

LEWIS P. ADAMS AND ASSOCIATES
ATTORNEYS AT LAW

9231-A SOUTH REDWOOD ROAD
WEST JORDAN, UTAH 84088

TELEPHONE (801) 676-1950
FACSIMILE (801) 563-7580

Client Questionnaire - Non-Business
Section 1 - Basic Information

Part A. Name and Address

Name: _____
Last First Middle

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

Telephone Number Home: _____ Work: _____

Social Security Number: _____ DOB: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

Have you lived in Utah for at least 180 days? No Yes For 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

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

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

Telephone Number Home: _____ Work: _____

Social Security Number: _____ DOB: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email: _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? Referral Phone Book Google Yahoo Other

CASH OR MONEY ORDERS ONLY - NO PERSONAL CHECKS ACCEPTED
ALL CHAPTER 7 FEES ARE DUE AT THE TIME OF FILING
PLEASE LEAVE PACKET STAPLED - THE DATA IS PROCESSED IN THE ORDER LISTED

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: _____

Section 2 - Property

Part A. 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 _____
_____ Keep ___ Surrender ___

Owned by Husband, Wife, Joint? _____ Market Value: _____

Provide Copy of most recent tax notice and any recent appraisal. Rental? No Yes Amount: _____

Your % ownership, or \$ amount, if you and spouse are not sole owners _____

List all mortgages, home equity loans, and liens:

Name & Address of Creditor	Account #	Date Incurred	Amount Owed
Complete Address			\$ _____
_____	_____	_____	\$ _____
_____		Pmt include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Insur.? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____
_____			\$ _____
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____
_____			\$ _____
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____

Property 2: Address and description of property _____

Keep__ Surrender__

Owned by Husband, Wife, Joint? _____ Market Value: _____

Provide Copy of most recent tax notice and any recent appraisal. Rental? No Yes **Amount:** _____

Your % ownership, or \$ amount, if you and spouse are not sole owners _____

List all mortgages, home equity loans, and liens:

Name & Address of Creditor	Account #	Date Incurred	Amount Owed
Complete Address			\$ _____
_____	_____	_____	
_____		Pmt include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Insur.? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____
_____			\$ _____
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____
_____			\$ _____
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____

Property 3: Address and description of property _____

Keep__ Surrender__

Owned by Husband, Wife, Joint? _____ Market Value: _____

Provide Copy of most recent tax notice and any recent appraisal. Rental? No Yes **Amount:** _____

Your % ownership, or \$ amount, if you and spouse are not sole owners _____

List all mortgages, home equity loans, and liens:

Name & Address of Creditor	Account #	Date Incurred	Amount Owed
Complete Address			\$ _____
_____	_____	_____	
_____		Pmt include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	Insur.? <input type="checkbox"/> No <input type="checkbox"/> Yes
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____
_____			\$ _____
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____
_____			\$ _____
_____		What was this debt for? Monthly Pmt.	No. Months Behind
_____		\$ _____	_____

Part B. 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 market value as the resale value a retail merchant would charge for your property, considering the age and condition of that property.

Type of Property	Description	Market Value	Creditor, if any	H, W or J	Exemptions
1. Cash on Hand					
2. Bank Accounts checking/savings	(name of bank)				
3. Security deposits					
4. Household goods, furniture, tv stereo, computer, etc.	<input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Stove <input type="checkbox"/> Microwave <input type="checkbox"/> Small appliances <input type="checkbox"/> Sewing Machine <input type="checkbox"/> Pots and Pans <input type="checkbox"/> Dishes & utensils <input type="checkbox"/> Beds (# _____) <input type="checkbox"/> Bedding <input type="checkbox"/> Kitchen Table & Chairs <input type="checkbox"/> Sofa <input type="checkbox"/> Chairs <input type="checkbox"/> Ottoman <input type="checkbox"/> Coffee Table <input type="checkbox"/> End table <input type="checkbox"/> China Cabinet <input type="checkbox"/> Curio Cabinet <input type="checkbox"/> Bookcase <input type="checkbox"/> Entertainment Center <input type="checkbox"/> Dressers (# _____) <input type="checkbox"/> Night stand <input type="checkbox"/> TV <input type="checkbox"/> VCR <input type="checkbox"/> DVD <input type="checkbox"/> Playstation, Xbox, etc <input type="checkbox"/> Stereo, etc. <input type="checkbox"/> Computer, peripherals <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____				§78B-5-505(1)(a)(viii) §78B-5-505(1)(a)(viii) §78B-5-505(1)(a)(viii) §78B-5-505(1)(a)(viii) §78B-5-505(1)(a)(viii) §78B-5-505(1)(a)(viii) §78B-5-506(1)(a) §78B-5-505(1)(a)(viii) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-505(1)(a)(viii) §78B-5-505(1)(a)(viii) §78B-5-506(1)(b) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a) §78B-5-506(1)(a)
5. Books, pictures, music recordings					§78B-5-506(1)(c)
6. Clothing					§78B-5-505(1)(a)(viii)
7. Furs & Jewelry					§78B-5-506(1)(d)

