_\_
  2. Name and address of your spouse's employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. How long employed there? \_\_\_\_\_
  4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ \_\_\_\_\_
  5. How often does your spouse get paid?     once a week  
 every two weeks     twice a month  
 once a month     other \_\_\_\_\_
- Complete the below questions with your estimate of monthly averages.*
6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ \_\_\_\_\_
  7. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
  8. How much is taken out for insurance? \$ \_\_\_\_\_
  9. How much for union dues? \$ \_\_\_\_\_
  10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_
- Does your spouse receive
- a) Income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
  - b) Income from real estate property? If so, how much per month?     No     Yes \$ \_\_\_\_\_
  - c) Interest or dividends? If so, how much per month?  No     Yes \$ \_\_\_\_\_
  - d) Alimony or family support payments for spouse's use or for care of dependents? If so, how much per month?  No     Yes \$ \_\_\_\_\_
  - e) Social security or other forms of monetary government assistance?  No     Yes \$ \_\_\_\_\_
  - f) Retirement or pension money?  No     Yes \$ \_\_\_\_\_
- Does your spouse have any other income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

## 🔗 Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____
Gross wages, salary, tips, bonuses, overtime, commissions.						
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.						
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.						
Interest, dividends, and royalties.						
Pension and retirement income ( <i>NOT Social Security</i> ).						
Regular contributions from others to the household expenses, including child support.						
Unemployment Compensation.						
Social Security income.						
Other sources not already mentioned. Specify:						

## 🔗 Current Expenses

Do you and your spouse maintain separate households?  No  Yes.

If so, fill one page out for your household and another for your spouse's.

Some expenses are paid weekly—food, gas, etc.—and others are paid monthly—such as rent, electric. Insurance may be monthly, quarterly, annually. Others are paid irregularly—like auto repair, clothes. Please provide the information as you tend to spend, or need to spend, and we will do the math.

Rent or Own Residence? \_\_\_\_\_ [please specify]

Amount Paid: \$ \_\_\_\_\_ per \_\_\_\_\_ (mo., qtr., yr.)

Includes real estate taxes? Y or N, if N \$ \_\_\_\_\_ per year

Includes real estate insur? Y or N, if N \$ \_\_\_\_\_ per year

Includes Homeowner/Condo fees Y or N, if N \$ \_\_\_\_\_ per month

Electric/ Heating \$ \_\_\_\_\_ per month

Water/sewer \$ \_\_\_\_\_ per month

Telephone \$ \_\_\_\_\_ per month

Cable TV/Sat. \$ \_\_\_\_\_ per month

Security \$ \_\_\_\_\_ per month

Home maint. \$ \_\_\_\_\_ per month

Pool service \$ \_\_\_\_\_ per month

Pest control \$ \_\_\_\_\_ per month

Lawn service \$ \_\_\_\_\_ per month

Repairs \$ \_\_\_\_\_ per month

Food, groceries \$ \_\_\_\_\_ per week

Clothing \$ \_\_\_\_\_ per year

Laundry, dry cleaning \$ \_\_\_\_\_ per month

Health Care \$ \_\_\_\_\_ per year

for co-pays, prescription and non-prescription medicines, eye glasses, deductibles, dental

Hair care \$ \_\_\_\_\_ per month

Nails care \$ \_\_\_\_\_ per month

Transportation

gas \$ \_\_\_\_\_ per week

oil changes \$ \_\_\_\_\_ per year

tags \$ \_\_\_\_\_ per year

repairs \$ \_\_\_\_\_ per year

tires \$ \_\_\_\_\_ per 2 yrs

tolls \$ \_\_\_\_\_ per month

parking \$ \_\_\_\_\_ per month

wash \$ \_\_\_\_\_ per month

Recreation

movies \$ \_\_\_\_\_ per month

newspapers \$ \_\_\_\_\_ per month

magazines \$ \_\_\_\_\_ per year

books \$ \_\_\_\_\_ per year

clubs \$ \_\_\_\_\_ per year

league play \$ \_\_\_\_\_ per year

Charity

Church/syn \$\_\_\_\_\_ per month  
Good will \$\_\_\_\_\_ per year  
Telethon \$\_\_\_\_\_ per year  
Salvation Army\$\_\_\_\_\_ per year

