

**BANKRUPTCY PREPARATION QUESTIONNAIRE**

We have found that occasionally, clients would prefer to provide us with the information needed to prepare the petition, schedules, statement of financial affairs, and related papers from the privacy of their homes, having all of their data at their fingertips, rather than coming into the office and being asked questions by us. Accordingly, we have developed the following questionnaire. So if you are among those who would prefer to provide us data in questionnaire form rather than in meeting form, we invite you to respond to the questionnaire below.

**I. Petition.**

1. Your last name: \_\_\_\_\_

2. Your first name: \_\_\_\_\_

3. Your middle name: \_\_\_\_\_

4. Do you have any aliases or do your creditors know you by any other names, including maiden names?

Yes  No If so, those names are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Your social security number:

\_\_\_-\_\_\_-\_\_\_\_

6. Have you ever used any other social security numbers:

Yes  No If so, that number is/was: \_\_\_-\_\_\_-\_\_\_\_

7. Your marital status:

Single

Married

Divorced

Separated

Widowed

Engaged

8. If married or separated, your spouse's last name:

\_\_\_\_\_

9. If married or separated, your spouse's first name:

\_\_\_\_\_

10. If married or separated, your spouse's middle name:

\_\_\_\_\_

11. Does your spouse have any aliases or does your spouse's creditors know your spouse by any other names?

Yes  No If so, those names are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. If married or separated, your spouse's social security number:

\_\_-\_\_-\_\_\_\_

13. Your residential address:

Street number: \_\_\_\_\_

Street name: \_\_\_\_\_

Avenue  Street  Road  Other: \_\_\_\_\_

Unit number: \_\_\_\_\_ Space number: \_\_\_\_\_

City: \_\_\_\_\_

State: California  Other: \_\_\_\_\_

Zip code: \_\_\_\_\_-\_\_\_\_

14. You moved into your current residence when?

\_\_(month)/\_\_(year)

15. Have you ever filed bankruptcy before:

Yes  No If so, please provide the following information:

How many times have you filed bankruptcy?:

once  more than once

Prior case name: \_\_\_\_\_

Prior case number: \_\_\_\_\_

Prior case chapter: \_\_\_\_\_

Date filed: \_\_\_\_\_

Judge's name: \_\_\_\_\_

Did you receive a discharge?

Yes  No

Were any of your assets liquidated by the Court-appointed bankruptcy trustee?

Yes  No

Was an order entered in your prior case giving a secured creditor relief from the automatic stay with respect to your real property?

Yes  No If so, please provide the following information:

Creditor to whom relief was granted: \_\_\_\_\_

Date on which relief was granted: \_\_\_\_\_

16. Have you ever been married to anyone who, while you were married, filed bankruptcy?

Yes  No If so, how many times:

once  more than once

17. If your spouse has filed bankruptcy before, please provide the following:

Full case name: \_\_\_\_\_

Case number: \_\_\_\_\_

Date filed: \_\_\_\_\_

Judge's name: \_\_\_\_\_

Did spouse receive a discharge?

Yes  No

Were any of spouse's assets liquidated by the Court-appointed bankruptcy trustee?

Yes  No

18. Have you lived outside of the State of California at anytime within the past five years?

Yes  No If so, list the time periods at which you have lived within and outside of the State of California within the past five years:

<u>From Date</u>	<u>To Date</u>	<u>State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Have you completed the consumer credit counseling program now required by the Bankruptcy Abuse Prevention And Consumer Protection Act Of 2005?

Yes  No If so:

Date completed: \_\_\_\_\_

Name of counseling program: \_\_\_\_\_

**II. Schedule Of Assets.**

20. Do you own or are you purchasing real property located anywhere in the world?

Yes  No

21. If so, is it your residence you own or are purchasing?

Yes  No

22. If you own or are purchasing your residence, indicate what type of property it is you own or are purchasing:

single family residence

both units in a duplex

one unit in a duplex

townhouse

condominium

mobilehome

\_\_\_ other: \_\_\_\_\_

23. If you own or are purchasing your residence, indicate on what date or approximate date you acquired your interest in the property, whether by purchase, transfer, foreclosure, or inheritance:

Date: \_\_\_\_\_

24. If you own or are purchasing your residence, indicate what you believe to be the value of the property:

\$ \_\_\_\_\_

25. How did you arrive at your estimate of the value of the property?

\_\_\_ an appraisal

\_\_\_ a real estate broker's estimate

\_\_\_ personal knowledge of the neighborhood

\_\_\_ a recent refinancing or attempted sale

\_\_\_ other: \_\_\_\_\_

26. State the names of all of the people appearing on title to the property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Do you take the position that you are on title to the property solely for estate planning purposes?

\_\_\_ Yes \_\_\_ No

28. Have there been any events within the past five years that caused physical injury or death in which you either committed, have been accused of committing, or believe you could be accused of committing a criminal act, intentional tort, willful or reckless misconduct?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

Date of incident: \_\_\_\_\_

Nature of the incident: \_\_\_\_\_

\_\_\_\_\_

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29. Are you or your spouse on title to any real estate anywhere in the world other than your residence?

Yes  No

30. If you are on title to other real estate, it is a:

single family residence

both units in a duplex

one unit in a duplex

townhouse

condominium

mobilehome

apartment building of  units

commercial building

vacant land

timeshare

other: \_\_\_\_\_

31. The addresses of the other real estate you are on title to is/are:

a. Street number: \_\_\_\_\_

Street name: \_\_\_\_\_

Avenue  Street  Road  Other: \_\_\_\_\_

Unit number: \_\_\_\_\_ Space number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_-\_\_\_\_\_

The names of all of the people appearing on title to the property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You believe to be the value of the property to be:

\$ \_\_\_\_\_

b. Street number: \_\_\_\_\_

Street name: \_\_\_\_\_

\_\_\_ Avenue \_\_\_ Street \_\_\_ Road \_\_\_ Other: \_\_\_\_\_

Unit number: \_\_\_\_\_ Space number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_-\_\_\_\_\_

The names of all of the people appearing on title to the  
property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You believe to be the value of the property to be:

\$ \_\_\_\_\_

c. Street number: \_\_\_\_\_

Street name: \_\_\_\_\_

\_\_\_ Avenue \_\_\_ Street \_\_\_ Road \_\_\_ Other: \_\_\_\_\_

Unit number: \_\_\_\_\_ Space number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_-\_\_\_\_\_

The names of all of the people appearing on title to the  
property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You believe to be the value of the property to be:

\$ \_\_\_\_\_

32. Are you generating any rental income?

\_\_\_ Yes \_\_\_ No

33. The property that you generate rental income from is:

\_\_\_ a room in your residence

\_\_\_ other single family residence

\_\_\_ both units in a duplex

\_\_\_ one unit in a duplex

\_\_\_ townhouse

\_\_\_ condominium

\_\_\_ mobilehome

\_\_\_ apartment building of \_\_\_ units

\_\_\_ commercial building

\_\_\_ other: \_\_\_\_\_

34. List the names of all tenants and how much monthly rental income you are supposed to be receiving from each:

Name: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

35. How much cash (money not in the bank) do you have, such as in your wallet, coin jar, cookie jar, under the mattress, buried in the backyard?

\_\_\_ under \$20

\_\_\_ under \$100

\_\_\_ other: \$ \_\_\_\_\_

36. Do you have any instruments similar to cash, such as uncashed travelers cheques, cashier's checks, and/or money orders?

