

Assets for Protection

Real Estate

Type of real estate (check one) _____ House _____ Condominium _____ Land _____ Other

Names on Deed or Title _____

Address: _____

Name of mortgage company _____

Name of mortgage company _____

Are you behind on mortgage payments? (Please circle one) Yes / No

If yes, Collection Attorney _____

Real Estate

Type of real estate (check one) _____ House _____ Condominium _____ Land _____ Other

Names on Deed or Title _____

Address: _____

Name of mortgage company _____

Name of mortgage company _____

Are you behind on mortgage payments? (Please circle one) Yes / No

If yes, Collection Attorney _____

Cash _____ if joint filing include spouse's Cash

How much cash to you have in your wallet?

Bank Accounts:

Bank Name _____ Account type _____ Balance _____

Bank Name _____ Account type _____ Balance _____

Bank Name _____ Account type _____ Balance _____

Security Deposits

Landlord _____ Amount _____

Utility _____ Amount _____

Household Goods:

Approximate *yard sale value* for contents of home including televisions, computers, furnishings

Collectibles:

Books, Paintings, Art, Stamps, Coins, Music Collections

Please list with approximate value.

Clothing:

Approximate resale value: _____

Furs or Jewelry:

Including watches please list items and value at resale. Also please indicate if any items are insured with homeowner policy.

Firearms, Sporting Goods, Hobby Equipment and Photographic Equipment

Please list with approximate value

Interest in insurance policies:

List company and type of insurance _____

Annuities:

Itemize and list each issue _____

Interest in Education IRA

Please list _____

Interest in IRA, ERISA, Keogh, Pension or other Profit Sharing Plan:

Itemize: _____

Stock or Interest in any company incorporated or unincorporated:

Interests in partnerships or joint ventures:

Itemize: _____

Interest in Government or Corporate Bonds either negotiable or nonnegotiable

List _____

Accounts Receivable:

List collectable accounts: _____

Alimony, Maintenance, Child support, and Settlements:
List payee and amount:

Other liquidated debts owed, including tax refunds:
Give particulars:

Equitable or Future interest, life estates and rights or powers exercisable for the benefit of the debtor:
Please list:

Contingent and noncontingent interests in estate of a decedent, death benefit plan life insurance policy or trust.
Give Particulars:

Other contingent and unliquidated claims of every nature including tax refunds, lawsuits
List each with an estimated value:

Patents copyright and other intellectual property
Give particulars:

Licenses, franchises, and other general intangibles
Please list:

Customer Lists and other compilations containing personal identifiable information provided in connection with obtaining a service from the debtor:

Automobiles, trucks, trailers and other vehicles and accessories

Please list or provide registration and Mileage:

Make _____ Model _____ Year _____ Mileage _____

Make _____ Model _____ Year _____ Mileage _____

Make _____ Model _____ Year _____ Mileage _____

Boats Motors and accessories

Please List:

Aircraft and accessories

Please List:

Office Equipment, furnishings and supplies, machinery, fixtures, equipment and supplies used in business

See attached

Inventory:

Animals:

Crops(growing or harvested); Farming Equipment and implements; Farm Supplies, chemicals and feed:

Give particulars:

Other personal property of any kind not already listed

Itemize:

HOME BASED BUSINESS OWNERS

If you have operated a business inside or outside of your home during the past 12 months, please list below the **normal** income and expenses your business generated for an **average** month. If you did not have an average monthly income due to extreme highs and lows in your business, estimate your total yearly income and divide by 12 to get the average monthly income. Use the same method of determining your average monthly expenses and enter those figures into the spaces below:

Average monthly business income \$ _____

Did you withhold any earnings for tax purposes? Yes No

If yes, how much did you withhold monthly? \$ _____

Average monthly business expenses (if applicable)

Rent and utilities \$ _____

Office Supplies \$ _____

Product Supplies \$ _____

Wages \$ _____

Equipment Leases \$ _____

Other Business Leases \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Average Monthly Income \$ _____

Total Average Monthly Expenses \$ _____

Average Monthly Business Profit \$ _____

Did you file income taxes for the years you operated your business? Yes No

If not, what years did you NOT file taxes? _____

STATEMENT OF AFFAIRS (1 of 11)

The following pages contain extremely **IMPORTANT QUESTIONS**, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of all spouses (past and present) that you have been married to, as well as the dates you were married to this spouse:

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials?

