Bankruptcy Worksheet

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INSTRUCTIONS

This is the Bankruptcy Worksheet referenced in our engagement letter. Since it provides information regarding the typical bankruptcy process and particularly what this office does and does not do, it is included in the terms of our engagement. Please read it carefully and allow me to answer any questions you have.

The information you give in this worksheet will be used to create the schedules the Court requires for your bankruptcy case. You will swear to the Court, under penalty of perjury, that the schedules are true, complete, and accurate.

Don't be overwhelmed by the size of this packet. Many of the questions will be inapplicable to you. Nonetheless, you should thoroughly review each question and be certain that you do not have information that is responsive.

If you can, answer the questions on this questionnaire. If you can't, add extra sheets of paper. If you have the information in another format (spread sheet, Quicken), you may attach that. This packet is a worksheet for my office; it is not filed with the Court.

Many parts of the worksheet will ask you to place a value on your property. Please use the following as a guideline for determining those values:

Personal Property & Household Goods: When filling out this part of the worksheet, use a "used replacement value" without deductions for cost of sale. That means the price a retail merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (consignment shops, eBay, etc.). Cars should be valued by the Kelly Blue Book, available at http://www.kbb.com/. If you give us enough information, we will look this up for you.

Real Estate: When valuing real estate (land and anything built on it), indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon what similar properties in your area are bringing.

Remember, these questions *must* be answered fully and accurately. If you absolutely cannot remember, find out, or guess with reasonable accuracy, answer "Unknown." The effort you expend now will help determine how quickly your bankruptcy can be filed and how complete your discharge will be.

Note: Don't tell any creditor that you have hired an attorney if that creditor has a lien on something which can be quickly repossessed,-like a car or mobile home.

Several points bear keeping in mind:

- This questionnaire will be used to prepare the legal documents which will be filed with the bankruptcy court. You will sign those documents under penalty of criminal perjury. You must answer all the questions truthfully, accurately, and completely. Our office only knows what you list on this questionnaire. Please don't assume our office knows about something unless you write it on this form.
- Always feel that you can contact me directly. However, for routine matters you contact my paralegal/assistant Karen Valentine. Her direct dial is (214) 261-0179. Her email is Info@DallasBankruptcyLawyer.com.
- Despite filing for bankruptcy, "if you want to keep it, you have to pay for it." If you want to keep your house or car you should continue to make regular monthly payments and keep the asset insured. Understand that the creditor may stop sending you monthly statements. You should <u>make the regular payment anyway</u>, by mail if necessary, or there is a substantial chance that you will lose the asset despite the bankruptcy.
 - We do not routinely review liens or judgments and we do not routinely seek to avoid liens and judgments (without additional charge). However, we may be able to avoid certain non-purchase money liens on

household goods. List all money which you have borrowed and all liens on property. If you have any reason to believe a lien is invalid or your loan was irregular, please let us know.

You may choose to reaffirm certain debts. A reaffirmation is a court approved agreement that you will pay a debt exactly as if you never filed for bankruptcy. You never have to sign a reaffirmation and particularly under the Bankruptcy Reform Amendments, there is substantial debate among bankruptcy attorneys as to how to handle these agreements. There is also substantial debate among courts whether you *can* refuse to reaffirm and simply keep making payments. In general, if the creditor sends a reaffirmation for your house or car, you should consider reaffirming. However, my office does not actively seek or prepare reaffirmation agreements. If the creditor does not send a proposed reaffirmation, this office will not contact the creditor and try to obtain one.

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- Texas has among the most liberal exemptions in the United States. If an item of property is "exempt" a bankruptcy trustee usually cannot take the property from you. For that reason, most debtors keep *all* of their property when they file bankruptcy. However, if you have valuable property worth more than the limits or you have property which is not within a category of exempt property, it is possible that a trustee could take that property from you and sell it to pay your creditors. List all of your assets on this questionnaire, my office will review the list, and let you know if there are problems. Even if property is exempt, you must be list the asset.
 - Bankruptcy does not discharge certain debts and you will continue to owe those despite bankruptcy. In general debts such as student loans, certain taxes, family support obligations, and criminal restitution debts are not discharged. Nonetheless, you must list all creditors in your bankruptcy, even if they are not discharged.
 - You must list every person to whom you owe money even if the debt is not discharged or you intend to pay the debt despite the bankruptcy. You cannot "keep a debt out" of bankruptcy.
- It is rare, but possible that a creditor will object to your discharge. If you have a particularly aggressive creditor; if you have incurred debts shortly before bankruptcy; or if you have reason to suspect a creditor will "keep coming after you" please let us know. Again, it is rare, but after you complete your packet, we should be able to more carefully consider the probability. Understand that if such an objection is filed, this office does not represent you unless we make arrangements to represent you and there will be an additional charge.
- The Office of the U.S. Trustee conducts random audits of selected chapter 7 debtors. Careful preparation of your bankruptcy documents will help insure that you are prepared in the event you are selected.
- Tax refunds have become a common target for Trustees as they are not exempt under Texas law. If you are expecting a substantial tax refund, even if it will arrive after bankruptcy, please let us know. There are things we may be able to do, but you need to let us know.
- Bank Accounts. Cash in a bank account (or anywhere else) is usually not an exempt asset and a Trustee can ask that you deliver it to him (a Trustee will never have direct access to your bank account). Typically, Trustees will not bother with small sums of cash, but it is best to file during a time of month when your bank account is ordinarily low. In addition, let important checks (house payments, car payments, etc.) "clear" before you file. There is some debate as to whether checks "in float" should be honored. If a payment is particularly important, use a cashier's check or money order and mail it before you file.
- Well Fargo and Wachovia have been known to "temporarily freeze" bank accounts containing substantial funds.
 If you have an account at these institutions, please draw it to my attention so that we may discuss it.