Insurance Not Taken from Wages

Homeowners ins. \$\_\_\_\_\_ per month (if not included in mort. pay)  
Renters insur. \$\_\_\_\_\_ per month  
Life insurance \$\_\_\_\_\_ per month  
Health insur. \$\_\_\_\_\_ per month  
Vision insur. \$\_\_\_\_\_ per month  
Dental insur. \$\_\_\_\_\_ per month  
Disability ins. \$\_\_\_\_\_ per month  
Auto insur. \$\_\_\_\_\_ per month  
Other insur. \$\_\_\_\_\_ per month

Taxes not taken \$\_\_\_\_\_ per month  
from wages

Car Payments #1 \$\_\_\_\_\_ per month  
Car payments #2 \$\_\_\_\_\_ per month  
Car payments #3 \$\_\_\_\_\_ per month  
Lease payments #1 \$\_\_\_\_\_ per month  
Lease payments #2 \$\_\_\_\_\_ per month  
Motorcycle \$\_\_\_\_\_ per month  
Jetski \$\_\_\_\_\_ per month  
Boat \$\_\_\_\_\_ per month  
Computer \$\_\_\_\_\_ per month  
Other \$\_\_\_\_\_ per month  
(describe)\_\_\_\_\_

Alimony \$\_\_\_\_\_ per week or month  
Child support \$\_\_\_\_\_ per week or month  
Payments for \$\_\_\_\_\_ per week or month  
dependents not living with you  
Operation of \$\_\_\_\_\_ per week or month  
business, profession or farm  
Other \$\_\_\_\_\_ per month

**COMPLETE ONLY IF HOUSEHOLD INCOME EXCEEDS**

	Yearly	Monthly
1 Person in Household	\$42,468	\$3,539
2 Persons in Household	\$53,939	\$4,495
3 Persons in Household	\$60,162	\$5,014
4 Persons in Household	\$71,124	\$5,927
5 Persons in Household	\$78,024	\$6,502
6 Persons in Household	\$84,924	\$7,077
7 Persons in Household	\$91,824	\$7,652
8 Persons in Household	\$98,724	\$8,227

*Add \$6,900 a Year or \$525 a Month for each additional member of household*

Mandatory payroll deductions not already listed \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Court ordered payments not already listed \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Education necessary to maintain employment \$ \_\_\_\_\_ per \_\_\_\_\_  
 Education for a physically or mentally challenged child \$ \_\_\_\_\_ per \_\_\_\_\_  
 Childcare \$ \_\_\_\_\_ per \_\_\_\_\_  
 Disability insurance (if not listed on line 14) \$ \_\_\_\_\_ per \_\_\_\_\_  
 Health savings accounts \$ \_\_\_\_\_ per \_\_\_\_\_  
 Care for elderly, chronically ill, or disabled family members \$ \_\_\_\_\_ per \_\_\_\_\_  
 Protection from family violence \$ \_\_\_\_\_ per \_\_\_\_\_  
 Education expense for your children under 18 \$ \_\_\_\_\_ per \_\_\_\_\_

Non-mandatory contributions to retirement accounts (including loan repayment)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## 🔗 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

**If you have no information to report for a question, check the "NONE" box.**

**1. Income from employment or operation of business**

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

**NONE**

Period	\$ Amount	Source	Husband/Wife
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January 1 of this year through  
Date of commencement of case

Last year, (January 1 - December 31)

The year before last,  
(January 1 - December 31)

**2. Income other than from employment or operation of business**

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

**NONE**

Period	\$ Amount	Source	Husband/Wife
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During the last year

Year before last

**3. Payments to creditors**

*If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (\*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.*

**NONE**

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
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b. If your debts are **not** primarily consumer debts, list each payment or other transfer, aggregating more than \$5,475 to any creditor made within **90 days** immediately preceding the commencement of this case.