Yes No

If so, list the name and address of every site for which you have 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.

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental Unit _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.)

Yes No

Name of person _____

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet?

Yes No

If so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort?

Yes No

If so, provide details: _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name?

Yes No

Year, Make, Model of Vehicle _____

Whose name is the motor vehicle titled to? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

STATEMENT OF AFFAIRS (2 of 11)

Are you buying any of your furniture or appliances with installment payments? Yes No

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Are you renting-to-own any of your furniture or appliances? Yes No

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions at the time you obtained the loan? Yes No

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you own or are you buying any tools or equipment that you use for your work? Yes No

Description of Item(s): _____

Value of the item if sold at a flea market or yard sale: _____

If making payments on, who do you pay? _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for \$200 or more in profit? Yes No

Description of Item(s) _____

Value of the item if sold at a flea market or yard sale _____

STATEMENT OF AFFAIRS (3 of 11)

Are you buying any jewelry with installment payments?

Yes No

Description of Item(s)

1. _____ Yard Sale Value _____
2. _____ Yard Sale Value _____
3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you have any animals, livestock or pets you could sell for \$200 or more?

Yes No

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Do you have any checking or savings account(s) at this time?

Yes No

Name of Bank _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number for Checking _____ Present Balance _____

Account Number for Savings (if applicable) _____ Present Balance _____

Name of Second Bank (if applicable) _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number _____ Present Balance _____

Have you closed any bank accounts within the past two (2) years?

Yes No

Name of Bank _____

Address of Bank _____

City _____ State _____ Zip _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance owed: _____

If you did not owe a balance when you closed this account, how much money did you receive? _____

STATEMENT OF AFFAIRS (4 of 11)

Do you or have you rented a safe deposit box during the past two (2) years?

Yes No

Name of Financial Institution _____

Address of Financial Institution _____

City _____ State _____ Zip _____

What are the contents of the safe deposit box? _____

What monthly amount do you pay for rental of this deposit box? _____

If you no longer have the safe deposit box, what date/year did you surrender it? _____

If you transferred the safe deposit box, who did you transfer it to? _____

Do you have a Christmas Club Account or any other special purpose accounts?

Yes No

Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Type of account: _____ Account Number _____

Name(s) on the Account _____ Present Balance _____

Do you currently have any security deposits being held by a utility company?

Yes No

If yes, what is the amount? _____ Name of Utility Company: _____

Address of Utility Company _____

City _____ State _____ Zip _____

Account Number _____ Present Balance _____

** Remember to include any past-due utility bills that you owe from previous addresses on your Debt Sheets.

Do you have any life insurance?

Yes No

Name of Insurance Company _____

If a "whole life" policy -- what is the current cash value? _____

If your life insurance is only payable upon death, what is the face value of the policy? _____

Who is the beneficiary? _____ Relationship _____

** If you have other life insurance policies, please list the information above for each one on BACK of this page.

Do you or your spouse participate in a retirement, 401K or pension plan?

Yes No

Type of pension plan (i.e., 401-K, PERS, etc.) _____

When did you first enroll in this plan? _____ Current cash value: _____

STATEMENT OF AFFAIRS (5 of 11)

Have you set up your own separate retirement not provided by employer? Yes No

Name of Financial Institution (if applicable) _____

Amount in this separate retirement account? _____ Who is the beneficiary? _____

Will you be receiving retirement benefits from a previous employer within the next six (6) months? Yes No

Date you expect to start receiving retirement benefits: _____

Do you have any stocks, bonds (including savings bonds) or mutual funds? Yes No

Type of bond, stock, mutual fund: _____

Does this bond, stock or mutual fund have a cash value? Yes No Cash value: _____

Does you have a cell phone? Yes No

Name of cell phone company _____

Address _____

City _____ State _____ Zip _____

Account Number _____ Date contract began _____

Is this a month-to-month contract? Yes No

If not, what is the length of the contract? 1 year 2 years 3 years Other: _____

What is the normal monthly contract payment? (i.e.: \$19.95, \$29.95, etc) _____

Do you wish to keep the cell phone and continue paying the monthly contract? Yes No

** If you have more than one cell phone, list the same information above on the BACK of this page.

Do you live with a roommate/relative that pays part of your expenses? Yes No

Name of roommate or relative: _____ Relationship? _____

What expenses do they pay? _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From _____ To _____

Do relatives or other parties help to pay part or all of your monthly expenses? Yes No

Name of relatives providing additional support: _____

Relationship of this relative to you: _____

What is the total amount they contribute on a monthly basis to your living expenses? _____

How long have they been paying this amount? From _____ To _____

STATEMENT OF AFFAIRS (6 of 11)

Are you currently attending college?