There are many things this office can do for you. However, my office makes a sincere effort to keep fees low and some issues arise only rarely. Therefore, there are some things which my office does not routinely do:

- We typically do not extensively review the backup documents which you will need to prepare the answers to this questionnaire. We have to rely on you for that. If you have questions about specific items, I would be pleased to assist you.
- We do not routinely review lien documents or judgments to ensure that creditors are properly perfected. If you have any reason to believe a creditor's lien might be invalid, please let me know. If you would like us to review the lien documents, please let me know and we can provide an additional price.
- We do not routinely review documents related to your assets. If you suspect that an asset may not be exempt or if an asset is very large (say a retirement plan) please bring it to our attention so that we may discuss it.

- While we will review your credit report, we will not in any manner to "correct" your credit report. However, about 6 months after you receive your discharge, we urge you to check your credit report to be sure it correctly describes the bankruptcy (and we can pull that report for you). If it does not, we may be interested in representing you, perhaps on a contingency fee basis, to address the matter.
- THIS FIRM DOES NOT REPRESENT YOU UNTIL YOU (I) RETURN THE SIGNED ENGAGEMENT LETTER AND DISCLOSURES, (II) PAY US IN FULL, AND (III) RETURN THIS PACKET. THIS FIRM REPRESENTS YOU IN THE BANKRUPTCY ONLY. WE DO NOT REPRESENT YOU IN ANY OTHER PROCEEDING INCLUDING NON-BANKRUPTCY GARNISHMENT, FORECLOSURE, OR OTHER COLLECTION-TYPE PROCEEDINGS AND UNTIL YOU FILE BANKRUPTCY, YOU ARE NOT PROTECTED IN OR FROM THOSE TYPE PROCEEDINGS.

CREDIT COUNSELING

You must obtain credit counseling from an approved service before you file for bankruptcy. You may select your own credit counselor from an approved list. However, Hummingbird is one of the largest services and our office has an account. If you use Hummingbird our office will pay for the credit counseling and we can access the information directly.

The counseling takes about 90 minutes. Most of the counseling is "on-line" and is available 24-hours a day. After the online portion is completed, you must make a 5-minute phone call to Hummingbird, and they have extended hours. You have not "completed" the credit counseling until you complete the call.

> Start Fresh Today 3511 W. Commercial Blvd., Suite 401 Fort Lauderdale, FL 33309 Telephone: (800) 435-9138 https://www.startfreshtoday.com/

Keep in mind that you have contacted a Texas attorney with 25 years of experience who has been involved in hundreds of bankruptcy cases. Your out-of-state credit counselor will likely have almost no experience other than a short training course. Therefore, you should treat the counseling like a "defensive driving" class when you get a traffic ticket. Pay just enough attention to get your certificate. It is literally impossible to fail and I am informed that they do not save your information. So do your best, but don't spend too much time on it. If you have questions, ask me, not them.

DOCUMENTS NEEDED

We will pull a credit report for you. You may bring us original documents. In about 24 hours, we will "scan" them and return them to you,-we are generally "paperless" and we try not to keep original documents in this office.

- □ 1. All of your current bills and collection letters.
- □ 2. Tax returns for last 2 years.
- □ 3. Six months pay stubs for you and your spouse (even if your spouse will not be filing, this is important).
- \Box 3. All bank statements for the month in which you are filing.
- □ 4. All legal documents pertaining to recent divorces or lawsuits.
- □ 5. Copies of all life insurance policies that have a cash value. You do not need to bring copies of term life policies.
- □ 6. All judgments or court orders entered against you or in your favor.
- □ 7. All executory contracts; for instance, leases, contracts for sale or deed and lease-purchase contracts.

SPECIAL NOTE TO MARRIED FILERS

You and your spouse have approached this law firm for representation or advise for **both of you** as to the filing a bankruptcy case. You may file individually in separate cases, or jointly in one case. In a joint bankruptcy case, both husband and wife personally file bankruptcy, and their cases are administered together as one case. While it is usually easier and less expensive to handle the cases together, it is not required. The advisability of fling jointly or individually depends on many factors, and so certain information about your marriage history needs to be reviewed.