**NONE**

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
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c. All debtors. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

**NONE**

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

a. List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

**NONE**

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

**NONE**

Name and Address of Person/Company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property
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5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Creditor</u>	<u>Date of Repossession, Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Custodian</u>	<u>Name and location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description and Value of Property</u>
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

**NONE**

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case**.

**NONE**

<u>Description and Value of Property</u>	<u>Description of Circumstances and Amount Covered by Insurance, if Any</u>	<u>Date of Loss</u>
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

**NONE**

<u>Name and Address of Payee</u>	<u>Date of Payment</u>	<u>Name of Person Who Paid, if Not You</u>	<u>Amount of Money/ Description and Value of Property</u>
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10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Transferee and Relationship to you</u>	<u>Date of Transfer</u>	<u>Description of Property Transferred and Value Received</u>
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b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

**NONE**

<u>Name of Trust or Similar Device</u>	<u>Date of Transfer</u>	<u>Amount of Money or Description and Value of Property or Interest</u>
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11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Institution</u>	<u>Type and Number of Account &amp; Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

**NONE**

<u>Name and Address of Bank or Other Depository</u>	<u>Name and Address of Those With Access to Box or Depository</u>	<u>Description of Contents</u>	<u>Date of Transfer, if Any</u>
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

**NONE**

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. Property held for another person

List all property that you hold or control that is owned by another person.

**NONE**

<u>Name and Address of Owner</u>	<u>Description and Value of Property</u>	<u>Location of Property</u>
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

**NONE**

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

**NONE**

Name \_\_\_\_\_

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

**NONE**

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

**NONE**

<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law</u>
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**NONE**

Name and Address of <u>Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
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18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

**NONE**

	Taxpayer			Beginning and End
<u>Name</u>	<u>I.D. Number(EIN)</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Dates of Operation</u>

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

**NONE**

<u>Name</u>	<u>Address</u>
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**The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.**

19. Books, records, and financial statements

- a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

**NONE**

Name and Address	Dates Services Rendered
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- b. List all firms or individuals who, within the **two years** immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.

**NONE**

Name	Address	Dates Services Rendered
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- c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.

**NONE**

Name and Address	Comments
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- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

**NONE**

Name and Address	Date Issued
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20. Inventories

- a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

**NONE**

<u>Date of Inventory</u>	<u>Inventory Supervisor</u>	<u>Dollar Amount of Inventory (specify cost, market, or other basis)</u>
_____	_____	_____

- b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

**NONE**

<u>Date of Inventory</u>	<u>Name and Address of Custodian of Inventory Records</u>
_____	_____

21. Current partners, officers, directors, and shareholders

- a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

**NONE**

<u>Name and Address</u>	<u>Nature of Interest</u>	<u>Percentage of Interest</u>
_____	_____	_____

- b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

**NONE**

<u>Name and Address</u>	<u>Title</u>	<u>Nature and Percentage of Stock Ownership</u>
_____	_____	_____

22. Former partners, officers, directors and shareholders

- a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

**NONE**

<u>Name and Address</u>	<u>Date of Withdrawal</u>
_____	_____

- b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

**NONE**

<u>Name and Address</u>	<u>Title</u>	<u>Date of Termination</u>
_____	_____	_____

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

**NONE**

<u>Name and Address of Recipient, and Relationship to You</u>	<u>Date and Purpose of Withdrawal</u>	<u>Amount of Money or Description and Value of Property</u>
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24. Tax Consolidation Group.

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

**NONE**

<u>Name of Parent Corporation</u>	<u>Taxpayer Identification Number</u>
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25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

**NONE**

<u>Name of Pension Fund</u>	<u>Taxpayer Identification Number</u>
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