

COMPLETE &
RETURN
THIS FORM

SIMON, FITZGERALD, COOKE, REED & WELCH
Simon Fitzgerald, LLC

BRING BACK CLIENT QUESTIONNAIRE

Atty: _____

Paralegal: _____

CLIENT NAME(S): _____

Part A. - Personal Property

Instructions: Check Yes or No to indicate whether or not you own, control or possess any of the property items listed. If you check Yes by any of the items please indicate a Dollar Value for the items. The value of an item is generally how much it could be sold for given its current age and condition. Do not use the purchase price of what the items cost brand new. When valuing an item ask yourself what is an amount someone might be willing to pay me for this item given it's current age and condition or what might I pay for a used item of the same age and condition at Goodwill or a Pawn Shop.

<u>Type of Property</u>	<u>Do you own or have this Type of Property</u>	<u>Used Value (As Is)</u>
Living Room Furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Dining Room Furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Bedroom Furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other Furniture: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Linens	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Chinaware	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Plates, Dishes, Silverware, Glassware, or other Kitchenware	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Washer & Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Stove and Oven	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Freezers	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Sewing Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Televisions and Radios	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Audio, Video (DVD/VCR), Stereo Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Computers, Tablets, Printers, Scanners	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Music Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Electronic devices including Cell Phones, Cameras, Media Players, Games and Consoles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Antiques and Figurines	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Paintings, Prints and other Artwork	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Books, Pictures or other art objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Stamp, Coin or Baseball Card Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Other Collections or Memorabilia	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Sports, Photographic, Exercise and other Hobby Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Bicycles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Pool Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Golf Clubs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Skis	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Canoes and Kayaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Carpentry tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Musical Instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Please describe: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Clothes and Shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Furs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Leather Coats	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Designer Wear	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Purses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Everyday Jewelry & Watches	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Costume Jewelry	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Engagement Rings and Wedding Rings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Heirloom Jewelry, Gems, Gold, Silver	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Non-Farm Animals - Dogs, Cats, Birds, Horses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Cash Example: Money you have in your wallet, in your home, in a safe deposit box and on hand on the day you expect to file your bankruptcy petition (This is not money in accounts)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Deposits of Money - Bank Accounts Examples: Checking, Savings, CDs, Shares in Credit Unions or other Financial Accounts Please describe: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ \$ _____ \$ _____ \$ _____
Stocks, Bonds, Mutual Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Ownership interests in Businesses, Corporations, LLCs, Partnerships and Joint Ventures	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Personal checks, Cashier Checks, Money orders made payable to you that have not been cashed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Retirement or Pension Accounts Examples: IRA, ERISA, Keogh, 401(k), 403(b), thrift savings or other profit-sharing plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Security Deposits and Pre-payments Examples: Agreements with landlords, prepaid rent, security deposits you have paid to public utility companies (gas, water, electric)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Interests in Education Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Trusts, or Future Interest in property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Patents, Copyrights, Trade Secrets or Other Intellectual Property Examples: Internet domain names, websites, proceeds from royalties and licensing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Licenses, Franchises and other general intangibles Example: Building permits, exclusive licenses, liquor license, professional license	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Tax refunds owed to you - The IRS or LDR owes you money	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Past Due Child Support, Alimony, Divorce or Property Settlement money owed to you	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other amounts someone owes you	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Interest in Insurance Policies with a Surrender or Refund Value For Example: Whole Life Insurance Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Any interest in property that is due to you from someone who has died For Example: Life Insurance, Heir Property or Inheritance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Claims against Third Parties - Lawsuits (whether you have filed or not) For Example: Accidents, Employment Disputes, Insurance Claims, or other rights to sue including Automobile Accidents, Malpractice Claims, Slip & Falls, Worker's Comp. or Class Action Rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Any interest in business related equipment, office furnishing, supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Any interest in business related equipment or office furnishing, supplies or business inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Any legal or equitable interest in any farming or commercial fishing property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Any other asset not already listed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

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Part B. - Unsecured Creditors

Instructions: List all of the unsecured creditors you owe money to. Remember, these are creditors that do not have any collateral. These are creditors such as: Credit Cards, unpaid Medical Bills, Pay Day Loans, Unpaid Utility Bills, Personal Loans, Signature Loans and other collections accounts.