Client Information

| Last Name First MI Last Name First MI home Address Home A | Primary Debtor | | | Spouse/ Joi | int Debtor | | |
|--|------------------------------|--------------------|---------------|--------------------------------|-------------------|------------|--------------|
| Home Address Home Address Mailing Address (if Different) Mailing Address (if Different) City/ State/Zip Code City/ State/Zip Code County of Residence County of Residence Social Security/Tax ID Number Social Security/Tax ID Number Means of Contact: enter all contact information and check which you would prefer we use (we prefer email Home telephone: | | | SR, JR, _ | | | | SR, JR, |
| Mailing Address (if Different) City/ State/ Zip Code County of Residence County of Reset of R | Last Name | First I | MI | Last Name | First | MI | |
| City/ State/ Zip Code County of Residence County of Residence Social Security/Tax ID Number How did you hear about us: Means of Contact: enter all contact information and check which you would prefer we use (we prefer email Home telephone: Debtor work: Cell: County of Residence Cell: C | Home Address | | | Home Address | | | |
| City/ State/ Zip Code City/ State/ Zip Code County of Residence County of Residence Social Security/Tax ID Number Social Security/Tax ID Number How did you hear about us: | Mailing Address (if Differer | nt) | | Mailing Address (if E | Different) | | |
| Social Security/tax ID Number How did you hear about us: Means of Contact: enter all contact information and check which you would prefer we use (we prefer email Home telephone: Debtor work: Spouse work: Other: E-mail: Aliases/other names used in last six years and dates used: Primary Debtor Joint Debtor/Spouse 1. | | | | City/ State/ Zip Code |) | | |
| How did you hear about us: | County of Residence | | | County of Residence | 9 | | |
| Means of Contact: enter all contact information and check which you would prefer we use (we prefer email Home telephone: Debtor work: | Social Security/Tax ID Nun | nber | | Social Security/ tax | k ID Number | | |
| Home telephone: | How did you hear | about us: | | | | | |
| Debtor work: | Means of Contact: | enter all contac | t information | and check which you w | ould prefer we ι | use (we pr | efer email). |
| Spouse work: Cell: Other: E-mail: Aliases/other names used in last six years and dates used: Primary Debtor I aka a fka 1 aka a fka 1 aka a fka data a fka 1 aka 1 | Home telephone: | | | | | | |
| Other: E-mail: Aliases/other names used in last six years and dates used: Primary Debtor Joint Debtor/Spouse 1. aka = fka dba = fdba 1aka = fka 2aka = fka dba = fdba Filing Information Please Check: Individual = Joint Marital Status: Single Married Divorced Widowed Life Partner If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. | □ Debtor work: | | | | Cell: | | |
| Aliases/other names used in last six years and dates used: Primary Debtor Joint Debtor/Spouse 1. | □ Spouse work: | | | | Cell: | | |
| Primary Debtor Joint Debtor/Spouse 1. | □ Other: | | E-ma | ail: | | | |
| 1. aka = fka dba = fdba 1. aka = fka dba = fdba 2. aka = fka 2. aka = fka dba = fdba 2. aka = fka aka = fka dba = fdba 2. aka = fka aka = fka dba = fdba 2. aka = fka aka = fka dba = fdba 2. aka = fka aka = fka dba = fdba fdba dba = fdba dba = fdba Filing Information Please Check: Individual = Joint My debts are: Non-Business (Consumer) Partnership Business Other Other Other Marital Status: Single Married Divorced Widowed Life Partner If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. If also a state of the state of t | | | | | | | |
| 1. aka = fka dba = fdba 1. aka = fka dba = fdba 2. aka = fka 2. aka = fka dba = fdba 2. aka = fka dba = fdba Please Check: Individual = Joint My debts are: Adba = fdba Please Check: Individual = Joint My debts are: Non-Business (Consumer) Partnership Business Other Other Marital Status: Single Married Divorced Widowed Life Partner If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. Image: Status is not filing. | Aliases/other nam | es used in last | six years an | d dates used: | | | |
| dba □ fdba dba | P | rimary Debtor | | | Joint Debtor | /Spouse | |
| dba □ fdba Filing Information Please Check: □ Individual □ Joint My debts are: □ Non-Business (Consumer) □ Partnership □ Business □ Other Marital Status: □ Single □ Married □ Divorced □ Widowed □ Life Partner If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. | 1 | | | 1. | | | |
| Please Check: Individual I Joint My debts are: Non-Business (Consumer) Partnership Business Other Other Divorced Uidowed Life Partner If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. | 2. | | | 2. | | | |
| □ Non-Business (Consumer) □ Partnership □ Business □ Other Marital Status: □ Single □ Married □ Divorced □ Widowed □ Life Partner If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. | | | Fil | ing Information | | | |
| If married, please fill out Spouse/Joint Debtor section even if your spouse is not filing. | Please Check: | □ Individual | □ Joint | □ Non-Busines □ Partnership | □ Busin | | |
| | Marital Status: | □ Single | □ Married | Divorced Divi | dowed □ Life | Partner | |
| If married, do you and your spouse maintain separate households? 🗆 Yes 🛛 🗅 No | If married, p | lease fill out Spo | ouse/Joint De | btor section even if you | r spouse is not i | filing. | |
| Have you lived at your current address for at least the past 180 days: □ Yes □ No | | | | | | | |

If "No" list previous cities, states, and dates (use additional pages if necessary):

Do you have a business partner or partnership that is currently filing bankruptcy?
Ves
No

If "Yes," give city, state, case number, and date filed:

| Have you taken cash advances on any credit cards in | n the last 90 days? 🗆 Yes | □ No |
|---|---------------------------|------------|
| Creditor Name: | Date taken: | Amount: \$ |
| Creditor Name: | Date taken: | Amount: \$ |

Prior Bankruptcies

Please indicate any bankruptcy filings within the last eight years. Also indicate any pending bankruptcies for a spouse, life partner, or business partner (use additional sheets if necessary.)

| Chapter | Location | Date Filed | Case Number | Debtor Name | Date Discharged/ Dismissed? |
|---------|----------|------------|-------------|-------------|--------------------------------|
| | | | | | |
| | | | | | |

Pending/Related Bankruptcies

| Chapter | Location | Date Filed | Case Number | Debtor Name | Presiding Judge |
|---------|----------|------------|-------------|-------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

Dependents

If married and filing individually, please include your spouse/partner as a dependent (use additional sheets if necessary.)

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Occupation

| | | Primary Debtor | y Debtor | | |
|----------------|--------|----------------|----------|--|--|
| | Job #1 | | Job #2 | | |
| Occupation | | | | | |
| Employer | | | | | |
| How Long? | | | | | |
| Address | | | | | |
| City/State/Zip | | | | | |
| Telephone # | | | | | |
| | | | | | |

Spouse/Partner/Joint Debtor

| | Job #1 | Job #2 |
|-------------------------------|--------|--------|
| Occupation | | |
| Employer | | |
| How Long? | | |
| Address | | |
| City/State/Zip | | |
| City/State/Zip Telephone # | | |
| - | | |

Real Estate

When valuing real estate, indicate the appraised tax value from your yearly property tax statement or, alternatively, base the value upon what similar properties in your area are bringing.