8. Sports & hobby equipment, guns					
9. Life Insurance cash value					§78B-5-505(1)(a)(xiii)
10. Annuities					§78B-5-505(1)(a)(viii)
11. Education IRA, as defined in 26 USC § 530(b)(1)					
12. Pension plans, 401(k), etc.					§78B-5-505(1)(a)(xiv) 29 USC §1056(d)(1)
13. Stocks / Business ownership (Name/LLC/Corp.)					
14. Partnerships					
15. Bonds					
16. Accounts receivable.					
17. Alimony, Child support owed to you					§78B-5-505(1)(a)(vi) §78B-5-505(1)(a)(vii)
18. Other debts owed to you, including Tax refunds					
19. Equitable, future interests, life estates					
20. Interest in trust or inheritance					
21. Other contingent or unliquidated claims, counterclaims					
22. Patents, copyright					
23. Licenses, franchises					
24. Customer List or other compilation					

25. Cars, Trucks, ATVs, Trailers, Snowmobiles and other vehicles					§78-23-8(3)
year, make, model	mileage	Creditor, list complete address			Balance H,W,Jt
Account No. _____	Color _____	_____			Keep ___ Surrender ___
Date incurred _____	_____	_____			Payment _____
year, make, model	mileage	Creditor, list complete address			Balance H,W,Jt
Account No. _____	Color _____	_____			Keep ___ Surrender ___
Date incurred _____	_____	_____			Payment _____
year, make, model	mileage	Creditor, list complete address			Balance H,W,Jt
Account No. _____	Color _____	_____			Keep ___ Surrender ___
Date incurred _____	_____	_____			Payment _____
year, make, model	mileage	Creditor, list complete address			Balance H,W,Jt
Account No. _____	Color _____	_____			Keep ___ Surrender ___
Date incurred _____	_____	_____			Payment _____
year, make, model	mileage	Creditor, list complete address			Balance H,W,Jt
Account No. _____	Color _____	_____			Keep ___ Surrender ___
Date incurred _____	_____	_____			Payment _____
26. Boats, motors					
year, make, model	mileage/hours	Creditor, list complete address			Balance H,W,Jt
Account No. _____	Color _____	_____			Keep ___ Surrender ___
Date incurred _____	_____	_____			Payment _____
27. Aircraft					
28. Office equipment, supplies					
Home use					
Office use					
29. Business Machinery, fixtures, etc.	Place on separate sheet with Values for each item.				§78-23-8(2)
30. Inventory	Place on separate sheet with Values for each item.				

31. Animals	Place on separate sheet with Values for each item., Except house pets.				§78-23-8(1)(c)
32. Crops	Place on separate sheet with Values for each item.				
33. Farming Equipment	Place on separate sheet with Values for each item.				
34. Farm supplies, feed	Place on separate sheet with Values for each item.				
35. Other, not listed above.					

List All obligations owed to any government agency for taxes, fines, child support, alimony, unpaid employee wages, if any. If child support, list both the ex-spouse and ORS.

Name & Address of Creditor *Complete Address*	Account #	Date Incurred	Amount Owed	Husband Wife/Joint (Circle)
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Tax, child support, alimony, etc.)			
_____	_____			

Section 3 - Debts

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

Name & Address of Creditor *Complete Address*	Account #	Date Incurred	Amount Owed	Husband Wife/Joint (Circle) H W Jt
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____			

Name & Address of Creditor *Complete Address*	Account #	Date Incurred	Amount Owed	Husband Wife/Joint (Circle)
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			

Name & Address of Creditor *Complete Address*	Account #	Date Incurred	Amount Owed	Husband Wife/Joint (Circle)
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			

Name & Address of Creditor *Complete Address*	Account #	Date Incurred	Amount Owed	Husband Wife/Joint (Circle)
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			

Name & Address of Creditor *Complete Address*	Account #	Date Incurred	Amount Owed	Husband Wife/Joint (Circle)
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			
_____	_____	_____	_____	H W Jt
_____	Co-Debtor? _____			
_____	What was this debt for? (Auto loan, credit card, medical, etc.)			

Section 4 - 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, cell phones accounts, and service or business contracts.