Please list any creditors you do not see on the credit report we provided to you.

<u>Creditor Name and Address</u>	<u>Account Number (Last 4)</u>	<u>Approximate Balance</u>
1) _____ _____ _____	_____	\$ _____
2) _____ _____ _____	_____	\$ _____
3) _____ _____ _____	_____	\$ _____
4) _____ _____ _____	_____	\$ _____
5) _____ _____ _____	_____	\$ _____
6) _____ _____ _____	_____	\$ _____
7) _____ _____ _____	_____	\$ _____
8) _____ _____ _____	_____	\$ _____

IF YOU NEED TO LIST ADDITIONAL CREDITORS YOU MAY ATTACH SEPARATE SHEETS OF PAPER

Part C. - Ongoing Monthly Living Expenses

Instructions: Please estimate the amounts you spend on a monthly basis for each of the expense items below. If you have to convert a annual or semi-annual amount into a monthly amount please do so.

<u>Housing Expenses</u>	Monthly Amount
• Rent or 1 st Mortgage	\$ _____
• Real Estate Taxes (if not included above)	\$ _____
• Property, Homeowner’s or Renter’s Insurance (if not included above)	\$ _____
• Home Maintenance, Repair and Upkeep	\$ _____
• HOA dues	\$ _____
• 2 nd Mortgage, Home Equity Loans, Land Note, Lot Rent: Please explain: _____	\$ _____
<u>Utilities</u>	
• Electricity	\$ _____
• Gas/Heat	\$ _____
• Water & Sewer	\$ _____
• Home Telephone	\$ _____
• Cell Phone	\$ _____
• Internet	\$ _____
• Satellite or Cable TV	\$ _____
• Alarm System Monitoring	\$ _____
Food and Housekeeping Supplies (Grocery stores, Restaurants, Laundry and Cleaning Supplies, etc.)	\$ _____
Childcare and Children’s Educational Costs such as School Tuition (School Tuition, Day Care, and Baby Sitting)	\$ _____
Clothing, Laundry and Dry Cleaning (Amount your spend in a calendar year divided by 12)	\$ _____
Personal Care Products and Services (Hair Cuts, Salon, Hair Care, Oral care, Shaving and Cosmetics)	\$ _____
Out of pocket Medical and Dental expenses including Prescription drugs and co-pays	\$ _____
Transportation (include, gasoline, car maintenance and repairs, do not include car payments)	\$ _____
Entertainment, Clubs, Recreation Newspapers, Magazines and Books	\$ _____
Charitable Contributions, Tithing and Religious Donations	\$ _____
<u>Insurances - (Do not include items deducted from paychecks)</u>	
• Life Insurance	\$ _____
• Health Insurance	\$ _____
• Vehicle Insurance	\$ _____
• Burial Policy or Other Insurance: Please explain: _____	\$ _____
Self Employment Taxes	\$ _____
Child Support, Alimony or other Support payments <u>not deducted</u> from your paycheck,	\$ _____
Miscellaneous Expenses or any other expense not listed above : Please explain: _____	\$ _____

Part D. - Statement of Financial Affairs

Instructions: Please answer the following questions by checking YES or NO. If you answer YES complete the information in the table that follows, if you answer NO continue to the next question.

1) Current Marital Status. What is your current marital status?	<input type="checkbox"/> Never Married <input type="checkbox"/> Married and Living Together <input type="checkbox"/> Married and Living Apart <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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2) Prior Address of Debtor (3 years) During the last 3 years, have you or your spouse lived <u>anywhere other than where you live now</u> ? If yes, List all the places you lived in the last 3 years. Do not include where you live now. (If you or your spouse were separated for any period of time during the last three (3) years indicate where you were living while separated)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Address</u>	<u>Name used</u>	<u>Dates of occupancy</u>
Address: _____ _____	Name: _____	Move In Date: _____ (Month/Year) Move Out Date: _____ (Month/Year)
Address: _____ _____	Name: _____	Move In Date: _____ (Month/Year) Move Out Date: _____ (Month/Year)
Address: _____ _____	Name: _____	Move In Date: _____ (Month/Year) Move Out Date: _____ (Month/Year)
Address: _____ _____	Name: _____	Move In Date: _____ (Month/Year) Move Out Date: _____ (Month/Year)
Address: _____ _____	Name: _____	Move In Date: _____ (Month/Year) Move Out Date: _____ (Month/Year)