YOUR HOME:

| Address | Amount Owed | \$ |
|---------|-----------------|----|
| | Monthly Payment | \$ |
| | Market Value | \$ |
| | Lienholder Name | |
| | | |

OTHER REAL ESTATE

| Address | Amount Owed | \$ |
|---|-----------------|----|
| | Monthly Payment | \$ |
| | Market Value | \$ |
| | Lienholder Name | |
| | | |
| Who owns it? □ Husband □ Wife □ Joint □ Community | | |

Personal Property

You are required to list everything you own, no matter how trivial. As a practical matter, it is very likely that everything you own is exempt, and you'll be able to keep it (this is something we'll talk about together, especially if there is a problem), but you are still required to list everything. They want you to take the form seriously.

When filling out this part of the worksheet, use a "used replacement value" without deductions for cost of sale or marketing. That means the price a retail merchant would charge for property of that kind considering the age and condition for the property at the time the value is determined (consignment shops, eBay, etc.). Cars should be valued a Blue Book. Kelly Blue Book is available on-line at KBB.com.

Please use additional sheets if you are asked to list each piece of property separately.

Indicate who owns each item by entering one of the following in the column labeled "Owner":

Type of Property Value Liens 1. Cash on Hand \$ \$ Description: \$ \$ Owner? 2. Checking/Savings Accounts, Thrift Accounts, CDs, etc. Value Liens Type of Account Owner Value Liens \$ \$ \$ \$

H=Husband W=Wife J=Joint C=Community

| | | | \$ | \$ |
|---|----------|-------|---------------|----------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| urity Deposits with Landlords, Utilities, | etc. | - | | |
| Holder's Name | | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |
| sehold Goods and Furnishings | | | \$ | \$ |
| Item | Quantity | Owner | Value | Liens |
| □ Television | Quantity | Owner | \$ | \$ |
| Entertainment Center | | | \$ | \$ |
| □ Stereo Receiver | | | \$ | \$ |
| DVD Player | | | \$ | \$ |
| | | | \$ \$ | \$ |
| □ CD Player | | | \$ | \$ \$ |
| CD Player Record Player | | | \$ | <u>ه</u> \$ |
| □ Record Player □ Speakers | | | \$ \$ | ⊅ \$ |
| Recliner | | | | <u>ه</u> \$ |
| Coffee Tables | | | \$ | \$ \$ |
| | | | \$ | |
| End Tables | | | \$ | \$ |
| Lamps Discussion | | | \$ | \$ |
| | | | \$ | \$ |
| □ Other Musical Instrument: | | | \$ | \$ |
| Computer Equipment | | | \$ | \$ |
| Dinner Table | | | \$ | \$ |
| Dining Chairs | | | \$ | \$ |
| Stove/Oven | | | \$ | \$ |
| Dishwasher | | | \$ | \$ |
| Microwave | | | \$ | \$ |
| Refrigerator | | | \$ | \$ |
| Freezer | | | \$ | \$ |
| Dresser | | | \$ | \$ |
| Armoire | | | \$ | \$ |
| Nightstand | | | \$ | \$ |
| | | | \$ | \$ |
| □ Bed | | | \$ | \$ |
| Miscellaneous | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

| Itom | Quanti |
|---|--------|
| 5. Books, Pictures, Music, Art, and Other Collections | |

| ltem | Quantity | Owner | Value | Liens |
|---------------------------|----------|-------|-------|-------|
| 🗆 Books | | | \$ | \$ |
| □ Pictures | | | \$ | \$ |
| 🗆 Stamps | | | \$ | \$ |
| 🗆 Art | | | \$ | \$ |
| Antiques (please specify) | | | \$ | \$ |
| □ Figurines | | | \$ | \$ |
| □ Statues | | | \$ | \$ |
| □ Sports Cards | | | \$ | \$ |
| Sports Memorabilia | | | \$ | \$ |
| □ Movies | | | \$ | \$ |
| 🗆 Music | | | \$ | \$ |
| | | | \$ | \$ |

| | | | \$ | \$ |
|-----------------|----------|-------|-------|-------|
| | | | \$ | \$ |
| 6. Clothing | Quantity | Owner | Value | Liens |
| Wearing Apparel | | | \$ | \$ |
| □ Accessories | | | \$ | \$ |
| □ Shoes | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

| Item | Quantity | Owner | Value | Liens |
|--|---------------|-------|-------------------|-------------------|
| □ Wedding Rings | | | \$ | \$ |
| □ Engagement | | | \$ | \$ |
| □ Watches | | | \$ | \$ |
| □ Fur Coats | | | \$ | \$ |
| ☐ Miscellaneous | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| 3. Firearms, Sports, Photographic, and/or Hobby E | | | | |
| ltem | Quantity | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| 9. Life or other Insurance Policies (The amount of o | cash to which | | | Liana |
| Issuer of Policy | | Owner | Value \$ | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |
| 10. Annuities | | | Ψ | Ψ |
| Issuer | | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |
| 1. Education IRAs or State Tuition Plans | | | | |
| Account | | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |
| 12. IRAs, ERISA, Keogh, or Other Pension Plans | | • | | |
| Company/Issuer | | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | | |
| | | | C | |
| 13. Stocks and/or Interests in Business(es) | | | \$ | \$ |
| | No. Shares | Owner | • | · · |
| 13. Stocks and/or Interests in Business(es) Company | No. Shares | Owner | Value | Liens |
| 13. Stocks and/or Interests in Business(es) Company | No. Shares | | • | · · |
| Company | No. Shares | | Value \$ | Liens |
| Company 14. Interests in Partnerships or Joint Ventures | | | Value \$ \$ | Liens \$ \$ |
| Company | No. Shares | | Value \$ \$ | Liens |

