Client Questionnaire For Non-Business Debtor Section 1 № Basic Information

Part A. Name and Address

Name:	First	Middle
Last		widdie
	s in the past eight years? No	
nave you used any other hame	s in the past eight years: • 110 •	n you, not can or names.
Social Security Number:		·
Driver' License No.:	Expiration Date:	Date of Birth:
Address:		
City:	State:Zip:	
County:		
Have you lived at this address f	for at least 180 days? 📮 No 📮 Yes	
Have you lived at this address f	for at least 730 days (2 years)? 🚨 No	☐ Yes
If you answered no to either of	the questions above, please list your p	previous address:
Address:		
City:	State:	Zip:
County:		
If you have a different mailing a	address, please list:	
Mailing Address:		
rt B. Name and Addr	ress of Spouse spouse, fill in the following information	n about your spouse:
Name:		· .
Last	First	Middle
Has your spouse used any othe	er names in the past eight years?	No
Social Security Number:		·
Driver' License No.:	Expiration Date:	Date of Birth:
Address: (if different from y	our address):	
City:	State: Zip:	County:
If your spouse has a different m	<u>-</u>	
City:	State:Zip:	

Part C. Prior/Pending I			
Has a bankruptcy case been fi	led by you or against you i	n the last 8 years? 🚨 I	No 🗆 Yes
If yes, in which district of whi	ch state was the case filed	l?	
Case Number:	Date filed:		
Are there currently any bankru business? ☐ No ☐ Ye		it you, your business, yo	our spouse, or your spouse's
If yes, name of debtor:		Relationship to yo	u:
Case Number:	Date filed:	Judge:	
In which district of which stat	e was the case filed?		
Exhibit "C" to the Voluntar Do you own or have possessic identifiable harm to public heal	n of any property that pos		
Debtors Who Reside as Te] Yes
If yes, please provide the name Name:	e and address of the landle		
Address:	W	· · · · · · · · · · · · · · · · · · ·	
City:	St	ate:	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.

Office Use Only Exemptions?			
Who issued the lien, loan or mortgage? (Name, Address of Institution)			
List all mortgages, home equity loans, and liens: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?			
Your % ownership, or \$ amount, if you and spouse are not sole owners			
Value			
Owned by Husband, Wife, Joint or Community			
Address and description of property			

Page 4

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 value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Only	182				
Office Use Only	Exemptions?				
OFF	Ď				
112 11 11 11 11 11 11 11 11 11 11 11 11	Pingi in				
	Value				
Husband:	Community				
	ocation				
	Description & Location				
	res/ No				
AND COLUMN TO THE PROPERTY OF		þ	avings ates of nk	osits held es,	loods, g audio, uter
	Type of Property	1. Cash on hand	2. Checking/Savings Account, Certificates of deposit, other bank accounts	 Security deposits held by utility companies, landlord 	4. Household goods, furniture, including audio, video, and computer equipment
	Type	 Ω	2. Chec Account, deposit, c accounts	3. S by utill landlor	4. House furniture, in video, and equipment

	/se/,	Husband, Wife, Joint, Community		Office Use Only
5. Books, pictures, art objects, records, compact discs, collectibles				
6. Clothing			27-H2-72-77-14	
7. Furs and jewelry				
8. Sports, photographic, hobby equipment, firearms				
9. Interest in insurance policies-specify refund or cancellation value				
10. Annuities				
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)				
12. Interests in pension or profit sharing plans				
13. Stock and interests in incorporated/unincorporated business				

			Husband		Office Use Only
Type of Property	No No	Description & Location	Valle, Joint, Community	Value	Exemplians?
14. Interests in partnerships/joint ventures					
	-				
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contigent/ unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises 24. Customer List or other compilation					

Type of Property	Yes/	Description & Location	Husband, Wife, Joint, Community	Office Use Only Exemptions?
25. Automobiles, trucks, trailers, and accessories.				
26. Boats, motors, and accessories				
27. Aircraft and accessories				
28. Office equipment, supplies				
29. Machinery, fixtures etc. for business				
30. Inventory				
31. Animals				
32. Crops-growing or harvested				
33. Farming equipment and implements				
34. Farm supplies, chemicals, feed				

Office Use Only Exemptions?	
ffice Use On Exemptions?	
O III	
Value	
, ti ĝ	
Husband, Wife, Joint, Community	
5	
Description & Location	
cription	
Yes/ No	
	not
Ď	rsonal γγ kind
f Prope	ther per the ty of a large the type of a larg
Typelo	35. Other personal property of any kind not listed.