\_\_\_ Yes \_\_\_ No If so, how much? \$ \_\_\_\_\_

37. List all open checking accounts, savings accounts, credit union share accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

38. Have you contributed any funds in an education individual retirement account (as defined in Internal Revenue Code Section 530(b)(1)) within the past two years?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

For whose benefit were the funds contributed: \_\_\_\_\_

What relation to you is the person for whose benefit the funds were contributed, e.g., child, stepchild, grandchild, stepgrandchild? \_\_\_\_\_

Amount contributed within the past two years: \$ \_\_\_\_\_

Amount contributed within the past one year: \$ \_\_\_\_\_

39. Have you purchased a tuition credit or certificate or contributed to an account in accordance with Internal Revenue Code Section 529(b)(1)(A) under a qualified state tuition program within the past two years?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

For whose benefit was the tuition credit or certificate or the funds contributed: \_\_\_\_\_

What relation to you is the person for whose benefit the tuition credit or certificate or the funds were contributed, e.g., child, stepchild, grandchild, stepgrandchild? \_\_\_\_\_

Amount contributed within the past two years: \$ \_\_\_\_\_

Amount contributed within the past one year: \$ \_\_\_\_\_

40. If you are renting your residence, did you pay the landlord a security deposit upon moving in or at any other time?

\_\_\_ Yes \_\_\_ No If so, how much? \$ \_\_\_\_\_

41. Do you own any antique furniture?

\_\_\_ Yes \_\_\_ No If so, you estimate the value to be:

\$ \_\_\_\_\_

42. Do you own any original or limited edition artwork (i.e., other than "poster-wall art")?

\_\_\_ Yes \_\_\_ No If so, you estimate the value to be:

\$ \_\_\_\_\_

43. Do you own any collectibles, such as a stamp collection, coin collection, sports memorabilia, figurines, lladro, beany babies, etc.?

\_\_\_ Yes \_\_\_ No If so, you estimate the value to be:

\$ \_\_\_\_\_

44. Do you own any firearms?

\_\_\_ Yes \_\_\_ No If so, describe each item and estimate its value:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Do you own sporting equipment, such as weight machines, treadmills, stairmasters, golf clubs, exercycles, bicycles, or fishing gear?

Yes  No If so, describe each item and estimate its value:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

46. You value all of your remaining household goods and furnishings, such as personal computer, televisions, electronics, beds, sofas, dressers, kitchen utensils, etc. (i.e., other than those reflected in the five previous questions and responses) at (note that value is "liquidation value," not original cost or cost to replace; most debtors value their property at between \$1,500.00 and \$5,000.00):

\$ \_\_\_\_\_

47. You value your wearing apparel at (note that value is "liquidation value," not original cost or cost to replace; most debtors value their property at \$500.00 per spouse):

\$ \_\_\_\_\_

48. You value your jewelry, including wedding rings, at (note that value is "liquidation value," not original cost or cost to replace):

\$ \_\_\_\_\_

49. Do you have life insurance?

Yes  No If so, please provide the following information:

<u>Insurance Co.</u>	<u>Death Benefit</u>	<u>Term Or Whole Life</u>	<u>Cash Surrender Value</u>	<u>Paid How? Out Of Pocket Employer Payroll Deductions</u>
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____
_____	\$ _____	_____	\$ _____	_____

50. Do you own an annuity (an annuity is a sort of cross between a pension plan and life insurance contract whereby you have paid the annuity company a lump sum and are now receiving monthly, quarterly or annual payments and will continue to receive such payments until death)?

Yes  No If so, please provide the following information:

<u>Annuity Co.</u>	<u>Date Formed</u>	<u>Amount You're Receiving Annually</u>
_____	_____	_____
_____	_____	_____

51. Do you and/or your spouse have a retirement account, pension account, 401k plan, individual retirement account, or any other form of pension or retirement account, regardless of the amount in the account?

Yes  No If so, please provide the following information:

<u>Institution</u>	<u>Husband</u> <u>Wife</u>	<u>Type Of Plan</u>	<u>Balance/\$</u>	<u>Until Death</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

52. Do you own any shares of stock in any publicly traded corporations?

Yes  No If so, please provide the following information:

<u>Company Name</u>	<u>Number Of Shares</u>	<u>Price Per Share</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

53. Do you own any shares in any closely held corporations, such as your own corporation or a family-owned corporation?

Yes  No If so, please provide the following information:

Company name: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Percentage of ownership: \_\_\_\_%

Year of incorporation: \_\_\_\_

Year company commenced business operations: \_\_\_\_

Number of employees currently: \_\_\_\_

Number of employees at its peak: \_\_\_\_

If you are not the sole shareholder, name the other shareholders and whether they are related to you:

<u>Name</u>	<u>Percentage</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

54. Describe what the company does, i.e., what type of products it sells or services it provides:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

55. Does the business operate out of your residence or does it have its own location(s)?

\_\_\_\_ Residence \_\_\_\_ Its own location(s) If the business has its own location(s) please provide the following information for each location:

Address: \_\_\_\_\_

Type of property:

\_\_\_\_ office space

\_\_\_\_ commercial space

\_\_\_\_ warehouse

\_\_\_\_ land

Square footage: \_\_\_\_\_

Year occupancy commenced: \_\_\_\_\_

Year lease commenced: \_\_\_\_\_

Year lease is scheduled to terminate: \_\_\_\_\_

Are there options to renew the lease?

\_\_\_Yes \_\_\_No If so, please provide the following information:

How many options to extend? \_\_\_\_\_

The options extend the lease for how many years? \_\_\_\_\_

Is the company current on its lease payments?

\_\_\_Yes \_\_\_No If not, how far behind on the rent is the company? \$\_\_\_\_\_

56. List all of the corporation's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

57. The corporation is presently owed the following amount from its clients and customers:

\$\_\_\_\_\_ (if fully collectible)

\$\_\_\_\_\_ (likely collectible)

58. The value of the corporation's inventory is:

\$\_\_\_\_\_ (valuing it at full retail)

\$ \_\_\_\_\_ (valuing it at wholesale)

\$ \_\_\_\_\_ (valuing it at cost)

\$ \_\_\_\_\_ (valuing it at liquidation)

59. The corporation owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

60. The corporation is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance Owed</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

61. The corporation is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

62. The corporation owns office equipment, such as computers, printers, desks, chairs, file cabinets, fax machines, copiers, etc. which you value at:

\$ \_\_\_\_\_

63. The corporation has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

64. Does the corporation have a customer list?

Yes  No If so, the value of that list is: \$\_\_\_\_\_

65. Does the corporation have its own website?

Yes  No If so, the site address is: \_\_\_\_\_

66. Is the corporation suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued?

Yes  No If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

67. Does the corporation have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements?

Yes  No If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

68. Does the corporation own any other assets other than those reflected above?

Yes  No If so, describe:

\_\_\_\_\_

69. Does the corporation owe any payroll taxes to the Internal Revenue Service?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$\_\_\_\_\_

70. Does the corporation owe any payroll taxes to the California Employment Development Department?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$\_\_\_\_\_

71. Does the corporation owe its employees any wages?

Yes  No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____
_____	_____	\$_____

72. Are there any creditors of the corporation that have liens against the corporation's assets?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$_____	_____
_____	_____	\$_____	_____
_____	_____	\$_____	_____
_____	_____	\$_____	_____

73. Have you guaranteed any of the obligations owing by the corporation to its creditors?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

74. Does the corporation have any unsecured (uncollateralized) creditors that you did personally guarantee?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

75. Are you a partner, general or limited, in any partnerships, whether the business is recognized as a partnership under state law or not?

Yes  No If so, please provide the following information:

Company name: \_\_\_\_\_

general partner  limited partner

Percentage of ownership: \_\_\_\_\_%

Year of partnership formation: \_\_\_\_\_

Year company commenced business operations: \_\_\_\_\_

Number of employees currently: \_\_\_\_\_

Number of employees at its peak: \_\_\_\_\_

Name the other partners and whether they are related to you:

<u>Name</u>	<u>Percentage</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_

76. Describe what the company does, i.e., what type of products it sells or services it provides:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

77. Does the business operate out of your residence or does it have its own location(s)?

Residence  Its own location(s) If the business has its own location(s) please provide the following information for each location:

Address: \_\_\_\_\_

Type of property:

office space

commercial space

warehouse

land

Square footage: \_\_\_\_\_

Year occupancy commenced: \_\_\_\_\_

Year lease commenced: \_\_\_\_\_

Year lease is scheduled to terminate: \_\_\_\_\_

Are there options to renew the lease?