| | | | | |
|--------|---------------------------------|-------|-------|-------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| 5. Gov | vernment and/or Corporate Bonds | | | |
| | Company or Govt. Entity | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |
| 6. Acc | ounts Receivable | | | |
| | Account | Owner | Value | Liens |
| | | | \$ | \$ |
| | | | \$ | \$ |

| 7. Alimonv. Maint | enance, or Other Support or Set | tlements | | | |
|----------------------------|--|---------------|---------------------|----------|--------------|
| , , | Item | | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| 8. Other Liquidate | d Debts INCLUDING TAX REFUND(S) |) | 1 | | |
| Tax Year | Name of Filer (if tax refu | und) | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
|). Future Interest | s, Life Estates, etc. | | | | |
| | ltem | % Interest | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| <u>). Interest in Esta</u> | te of Decedent, Death Benefit Pla | | | | |
| | ltem | % Interest | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | nt and Unliquidated Claims Not | Listed | | t | <u> </u> |
| ltem | | | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | ghts, and Other Intellectual Pro | | - | | |
| | Patent number(s), product(s), et | с. | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| <u>. Licenses, Fran</u> | chises, or other Intangibles | | • | N 1 | |
| | ltem | | Owner | Value | Liens |
| | | | | \$ \$ | \$ |
| | | | | | \$ |
| . Customer Lists | or Other Lists Containing Perso | onal Informat | | | |
| | ltem | | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| <u>. Automobiles, N</u> | otorcycles, Trailers, Mobile Hon | nes, other ve | | N 1 | |
| | Year, Make, and Model | | Owner | | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ \$ | \$ |
| Booto Motoro | and Accessories | | | Φ | Φ |
| | ar, Make, and Model or Engine T | Typo | Owner | Value | Liens |
| Te | ai, make, and model of Engine I | Jhe | Jwner | \$ | \$ |
| | | | | \$ | \$ |
| . Aircraft and Ac | cessories | | I | Ψ | Ψ |
| | ear, Make, and Model or Access | orv | Owner | Value | Liens |
| • | ear, mane, and model of Access | J | | \$ | \$ |
| | | | | \$ | \$ |
| Office Equipme | nt, Furniture, and Supplies (\Box S | tatement atta | ched) | T T | * |
| | Item | Quantity | | Value | Liens |
| | Itelli | Quantity | o wiler | \$ | \$ |
| | | | | \$ | \$ |
| | | | | э \$ | \$ |
| Tools of Trada | Machinery, Fixtures, and Equip | mont/Supplia | e Heed ^s | | |
| | - | | | | |
| | Item | Quantity | Owner | | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| . Inventory (니 St | atement attached) | - | - | | |
| | Item | Quantity | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | | |

| | Animal | Quantity | Owner | Value | Liens |
|----------------|---------------------------------|------------|-------|-------|-------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| 32. Crops Gro | wing or Harvested | | | | • |
| | Crop | Quantity | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| 33. Farming E | quipment or Implements | | | | |
| | ltem | Quantity | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| 34. Farming S | upplies, Chemicals, and Feed | | | | • |
| | ltem | Quantity | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| 35. Other Pers | onal Property (Items not alread | y listed.) | | | • |
| | ltem | Quantity | Owner | Value | Liens |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

Creditors

Do not list your creditors. We will pull your credit report. We also request that you bring us copies of all your current bills and collection letters. We will scan the documents and return the originals to you. We will create a list of creditors for you to review.

Leases and Contracts

| | QUESTION | | | |
|--------------------------------------|---|--|--|--|
| Executory contracts in | nclude contracts for services, leases, contracts for deed, contracts for sale, cell phone contracts, etc. | | | |
| Please list all parties | to the contract or lease, describe the nature of the interest, and attach copies of the lease or | | | |
| contract to this pacl | kage. Please indicate whether you wish to assume (keep) or reject (end) the contract or lease by | | | |
| circling "Y" or "N" wh | nen asked. | | | |
| DESCRIPTION | NAME & ADDRESS OF PARTY ON CONTRACT/LEASE: | | | |
| ASSUME? Y or N | | | | |
| DESCRIPTION | NAME & ADDRESS OF PARTY ON CONTRACT/LEASE: | | | |
| ASSUME? Y or N | | | | |

Monthly Income

We Need 6 Months Paystubs!

| | Primary Debtor | | Spouse | e/Joint Debtor |
|--------------------|-----------------------|--------|-----------------------|----------------|
| | Job #1 | Job #2 | <u>Job #1</u> | Job #2 |
| Pay Interval | | | | |
| (monthly, semi-mon | thly, weekly, bi-week | ly) | | |
| Gross \$/Month | <u>\$</u> | \$ | \$ | \$ |
| Deductions: | | | | |
| FIT/State | \$ | \$ | <u>\$</u> | \$ |
| FICA/Medicare | <u>\$</u> | \$ | <u>\$</u> | \$ |
| Insurance | \$ | \$ | \$ | \$ |
| Union Dues | <u>\$</u> | \$ | <u>\$</u> | \$ |
| Retirement | \$ | \$ | \$ | \$ |
| Other (1)* | \$ | \$ | \$ | \$ |
| (see below) | | | | |
| Income from other | sources: | | | |
| Business | \$ | | \$ | _ |
| Property Rental | \$ | | \$ | |
| nterest/Dividends | \$ | | \$ | |
| Alimony/Support | \$ | | \$ | _ |
| Govt. Assistance | \$ | | \$ | |
| Retirement/ | \$ | | \$ | _ |
| Pension | | | | |
| Other (2)** | \$ | | \$ | _ |
| (see below) | | _ | | _ |
| Month | ly Net Income \$ | | Monthly Net Income \$ | |