3) Community Property States (8 years). Within the last 8 years, have you or your spouse living in Louisiana or any other <u>community property states</u> ? (Community property states and territories: Arizona, California, Idaho, <u>Louisiana</u> , Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4) Income from Employment or Operation of Business. Did you or your spouse have any <u>income from employment or operating a business</u> during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<u>Debtor</u>		<u>Joint Debtor/Spouse</u>	
<u>Fiscal Period</u>	<u>Sources - where you worked (each place)</u>	<u>Approximate Total Amount Earned from each</u>	<u>Sources - where you worked (each place)</u>	<u>Approximate Total Amount Earned from each</u>
2022 Year-to-date		\$ _____		\$ _____
2021		\$ _____		\$ _____
2020		\$ _____		\$ _____

5) Income other than from employment or operation of business. Did you or your spouse have any <u>income from any other sources during the past three years</u> ? Include income regardless of whether that income is taxable. List each source and the gross income from each source separately. Do not include income that you listed in line 4. If yes, complete the following: <u>Examples of other income are: Alimony; Child Support; Social Security, Unemployment, and other public benefit payments; Pensions; Rental Income; Interest; Dividends; Money Collected from Lawsuits; Oil & Gas Royalties; and Gambling and Lottery Winnings.</u> If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<u>Debtor</u>		<u>Joint Debtor/Spouse</u>	
<u>Fiscal Period</u>	<u>Sources - where you worked (each place)</u>	<u>Approximate Total Amount Earned from each</u>	<u>Sources - where you worked (each place)</u>	<u>Approximate Total Amount Earned from each</u>
2022 Year-to-date		\$ _____		\$ _____
2021		\$ _____		\$ _____
2020		\$ _____		\$ _____

CONTINUE TO NEXT PAGE

6) Payments to Ordinary Creditors (90 days). Have you paid any creditor \$600 or more during the last 90 days? If yes, complete the following: Do not include payments for domestic support obligations, such as child support. Also, do not include payments to an attorney for this bankruptcy case.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Creditors (name and address)	Month before last	Last Month	This Month
(Such as Home) 1. _____ 2. _____	\$ _____	\$ _____	\$ _____
(Such as Vehicle) 1. _____ 2. _____	\$ _____	\$ _____	\$ _____
(Credit Cards, Other Debts) 1. _____ 2. _____	\$ _____	\$ _____	\$ _____

7) Payments to insiders (1 year). Within the past 1 year did you or your spouse make any payment on a debt you owed anyone who was a relative, business partner, their relatives, your corporations, affiliates or other insiders? If the answer is yes, please describe the circumstances and the persons:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name & Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
Creditor: _____ Address: _____ _____ Relationship: _____	_____	\$ _____	\$ _____

8) Payments benefitting insiders (1 year). Within the past 1 year did you or your spouse make any payment on a debt that benefitted anyone who was a relative, business partner, their relatives, your corporations, affiliates or other insiders (Include payments on debts guaranteed or cosigned by an insider)? If the answer is yes, please describe the circumstances and the persons:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name & Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
Creditor: _____ Address: _____ _____ Relationship: _____	_____	\$ _____	\$ _____

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9) Lawsuit, court action, or administrative proceeding (1 year). Within the last 12 months were you or your spouse a party in any lawsuits, court action, or administrative proceeding? If yes, list all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.			<input type="checkbox"/> Yes <input type="checkbox"/> No
<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>
Caption: _____ Case #: _____			
Caption: _____ Case #: _____			

10) Property repossessed, foreclosed, garnished, attached, seized, or levied (1 year). Within the last 12 months was any of your property repossessed, foreclosed, garnished, attached, seized, levied or voluntarily returned? If yes, complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Creditor (name and address)</u>	<u>Date of repossession</u>	<u>Description & Value of Property</u>	
Creditor: _____ Address: _____	_____ (Month/Year)	Description: _____ Value: \$ _____	
Creditor: _____ Address: _____	_____ (Month/Year)	Description: _____ Value: \$ _____	