C. EAR ON ...

Section 3 & Debts

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

	1. Creditor Name and Address				Offi	Office Use Only
Type of Debt	 Account Number, if any Date/range of dates when debt was incurred Contact person's name and address, if different 	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (if so, please list monthly payment and number of months left.)	Do you dispute the debt?	Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Other bank Ioans						
Personal Ioans						
Student loans						
Major credit card debts (Visa, Am Ex, Mastercard, Discover) - continue on next page, if necessary						

	1. Creditor Name and Address				Otto	Office Use Only
Type of Debt	 Account Number, if any Date/range of dates when debt was incurred Contact person's name and address, if different 	Amount	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Sched D, E or	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						
Cash Advances (from credit cards)						
Unpaid medical bills						

	Lawsuit pending? Collection agency assigned? Counsel for creditor?					
nly S	Lawsuit pending? Collection agency assigned? Couns for creditor?					
0	iit pe tiion ed? ditor					
Š	Lawsuit pend Collection ag assigned? C for creditor?					
Office Use Only	\$5 E					
5	p ō	to or tal Agolf gazatina gazatina				
	Sched D, E or F?					
	Do you dispute the debt?					
	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)					
	any (If sc lumb					
	ty? Indr					
	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so please list monthly payment and numb months left.)					
	r coc ny pr ayme					
	iss o					
	aare t for red l					
	Name and ad What is debt Is debt secur please list m months left.)					
	ne a at is ebt s ise li					
	Nan Whi Is d					
						, and the second
	Amount					
	Amou					
	was ress, if					
	addr.					
ess	n de					
√ddr	 Account Number, if any Date/range of dates when debt was incurred Contact person's name and address different 					
) pur	ates ates s nall					
mes	moe of da son's					
r Na	nge I per					
ig l	Soun te/ra xd ntaci					
ြီး	z. Accol. 3. Date/incurred 4. Contad					
₩.	/i w. i 4. e					
		<u>+-</u>	မွ	Ħ	ν	
	Debi	ren Len	<u>tax</u>	y or	l fee	S S
	Type of Debt	Unpaid rent	Unpaid taxes	Unpaid alimony or child support	Unpaid service fees	All other unpaid debts/bills
	Š	<u> </u> 5	5	다 를 를	Se C	E E E

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, and service or business contracts.

Date that Contract Expires		
Name and Address of Other Party or Parties		
Nature and Description of Contract		

Section 5 & Current Income

Marital Status:	List all dependents of you an	d your s	pouse, their ages, ar	nd their relation	enship to you:
☐ Married☐ Single☐ Divorced☐ Separated☐ Widowed	Name			Age	Relationship
Part A. Debtor's	Income	Pa	rt B. Joint Debto	r's Incom	e
1. What is your occ	supation?	1.	What is your spous	se's occupati	on?
Name and addre	ess of your employer:	2.	Name and address	of your spoi	use's employer:
3. How long have v	ou been employed there?	3.	How long employed	d there?	
4. What is the gros	s amount of your paycheck, before s are taken out? \$	4.		amount of yo	ur spouse's paycheck,
□ every two weeks	u get paid? □ once a week □ twice a month ɪ other	wee		vo weeks	et paid? ☐ once a ☐ twice a month ☐
Complete the below monthly averages.	questions with your estimate of		omplete the below q thly averages.	uestions with	n your estimate of
6. Do you receive of lf so, how much per m	overtime pay outside of your salary? nonth? \$		Does your spouse salary? How much		ertime pay outside of \$
How much is tak and social security?	en out of each paycheck for taxes \$		How much is taken social security? \$_		n paycheck for taxes -
8. How much is tak	en out for insurance? \$	8.	How much is taker	n out for insu	ırance? \$
9. How much for ur	nion dues? \$	9.	How much for unio	on dues? \$_	
10. Are there other d how much?	eductions? If so, what are they and		Are there other dec		so, what are they and
regular paycheck lis	iness operations outside of your ted above? If so, what is the nuch do you receive per month?	a) pay	es your spouse rece income from busines check listed above? I much does your sp	ss operations If so, what	
b) income from real per month? □No	estate property? If so, how much □Yes \$		ncome from real est nth? □No □Yes		? If so, how much per
c) interest or divider □No □Yes \$	nds? If so, how much per month?		nterest or dividends o □Yes \$		much per month?
	support payments for your use or for endents? If so, how much per ses \$	for			nts for spouse's use or much per month? □No
e) social security or assistance? □No □	other forms of monetary government lYes \$		social security or oth istance? □No □Ye		monetary government
f) retirement or pens	sion money? □No □Yes\$	f) r	etirement or pensior	n money? □N	No □Yes\$
Do you have any oth	ner sources of income not listed?	Doe	es your spouse have	any other in	come not listed?
Are you or your spou	use expecting any increase or decrease i	in salar	y next year? If so, e	xplain.	