TOTAL MONTHLY HOUSEHOLD INCOME: \$

Please describe any anticipated changes in household income during the next 12 months.

| *Other (1): Calculate the total amount of | all other deductions and |
|---|--------------------------|
| enter it in the "Other (1)" entry above. | Please detail each item |
| and amount below: | |

| Debtor | Spouse |
|--------|--------|
| | |

******Other (2): Calculate the total amount of all other sources of income and enter it in the "Other (2)" entry above. Please detail each item and amount below:

| Debtor | Spouse |
|--------|--------|
| | |
| | |

_ _

Monthly Expenses

For variable expenses, figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance payments. Do not include any expenses that are deducted from your pay. If home insurance and property taxes are included in your mortgage payment, do not list them separately.

| Mortgage/Rent \$ | Includes taxes and insurance? \Box Yes \Box No. If No, specify amounts below. |
|-----------------------|---|
| Property Tax\$ | |
| Insurance\$ | If you have renter's insurance, include it here. |
| H.O.A\$ | Any homeowner's association dues |
| Utilities | |
| Electricity\$ | |
| Gas\$ | |
| Water/Sewer\$ | |
| Cable T.V.\$ | |
| Internet | |
| Telephone | |
| Home | |
| Mobile\$ | |
| Pager <mark>\$</mark> | |
| Home Maintenance \$ | |
| Food/Toiletries \$ | |
| Clothing \$ | |
| Laundry/Dry Clean \$ | |
| Medical | Do not include monthly ins. premiums or items deducted from your pay. |
| Medical\$ | Regular doctor visits or other regular services paid out of pocket. |
| Dental\$ | Regular dental visits or payments paid out of pocket. |
| Prescriptions\$ | |
| Transportation \$ | Fuel, oil, registration, annual maintenance, etc. Not vehicle payments. |
| Recreation\$ | Clubs, entertainment, newspapers, magazines, etc. |
| Charity \$ | Do not include items deducted from your paycheck. |
| Insurance | Do not include if these payments are deducted from your paycheck. |
| Life\$ | |
| Auto | |
| Health\$ | Do not list deposits for Health Savings Accounts. Please see next page. |
| Other\$ | \Box Check this box if you used the back or attached additional pages. |
| Taxes\$ | Do not include taxes deducted from pay or included in mortgage pmt. |
| Specify: | |
| Installments | |
| Auto 1 | |
| Auto 2 | |
| Other \$ | □ Check this box if you used the back or attached additional pages. |
| Childcare\$ | P-0-2 |
| Support\$ | Alimony, maintenance, and support paid to others. |
| Other Support\$ | Support of dependents not living in your home (for college see next page). |
| Business\$ | Regular business expenses (see <i>Business Budget</i> or attach statement). |

Other Household Expenses

Do not enter amounts for items already deducted from your paycheck or listed above. Again, for yearly or semi-annual expenses, please enter the monthly average.

| Higher Education |] |
|-------------------|---|
| College Tuition | \$ For: 🗆 Self 🗖 Spouse 🗇 Dependent |
| College Expenses | \$ For: 🗆 Self 🗆 Spouse 🗆 Dependent |
| College Sav. Plan | \$ Personal or State sponsored savings plans? |
| Private Schooling | \$ |
| Special Needs | \$ Education for Special Needs children at home or living elsewhere. |
| HSA | \$ Health Savings Account payments. |
| Land Maintenance | \$ Please enter the total amount necessary to maintain any land you own. |
| | (Examples include brush clearing, well maintenance, fencing, dusting, etc.) |
| Land Taxes | \$ Taxes on land other than your homestead. |
| Septic | \$ Maintenance and repair of any septic system(s). |
| Bldg. Maintenance | \$ Maintenance of buildings/structures you own that are not your homestead. |
| Farming Vehicles | \$ Maintenance and repair of any farming vehicles. |
| Farming Equip | \$ Tools and equipment repaired or purchased. |
| Other | \$ Specify: |
| | |
| | \$ Specify: |
| | |
| | \$ Specify: |
| | |
| | \$ Specify: |
| | |
| | \$ Specify: |
| | |

Please describe any special circumstances or changes expected to occur in the next 12 months:

Business Income & Expenses

Please enter your business income and expenses below. If you have a detailed statement, please submit that instead. Use a separate sheet if additional space is needed.

A. Gross Business Income for Previous 12 Months

| Previous Income | \$ |
|-----------------|----|
|-----------------|----|

| B. Gross Monthly I | ncome |
|--------------------|-------|
| Current Income | \$ |

| TOTAL | INCOME | \$ |
|-------|--------|----|

C. Estimated Average Future Monthly Expenses

| Payroll | \$ |
|------------------|------------------------------------|
| Payroll Taxes | \$ |
| Unemployment Tax | \$ |
| Worker's Comp | \$ |
| Other Taxes | \$ |
| Specify: | |
| Inventory | \$ Inventory purchases |
| Consumables | \$ Feed, fertilizer, food, etc. |

| Rent/Lease | \$ |
|-------------------|--|
| Utilities | \$ |
| Supplies | \$ |
| Maintenance | \$ Average your yearly expenses on maintenance and repairs |
| Vehicle Expenses | \$ Fuel, oil, registration, annual maintenance, etc. |
| Entertainment | \$ Travel, food, hotel, flight, etc. |
| Equipment Rental | \$ |
| Fees | \$ Any professional/business fees. |
| Insurance | \$ |
| Employee Benefits | \$ |
| Debt Payments | \$ Enter the total amount here. Use the back or additional paper if needed. |
| Specify: | |
| Other Expenses | \$ Enter the total amount here. Use the back or additional paper if needed. |
| Specify: | |
| | |
| τοται | \$ |