Yes  No If so, please provide the following information:

How many options to extend? \_\_\_\_\_

The options extend the lease for how many years? \_\_\_\_\_

Is the company current on its lease payments?

Yes  No If not, how far behind on the rent is the company? \$ \_\_\_\_\_

78. List all of the partnership's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

79. The partnership is presently owed the following amount from its clients and customers:

\$ \_\_\_\_\_ (if fully collectible)

\$ \_\_\_\_\_ (likely collectible)

80. The value of the partnership's inventory is:

\$ \_\_\_\_\_ (valuing it at full retail)

\$ \_\_\_\_\_ (valuing it at wholesale)

\$ \_\_\_\_\_ (valuing it at cost)

\$ \_\_\_\_\_ (valuing it at liquidation)

81. The partnership owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

82. The partnership is purchasing/financing the following equipment

and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance Owed</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

83. The partnership is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

84. The partnership has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

85. Does the partnership have a customer list?

Yes  No If so, the value of that list is: \$ \_\_\_\_\_

86. Does the partnership have its own website?

Yes  No If so, the site address is: \_\_\_\_\_

87. Is the partnership suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued?

Yes  No If so, describe:

\_\_\_\_\_

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88. Does the partnership have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements?

Yes  No If so, describe:

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89. Does the partnership own any other assets other than those reflected above?

Yes  No If so, describe:

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90. Does the partnership owe any payroll taxes to the Internal Revenue Service?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$\_\_\_\_\_

91. Does the partnership owe any payroll taxes to the California Employment Development Department?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$\_\_\_\_\_

92. Does the partnership owe its employees any wages?

Yes  No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
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_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

93. Are there any creditors of the partnership that have liens against the partnership's assets?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

94. Have you guaranteed any of the obligations owing by the partnership to its creditors? (Note that if you are a general partner of the partnership, you are almost certainly liable for the obligations of the partnership regardless of whether or not you "personally guaranteed" it.)

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

95. Does the partnership have any unsecured (uncollateralized) creditors that you personally guaranteed? (Note that if you are a general partner of the partnership, you are almost certainly liable for the obligations of the partnership regardless of whether or not you "personally guaranteed" it.)

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

96. Are you a member of a limited liability company (LLC) or limited liability partnership (LLP)?

Yes  No If so, please provide the following information:

Company name: \_\_\_\_\_

managing member  nonmanaging member

Percentage of ownership: \_\_\_\_\_%

Year of company formation: \_\_\_\_\_

Year company commenced business operations: \_\_\_\_\_

Number of employees currently: \_\_\_\_\_

Number of employees at its peak: \_\_\_\_\_

Name the other partners and whether they are related to you:

<u>Name</u>	<u>Percentage</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

97. Describe what the company does, i.e., what type of products it sells or services it provides:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

98. Does the business operate out of your residence or does it have its own location(s)?

Residence  Its own location(s) If the business has its own location(s) please provide the following information for each location:

Address: \_\_\_\_\_

Type of property:

\_\_\_ office space

\_\_\_ commercial space

\_\_\_ warehouse

\_\_\_ land

Square footage: \_\_\_\_\_

Year occupancy commenced: \_\_\_\_\_

Year lease commenced: \_\_\_\_\_

Year lease is scheduled to terminate: \_\_\_\_\_

Are there options to renew the lease?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

How many options to extend? \_\_\_\_\_

The options extend the lease for how many years? \_\_\_\_\_

Is the company current on its lease payments?

\_\_\_ Yes \_\_\_ No If not, how far behind on the rent is the

company? \$ \_\_\_\_\_

99. List all of the limited liability company's/limited liability partnership's open checking accounts, savings accounts, certificates of deposits, money market accounts, brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

100. The limited liability company/limited liability partnership is presently owed the following amount from its clients and customers:

\$ \_\_\_\_\_ (if fully collectible)

\$ \_\_\_\_\_ (likely collectible)

101. The value of the limited liability company/limited liability partnership's inventory is:

\$ \_\_\_\_\_ (valuing it at full retail)

\$ \_\_\_\_\_ (valuing it at wholesale)

\$ \_\_\_\_\_ (valuing it at cost)

\$ \_\_\_\_\_ (valuing it at liquidation)

102. The limited liability company/limited liability partnership owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

103. The limited liability company/limited liability partnership is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance Owed</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

104. The limited liability company/limited liability partnership is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

105. The limited liability company/limited liability partnership has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

106. Does the limited liability company/limited liability partnership have a customer list?

Yes  No If so, the value of that list is: \$ \_\_\_\_\_

107. Does the limited liability company/limited liability partnership have its own website?

Yes  No If so, the site address is: \_\_\_\_\_

108. Is the limited liability company/limited liability partnership suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued?

Yes  No If so, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

109. Does the limited liability company/limited liability partnership have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements?

Yes  No If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

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110. Does the limited liability company/limited liability partnership own any other assets other than those reflected above?

Yes  No If so, describe:

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111. Does the limited liability company/limited liability partnership owe any payroll taxes to the Internal Revenue Service?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$ \_\_\_\_\_

112. Does the limited liability company/limited liability partnership owe any payroll taxes to the California Employment Development Department?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$ \_\_\_\_\_

113. Does the limited liability company/limited liability partnership owe its employees any wages?

Yes  No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

114. Are there any creditors of the limited liability company/limited liability partnership that have liens against the partnership's assets?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

115. Have you guaranteed any of the obligations owing by the limited liability company/limited liability partnership to its creditors?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

116. Does the limited liability company/limited liability partnership have any unsecured (uncollateralized) creditors that you personally guaranteed?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

117. Are you presently operating, or have you operated a sole proprietorship/doing business as that still has assets remaining?

Yes  No If so, please provide the following information:

Company name: \_\_\_\_\_

Year company commenced business operations: \_\_\_\_\_

Number of employees currently: \_\_\_\_\_

Number of employees at its peak: \_\_\_\_\_

118. Describe what the company does, i.e., what type of products it sells or services it provides:

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119. Does the business operate out of your residence or does it have its own location(s)?

Residence  Its own location(s) If the business has its own location(s) please provide the following information for each location:

Address: \_\_\_\_\_

Type of property:

office space

commercial space

warehouse

land

Square footage: \_\_\_\_\_

Year occupancy commenced: \_\_\_\_\_

Year lease commenced: \_\_\_\_\_

Year lease is scheduled to terminate: \_\_\_\_\_

Are there options to renew the lease?

Yes  No If so, please provide the following information:

How many options to extend? \_\_\_\_\_

The options extend the lease for how many years? \_\_\_\_\_

Is the company current on its lease payments?

Yes  No If not, how far behind on the rent is the

company? \$ \_\_\_\_\_

120. List all of the sole proprietorship's open checking accounts, savings accounts, certificates of deposits, money market accounts,

brokerage accounts, stock trading accounts, and e-trade accounts (do not list retirement accounts, pension accounts, 401k plans, and individual retirement accounts), regardless of the amount in the account(s) (i.e., include all accounts even if overdrawn):

<u>Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

121. The sole proprietorship is presently owed the following amount from its clients and customers:

\$ \_\_\_\_\_ (if fully collectible)

\$ \_\_\_\_\_ (likely collectible)

122. The value of the sole proprietorship's inventory is:

\$ \_\_\_\_\_ (valuing it at full retail)

\$ \_\_\_\_\_ (valuing it at wholesale)

\$ \_\_\_\_\_ (valuing it at cost)

\$ \_\_\_\_\_ (valuing it at liquidation)

123. The sole proprietorship owns the following equipment free and clear and values it as follows:

<u>Description</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

124. The sole proprietorship is purchasing/financing the following equipment and values it as follows:

<u>Description</u>	<u>Lender</u>	<u>Balance Owed</u>	<u>Value</u>
_____	_____	_____	_____

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

125. The sole proprietorship is leasing the following equipment and values it as follows:

<u>Description</u>	<u>Lessor</u>	<u>Monthly Payment</u>	<u>Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

126. The sole proprietorship has the following insurance policies (liability, workers compensation, product liability, keyman, etc.):

<u>Type of Coverage</u>	<u>Insurance Co.</u>	<u>Coverage Terms</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

127. Does the sole proprietorship have a customer list?

\_\_\_ Yes \_\_\_ No If so, the value of that list is: \$ \_\_\_\_\_

128. Does the sole proprietorship have its own website?

\_\_\_ Yes \_\_\_ No If so, the site address is: \_\_\_\_\_

129. Is the sole proprietorship suing anyone, does it have any claims pending against any insurance carriers, or have there been any events or incidents which could give rise to a lawsuit or insurance claim that could be pursued in the future even if it has not yet been pursued?

