

PLEASE NOTE THAT YOU MUST FILL OUT THESE FORMS COMPLETELY. I am not asking for this information simply to be nosey or because I am curious. This packet asks for information that **MUST** be listed in your bankruptcy petition, schedules, and statement of financial affairs. **IT IS CRITICALLY IMPORTANT THAT YOU ANSWER ALL OF THE QUESTIONS COMPLETELY AND ACCURATELY.** MISSING, INCOMPLETE, OR INACCURATE INFORMATION CAN CAUSE BAD THINGS TO HAPPEN TO YOUR CASE. YOUR BANKRUPTCY SCHEDULES WILL BE FILED IN FEDERAL COURT UNDER PENALTY OF PERJURY.

<u>FULL NAME (Last, First & Middle)</u>	<u>FULL NAME (Last, First & Middle)</u>
<u>All other names used in last 8 years</u>	<u>All other names used in last 8 years</u>
SSN:	SSN:
DATE OF BIRTH:	DATE OF BIRTH:
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:
CONTACT INFO: Home: () Cell: () Email:	CONTACT INFO: Home: () Cell: () Email:
MAILING ADDRESS (if different from physical address) (include city, state, zip):	MAILING ADDRESS (if different from physical address) (include city, state, zip):
COUNTY OF RESIDENCE:	COUNTY OF RESIDENCE:
EMPLOYER NAME & ADDRESS:	EMPLOYER NAME & ADDRESS:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
SELF EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATION/JOB TITLE:	OCCUPATION/JOB TITLE:

Have you lived in South Carolina for the past 2 years? Yes No

Has your home been scheduled for a foreclosure sale? Yes No
If yes, when is the Foreclosure Date and Time?

What are you worried about?

- Medical bills Loss of job Foreclosure/Eviction New job with lower income
Repossession Wage Garnishment Utility Shutoff Other: _____
Lawsuits Collection Agencies Credit Card Debt

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? _____

Domestic Relations Order of Support Verification (Please fill out a form for each divorce decree or order of support.)

Case No. _____ Court: _____

Type of Court Ordered Support: Child Spousal None

Name of Payee _____ Phone _____

Address _____

Do you pay support directly to the recipient? If not, please list the name and address of the agency paid below:

Name/Address:

Monthly Payment _____

Amount of support arrears _____

Copy of Divorce Decree or Support Order Attached: Yes No Number of Children _____

(The following information regarding your children is CONFIDENTIAL and is for the use of this LAW OFFICE ONLY.)

Name	Date of Birth	Age	Disabled?
1.			
2.			
3.			

Tax Debt: (Note: If any tax debt – we will need tax transcripts for each year owed.)

1. Do you have any Federal or State Tax debt? Y N

If yes: For what years/amounts do you owe? _____

Did you file your taxes on time those years? Y N

If not filed on time, please explain why they were not filed on time:

Real Estate

Your current residence is (check one): Rented Leased Land Contract Own/Buying

If you rent/lease your home, are you current? No Yes

Please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you own or are buying your home through a mortgage or land contract:

Please provide the following information:

Location of Property: _____

Purchase Date: _____ Purchase Price: _____ Current Value: _____

PLEASE PROVIDE US WITH A COPY OF YOUR TAX APPRAISAL

Name(s) listed on Deed: _____

Name(s) listed on Mortgage: _____

1st Mortgage Information

Equity: _____
(Attorney Only)

Name of Mortgage company: _____

Address: _____

Amount of Debt: \$ _____ Months behind: _____ Monthly payment: \$ _____

Is the home insurance included in your mortgage payment? _____ Property taxes included? _____

Do you have a second mortgage, home equity, home improvement loan, window loan or furnace loan?

Name of Mortgage company: _____

Address: _____

Amount of Debt: \$ _____ Months behind: _____ Monthly payment: \$ _____

Does the second mortgage have any additional security such as vehicles listed as collateral?