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Page 14

Section 5A & Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

		. 						
s wages, salary, tips, ses, overtime, commissions.	ne from operation of ness: a. Gross Income - b. Expenses = c. Net Income.	and other real property ne: a. Gross Income b. Expenses c. Net Income.	est, dividends, and royalties.	ion and retirement income r Social Security).	ular contributions from others bousehold expenses, ding child support.	nployment Compensation.	al Security income.	Other sources not already mentioned. Specify:
	Gross wages, salary, tips, bonuses, overtime, commissions.	Gross wages, salary, tips, bonuses, overtime, commissions. Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.	Gross wages, salary, tips, bonuses, overtime, commissions. Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. Rent and other real property income: a. Gross Income - b. Expenses - c. Net Income - b. Expenses - c. Net Income - c. Net Income - c. Net Income - c. Net Income - c. Net Income.	Gross wages, salary, tips, bonuses, overtime, commissions. Income from operation of business: a. Gross Income - b. Expenses = c. Net Income: a. Gross Income - b. Expenses - c. Net Income - b. Expenses - c. Net Income - c. Net Income - d. Expenses - d. Expenses - c. Net Income - d. Expenses - d. Expenses - d. Expenses - d. Net Income - d. Net Inco	Gross wages, salary, tips, bonuses, overtime, commissions. Income from operation of business: a. Gross Income - b. Expenses - c. Net Income. a. Gross Income a. Gross Income - b. Expenses - c. Net Income - b. Expenses - c. Net Income - d. Expenses - c. Net Income - d. Gross	Gross wages, salary, tips, bonuses, overtime, commissions. Income from operation of business: a. Gross Income business: a. Gross Income c. b. Expenses a. C. Net Income a. Gross Income c. b. Expenses a. Gross Income a. Gross Income c. b. Expenses a. Gross Income b. Expenses c. Net income c. b. Expenses a. Gross Income c. b. Expenses a. Gross Income c. b. Expenses a. Gross Income c. b. Expenses c. Net income c. b. Expenses c. Net income c. b. Expenses c. Net income c. b. Expenses c. het income c. h	Gross wages, salary, tips, bonuses, overlime, commissions. Income from operation of business: a. Gross Income business: a. Gross Income c. Net Income a. Gross Income c. Net Income therest, dividends, and royalties. Pension and retirement income (NOT Social Security). Regular contributions from others to the household expenses, to the household expenses, Iniciding child support. Unemployment Compensation.	Giross wages, salary, tips, bonuses, overtime, commissions. Income from operation of business: a. Gross Income business: a. Gross Income c. D. Expenses c. Net Income: a. Gross Income c. Net Income: Interest, dividends, and royalities. Regular contributions from others to the household expenses, including child support Including child support Unemployment Compensation. Social Security income.