\_\_\_ Yes \_\_\_ No If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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130. Does the sole proprietorship have any other intellectual property or intangibles, such as patents, copyrights, licenses, or franchise agreements?

Yes  No If so, describe:

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131. Does the sole proprietorship own any other assets other than those reflected above?

Yes  No If so, describe:

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132. Does the sole proprietorship owe any payroll taxes to the Internal Revenue Service?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$\_\_\_\_\_

133. Does the sole proprietorship owe any payroll taxes to the California Employment Development Department?

Yes  No If so, please provide the following information:

Quarters owed: \_\_\_\_\_

Amount owed: \$\_\_\_\_\_

134. Does the sole proprietorship owe its employees any wages?

Yes  No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

135. Are there any creditors of the sole proprietorship that have liens against the sole proprietorship's assets?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>	<u>Collateral</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

136. Does the sole proprietorship have any unsecured (uncollateralized) creditors?

Yes  No If so, please provide the following information:

<u>Creditor Name</u>	<u>Creditor Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

137. Do you own any government bonds?

Yes  No If so, please provide the following information:

<u>Type (Series EE?)</u>	<u>Year Purchased</u>	<u>Face Value</u>	<u>Redemption Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

138. Do you own any corporate bonds?

Yes  No If so, please provide the following information:

<u>Company</u>	<u>Year Purchased</u>	<u>Face Value</u>	<u>Redemption Value</u>
_____	_____	\$ _____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

139. Do you own any creative investment securities such as options to purchase stock, stock warrants, futures, and/or REITs?

Yes  No If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

140. Other than accounts receivable owing to a corporation, partnership, limited liability company, limited liability partnership, or sole proprietorship, does anyone owe you any money, such as for a loan that has never been repaid, or a judgment you have already been awarded against someone?

Yes  No If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

141. Are you or your spouse entitled to be receiving any child support or alimony?

Yes  No If so, please provide the following information:

Person from whom support is being received or supposed to be received: \_\_\_\_\_

Is there a Court order in place requiring payment?

Yes  No

Is the obligor current on his or her payments?

Yes  No If not, how much are the arrearages?

\$ \_\_\_\_\_

If there are arrearages, do you believe they are collectible?

Yes  No

142. Are you currently suing anyone?

Yes  No If so, please provide the following information:

Case name: \_\_\_\_\_

Case number: \_\_\_\_\_

Court in which the case is pending: \_\_\_\_\_

The causes of action for which recovery is being sought (such as breach of contract, negligence, personal injuries, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Current status of the case (pending, discovery pending, settled, etc.): \_\_\_\_\_

143. Are you part of a class action suit in which you are suing someone, even if your name does not appear in the title of the suit?

Yes  No If so, please provide the following information:

Case name: \_\_\_\_\_

Case number: \_\_\_\_\_

Court in which the case is pending: \_\_\_\_\_

The causes of action for which recovery is being sought (such as breach of contract, negligence, personal injuries, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Current status of the case (pending, discovery pending, settled, etc.): \_\_\_\_\_

144. Do you have any claims pending against insurance carriers for losses sustained or injuries suffered that have not yet ripened into a lawsuit?

Yes  No If so, please provide the following information:

Carrier to whom claim has been made: \_\_\_\_\_

Date on which loss suffered/injury sustained: \_\_\_\_\_

Describe the nature of the claim: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

145. Have there been any events or occurrences that could give rise

to a possible lawsuit or insurance claim that have not yet ripened into a lawsuit or insurance claim, regardless of whether you intend to file a lawsuit or submit an insurance claim?

Yes  No If so, please provide the following information:

Date on which loss suffered/injury sustained: \_\_\_\_\_

Describe the nature of the potential lawsuit/insurance claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

146. Are you entitled to receive an income tax refund from either the Internal Revenue Service (federal) or the California Franchise Tax Board (state)?

Yes  No If so, please provide the following information:

<u>IRS/Federal Or CFTB/State?</u>	<u>Tax Year</u>	<u>Amount</u>
---------------------------------------	-----------------	---------------

_____	_____	_____
_____	_____	_____

147. Are you aware of any tax years you could go back and amend in order to get an income tax refund from either the Internal Revenue Service (federal) or the California Franchise Tax Board (state)?

Yes  No If so, please provide the following information:

<u>IRS/Federal Or CFTB/State?</u>	<u>Tax Year</u>	<u>Amount</u>
---------------------------------------	-----------------	---------------

_____	_____	_____
_____	_____	_____

148. Are there are any assets that are not in your name but which you arguably own an interest in because you paid for the asset in whole or in part?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

149. Do you own any "future interests," which are assets that presently exist but which will not be distributed to you until some time in the

future, say for example a trust or something that looks like a trust that indicates you'll receive something when you reach a certain age?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

150. Has anyone died leaving you assets, whether real estate, cash or anything else that for any reason has not yet been distributed to you, such as tied up in probate?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

151. Are you, to the best of your knowledge, entitled to receive life insurance proceeds as a result of a death that has already occurred?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

152. Are you, to the best of your knowledge, entitled to receive a distribution from an estate or from life insurance proceeds as a result of a death that can be expected to occur in the next twelve months?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

153. Are you the beneficiary of a trust, revocable or irrevocable, formed by a third party, such as a relative or friend?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

154. Have you ever formed a trust yourself?

Yes  No If so, please provide the following information:

Name of the trust: \_\_\_\_\_

Year trust formed: \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Assets originally placed in the trust: \_\_\_\_\_

Assets presently in the trust: \_\_\_\_\_

155. Do you hold any patents?

Yes  No If so, describe: \_\_\_\_\_

156. Have you applied for any patents, which application remains pending?

Yes  No If so, describe: \_\_\_\_\_

157. Do you hold any copyrights?

Yes  No If so, describe: \_\_\_\_\_

158. Have you written any books, plays, screenplays, or anything else, published or not published, copyrighted or not copyrighted, whether marketed for sale or not yet marketed for sale?

Yes  No If so, describe: \_\_\_\_\_

159. Do you receive any royalties or should you be receiving any royalties for any work or projects you have done in the past?

Yes  No If so, describe: \_\_\_\_\_

160. Do you receive any residuals or should you be receiving any residuals for any acting or directorial work or acting or directorial projects you have done in the past?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

161. Do you hold any licenses other than a driver's license, such as a license to sell insurance, sell real estate, cut hair, teach, or be a general contractor, handle pesticides, etc., regardless of whether you are using the license or plan to use the license in the future?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

162. Are you a franchisor or a franchisee under any franchise agreements?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

163. Do you have a website other than in connection with a business you are operating?

Yes  No If so, the site address is: \_\_\_\_\_

164. Do you have any other intellectual property assets?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

165. Do you own a vehicle, including automobiles, trucks, trailers and motorcycles, free and clear of any liens?

Yes  No If so, please provide the following information for each vehicle:

Vehicle year: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Mileage: \_\_\_\_\_

Operational?