If so, please list: _____

***If you have additional mortgages on your real estate or own any other pieces of real estate/empty lots, print out a blank copy of this page and list each additional property.**

WE MUST KNOW ALL THIS INFORMATION FOR EVERY PROPERTY IN WHICH YOU HAVE AN INTEREST.

Have you owned real estate in the last 6 years that is not listed above? No Yes

If yes, please explain: _____

Motor Vehicles/Mobile Homes

Please list all vehicles titled in your name even if you do not owe money on the car/mobile home. If you do not have a vehicle titled in your name, please indicate your method of transportation. Please make sure to provide the year, make, model, and mileage of your vehicle(s). Also, make sure to include any additional identifying information like, "Turbo," "4 Wheel Drive," "Extended Cab," etc. We must obtain market values for each vehicle.

Note: We will need the vehicle loan documents for each vehicle that you are still making payments on (including leased vehicles).

VEHICLE #1

Description (Year/Make/Model): _____

Titled in the name(s) of: _____

[TIP: It's very important how vehicles are titled. Don't guess on this. If you don't know, find out. *DO NOT transfer title to anything without being directed to do so.* All pre-bankruptcy transfers need to be disclosed and will be scrutinized by the trustee.]

Amount owed: _____ Monthly payment : _____

Current Value: _____ Mileage: _____

Equity: _____ Vehicle ID No. (VIN): _____
(For Attorney Only)

Is there any damage? _____

Condition of vehicle (fair, good, excellent) (feel free to explain anything about the vehicle which would affect its value):

Name & Address of Creditor: _____

Date of Purchase (mm/yy): _____ Original Length of Loan: _____

Interest Rate: _____

Is anyone else responsible for this debt? Please note their name, address and relationship to you:

Is this a leased vehicle? _____ When was the vehicle leased? _____
Term of the lease _____

Has this vehicle been repossessed or is it close to being repossessed?

VEHICLE #2

Description (Year/Make/Model): _____

Titled in the name(s) of: _____

[TIP: It's very important how vehicles are titled. Don't guess on this. If you don't know, find out. DO NOT transfer title to anything without being directed to do so. All pre-bankruptcy transfers need to be disclosed and will be scrutinized by the trustee.]

Amount owed: _____ Monthly payment : _____

Current Value: _____ Mileage: _____

Equity: _____ Vehicle ID No. (VIN): _____

(For Attorney Only)

Is there any damage? _____

Condition of vehicle (fair, good, excellent) (feel free to explain anything about the vehicle which would affect its value):

Name & Address of Creditor: _____

Date of Purchase (mm/yy): _____ Original Length of Loan: _____

Interest Rate: _____

Is anyone else responsible for this debt? Please note their name, address and relationship to you:

Is this a leased vehicle? _____ When was the vehicle leased? _____

Term of the lease _____

Has this vehicle been repossessed or is it close to being repossessed?

Do you have any other vehicles even if driven by a relative? If so, please print out additional sheets and provide the information requested above.

Do you have any vehicles which are not titled in your name, but you make all the payments. If so, please discuss this with me and list all the information about the vehicle by printing out additional sheets just as you would for additional vehicles.

[TIP: Vehicles include automobiles, mobile homes, boats, seadoos, snow mobiles, planes, motor homes, etc. Anything movable with a title. Make sure you list all vehicles you own.]

Household Goods and Furnishings

For personal, family and household purposes the replacement value is the value considering the age and condition of the item. **Example:** Assume that you have a DVD player that is 3 years old. You have been using the DVD player regularly and it works. The replacement value for this item would be what a consignment shop, Goodwill or flea market would *price* the item.

[TIP: I have been told by clients that they have no idea what their household goods are worth. I understand these items are difficult to value. Do your best. Trustees are usually not very interested in household goods, and I usually add to the value my clients put on these types of items so everything is covered. Of particular importance is art work, antiques, collectibles, etc.]