Statement of Financial Affairs

1. Income from employment or operation of business

State the <u>gross</u> amount of income received from employment, trade or profession, or from operation of your business from the beginning of this calendar year to the date this case was filed. State also the <u>gross</u> amounts received during the **two years** immediately preceding this calendar year. (A client that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the client's fiscal year.) If a joint case is filed, state income for each spouse separately. (Married clients filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| YEAR | INCOME | AMOUNT | SOURCE (if more than one) |
|----------|--------|--------|---------------------------|
| | Debtor | \$ | |
| 2015 YTD | Spouse | \$ | |
| | Debtor | \$ | |
| 2014 | Spouse | \$ | |
| | Debtor | \$ | |
| 2013 | Spouse | \$ | |

2. Income other than from employment or operation of business for past 24 months.

State the amount of income received by you or your spouse (even if your spouse is not filing) other than from employment, trade, profession, or operation of the client's business during the two years immediately preceding the filing of this case. Give particulars. If husband and wife file jointly, state income for each spouse separately.

| YEAR | INCOME | AMOUNT | SOURCE (if more than one) |
|----------|--------|--------|---------------------------|
| | Debtor | \$ | |
| 2015 YTD | Spouse | \$ | |
| | Debtor | \$ | |
| 2014 | Spouse | \$ | |
| | Debtor | \$ | |
| 2013 | Spouse | \$ | |

3. Payments to creditors (*Complete a., b., as appropriate, and c.*)

a. List all payments to any creditors by you or your spouse totaling more than \$600 made within 90 days immediately preceding the filing of this case.

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | PMT. AMOUNT OR TOTAL OF ALL PMTS. | AMOUNT STILL OWING |
|---------------------------------|----------------------|--------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

b. Debtor whose debts are **not** primarily consumer debts. List each payment or other transfer to any creditor made within the last 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfers is more than \$5,000.

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | PMT. AMOUNT OR TOTAL OF ALL PMTS. | AMOUNT STILL OWING |
|---------------------------------|----------------------|--------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

c. **Payments to** <u>insiders</u> within past year. List all payments made by you or your spouse within **one year** immediately preceding the filing of this case to or for the benefit of creditors who are or were insiders. (NOTE: An "Insider" will generally be your family and business relations.)

| NAME AND ADDRESS OF PAYEE AND RELATIONSHIP TO YOU | DATES OF PAYMENTS | PMT. AMOUNT OR TOTAL OF ALL PMTS. | AMOUNT STILL OWING |
|---|----------------------|--------------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

4. Suits and administrative proceedings, executions, garnishments and attachments

a. In which you were a party in the last 12 months. List all suits to which you or your spouse are or were a party within one year immediately preceding the filing of this bankruptcy case.

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|------------------------------------|----------------------|---------------------------------|-----------------------|
| | | | |
| | | | |

b. **Property seized in past 12 months.** Describe all property that has been attached, garnished or seized under any legal or equitable process for the benefit of another within **one year** immediately preceding the filing of this case.

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED (CREDITOR) | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|--|-----------------|-----------------------------------|
| | | |
| | | |
| | | |

5. Repossessions, foreclosures and returns in past 12 months

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 filing of this case.

| DATE | DESCRIPTION AND VALUE OF PROPERTY |
|------|-----------------------------------|
| | |
| | |
| | |
| | |
| | DATE |

6. Assignments and receiverships

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

| NAME AND ADDRESS OF ASSIGNEE | DATE | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|------|-----------------------------------|
| | | |
| | | |
| | | |

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the filing of this case.

| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE, TITLE & NO. | DATE OF ORDER | DESCRIPTION AND VALUE OF PROPERTY |
|-------------------------------|---|---------------|--------------------------------------|
| | | | |
| | | | |
| | | | |

7. Gifts within past 12 months

List all gifts or charitable contributions made by you or your spouse within **one year** immediately preceding the filing 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. If you listed charitable contributions as a monthly expense, information regarding such contributions must be provided below.

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP | DATE OF GIFT | DESCRIPTION AND VALUE |
|--|--------------|--------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Losses: fire, theft, gambling or casualty losses within past 12 months

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

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE. GIVE PARTICULARS | DATE OF LOSS |
|-----------------------------------|--|--------------|
| | | |
| | | |
| | | |

9. Payments related to debt counseling or bankruptcy within past 12 months

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

| NAME AND ADDRESS OF PAYEE | WHO PAID THE FEE? | DATE OF PAYMENT | AMOUNT OF PAYMENT |
|---|-------------------|-----------------|-------------------|
| Mark Ian Agee, Attorney at Law, 6318 E. Lovers Lane, Texas 75214, (214) 320-0079; (214) 320-2966 Fax, Mark@DallasBankruptcyLawyer.com www.DallasBankruptcyLawyer.com | | | |

10. Any and all other transfers within past 12 months

a. List all other property of any kind, other than property transferred in the ordinary course of the business or financial affairs of the client, transferred by you or your spouse within one year immediately preceding the filing of this case.