Name and Address of Creditor *Complete Address*	Account #	Date Incurred	Lease Payment	
_____	_____	_____	_____	H W Jt
_____	What is the debt for? _____			
_____	When does the lease or contract expire? _____			
_____	Assume _____	Reject _____		
_____	_____	_____	_____	H W Jt
_____	What is the debt for? _____			
_____	When does the lease or contract expire? _____			
_____	Assume _____	Reject _____		
_____	_____	_____	_____	H W Jt
_____	What is the debt for? _____			
_____	When does the lease or contract expire? _____			
_____	Assume _____	Reject _____		

Military Service - Are you in the military, active duty, reserves, or National Guard? No Yes

Branch? _____, Rank: _____ Active Reserve

Name of Debtor: _____ National Guard

Active duty after September 11, 2001 for at least 90 days? No Yes

Homeland Defense Activity? No Yes

Date service began: _____ Date Service Ended: _____

Do you have any co-debtors any co-signors on any of the debt you have listed on the previous pages? No Yes

If yes, please provide a complete name and address and the debt for which they are jointly obligated:

Name: _____ Creditor: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Creditor: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 5 - 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

Occupation? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

Second employer? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

Part B. Joint Debtor's Income

Occupation? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

Second employer? _____

Name and address of your employer:

How long have you been employed there? _____

How often do you get paid? once a week

every two weeks twice a month

once a month other _____

*** * * * Please attach copies of at least seven full months pay statements * * * ***

**for each job or source of income. Federal Law requires all pay statements
 or other evidence from your employer of payment.**

If any are missing, we cannot file the case. It will be dismissed.

Other Income:

Child Support \$ _____
 Disability \$ _____
 Retirement \$ _____
 Social Security \$ _____
 Unemployment \$ _____
 Rental \$ _____
 Other \$ _____

Other Income:

Child Support \$ _____
 Disability \$ _____
 Retirement \$ _____
 Social Security \$ _____
 Unemployment \$ _____
 Rental \$ _____
 Other \$ _____

If you have other sources of income not listed above, please explain below.

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year? If so, explain.

Section 6 - 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.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. | your rent or your home mortgage | \$ _____ |
| | Does amount include property taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Second mortgage payment | \$ _____ |
| 2. | electricity and heating | \$ _____ |
| 3. | water and sewage | \$ _____ |
| 4. | telephone service/long distance Land line \$ _____ Cell \$ _____ total | \$ _____ |
| 5. | Do you have any other utility bills? If so, what, and how much per month? | |
| | Cable: _____ Internet: _____ Other: _____ | \$ _____ |
| 6. | home maintenance, including repairs and general upkeep | \$ _____ |
| 7. | food | \$ _____ |
| 8. | clothing | \$ _____ |
| 9. | laundry and dry cleaning | \$ _____ |
| 10. | medical and dental expenses (provide verification) | \$ _____ |
| 11. | transportation (not including car payments) | \$ _____ |
| 12. | entertainment, recreation, newspapers, magazines | \$ _____ |
| 13. | charitable contributions (provide verification) | \$ _____ |
| 14. | insurance (not deducted from paycheck) | |
| | homeowner's or renter's insurance | \$ _____ |
| | life insurance | \$ _____ |
| | health insurance | \$ _____ |
| | auto insurance | \$ _____ |
| | other insurance _____ | \$ _____ |
| 15. | taxes not deducted from paycheck | \$ _____ |
| 16. | installment payments for car, furniture, etc. (Specify) | |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| 17. | alimony, maintenance, support paid to others | \$ _____ |
| 18. | payments for support of dependents not living at home | \$ _____ |
| 19. | mandatory payroll deductions not already listed _____ | \$ _____ |
| 20. | court ordered payments not already listed here _____ | \$ _____ |
| 21. | education necessary to maintain employment | \$ _____ |
| 22. | education for a physically or mentally challenged child | \$ _____ |
| 23. | childcare | \$ _____ |
| 24. | disability insurance | \$ _____ |
| 25. | health care savings accounts | \$ _____ |
| 26. | care for elderly, chronically ill, or disabled family members | \$ _____ |
| 27. | protection from family violence | \$ _____ |
| 28. | education expense for your children under 18 years (provide verification) | \$ _____ |
| 29. | non-mandatory contributions to retirement accounts (including loans) | \$ _____ |
| 30. | other expenses not listed above _____ | \$ _____ |
| | _____ | \$ _____ |

Section 7 - 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 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. State your gross income from employment or a business during the last **two years** and income year-to-date.

NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
2010 year to date			
2009 (January 1 - December 31)			
2008 (January 1 - December 31)			

2. State the amount of income received other than from employment or business during the last **two years**.

NONE

<u>Period</u>	<u>\$ Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
2010 year to date			
2009 (January 1 - December 31)			
2008 (January 1 - December 31)			

3. a. List all payments made to any single creditor that would total more than \$600 within the last **90 days**. (Including house, cars, etc.)