Room/Description	Replacement Value	Room Total
Living Room		
Carpets/Rugs	\$ _____	
Sofas, Chairs	\$ _____	
Tables	\$ _____	
Lamps	\$ _____	
Pictures/Mirrors	\$ _____	
Window Coverings	\$ _____	
TVs, Stereos	\$ _____	
Computer	\$ _____	
Other (list)	\$ _____	
Total Living Room		\$ _____
Kitchen		
Appliances	\$ _____	
Small Appliances	\$ _____	
Table, Chairs	\$ _____	
Cookware	\$ _____	
Dishes, Utensils	\$ _____	
Other (list)	\$ _____	
Total Kitchen		\$ _____
Dining Room		
Carpet/Rugs	\$ _____	
Table, Chairs	\$ _____	
Buffet, Sideboard	\$ _____	
China, Glassware	\$ _____	
Silver	\$ _____	
Pictures/Mirrors	\$ _____	
Other (list)	\$ _____	
Total Dining Room		\$ _____
Bedrooms		
Carpet/Rugs	\$ _____	
Beds	\$ _____	
Bedding	\$ _____	
Bureaus, Dressers	\$ _____	
Pictures/Mirrors	\$ _____	
Desk, Chairs, Tables	\$ _____	

TVs, Stereos	\$ _____	
Computer	\$ _____	
Other (list)	\$ _____	
Total Bedrooms		\$ _____
Family Room/Den		
Sofas, Chairs	\$ _____	
Tables, Chairs	\$ _____	
Pictures/Mirrors	\$ _____	
TVs, Stereos	\$ _____	
Computer	\$ _____	
Other (list)	\$ _____	
Total Family Room/Den		\$ _____
Garage/Car Port/Shed		
Tools	\$ _____	
Lawn Mower	\$ _____	
Grill	\$ _____	
Lawn Furniture	\$ _____	
Hobby/Sport Equipment	\$ _____	
Other (list)	\$ _____	
Total Garage/Car Port/Shed		\$ _____
TOTAL HOUSEHOLD		\$ _____

Personal Property

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.

List the value of the property if you would to sell it at a flea market or thrift store.

[TIP: It is very important to list all your property. Make sure you list ALL bank accounts. Make sure you list any claims you have (for example the right to sue someone, or for workers comp, disability, etc). If you fail to list property—especially claims, you may be barred from pursuing those claims once you get out of bankruptcy.]

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
1. Cash on hand			
2. Checking/Savings Account, Certificates of deposit, money markets, other bank accounts		(Bank/checking or savings/acct. no./owner(s) of acct)	

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
3. Security deposits held by utility companies, landlord		Joint – Husband – Wife – Single Please circle one	
4. Household Goods		(See above form)	
5. Books, pictures, art objects, records, compact discs, collectibles, antiques		Joint – Husband – Wife – Single Please circle one	
6. Clothing (used value)		Joint – Husband – Wife – Single Please circle one	
7. Furs and jewelry (list Jewelry and value if you were to sell it)		Joint – Husband – Wife – Single Please circle one	
8. Firearms and sports, photographic, hobby equipment, firearms		Joint – Husband – Wife – Single Please circle one If firearms – we need year/make/model/value of each.	
9. Interest in insurance policies		(Term or Whole life policy?) (If Whole: Need to know Owner and Beneficiary)	
10. Annuities		Joint – Husband – Wife – Single Please circle one	
11. Interests in an Education IRA or Qualified State Tuition Plan		Joint – Husband – Wife – Single Please circle one	
12. Interests in pension or profit sharing plans		Husband or Wife -- Type of plan (401(k), 401(b), etc.	

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
13. Stock and interests in incorporated/unincorporated business		Joint – Husband – Wife – Single Please circle one	
14. Interests in partnerships/joint ventures		Joint – Husband – Wife – Single Please circle one	
15. Bonds (Including Savings bonds)		Joint – Husband – Wife – Single Please circle one	
16. Accounts receivable		Joint – Husband – Wife – Single Please circle one	
Alimony/family support to which you are entitled (are you owed support arrears?)		Joint – Husband – Wife – Single Please circle one	
17. Other liquidated debts owed to you, including tax refunds		Last Year's Refund Fed \$ _____ When did you get it? _____ State \$ _____ When did you get it? _____	
18. Equitable or future interests or life estates		Joint – Husband – Wife – Single Please circle one	
19. Are you expecting to inherit any money or property		Joint – Husband – Wife – Single Please circle one	
20. Are you currently suing anyone or expect to be able to sue someone		Joint – Husband – Wife – Single Please circle one	
21. Patents, copyrights, other intellectual property		Joint – Husband – Wife – Single Please circle one	