Section 6 & Current Expenses

Do you and your spouse maintain separate households? \square No \square 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.

ndicate how much you pay for each item each month		
your rent or your home mortgage	\$	
Does that amount include real estate taxes? ☐ No ☐ Yes		
Does it include property insurance? ☐ No ☐ Yes	•	
2. electricity and heating	\$	
3. water and sewage	\$	
4. telephone service/long distance	\$	
5. Do you have any other utility bills? If so, what, and how much per utility bills?		
	\$	
	\$	
	\$	
6. home maintenance, including repairs and general upkeep	\$	
7. food	\$	
8. clothing	\$	
9. laundry and dry cleaning	\$	
10. medical and dental expenses	\$	
11. transportation (not including car payments)	\$	
12. entertainment, recreation, newspapers, magazines	\$	
13. charitable contributions	\$	
14. insurance not deducted from paycheck		
a) homeowner's or renter's insurance	\$	
b) life insurance	\$	
c) health insurance	\$	
d) auto insurance	\$	
e) other insurance	\$	
15. taxes not deducted from paycheck	\$	
16. installment payments for car, furniture, etc. (Specify)	\$	
	\$	
	φ	
17. alimany maintanana ayumart naid ta athara	Ф	
17. alimony, maintenance, support paid to others	\$	
18. payments for support of dependents not living at home	\$	
19. expenses from operation of business	\$	
Additional Expenses (707(b) Expenses)		
20. mandatory payroll deductions not already listed	\$	
	\$	
21. court ordered payments not already listed		
21. Sourt Sidered payments not already noted	- + <u></u> \$	
	Ψ	

		Ψ
22.	education necessary to maintain employment	\$
23.	education for a physically or mentally challenged child	\$
24.	childcare	\$
25.	disability insurance (if not listed on line 14)	\$
26.	health savings accounts	\$
27.	care for elderly, chronically ill, or disabled family members	\$
28.	protection from family violence	\$
29.	education expense for your children under 18	\$
30.	non-mandatory contributions to retirement accounts (including loan re	payment)
		\$
		\$
31.	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 12 or 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. Income from employment or ope	eration of business		
State your gross income from emfrom employment during the two	ployment or operation years immediately p	on of a business: If you ha	ave not received an income ar, check this box:
☐ NONE			
Period	\$ Amount	Source	Husband/Wife
January 1 of this year through date of commencement of case			
Last year, (January 1 - December 31)			
The year before last, (January 1 - December 31)			
2. Income other than from employr	nent or operation of t	ousiness	
State the amount of income recei years immediately preceding the	ved other than from e commencement of the	employment or operation on its case:	of business during the two
□ NONE			
<u>Period</u>	\$ Amount	Source	Husband/Wife
During the last year			
Year before last			
Payments to creditors			
a. If your debts are primarily con- or services, and other debts, a immediately preceding the co- that were made on account of alternative repayment plan.	aggregating more that mmencement of this	in \$600 to any creditor ma case. Indicate with an ast	ade within 90 days erisk (*) any payments
☐ NONE			
Name and Address of Creditor	Dates of Payme	ents Amount paid	Amount still owed

than \$5,475 to any creditor made w			
□ NONE			
Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed[
c. All debtors. List all payments made case to or for the benefit of creditor business partners and their relative	s who are or were "insi	ders". ("Insiders"	
□ NONE			
Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
 Suits, executions, garnishments an List all suits and administrative proof the filing of this case. 		re or were a party	within one year preceding
□ NONE			
Caption of Suit and Case Number Nature of P		ourt or Agency nd Location	Status or <u>Disposition</u>
 b. Describe all property that has been within one year immediately preced NONE 	garnished, seized, or a ling the commencemen	ttached under any t of this case.	r legal or equitable process
Name and Address of Person/Comfor Whom the Property Was Seized	•	of Seizure	Description and Value of Property
			•