Yes  No

166. Are you purchasing/financing a vehicle, including automobiles, trucks, trailers and motorcycles?

Yes  No If so, please provide the following information for each vehicle:

Vehicle year: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Mileage: \_\_\_\_\_

Date or approximate date of financing agreement: \_\_\_\_\_

Did you purchase the vehicle and incur the obligation to the financing company simultaneously?

Yes  No, I already owned the vehicle when I borrowed against it.

Lender name: \_\_\_\_\_

Lender address: \_\_\_\_\_

Lender account number: \_\_\_\_\_

Lender balance: \$ \_\_\_\_\_

Amount of monthly payment: \$ \_\_\_\_\_

167. Are you leasing a vehicle, including automobiles, trucks, trailers and motorcycles?

Yes  No If so, please provide the following information for each vehicle:

Vehicle year: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Mileage: \_\_\_\_\_

Lessor name: \_\_\_\_\_

Lessor address: \_\_\_\_\_

Lessor account number: \_\_\_\_\_

Number of months in original lease term: \_\_\_\_\_

Number of months remaining in lease term: \_\_\_\_\_

Amount of monthly payment: \$\_\_\_\_\_

168. Do you own a boat, free and clear of any liens?

Yes  No If so, please provide the following information for each boat:

Boat year: \_\_\_\_\_

Boat manufacturer: \_\_\_\_\_

Boat model: \_\_\_\_\_

Boat name: \_\_\_\_\_

Seaworthy?

Yes  No

169. Are you purchasing/financing a boat?

Yes  No If so, please provide the following information for each boat:

Boat year: \_\_\_\_\_

Boat manufacturer: \_\_\_\_\_

Boat model: \_\_\_\_\_

Boat name: \_\_\_\_\_

Lender name: \_\_\_\_\_

Lender address: \_\_\_\_\_

Lender account number: \_\_\_\_\_

Lender balance: \$\_\_\_\_\_

Amount of monthly payment: \$\_\_\_\_\_

Where is the boat docket/slipped? \_\_\_\_\_

170. Are you leasing a boat?

Yes  No If so, please provide the following information for each boat:

Boat year: \_\_\_\_\_

Boat manufacturer: \_\_\_\_\_

Boat model: \_\_\_\_\_

Boat name: \_\_\_\_\_

Lessor name: \_\_\_\_\_

Lessor address: \_\_\_\_\_

Lessor account number: \_\_\_\_\_

Number of months in original lease term: \_\_\_\_\_

Number of months remaining in lease term: \_\_\_\_\_

Amount of monthly payment: \$\_\_\_\_\_

171. Do you own, are you financing, or are you leasing, an airplane?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

172. Other than in connection with a business you may be operating, and other than a personal computer which you included within the "household goods and furnishings" category noted above, do you have any office equipment, such as computers, printers, desks, chairs, file cabinets, fax machines, copiers, etc.?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

173. Other than in connection with a business you may be operating, do you have any machinery, fixtures, equipment or supplies?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

174. Other than in connection with a business you may be operating, do you have any inventory?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

175. Do you have animals, including household pets?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

176. Other than gardening and hand tools which you included within the "household goods and furnishings" category noted above, do you have any crops, farming equipment, farming implements, farming supplies, farming chemicals, or feed?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

177. Do you own or are you paying for a cemetery plot?

Yes  No If so, please provide the following information:

Name of cemetery: \_\_\_\_\_

Was it you or someone else that paid for the plot(s)? \_\_\_\_\_

\_\_\_\_\_

Year the plot(s) was/were purchased: \_\_\_\_\_

Original price of the plot(s): \$\_\_\_\_\_

Estimated present value of the plots: \$\_\_\_\_\_

Are family members already buried in adjacent plots?

Yes  No

178. Do you own a membership in a countryclub?

Yes  No If so, please provide the following information:

Name of countryclub: \_\_\_\_\_

Year interest purchased: \_\_\_\_\_

Amount paid for membership: \$\_\_\_\_\_

Type of membership (golf only? tennis only?): \_\_\_\_\_

Estimated present value of the membership: \$\_\_\_\_\_

Are you aware of any limitations imposed by the countryclub on your right to sell your interest?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

179. Do you own a membership in a healthclub?

Yes  No If so, please provide the following information:

Name of healthclub: \_\_\_\_\_

Monthly fee: \$\_\_\_\_\_

Do you wish to keep your membership, or would you prefer to discharge any remaining liability to the healthclub organization?

Keep  Discharge

180. Do you have any frequent flier miles/points?

Yes  No If so, please provide the following information for each carrier:

Air carrier: \_\_\_\_\_

Mileage/points: \_\_\_\_\_

181. Do you own any assets other than those already reflected above, i.e., miscellaneous assets?

Yes  No If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Schedules Of Liabilities.

182. List all of the creditors that hold liens and/or leases against your assets, such as mortgage lenders, vehicle lenders, vehicle lessors,

holders of liens against consumer goods (Best Buy, Good Guys, Circuit City) and UCC-1 lienholders and provide the following information:

Creditor name: \_\_\_\_\_

Creditor address: \_\_\_\_\_

Account number: \_\_\_\_\_

Balance owed: \$ \_\_\_\_\_

Monthly payment required: \$ \_\_\_\_\_

Are you current on your payments to this creditor?

Yes  No If not, arrearages total \$ \_\_\_\_\_

Date of purchase/most recent purchase: \_\_\_\_\_

Collateral description: \_\_\_\_\_

183. Are you obligated to be paying alimony or child support?

Yes  No If so, please provide the following information:

Alimony  Child support  Both

Person to whom you are obligated to make your payments?

\_\_\_\_\_

Amount you are obligated to be paying: \$ \_\_\_\_\_

Is there a Court order requiring you to be paying alimony or child support?

Yes  No

What court issued the order? \_\_\_\_\_

Are you current on your payments of alimony or support?

Yes  No If not, arrearages total \$ \_\_\_\_\_

184. Do you owe any employees any wages that were earned within the past ninety days?

Yes  No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
----------------------	-------------------------	--------------------

_____	_____	\$ _____
-------	-------	----------

_____	_____	\$ _____
-------	-------	----------

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

185. Do you owe any federal income taxes to the Internal Revenue Service?

Yes  No If so, please provide the following information:

<u>Tax Year</u>	<u>Return Filed?</u>	<u>When Was Return Filed?</u>	<u>Amount Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

186. Do you owe any state income taxes to the California Franchise Tax Board?

Yes  No If so, please provide the following information:

<u>Tax Year</u>	<u>Return Filed?</u>	<u>When Was Return Filed?</u>	<u>Amount Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

187. Do you owe any student loans, regardless of whether they are current or in arrears, and regardless of whether you were the student or the parent/guarantor?

Yes  No If so, please provide the following information:

<u>Lender/Government Entity</u>	<u>Current Or Arrears?</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

188. Have you ever had an asset, such as a home or a vehicle, foreclosed upon or repossessed by a secured lender or lessor?