Yes No

Name of college _____

Anticipated graduation date _____ Major of Study _____

Do you have a student loan?

Yes No

Name of institution you will make payments to: _____

Address _____

City _____ State _____ Zip _____

Date student loan first obtained? _____ Date payment is/was to begin: _____

Total amount to pay off student loan _____ Average monthly payment _____

Do you currently owe any fines? (includes parking tickets, moving violations, etc)

Yes No

Name of court you owe fines to _____

Address _____

City _____ State _____ Zip _____

Date of occurrence _____ Amount owed _____

Case number assigned by court _____ Name of party Husband Wife Other

What was this fine for? _____

If you pay child support, are you currently behind in any payments?

Yes No

Name of person/agency you pay child support to _____

Address _____

City _____ State _____ Zip _____

What is the total amount you owe in back child support? _____

What date (or year) were you supposed to start paying child support? _____

If so, what are the payment arrangements? _____

Even if you never expect to collect any money, does an ex-spouse owe you money for alimony or child support?

Yes No

Name of Ex-Spouse _____

Address of Ex-Spouse _____

City _____ State _____ Zip _____

Total amount he/she owes you _____ Date originally started owing you _____

Has this ex-spouse been court ordered to pay you? _____ Year of court order? _____

STATEMENT OF AFFAIRS (7 of 11)

Over the last year, have you, your children or your spouse been involved in an accident where someone was hurt, for example, a car accident?

Yes No

Date accident occurred _____ Who was at fault? _____

Who was involved in the accident? _____

Was any insurance money received? Yes No If yes, how much? _____

During the next six (6) months, do you expect to inherit anything?

Yes No

How much do you expect to inherit? _____ Date expected _____

Reasons for inheritance _____

During the next six (6) months, do you expect to recover on anyone's life insurance policy?

Yes No

How much do you expect to receive? _____ Date expected _____

Reasons for receiving this money: _____

Do you expect to receive any money from any insurance claim, for any reason, during the next six (6) months?

Yes No

How much do you expect to receive? _____ Date expected _____

Reasons for receiving this money: _____

Are you the beneficiary of a trust fund?

Yes No

What is the amount of the trust fund? _____ Name of trust fund owner _____

Relationship to you: _____ When will you have access to this trust fund? _____

Are you owed any back wages, commissions, or vacation pay from your current or previous employer?

Yes No

Employer Name _____

Amount expected to receive _____ Date expected to receive _____

** Provide details about this amount owed you. (Feel free to use the back of this page if necessary)

Is any of your property in the hands of a repairman, storage company or pawnbroker?

Yes No

Name of Place Holding Your Property _____

Address _____

City _____ State _____ Zip _____

Description of Items and yard sale value:

1. _____ Yard Sale Value _____

STATEMENT OF AFFAIRS (8 of 11)

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

What is the total amount you need to pay in order to get these items released? _____

In the near future, do you expect to settle, win or begin a case for personal injury? Yes No

How much do you expect to receive? _____ Date you expect to receive this money? _____

Provide details about this personal injury claim: _____

Name of attorney or law firm handling this claim? _____

In the near future, do you expect to enter into any property settlement with a former spouse? Yes No

List all items you expect to receive or turn over in the property settlement (including cash): _____

What is the total market value (yard sale value) of these items? _____

When do you expect to receive this money or property? or _____

When do you expect to turn over this cash or property? _____

Does anyone owe you any money for a judgment you have obtained against them? Yes No

Name of party you filed a lawsuit on _____

Address _____

City _____ State _____ Zip _____

Date you filed this lawsuit? _____ Money amount awarded you in judgment: _____

Even if you never expect to collect, does anyone owe you any money for any reason whatsoever? Yes No

Name of Person who owes you money _____

Address _____

City _____ State _____ Zip _____

Explain why they owe you money: _____

Amount they owe you _____ Date they originally started owing you _____

Have you made any payments on your loans or bills other than ordinary payments? In other words, have you made catch-up payments, paid off or borrowed to pay on or off bills or loans? Yes No

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

Name of Creditor You Paid _____

Date Paid _____ Amount Paid _____ Current Balance Due _____

STATEMENT OF AFFAIRS (9 of 11)

Are there any lawsuits pending against you now?