11) Creditor setoff or refusal to make payment (90 days) Within the last 90 days did any creditor, including a bank or financial institution, <u>set off</u> any amounts from your accounts or refuse to make a payment because you owed a debt? For example: The IRS or State kept a tax refund you were owed or a bank took money out of your account because you owed them money) If so, please complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Creditor (name and address)</u>	<u>Date of setoff</u>	<u>Amount of Setoff</u>	
Name: _____ Address: _____	_____ (Month/Year)	\$ _____	

12) Assignment of property for the benefit of creditors (1 year) Within the last 1 year was any of your property in the possession of an assignee for the benefit of creditors, a court- appointed receiver, a custodian, or another official? If so, please complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment or Settlement</u>	
Creditor: _____ Address: _____	_____ (Month/Year)		

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13) Gifts (2 years) Did you or your spouse give any <u>gifts</u> with a total value of <u>more than \$600 per person</u> within the last 2 years? If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Recipient</u> (name and address)	<u>Relationship</u> (if any)	<u>Date</u> <u>of gift</u>	<u>Description and</u> <u>value of gift</u>
Name: _____ Address: _____ _____	_____	_____ (Month/Year)	Description: _____ Value: \$ _____
Name: _____ Address: _____ _____	_____	_____ (Month/Year)	Description: _____ Value: \$ _____

14) Charitable contributions (Tithes & Offerings) (2 years) Did you or your spouse give any <u>gifts</u> or make any <u>charitable contributions (including Church Tithes & Offerings)</u> with a total value of <u>more than \$600 per person</u> within the last 2 years? If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Recipient</u> (name and address)	<u>Relationship</u> (if any)	<u>Date</u> <u>of gift</u>	<u>Description and</u> <u>value of gift</u>
Name: _____ Address: _____ _____	_____	_____ (Month/Year)	Description: _____ Value: \$ _____
Name: _____ Address: _____ _____	_____	_____ (Month/Year)	Description: _____ Value: \$ _____

15) Losses from theft, fire, other disaster, or gambling (1 year). Within the last 1 year did you or your spouse lose anything because of <u>theft, fire, casualty, other disaster, or gambling</u> ? For Example: Has anything been <u>Wrecked, Stolen or Damaged</u> ? If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Description and value of</u> <u>Property</u>	<u>Description of Circumstances and, if Loss</u> <u>was covered in whole or in part by</u> <u>insurance, give particulars</u>	<u>Date of Loss</u>
Description: _____ Value: \$ _____	_____	_____ (Month/Year)

16) Payments related to bankruptcy (1 year). Within the last 1 year did you, your spouse or anyone else acting on your behalf <u>pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition</u> (other than Simon Fitzgerald, LLC)? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Payee</u> (name and address)	<u>Date of Payment,</u> <u>Payor</u>	<u>Amount Paid or</u> <u>Value of Property transferred.</u>
Name: _____ Address: _____ _____	_____ (Month/Year)	\$ _____

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17) Payments for help dealing with creditors (1 year). Within the last 1 year did you, your spouse or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors (For Example: <u>Loan Assistance</u> or <u>Debt Consolidation Companies</u>)? Do not include any payment or transfer that you listed on line 16. If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Payee</u> <u>(name and address)</u>	<u>Date of Payment,</u> <u>Payor</u>	<u>Amount Paid or</u> <u>Value of Property transferred.</u>
Name: _____ Address: _____ _____	_____ (Month/Year)	\$ _____

18) Property transfers (including putting up as collateral) outside the ordinary course of business (2 years). Within the last 2 years did you <u>sell</u> , <u>trade</u> , <u>trade-in</u> , <u>donate</u> , <u>give away</u> or <u>put up any property as collateral</u> to or with anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright <u>transfers</u> and <u>transfers made as security</u> (such as the <u>granting of a security interest</u> or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Recipient name & relationship</u> <u>(name and address)</u>	<u>Date of transfer</u>	<u>Describe property transferred</u> <u>and value received</u>
Name: _____ Address: _____ _____ Relationship to debtor, if any: _____	_____ (Month/Year)	\$ _____