Yes      No If so, please provide the following information for each such foreclosure or repossession:

Lender/Lessor: \_\_\_\_\_

Lender/Lessor address: \_\_\_\_\_

Account number: \_\_\_\_\_

Approximate date debt originally incurred: \_\_\_\_\_

Approximate date of foreclosure/repossession: \_\_\_\_\_

Balance outstanding: \$ \_\_\_\_\_

189. Do you owe any employees any wages that were earned more than ninety days ago?

     Yes      No If so, please provide the following information:

<u>Employee Name</u>	<u>Employee Address</u>	<u>Amount Owed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

190. Do you have any outstanding medical/dental obligations?

     Yes      No If so, please provide the following information for each such creditor:

Doctor/provider: \_\_\_\_\_

Doctor/provider address: \_\_\_\_\_

Account number: \_\_\_\_\_

Approximate date services were provided: \_\_\_\_\_

Balance outstanding: \$ \_\_\_\_\_

191. Do you owe any money to family members or friends?

     Yes      No If so, please provide the following information:

Friend/relative: \_\_\_\_\_

Friend/relative address: \_\_\_\_\_

Approximate date obligation arose: \_\_\_\_\_

How much have you repaid to the friend/relative within the past twelve months? \$ \_\_\_\_\_

Balance outstanding: \$ \_\_\_\_\_

192. Do you owe any money to trade suppliers/vendors?

Yes  No If so, please provide the following information:

Trade supplier name: \_\_\_\_\_

Trade supplier address: \_\_\_\_\_

Account number: \_\_\_\_\_

Approximate date obligation arose: \_\_\_\_\_

Balance outstanding: \$ \_\_\_\_\_

193. Do you owe any money to credit card companies?

Yes  No If so, please provide the following information for each credit card company:

Credit card company name: \_\_\_\_\_

Credit card company payment address: \_\_\_\_\_

Credit card company inquiry address: \_\_\_\_\_

Account number: \_\_\_\_\_

Balance outstanding: \$ \_\_\_\_\_

Approximate date account last used for a purchase or a cash advance: \_\_\_\_\_

Have you charged or taken cash advances totalling more than \$1,500.00 in the past five months?

Yes  No If so, how much would you estimate was charged on the account in the past five months? \$ \_\_\_\_\_

Have you charged or taken cash advances totalling more than \$750.00 in the past seventy days?

Yes  No If so, please provide the following information:

Credit card on which cash advance was taken: \_\_\_\_\_

Date(s) and amounts of cash advances taken:

<u>Dates</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Have you charged more than \$500.00 for the purchase of luxury goods in the past ninety days?

Yes  No If so, please provide the following information:

Credit card on which such purchase was made: \_\_\_\_\_

Date(s) and amounts of luxury purchases made:

<u>Dates</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Has the credit card company unreasonably refused to negotiate an alternative repayment schedule?

Yes  No If so, please provide the following information:

Credit card to whom an alternative repayment schedule was proposed: \_\_\_\_\_

Date on which an alternative repayment schedule was proposed: \_\_\_\_\_

Terms of the alternative repayment scheduled proposed:  
\_\_\_\_\_  
\_\_\_\_\_

194. Has anyone sued you and already obtained a judgment against you?

Yes  No If so, please provide the following information:

Judgment creditor: \_\_\_\_\_

Judgment creditor address: \_\_\_\_\_

Judgment creditor's attorney: \_\_\_\_\_

Judgment creditor's attorney's address: \_\_\_\_\_

Case number: \_\_\_\_\_

Judgment amount: \$ \_\_\_\_\_

Approximate date the obligation arose: \_\_\_\_\_

Approximate date the judgment was rendered: \_\_\_\_\_

Was the judgment by default or defended?

Default  Defended

195. Has anyone sued you but not yet obtained a judgment against you?

Yes  No If so, please provide the following information:

Plaintiff/creditor: \_\_\_\_\_

Plaintiff/creditor address: \_\_\_\_\_

Plaintiff/creditor's attorney: \_\_\_\_\_

Plaintiff/creditor's attorney's address: \_\_\_\_\_

Case number: \_\_\_\_\_

Amount sought in suit: \$ \_\_\_\_\_

Approximate date the obligation arose: \_\_\_\_\_

**IV. Executory Contracts And Unexpired Leases.**

196. Do you rent or lease your residence (note that your landlord will not be notified of your bankruptcy filing)?

Yes  No If so, please provide the following information:

Landlord name: \_\_\_\_\_

Landlord address: \_\_\_\_\_

Approximate date you moved in? \_\_\_\_\_

When you first moved in, was there a written lease?

Yes  No

What was the original length of the lease? \_\_\_\_\_

Was the lease ever formally renewed?

Yes  No

Amount of security deposit held by landlord: \$ \_\_\_\_\_

Amount of present monthly rent: \$ \_\_\_\_\_

Are you current on your payments of rent to the landlord?

Yes  No If not, arrearages total \$ \_\_\_\_\_

197. Do you lease anything other than your residence, such as a vehicle or piece of equipment?

Yes  No If so, please provide the following information:

Lessor name: \_\_\_\_\_

Lessor address: \_\_\_\_\_

Lessor account number: \_\_\_\_\_

Number of months in original lease term: \_\_\_\_\_

Number of months remaining in lease term: \_\_\_\_\_

Amount of monthly payment: \$ \_\_\_\_\_

Are you current on your payments of rent to the lessor?

Yes  No If not, arrearages total \$ \_\_\_\_\_

**V. Codebtors.**

198. Is anyone else, including corporations, partnerships, limited liability companies, limited liability partnerships, family members, friends, and/or nonfiling spouses, liable along with you on any of your debts, either by being co-obligated or a guarantor?

Yes  No If so, please provide the following information:

Name of co-obligor: \_\_\_\_\_

Address of co-obligor: \_\_\_\_\_

Account number, if any, of co-obligor: \_\_\_\_\_

Approximate date co-obligor obligated itself: \_\_\_\_\_

Creditor to whom co-obligor is obligated: \_\_\_\_\_

**VI. Budget.**

199. Describe your job status:

- Employed (W-2 or 1099) by an unrelated third party
- Employed (W-2 or 1099) by a relative/relative's company
- Employed by more than one employer
- Self-employed
- Not currently employed

200. If employed by an unrelated third party, please provide the following information for each job:

Job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address where you physically work: \_\_\_\_\_

Approximate date your employment commenced: \_\_\_\_\_

Date of most recent paystub: \_\_\_\_\_

Year to date gross income: \$ \_\_\_\_\_

Year to date taxes withheld: \$ \_\_\_\_\_

Year to date insurance withheld: \$ \_\_\_\_\_

Year to date union dues withheld: \$ \_\_\_\_\_

Year to date pension/retirement/401k withheld: \$ \_\_\_\_\_

Year to date 401k loan repayment withheld: \$ \_\_\_\_\_

201. If employed by a relative or a relative's company, please provide the following information for each job:

Job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address where you physically work: \_\_\_\_\_

What is the relationship between you and your employer?

\_\_\_\_\_

Approximate date your employment commenced: \_\_\_\_\_

Date of most recent paystub: \_\_\_\_\_

Year to date gross income: \$ \_\_\_\_\_

Year to date taxes withheld: \$ \_\_\_\_\_

Year to date insurance withheld: \$ \_\_\_\_\_

Year to date union dues withheld: \$ \_\_\_\_\_

Year to date pension/retirement/401k withheld: \$ \_\_\_\_\_

Year to date 401k loan repayment withheld: \$ \_\_\_\_\_

202. If self-employed, please provide the following information for each job:

Job title: \_\_\_\_\_

Name of your company: \_\_\_\_\_

Description of business: \_\_\_\_\_

Address where you physically work: \_\_\_\_\_

Approximate date you commenced your business: \_\_\_\_\_

Year to date gross revenue: \$ \_\_\_\_\_

Year to date expenses: \$ \_\_\_\_\_

203. If not currently employed, please provide the following information:

Most recent job title: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Most recent date employed: \_\_\_\_\_

204. Describe your spouse's job status, even if spouse is not filing bankruptcy with you:

\_\_\_ Employed (W-2 or 1099) by an unrelated third party

\_\_\_ Employed (W-2 or 1099) by a relative/relative's company

\_\_\_ Employed by more than one employer

\_\_\_ Self-employed

\_\_\_ Not currently employed

205. If spouse is employed by an unrelated third party, please provide the following information for each job, even if spouse is not filing

bankruptcy with you:

Job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address where spouse physically works: \_\_\_\_\_

Approximate date your spouse's employment commenced:

\_\_\_\_\_

Date of most recent paystub: \_\_\_\_\_

Year to date gross income: \$ \_\_\_\_\_

Year to date taxes withheld: \$ \_\_\_\_\_

Year to date insurance withheld: \$ \_\_\_\_\_

Year to date union dues withheld: \$ \_\_\_\_\_

Year to date pension/retirement/401k withheld: \$ \_\_\_\_\_

Year to date 401k loan repayment withheld: \$ \_\_\_\_\_

206. If spouse is employed by a relative or a relative's company, please provide the following information for each job, even if spouse is not filing bankruptcy with you:

Job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address where spouse physically works: \_\_\_\_\_

What is the relationship between your spouse and spouse's employer?