Type of Property	Yes/ No	Description & Location	How Much is it Worth?
22. Licenses, franchises		Joint – Husband – Wife – Single Please circle one	
List cars, trucks, fifth wheels, motorcycles, dirt bikes, trailers not previously listed		Joint – Husband – Wife – Single Please circle one	
23. Boats, motors, and accessories		Joint – Husband – Wife – Single Please circle one	
24. Aircraft and accessories		Joint – Husband – Wife – Single Please circle one	
25. Office equipment, supplies		Joint – Husband – Wife – Single Please circle one	
26. Machinery, fixtures etc. for business		Joint – Husband – Wife – Single Please circle one	
27. Inventory from business		Joint – Husband – Wife – Single Please circle one	
28. Animals (including family pets)		Joint – Husband – Wife – Single Please circle one	
29. Crops-growing or harvested		Joint – Husband – Wife – Single Please circle one	
30. Farming equipment and implements		Joint – Husband – Wife – Single Please circle one	
31. Farm supplies, chemicals, feed		Joint – Husband – Wife – Single Please circle one	
32. Other personal property of any kind not listed		Joint – Husband – Wife – Single Please circle one	

Current Income

[TIP: FOR PAY INFORMATION, YOU'LL NEED TO GIVE US PAY STUBS FOR THE LAST SIX MONTHS PRIOR TO THE MONTH IN WHICH YOU FILE BANKRUPTCY. YOU MAY SIMPLY SAY, "SEE PAY STUBS" HERE.

FOR THOSE OF YOU WHO ARE SELF-EMPLOYED, YOU WILL NEED TO GIVE US PROFIT/LOSS STATEMENTS FOR THE SIX MONTHS PRIOR TO YOUR FILING. YOU MAY SAY "SEE PROFIT/LOSS STATEMENTS."

FOR OTHERS, LIST YOUR INCOME BELOW. PLEASE NOTE ANY ANTICIPATED CHANGES—LIKE OVERTIME BEING TERMINATED, ETC.]

Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	List all dependents of you and your spouse, their ages, and their relationship to you:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Name</th> <th style="width: 15%;">Age</th> <th style="width: 20%;">Relationship</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Age	Relationship			
Name	Age	Relationship					

Part A. Debtor's Income

How long have you been employed? _____

Gross per pay \$ _____

Overtime per pay period \$ _____

Taxes/Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

Child Support Deducted \$ _____

Pension/401K \$ _____

Amount You Bring Home \$ _____

Other Sources of Monthly Income:

Rental Property \$ _____

Social Security/Gov. Assistance \$ _____

Pension/Retirement \$ _____

Spousal Support Received \$ _____

Child Support Received \$ _____

Second Job Income Gross \$ _____

How often are you paid? Monthly Twice a month
 Every two weeks Weekly Other (explain): _____

Second Job Net Income \$ _____

TOTAL ADDITIONAL INCOME \$ _____

TOTAL INCOME \$ _____

Part B. Joint Debtor's Income

How long have you been employed? _____

Gross per pay \$ _____

Overtime per pay period \$ _____

Taxes/Social Security \$ _____

Insurance \$ _____

Union Dues \$ _____

Child Support Deducted \$ _____

Pension/401K \$ _____

Amount You Bring Home \$ _____

Other Sources of Monthly Income:

Rental Property \$ _____

Social Security/Gov. Assistance \$ _____

Pension/Retirement \$ _____

Spousal Support Received \$ _____

Child Support Received \$ _____

Second Job Income Gross \$ _____

How often are you paid? Monthly Twice a month
 Every two weeks Weekly Other (explain): _____