Name: _____ Address: _____ _____ Relationship to debtor, if any: _____	_____ (Month/Year)	\$ _____
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19) Self-settled trusts of which the debtor is a beneficiary (10 years). Within the last 10 years, did you transfer any money or property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Name of Trust</u>	<u>Description</u>	<u>Date</u>
Name: _____	_____	_____ (Month/Year)

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20) Closed financial accounts (1 year). Within the last 1 year, have an you <u>closed any bank account</u> , credit union, <u>financial accounts retirement account</u> , <u>investment account CD or instruments</u> held in your or your spouse's name, or for your nor your spouse's benefit, <u>closed, sold, moved, or been transferred</u> ? (Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions). If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Institution</u> <u>(name and address)</u>	<u>Acct type & number</u> <u>Amt of Final Balance</u>	<u>Amount & date of</u> <u>sale or closing</u>
Name: _____ Address: _____	Type: _____ Acct#: _____ Final Balance: \$ _____	Amount: \$ _____ Date of Closing: _____
Name: _____ Address: _____	Type: _____ Acct#: _____ Final Balance: \$ _____	Amount: \$ _____ Date of Closing: _____

21) Safe deposit boxes (1 year). Do you now have, or did you have within the last 1 year, have any <u>safe deposit box</u> or other depository where you kept securities, cash, or other valuables? If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Institution</u> <u>(name and address)</u>	<u>Who has access?</u> <u>(Names and address)</u>	<u>Description of</u> <u>contents</u>	<u>Do you</u> <u>still have it?</u>
Name: _____ Address: _____	Name: _____ Address: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

22) Property stored in a place other than the debtor's home (1 year). Have you stored property in a <u>storage unit or place other than your home</u> in the last 1 year? If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Storage Facility</u> <u>(name and address)</u>	<u>Who has access?</u> <u>(Names and address)</u>	<u>Description of</u> <u>contents</u>	<u>Do you</u> <u>still have it?</u>
Name: _____ Address: _____	Name: _____ Address: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

23) Property held for another person. Do you have, possess or control any <u>property that is owned by someone else</u> ? (For example: You are driving a car that is owned by someone else) Include any property you <u>Borrowed From</u> , are <u>Storing For</u> , or hold in trust for someone. If so, please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Owner</u> <u>(name and address)</u>	<u>Where is the property located?</u>	<u>Description and</u> <u>value</u>
Name: _____ Address: _____	Address: _____	Description: _____ Value: \$ _____

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24) Notice of liability under an environmental law. Have you or your spouse ever been notified of any environmental or pollution problems ,hazardous material problems or bee a party in any judicial or administrative proceeding under any environmental law on any land you may have owned? If so, please complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Site Name and Address</u>	<u>Name and Address of Governmental Unit</u>	<u>Date of Notice</u>	<u>Environmental Law (if you know it)</u>
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	_____ (Month/Year)	

25) Ownership or connections to a business (4 years). Within the last 4 years, did you or your spouse <u>own</u> a business or have any connections to any business? If so, please complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name, Address, and Taxpayer I.D. Number</u>	<u>Nature of Business</u>	<u>Type of Business owned</u>	<u>Beginning and Ending Dates</u>
Name: _____ Address: _____ _____ Tax Payer ID#: _____	_____	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Officer director <input type="checkbox"/> 5% owner	_____ Beginning Date - (Month/Year) _____ Ending Date - (Month/Year)

26) Parties to who financial statements given (2 years). Within the last 2 years did you or your spouse give a <u>financial statement</u> to anyone about your business? Include all financial institutions, creditors, or other parties. If so, please complete the following:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Name and Address</u>	<u>Date Issued</u>	
Name: _____ Address: _____ _____	_____ Date - (Month/Year)	

Part. E - Certification	
<p>My answers to theses questions and the information furnished on this form are true and correct to the best of my knowledge. I understand that this information will be used to prepare the bankruptcy schedules, statement of financial affairs and other documents to may be filed with the Bankruptcy Court. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. I also understand that I will be asked by the Trustee to affirm under oath that the information contained herein is true and correct and that there are no errors or omissions of material information.</p>	
X _____ Signature of Consulting Party	X _____ Signature of Consulting Party
Date: _____	Date: _____