	rned to the seller, within one ye	a roreciosure a r immediate	sale, transferred through a ly preceding the
☐ NONE			
Name and Address of Credito	Date of Repossession, or Foreclosure, Transfer or	Return	Description and Value of Property
6. Assignments and receivership	os		
 Describe any assignment of preceding the commencement 	property for the benefit of credito at of this case.	rs made withi	n 120 days immediately
☐ NONE			
Name and Address of Assign	ee Date of Assignment	Terms of	Assignment/Settlement
☐ NONE	ng the commencement of this ca	ase.	
one year immediately precedi	en in the hands of a custodian, rong the commencement of this can be and location of Court, Case Title and Number	eceiver, or co ase. Date of <u>Order</u>	urt-appointed official within Description and Value of Property
one year immediately precedi NONE Name and Address of Custodian	ng the commencement of this ca Name and location of Court,	ase. Date of	Description and Value
one year immediately precedi NONE Name and Address of Custodian 7. Gifts	ng the commencement of this can Name and location of Court, Case Title and Number	Date of Order	Description and Value of <u>Property</u>
one year immediately precedi NONE Name and Address of Custodian 7. Gifts List all gifts or charitable contributi this case except ordinary and usua	ng the commencement of this can be a supplyed by the commencement of this can be a supplyed by the commencement of the can be a supplyed by the commencement of the can be a supplyed by the can be	Date of Order ediately prece	Description and Value of Property ding the commencement of
one year immediately precedi NONE Name and Address of Custodian 7. Gifts List all gifts or charitable contributi	ng the commencement of this can be a supplyed by the commencement of this can be a supplyed by the commencement of the can be a supplyed by the commencement of the can be a supplyed by the can be	Date of Order ediately prece	Description and Value of Property ding the commencement of
one year immediately precedi NONE Name and Address of Custodian 7. Gifts List all gifts or charitable contributi this case except ordinary and usus individual family member and chai	ng the commencement of this can be a supplyed by the commencement of this can be a supplyed by the commencement of the can be a supplyed by the commencement of the can be a supplyed by the can be	Date of Order ediately prece	Description and Value of Property ding the commencement of

5. Repossessions, foreclosures, and returns

8. Losses				
List all losses from fire, theft, commencement of this case	gambling or o	ther casualty within one ye commencement of this ca	ear immediately preceding the ase.	
□ NONE				
Description and Value of Property		ion of Circumstances and nount Covered by Insuranc	ce, if Any Date of Loss	
9. Payments related to debt	t counseling or	bankruptcy		
List all payments made or proattorneys, for consultation co petition in bankruptcy within a NONE	ncerning debt	consultation, relief under t	debtor to any persons, including he bankruptcy law or preparation of the nmencement of the case.	าє
Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/ Description and Value of Property	
affairs, transferred either abscommencement of this case NONE	er than propert solutely or as a	y transferred in your ordina		
Name and Address of Tr and Relationship to you	ansferee	Date of Transfer	Description of Property Transferred and Value Received	Ī
b. List all property you transform a self-settled trust, or a similar			ding the commencement of this case [.] y.	tc
Name of Trust or			Amount of Money or Description	
Similar Device		Date of Transfer	and Value of Property or Interest	

11. Closed financial accounts			
List all financial accounts and insotherwise transferred within one	truments held in your name or for you year immediately preceding the comm	r benefit which v nencement of th	vere closed, sold, or is case.
□ NONE			
Name and Address of Institution	Type and Number of Account & Final Balance		ount and Date ale or Closing
		V	
12. Safe deposit boxes	•		
	ox or depository in which you have or high diately preceding commencement of the state of the st		ties, cash, or other
Name and Address of	Name and Address of Those	Description	Date of
Bank or Other Depository	With Access to Box or Depository	of Contents	Transfer, if Any
13. Setoffs List all setoffs made by any credipreceding the commencement o □ NONE Name and Address of Credit		r deposit of youl	rs within 90 days
14. Property held for another pe	rson		
List all property that you hold or o	control that is owned by another persor	٦.	
Name and Address of Owne	r Description and Value of Prop	erty	Location of Property
15. Prior address of debtor			
residences during the last three y	ee years immediately preceding the co years, excluding your present address.	ommencement o	of this case, list all
Address	Your Name at the Time	Dates of	Occupancy