Second Job Net Income \$ _____

TOTAL ADDITIONAL INCOME \$ _____

TOTAL INCOME \$ _____

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

Current Expenses

[TIP: THIS SECTION IS VERY IMPORTANT. IT CAN DETERMINE WHETHER YOU ARE ELIGIBLE FOR A CHAPTER 7 OR CHAPTER 13 BANKRUPTCY. PLEASE MAKE SURE TO LIST ALL YOUR EXPENSES, EVEN ONES WHICH DO NOT FALL WITHIN THESE CATEGORIES. DO NOT LIST DEBTS YOU WILL NOT CONTINUE TO PAY (EX. CREDIT CARD PAYMENTS, MORTGAGE PAYMENTS FOR HOMES TO BE SURRENDERED, ETC.).]

Do you and your spouse maintain separate households? Yes No.
If so, fill one page out for your household and another for your spouse.

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. Rent payment **or** home mortgage payment \$ _____
Does that amount include real estate taxes? Yes No
Does it include property insurance? Yes No
2. Electric/Gas \$ _____
3. Home maintenance, repair, and upkeep expenses \$ _____
4. Water, Sewer, Garbage Collection \$ _____
5. Home Telephone Service/Long Distance \$ _____
6. Cell phone \$ _____
7. Cable/Internet \$ _____
8. Food \$ _____
9. Clothing \$ _____
10. Laundry/Dry Cleaning \$ _____
11. Medical/Optical/Dental Expenses (including prescriptions, over the counter meds, etc.) \$ _____
12. Transportation (gasoline/maintenance - not including car payments) \$ _____
13. Entertainment/Recreation \$ _____
14. Charitable Contributions \$ _____
15. Insurance **Not** Deducted from Wages
 - (a) Homeowners or renters insurance \$ _____
 - (b) Life Insurance \$ _____
 - (c) Medical Insurance \$ _____
 - (d) Auto Insurance \$ _____
16. Childcare, children's education costs (tuition or sports, etc.) \$ _____
17. Vehicle tax (annual) \$ _____
18. Installment payments (vehicles, 2nd mortgage, HOA dues, orthodontist, IRS repayment, pest control, furniture, etc.)
 - (a) _____ \$ _____
 - (b) _____ \$ _____
 - (c) _____ \$ _____
 - (d) _____ \$ _____

19. Alimony/Child support payments NOT deducted from pay \$ _____
20. Other Expenses Not Listed Above
- (a) _____ \$ _____
- (b) _____ \$ _____
- (c) _____ \$ _____
- (d) _____ \$ _____

Income from employment or operation of business

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

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

NONE

Period	Dollar Amount pd	Source (<i>employer/bus. name</i>)
January 1 st through current date		
Last year (January 1 - December 31)		
The year before (Jan. 1 – Dec. 31)		

[TIP: WE CAN GET THIS INFORMATION FROM YOUR TAX RETURNS IF WE HAVE THEM. IF SO, JUST STATE "SEE TAX RETURNS AND PAY STUBS."]

Income other than from employment or operation of business

State the amount of income received from other sources (unemployment/social security/disability/IRA distribution, etc.)

NONE

Period	Dollar Amount pd	Source
January 1 st through current date		
Last year (January 1 - December 31)		
The year before (Jan. 1 – Dec. 31)		

Payments to creditors

If your debts are primarily consumer debts (*i.e. non-business*), list all payments totaling over **\$600** (in one lump sum at one time – not altogether) made within the last 90 days on loans, installment purchases of goods or services, and other debts.

Do not list payments made to secured debts (mortgage, vehicles, etc.)

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
_____	_____	_____	_____

If your debts are primarily non-consumer debts (i.e. **business**), list all payments totaling over \$5,475 made within the last 90 days to any creditor.