\_\_\_\_\_

Approximate date spouse's employment commenced: \_\_\_\_\_

Year to date gross income: \$ \_\_\_\_\_

Year to date taxes withheld: \$ \_\_\_\_\_

Year to date insurance withheld: \$ \_\_\_\_\_

Year to date union dues withheld: \$ \_\_\_\_\_

Year to date pension/retirement/401k withheld: \$ \_\_\_\_\_

Year to date 401k loan repayment withheld: \$ \_\_\_\_\_

207. If spouse is self-employed, please provide the following information for each job, even if spouse is not filing bankruptcy with you:

Job title: \_\_\_\_\_

Name of spouse's company: \_\_\_\_\_

Description of business: \_\_\_\_\_

Address where spouse physically works: \_\_\_\_\_

Approximate date spouse commenced spouse's business:  
\_\_\_\_\_

Year to date gross revenue: \$ \_\_\_\_\_

Year to date expenses: \$ \_\_\_\_\_

208. If spouse is not currently employed, please provide the following information:

Most recent job title: \_\_\_\_\_

Most recent employer: \_\_\_\_\_

Most recent date employed: \_\_\_\_\_

209. For each person that lives within your home, please provide the following information:

<u>Name</u>	<u>Age</u>	<u>Relationship</u> <u>(son/daughter/parent, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

210. Please provide an estimate of your monthly expenses. Some expenses are paid less frequently than monthly, but expenses should be estimated based upon averages spread out over a typical year. Note that the average is based on what you anticipate for the next twelve months and therefore does not include the repayment of those debts that will likely be discharged in your bankruptcy case.

First mortgage..... \$ \_\_\_\_\_

Are county real estate taxes impounded with mortgage?

Yes  No

Is homeowners insurance impounded with mortgage?

Yes  No

Second mortgage..... \$ \_\_\_\_\_

Third mortgage..... \$ \_\_\_\_\_

Residential rent..... \$ \_\_\_\_\_

Mobilehome space rent..... \$ \_\_\_\_\_

Utilities: Electrical..... \$ \_\_\_\_\_

Water..... \$ \_\_\_\_\_

Home gas..... \$ \_\_\_\_\_

Trash removal..... \$ \_\_\_\_\_

Telephone - landline..... \$ \_\_\_\_\_

Telephone - cell..... \$ \_\_\_\_\_

Cable/satellite..... \$ \_\_\_\_\_

Internet..... \$ \_\_\_\_\_

Alarm..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Home maintenance: Gardener..... \$ \_\_\_\_\_

Pool service..... \$ \_\_\_\_\_

Housekeeping..... \$ \_\_\_\_\_

Home repairs..... \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Food/groceries/restaurants..... \$ \_\_\_\_\_

Clothing..... \$ \_\_\_\_\_

Laundry/dry cleaning..... \$ \_\_\_\_\_

Insurance: Life insurance not paid via payroll.. \$ \_\_\_\_\_

Health insurance not paid via payroll \$ \_\_\_\_\_



Pet food/care/veterinary..... \$ \_\_\_\_\_  
Cigarettes..... \$ \_\_\_\_\_  
Emergency/contingency..... \$ \_\_\_\_\_

**VII. Statement Of Financial Affairs.**

211. List the gross (pre-tax) income you have earned from each and every job at which you have been employed (either W-2 or 1099) worked this current calendar year, the preceding calendar year, and the calendar year before that:

- a. Current employer: \_\_\_\_\_  
Gross earnings this calendar year: \$ \_\_\_\_\_ (through pay period ending what date?) \_\_\_\_\_  
Gross earnings last calendar year: \$ \_\_\_\_\_  
Gross earnings the calendar year prior: \$ \_\_\_\_\_
- b. Next most recent employer: \_\_\_\_\_  
Gross earnings this calendar year: \$ \_\_\_\_\_  
Gross earnings last calendar year: \$ \_\_\_\_\_  
Gross earnings the calendar year prior: \$ \_\_\_\_\_
- c. Next most recent employer: \_\_\_\_\_  
Gross earnings this calendar year: \$ \_\_\_\_\_  
Gross earnings last calendar year: \$ \_\_\_\_\_  
Gross earnings the calendar year prior: \$ \_\_\_\_\_

212. List the gross (pre-tax) income your spouse earned from each and every job at which spouse have been employed (W-2) worked this current calendar year, the preceding calendar year, and the calendar year before that:

- a. Current employer: \_\_\_\_\_  
Gross earnings this calendar year: \$ \_\_\_\_\_ (through pay period ending what date?) \_\_\_\_\_  
Gross earnings last calendar year: \$ \_\_\_\_\_

Gross earnings the calendar year prior: \$ \_\_\_\_\_

b. Next most recent employer: \_\_\_\_\_

Gross earnings this calendar year: \$ \_\_\_\_\_

Gross earnings last calendar year: \$ \_\_\_\_\_

Gross earnings the calendar year prior: \$ \_\_\_\_\_

c. Next most recent employer: \_\_\_\_\_

Gross earnings this calendar year: \$ \_\_\_\_\_

Gross earnings last calendar year: \$ \_\_\_\_\_

Gross earnings the calendar year prior: \$ \_\_\_\_\_

213. If you operate your own business, whether it be in the form of a corporation, partnership, limited liability company or sole proprietorship/dba or have recently operated your own business, list the gross (pre-expenses) revenue and net profit or loss each such business has generated this current calendar year, the preceding calendar year, and the calendar year before that:

a. Name of current business: \_\_\_\_\_

Gross revenue this calendar year: \$ \_\_\_\_\_ (through  
what date? \_\_\_\_\_)

Expenses this calendar year: \$ \_\_\_\_\_

Do the expenses reflected on the line above include compensation paid to you?

\_\_\_ Yes \_\_\_ No If so, how much: \$ \_\_\_\_\_

b. Name of next most recent business: \_\_\_\_\_

Gross revenue last calendar year: \$ \_\_\_\_\_

Expenses last calendar year: \$ \_\_\_\_\_

Do the expenses reflected on the line above include compensation paid to you?

\_\_\_ Yes \_\_\_ No If so, how much: \$ \_\_\_\_\_

c. Name of next most recent business: \_\_\_\_\_

Gross revenue the calendar year prior: \$ \_\_\_\_\_

Expenses the calendar year prior: \$ \_\_\_\_\_

Do the expenses reflected on the line above include compensation paid to you?

Yes  No If so, how much: \$ \_\_\_\_\_

214. If your spouse operates his or her own business, whether it be in the form of a corporation, partnership, limited liability company or sole proprietorship/dba or has recently operated his or her own business, list the gross (pre-expenses) revenue and net profit or loss each such business has generated this current calendar year, the preceding calendar year, and the calendar year before that:

a. Name of spouse's current business: \_\_\_\_\_

Gross revenue this calendar year: \$ \_\_\_\_\_ (through what date? \_\_\_\_\_)

Expenses this calendar year: \$ \_\_\_\_\_

Do the expenses reflected on the line above include compensation paid to you?

Yes  No If so, how much: \$ \_\_\_\_\_

b. Name of spouse's next most recent business: \_\_\_\_\_

Gross revenue last calendar year: \$ \_\_\_\_\_

Expenses last calendar year: y\$ \_\_\_\_\_

Do the expenses reflected on the line above include compensation paid to you?

Yes  No If so, how much: \$ \_\_\_\_\_

c. Name of spouse's next most recent business: \_\_\_\_\_

Gross revenue the calendar year prior: \$ \_\_\_\_\_

Expenses the calendar year prior: \$ \_\_\_\_\_

Do the expenses reflected on the line above include compensation paid to you?