16. Spouses and Former Spous	es		
California, Idaho, Louisiana, Net the eight-year period immediat	munity property state, commonwer vada, New Mexico, Puerto Rico, T ely preceding the commencemen se who resides or resided with you	exas, Washington, tof the case, identif	or Wisconsin) within y the name of your
□ NONE			
Name			
			,
17. Environmental Information.			
For the purpose of this question			
contamination, releases of haza water, groundwater, or other me cleanup of these substances, wa	/ federal, state, or local statute or rdous or toxic substances, wastes edium, including, but not limited to astes, or material. y, or property as defined under ar	s or material into the , statutes or regulati	air, land, soil, surface ons regulating the
presently or formerly owned or on "Hazardous Material" means an	perated by the debtor, including, ything defined as a hazardous wa r contaminant or similar term unde	but not limited to, dis ste, hazardous subs	sposal sites. stance, toxic substance,
that it may be liable or potentially	every site for which you received y liable under or in violation of an ne notice, and, if known, the Envir	Environmental Law.	
□ NONE			
Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
b. List the name and address of of Hazardous Material. Indicate notice.	every site for which you provided the governmental unit to which the	notice to a governm e notice was sent an	ental unit of a release od the date of the
□ NONE			
Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law

Law with respect to	administrative proceed which you are or well ty to the proceeding,	re a party. Indic	ate the name and add	s, under any Environmental ress of the governmental unit
□ NONE				
Name and Add Governmental		Docket Nu	umber	Status or Disposition
18 . Nature, locatio	on and name of busine	ess		
businesses, and be partner, or managi professional within	eginning and ending d ng executive of a corp the six years immed rcent or more of the v	lates of all busi poration, partne iately preceding	nesses in which the de ership, sole proprietorship g the commencement of	on numbers, nature of the btor was an officer, director, hip, or was a self-employed of this case, or in which the kyears immediately preceding
businesses, and be	eginning and ending of the voting or equity s	lates of all busi		n numbers, nature of the btor was a partner or owned 5 ately preceding the
businesses, and be	eginning and ending d the voting or equity s	lates of all busi		n numbers, nature of the btor was a partner or owned 5 ately preceding the
□ NONE				
Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
b. Identify any busi defined in 11 U.S.0		se to subdivisio	n a., above, that is "sin	gle asset real estate" as
■ NONE				
Name	Address			
			·	

The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and fir	nancial statements	
 a. List all bookkeepers ar bankruptcy case, kept 	nd accountants who, or supervised the ke	within the two years immediately preceding the filing of this eping of books of account and records.
□ NONE		
Name and Address		Dates Services Rendered
		·
h List all firms or individu	usla who within the t	wo years immediately preceding the filing of this bankruptcy
case, have audited the	books of account a	nd records, or prepared a financial statement of the debtor.
□ NONE		
<u>Name</u>	Address	Dates Services Rendered
	•	
•		
		of the commencement of this case, were in possession of records are not available, explain.
□ NONE		
Name and Address		Comments
	ment was issued by	ther parties, including mercantile and trade agencies, to the debtor within two years immediately preceding the
□ NONE		
Name and Address		Date Issued

a .	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						
]	Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)			
h I	ist the name and address o	f the person pessessing t	the records of each of the fire inventoring and it			
1	 List the name and address of the person possessing the records of each of the two inventories reported in a.) above. 					
	□ NONE					
j	Date of Inventory	Name and Address of	Custodian of Inventory Records			
21.	21. Current partners, officers, directors, and shareholders					
a. I	a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.					
	NONE					
1	Name and Address	Nature o	f 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	T:41 -	Nature and Percentage			
		Title	of Stock Ownership			
	2. Former partners, officers, directors and shareholders					
a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.						
□ N	ONE					
V	lame and Address		Date of Withdrawal			
b. If	your business is a corporatierminated within one year im	on, list all officers or directions the	ctors whose relationship with the corporation			
terminated within one year immediately preceding the commencement of this case. NONE						
<u>N</u>	ame and Address	Title	Date of Termination			

20. Inventories

If your business is a partnership or corporation insider, including compensation in any form, other perquisite during one year immediately	bonuses, loans, stock red	demptions, options exercised and any			
□ 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. 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 Identificatio	n Number			
25. Pension Funds.					
If the debtor is not an individual, list the name to which the debtor, as an employer, has bee period immediately preceding the commence	n responsible for contribu	entification number of any pension fund uting at any time within the six-year			
□ NONE					
Name of Pension Fund	Taxpayer Identificatio	n Number			

23. Withdrawals from a partnership or distributions by a corporation