Yes No

Name of party suing you (Plaintiff)? _____

Case Number _____ Date Lawsuit Filed _____

Type of Lawsuit From Court Pleading (Complaint, Summons, etc.) _____

Attorney for the Plaintiff (found on court pleading): _____

Address _____

City _____ State _____ Zip _____

Court when lawsuit was filed (at the top of the pleading) _____

Address _____

City _____ State _____ Zip _____

** If lawsuit is LESS THAN 1 YEAR OLD, please make a copy and include with these forms

Have your wages or property been garnisheed or attached?

Yes No

Who garnisheed your wages or attached your property? _____

When item did they repossess? (If car, provide the year, make, model) _____

How much money do they take from your paycheck? _____ How often is this deducted? _____

Have you returned any property to creditors or was any of your property repossessed from you, sold at foreclosure, transferred through a deed or returned to a seller?

Yes No

What property did you turn over to a receiver? _____

When and where did this take place? _____

Is any of your property in receivership or other legal custody?

Yes No

When did you file your receivership? _____

In what court was this done? _____

Have you made any gifts to friends or relatives?

Yes No

What gifts or transfers have you made? _____

Who did you give the gift to? _____

What date/year did you make the gift? _____ What is the approximate value? _____

Have you transferred any money or property to family members or friends or paid them any money on debts you might owe them?

Yes No

Type of property transferred: _____

What date/year was it transferred? _____ What is the approximate value? _____

STATEMENT OF AFFAIRS (10 of 11)

Have you have any unusual losses, such as fire, theft, gambling or otherwise? Yes No

Type of loss? Fire Theft Gambling Other: _____

What item(s) or amount of money was lost? _____

What date/year was it lost? _____ Amount insurance paid? _____

Have you had any losses covered by insurance? Yes No

Describe loss: _____

Date/year of loss? _____ Amount insurance paid? _____

Have you consulted with any other attorney about your financial affairs or paid money to a debt counseling service? Yes No

Name of attorney or service _____

Address _____

City _____ State _____ Zip _____

Consultation Date _____ Total paid for service _____

Have you filed any bankruptcy within the last eight (8) years? Yes No

Did you file a Chapter 7, Chapter 13, or a Chapter 11? _____

Date your bankruptcy was filed? _____ City, State Filed? _____

Name(s) of persons who filed? _____

Was the case discharged? Yes No Case Number _____

Is anyone holding any property that belongs to you? Yes No

Item(s) in someone else's possession that belong to you? _____

Name of person holding these items: _____

Address _____

City _____ State _____ Zip _____

Beside your current address, have you lived at any other addresses within the past six (6) years? Yes No

Previous Address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

STATEMENT OF AFFAIRS (11 of 11)

Previous Address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Previous Address lived at: _____

City _____ State _____ Zip _____

Time period lived at this address: From (date/year) _____ To (date/year) _____

Name(s) of parties who lived at this address: _____

Have you been self-employed or had any financial interest in any business (or been involved in a partnership with someone who owned a business) within the past eight (8) years? Yes No

Name of business _____

Business address _____

Type of business (what type of products were sold)? _____

Date business began _____ Date business ended _____

Name of your partners, co-investors, or associates? _____

What were your net profits for this year? _____ Last year? _____ 2 Yrs Ago? _____

How much income tax do you pay from the income you make with your business? _____

During the past two (2) years, have either you or your spouse had any other income source outside normal pay from your employer? (includes flea market dealers) Yes No

Income this year? _____ Last year? _____ 2 Yrs Ago? _____

By signing below, I state that all the information provided in the pages of the "Statement of Affairs" is true and correct to the best of my knowledge.

Signature of Debtor #1

Signature of Debtor #2

Date: _____

Date: _____