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO CLIENT | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|------|---|
| | | |
| | | |
| | | |

b. List all other property transferred by the debtor within 10 years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| TRUST OR OTHER DEVICE | DATE TRANSFERRED | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|-----------------------|---------------------|---|
| | | |
| | | |
| | | |

11. Financial accounts and instruments (CDs, etc.) closed, sold, or transferred within past 12 months.

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 filing of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions.

| FINAL BALANCE | DATE OF SALE |
|---------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | FINAL BALANCE |

12. Safe deposit boxes where you had things in past 12 months

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

| NAME AND ADDRESS OF BANK & DATE OF TRANSFER OR SURRENDER, IF ANY | CONTENTS |
|--|----------|
| | |
| | |
| | |
| Date Transferred/Surrendered: | |
| NAMES AND ADDRESSES OF THOSE WITH ACCESS | |

13. Setoffs

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

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT |
|------------------------------|----------------|--------|
| | | |
| | | |
| | | |
| | | |

14. Property held for another person

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

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY |
|---------------------------|-----------------------------------|
| | |
| | |
| | |
| | Value: |
| OCATION OF PROPERTY: | |
| | |
| | |

15. Prior address within past 24 months.

If you have moved within the **two years** immediately preceding the filing of this case, list all premises which you occupied during that period and vacated prior to the filing of this case. If a joint petition is filed, report also any separate address of either spouse.

| NAME(S) USED | DATES OF OCCUPANCY |
|--------------|--------------------|
| | |
| | |
| | |
| | |
| | NAME(5) USED |

16. Spouses and Former Spouses.

If the debtor resides 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 **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME AND ADDRESS OF CURRENT/FORMER SPOUSES

17. Environmental Information.

a. List the name and address of every site for which the debtor has 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:

| ENVIRONMENTAL LAW VIOLATION |
|-----------------------------|
| |
| |
| DATE OF NOTICE |
| |
| |
| |

b. List the name and address of every site for which the debtor 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.

| ENVIRONMENTAL LAW VIOLATION |
|-----------------------------|
| |
| |
| |
| DATE OF NOTICE |
| |
| |
| |

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------|-----------------------|
| | |
| | |
| | |
| | |
| | DOCKET NUMBER |

18. Nature, location and name of business

a. List the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the client 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 filing of this case, or in which the client owned five percent or more of the voting or equity securities within the six years immediately preceding the filing of this case.

| NAME, ADDRESS, AND TAXPAYER I.D. | NATURE OF BUSINESS | BEGINNING AND ENDING |
|----------------------------------|--------------------|----------------------|
| | | DATES OF OPERATION |
| | | From: |
| | | |
| | | |
| | | |
| | | |
| | | То: |
| Tax I.D. No. | | |

| | From: |
|---------------|-------|
| | |
| | |
| Tax I.D. No.: | To: |

b. Identify any business listed in response to subdivision "a," above, that is "single asset real estate. "Single asset real estate" means real estate constituting a single property or project, other than residential real estate with fewer than four (4) residential units, which generates substantially all of the gross income of a debtor and on which no substantial business is being conducted by a debtor other than the business of operating the real estate and activities incidental thereto having aggregate, non-contingent, liquidated secured debts in an amount no more than \$4,000,000.

NAME AND ADDRESS

Business Section

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 your books of account and records.

| NAME AND ADDRESS | DATE(S) SERVICES RENDERED |
|------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 client.

| NAME AND ADDRESS | DATE(S) SERVICES RENDERED |
|------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |

c. **People in possession of books and records.** List all firms or individuals who at the time of the filing of this case were in possession of your books of account and records. If any of the books of account and records are not available, explain.

NAME AND ADDRESS

d. **People who received financial statements within past 24 months.** List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the filing of this case by the client.

| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|
| | |
| | |
| | |

20. Inventories

a. **Last two inventories.** 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 value basis (market or other) of each inventory

| DATE OF INVENTORY | SUPERVISOR | DOLLAR AMOUNT |
|-------------------|------------|---------------|
| | | |
| | | |
| | | |

b. List the name and address of the person having possession of the records of each of the two inventories reported in "a", above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

Date of Inventory:

21. Current Partners, Officers, Directors and Shareholders

a. **Partners of a partnership.** If you are a member of a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST |
|------------------|------------------------|
| | |
| | |
| | |
| | |
| | Percentage Interest: % |
| | |
| | |
| | |
| | Percentage Interest: % |

b. **Officers, Directors and Shareholders of a Corporation.** 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 five percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS OF OFFICER | TITLE OF OFFICER |
|-----------------------------|------------------------|
| | |
| | |
| | |
| | Percentage Interest: % |
| | |
| | |
| | |
| | Percentage Interest: % |

22. Former partners, officers, directors and shareholders who withdrew in past 12 months.

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

| NAME AND ADDRESS OF MEMBER | DATE OF WITHDRAWAL | | |
|----------------------------|--------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| | NAME AND ADDRESS | | | | | | |
|----------------------|------------------|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Date of termination: | | | | | | | |

23. Withdrawals and distributions from a partnership or corporation within past 12 months.

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, etc. - exercised and any other perquisite during one year immediately preceding the filing of this case.

| NAME & ADDRESS OF RECIPIENT AND RELATION TO YOU/YOUR BUSINESS | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION OF PROPERTY | | |
|--|-----------------------------------|---|--|--|
| | | | | |
| Relation: | | | | |

24. Tax Consolidation Group. If your business is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which your business has been a member at any time within the six-year period immediately preceding the filing of the case.

NAME OF PARENT CORPORATION

Taxpayer I.D. No.:

25. Pension Funds. If your business is to be the debtor (filer of bankruptcy), list the name and federal taxpayer identification number of any pension fund to which your business, as an employer, has been responsible for contributing at any time within the **six-year** period immediately preceding the filing of the case.

NAME OF PENSION FUND

Taxpayer I.D. No.:

The answers to these questions are correct. I understand that they will be used to prepare my documents which will be filed with the court and which I will sign under penalty of perjury. I consent to my spouse being informed of the information in this document.

| Date: | | | | |
|-------|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signed:_____

Print name:_____