NONE

Name and Address of Creditor	Dates of Payments	Amount Paid	Amount Still Owed
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All debtors, list all payments made within **one year** to any "insider" or for the benefit of any "insider". (*"Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.*)

NONE

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
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[TIP: THIS SECTION IS ABOUT "PREFERENCES." LIST ALL PAYMENTS MADE IN THE SECTIONS ABOVE. PAY PARTICULAR ATTENTION TO PAYMENTS TO RELATIVES. IF YOU HAVE MADE PREFERENCE PAYMENTS TO RELATIVES, PLEASE MAKE SURE TO DISCUSS THIS WITH ME. IF YOU ARE THINKING ABOUT DOING IT—PAYING MOM BACK, FOR EXAMPLE, DON'T.]

Suits, executions, garnishments and attachments

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

NONE

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

NONE

Name and Address of Creditor	Date of Seizure	Description and Value of Property
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Repossessions, foreclosures, and returns

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

NONE

Name and Address of Creditor	Date of Repossession Foreclosure, Transfer or Return	Description and Value of Property
_____	_____	_____

Assignments and receiverships

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

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
_____	_____	_____

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

NONE

Name and Address of Custodian	Court, Case Title and Case Number	Date of Order	Description and Value of Property
_____	_____	_____	_____

Gifts

List all gifts or charitable contributions (including tithes) made within **two years** immediately preceding the commencement of this case in which the gifts or charitable contributions were more than \$600 per person or more than \$600 per charity/religious organization.

NONE

Name and Address of Recipient	Relationship to You	Date of Gift	Description and Value of Gift
_____	_____	_____	_____

Losses

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

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
_____	_____	_____

Payments related to debt counseling or bankruptcy

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

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/Description and Value of Property
_____	_____	_____	_____

Other transfers (including sale of your property)

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

NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property and Value Received
_____	_____	_____

List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
_____	_____	_____

[TIP: THIS SECTION IS VERY IMPORTANT. MAKE SURE TO NOTIFY ME OF ANY TRANSFERS OF PROPERTY YOU'VE MADE IN THE LAST 6 YEARS, AND ESPECIALLY THOSE IN THE LAST YEAR. SOME TRANSFERS MAY BE CONSIDERED FRAUDULENT TRANSFERS. THIS IS WHERE YOU DID NOT RECEIVE REASONABLY EQUIVALENT VALUE FOR PROPERTY TRANSFERRED. IT'S CRITICALLY IMPORTANT THAT YOU DISCUSS ANY TRANSFERS OF PROPERTY WITH ME.]

Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case (including cashing and closing out an IRA or 401(k)).

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
_____	_____	_____

Safe deposit boxes and Storage units

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

NONE

Name & Address of Bank, or Storage Unit	Name and Address of those with access to Safe deposit or Storage unit	Description of Contents	Date of transfer, if any
_____	_____	_____	_____

Setoffs

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

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
_____	_____	_____

Property held for another person

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

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
_____	_____	_____

Prior address of debtor

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

NONE

Address	Your Name at the Time	Dates of Occupancy
_____	_____	_____

Spouses and Former Spouses

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

NONE

Name

Environmental Information

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

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

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

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

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

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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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

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

NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition
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[TIP: IF YOU HAVE BEEN IN BUSINESS—LLC, CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIP—ANY KIND OF BUSINESS—IN THE LAST SIX YEARS, YOU MUST COMPLETE THE SECTION BELOW]

Nature, location and name of business

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

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

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Start and End Dates of Operation
_____	_____	_____	_____	_____

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

NONE

Name	Address
_____	_____

Books, records, and financial statements for Business

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

NONE

Name and Address	Dates Services Rendered
_____	_____

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

NONE

Name	Address	Dates Services Rendered
_____	_____	_____

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

NONE

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

NONE

Name and Address	Dates Issued
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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 basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
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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
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Current partners, officers, directors, and shareholders

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

NONE

Name and Address	Nature of Interest	Percentage of Interest
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If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly own, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
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Former partners, officers, directors and shareholders

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

NONE

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

NONE

Name and Address	Title	Date of Termination
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Withdrawals from a partnership or distributions by a corporation

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

NONE

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

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

NONE

Name of Parent Corporation	Taxpayer Identification Number
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Pension Funds

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

NONE

Name of Pension Fund	Taxpayer Identification Number
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