NONE

<u>Name and Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
-------------------------------------	--------------------------	--------------------	--------------------------

- b. List all payments made within the last **year** to those considered to be "insiders" such as relatives, business partners and their relatives, etc.

NONE

<u>Name and Address of Creditor and Relationship to You</u>	<u>Dates of Payments</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
-----------------------------------------------------------------	--------------------------	--------------------	--------------------------

4. a. List all law suits and administrative proceedings to which you were a party. (Attach sheet if necessary.)

NONE

<u>Caption of Suit and Case Number</u>	<u>Nature of Proceeding</u>	<u>Court or Agency and Location</u>	<u>Status or Disposition</u>
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- b. Describe all property that has been garnished, seized, or attached within the last **year**.

NONE

<u>Name and Address of Person/Company for Whom the Property Was Seized (Creditor)</u>	<u>Date of Seizure</u>	<u>Description and Value of Property</u>
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5. List all property that has been repossessed, foreclosed, transferred or returned within the last **year**.

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. a. Describe any assignment of property for the benefit of creditors made within the last **120 days**.

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 the last year.

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. List all gifts or charitable contributions made within the last **year** except usual gifts to family members of less than \$200 in value and charitable contributions of less than \$100.

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. List all losses from fire, theft, gambling or other casualty within the last **year 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. List all payments made to anyone, including attorneys, for debt consultation, bankruptcy advice or preparation of bankruptcy documents within the last **year**.

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. List all property transferred within the last **two years**, other than property transferred in the ordinary course of business. (Including sale of your property) or within **ten years** to a self-settled trust which you are the beneficiary.

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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11. List all financial accounts and instruments which were closed, sold, or transferred within the last **year**.

NONE

<u>Name and Address of Institution</u>	<u>Type and Number of Account & Final Balance</u>	<u>Amount and Date of Sale or Closing</u>
--------------------------------------------	-----------------------------------------------------------	-----------------------------------------------

12. List each safe deposit box or depository containing securities, cash, or other valuables within the last **year**.

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. List all set-offs made by any creditor or bank within the last **90 days**.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Setoff</u>	<u>Amount of Setoff</u>
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14. 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. List all residences during the last **three years**. Do Not include your present address.

NONE

<u>Address</u>	<u>Your Name at the Time</u>	<u>Dates of Occupancy</u>
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16. If you have lived in any of the following locations: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the last **eight-years**, list the name of your spouse or former spouse who lived with you. (Please circle the state.)

NONE

Name

17. a. List any property you have owned or where you have received written notice by any governmental unit regarding any hazardous material or potential liability 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 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

<u>Name and Address of Governmental Unit</u>	<u>Docket Number</u>	<u>Status or Disposition</u>
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- 18 . a. 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 last **six years**, or in which the debtor owned 5 percent or more of the voting stock within the last **six years**.

NONE

<u>Name</u>	<u>Taxpayer I.D. Number</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Beginning and End Dates of Operation</u>
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- b. Identify any business listed, 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, an officer, director, managing executive, or owner of more than 5% of the voting stock of the corporation; a partner, of a partnership; a sole proprietor, or otherwise self-employed within the last six years.

19. a. List all bookkeepers and accountants who, within the last **six years**, kept or supervised the keeping of books of account and records.

NONE

<u>Name and Address</u>	<u>Dates Services Rendered</u>
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- b. List all firms or individuals who, within the last **two years**, have audited the books and records, or prepared a financial statement of the debtor.

NONE

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

NONE

<u>Name and Address</u>	<u>Comments</u>
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- d. List all financial institutions, creditors and other parties, to whom a financial statement was issued by the debtor within the last **two years**.

NONE

<u>Name and Address</u>	<u>Date Issued</u>
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20. 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>
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b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory Name and Address of Custodian of Inventory Records

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

NONE

Name and Address Nature of Interest Percentage of Interest

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

Name and Address Title Nature and Percentage of Stock Ownership

22. a. If your business is a partnership, list each member who withdrew from the partnership within the last year.

NONE

Name and Address Date of Withdrawal

b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within the last year.

NONE

Name and Address Title Date of Termination

23. 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 the last year.

NONE

Name and Address of Recipient, and Relationship to You Date and Purpose of Withdrawal Amount of Money or Description and Value of Property

24. 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 last **six-years**.

NONE

Name of Parent Corporation Taxpayer Identification Number

25. 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 within the last **six-years**.

NONE

Name of Pension Fund Taxpayer Identification Number