Yes  No If so, how much: \$ \_\_\_\_\_

215. List all assets, whether real estate, vehicles, shares of stock or other securities, or any other asset, you've sold this year, last year, and/or in the year prior, generating in excess of \$500.00, and provide the following information:

<u>Asset Sold</u>	<u>Month/Year Sold</u>	<u>Gross Sales Proceeds</u>	<u>Amount Actually Received</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

216. List all proceeds generated by pledging your assets, whether real estate, vehicles, shares of stock or other securities, or any other asset, as collateral, this year, last year, and/or in the year prior, generating in excess of \$500.00, and provide the following information:

<u>Asset Pledged As Collateral</u>	<u>Month/Year Pledged</u>	<u>Amount Originally Borrowed</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

217. List all funds withdrawn from pension plans, retirement plans, 401k plans, individual retirement accounts, or any other form of retirement instruments this year, last year, and/or in the year prior.

<u>Plan From Which Funds Withdrawn</u>	<u>Year Withdrawn</u>	<u>Amount Withdrawn</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

218. List all loans taken against pension plans, retirement plans, 401k plans, individual retirement accounts, or any other form of retirement instruments this year, last year, and/or in the year prior.

<u>Plan From Which Funds Borrowed</u>	<u>Year Borrowed</u>	<u>Amount Borrowed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

219. List all loans taken against life insurance policies this year, last year, and/or in the year prior.

<u>Insurance Policy</u>	<u>Year Borrowed</u>	<u>Amount Borrowed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

220. List all funds generated by winning or settling a lawsuit this year, last year, and/or in the year prior.

<u>Lawsuit won or settled</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

221. List all proceeds received from insurance carriers on insurance claims this year, last year, and/or in the year prior. Include proceeds received from claims made on life insurance policies, automobile insurance policies, disability insurance policies, homeowners insurance policies, earthquake insurance policies, etc.

<u>Insurance Carrier</u>	<u>Type Of Policy</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

222. List all income tax refunds received this year, last year, and/or in the year prior. Include both federal and state refunds.

<u>Income Tax Year</u>	<u>Federal/State?</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	_____	_____

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

223. List all government assistance received this year, last year, and/or in the year prior. Include unemployment compensation, Social Security Administration benefits, Social Security disability benefits, state disability benefits, welfare, food stamps.

<u>Type Of Benefit</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

224. List all property, including land, vehicles, stock or other securities, and/or money, inherited this year, last year, and/or in the year prior.

<u>Asset Inherited</u>	<u>Year Received</u>	<u>Amount Or Value Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

225. List all lottery winnings received this year, last year, and/or in the year prior.

<u>Lottery Description</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____

226. List all gambling winnings received this year, last year, and/or

in the year prior. If gambling winnings are offset by gambling losses, it is acceptable net the losses against the gains.

<u>Type Of Gambling</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____

227. List all revenue generated by renting or leasing real property this year, last year, and/or in the year prior.

<u>Property Rented Or Leased</u>	<u>Year Received</u>	<u>Gross Rents Received</u>	<u>Net Rents Received</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

228. List all interest income received this year, last year, and/or in the year prior.

	<u>Year Received</u>	<u>Amount Received</u>
This year		\$ _____
Last year		\$ _____
Year Prior		\$ _____

229. List all dividend income received this year, last year, and/or in the year prior.

	<u>Year Received</u>	<u>Amount Received</u>
This year		\$ _____
Last year		\$ _____
Year Prior		\$ _____

230. List all monies received from in the form of either unsecured loans or gifts/assistance from friends and/or family this year, last year, and/or in the year prior.

<u>Loan/Gifts/Assistance</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	_____

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

231. Describe any other dollars that came through your door, i.e., any income other than that requested in questions 200 through 219 above, received this year, last year, and/or in the year prior.

<u>Source</u>	<u>Year Received</u>	<u>Amount Received</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

232. List any and all payments you have made to your mortgage compan(ies) or landlord in the past ninety days:

<u>Mortgage Company Or Landlord</u>	<u>Date Paid</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

233. List any and all payments you have made to your vehicle lender(s) or lessor(s) in the past ninety days:

<u>Lienholder Or Lessor</u>	<u>Date Paid</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____





235. List all payments you have made to "insiders" within the past twelve months. "Insiders" includes all relatives, in-laws, corporations the shares of which you, your spouse, or a relative of either of you owns, partnerships in which you, your spouse, or a relative of either of you is a general or limited partner, and a limited liability company in which you, your spouse, or a relative of either of you is a member. Payments should include repayments of loans, rent to landlords, gifts, wages to employees, etc.

a. First insider: \_\_\_\_\_

Address of insider: \_\_\_\_\_

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

a. Second insider: \_\_\_\_\_

Address of insider: \_\_\_\_\_

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

236. Have you had any of your assets, such as real estate, vehicles, or any other assets, foreclosed upon or repossessed in the past twelve months?

Yes  No If so, please provide the following information:

Name of foreclosing/repossessing lender/lessor:

---

Address: \_\_\_\_\_

Asset foreclosed upon/repossessed: \_\_\_\_\_

Approximate date of foreclosure/repossession: \_\_\_\_\_

Value of collateral when foreclosed/repossessed? \$ \_\_\_\_\_

Amount owed when foreclosed/repossessed? \$ \_\_\_\_\_

237. List all gifts you and/or your spouse have given to anyone, including charitable contributions, in excess of \$200.00 in the past twelve months. Include anyone, such as children and/or parents, to whom you are providing financial assistance.

a. First recipient of gift over \$200.00: \_\_\_\_\_

Address of recipient: \_\_\_\_\_

If the gift was other than cash, describe: \_\_\_\_\_

---

If cash, please provide the following:

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Second recipient of gift over \$200.00: \_\_\_\_\_

Address of recipient: \_\_\_\_\_

If the gift was other than cash, describe: \_\_\_\_\_

---

If cash, please provide the following:

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Third recipient of gift over \$200.00: \_\_\_\_\_

Address of recipient: \_\_\_\_\_

If the gift was other than cash, describe: \_\_\_\_\_

\_\_\_\_\_

If cash, please provide the following:

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

238. Have you suffered any losses in the past twelve months as a result of fire?

\_\_\_Yes \_\_\_No If so, please provide the following information:

Approximate date of fire: \_\_\_\_\_

Property lost: \_\_\_\_\_

Was the loss insured? \_\_\_Yes \_\_\_No If so, have you received the insurance proceeds? \_\_\_Yes \_\_\_No

239. Have you suffered any losses in the past twelve months as a result of theft/vandalism/burglary/robbery?

\_\_\_Yes \_\_\_No If so, please provide the following information:

Approximate date of incident: \_\_\_\_\_

Property lost: \_\_\_\_\_

Was the loss insured? \_\_\_Yes \_\_\_No If so, have you received the insurance proceeds? \_\_\_Yes \_\_\_No

240. Have you suffered any losses in the past twelve months as a result of casualty, such as an automobile accident, flood, earthquake, "act of God," etc.?

\_\_\_Yes \_\_\_No If so, please provide the following information:

Approximate date of casualty: \_\_\_\_\_

Property damaged: \_\_\_\_\_

Was the loss insured? \_\_\_Yes \_\_\_No If so, have you received the insurance proceeds? \_\_\_Yes \_\_\_No

241. Have you suffered losses in the past twelve months as a result of gambling in excess of \$500.00?

\_\_\_Yes \_\_\_No If so, please provide the following information:

Were the gambling losses on one occasion or a combination of various losses spread out over the past one year?

\_\_\_One occasion \_\_\_Various occasions If one occasion,

approximate date of loss: \_\_\_\_\_

Amount lost: \$\_\_\_\_\_

242. Other than to Law Offices Of Hagen & Hagen, list all payments you have made to any bankruptcy attorneys, nonbankruptcy attorneys, paralegals, tax specialists, bankruptcy preparation services, debt consolidation organizations, debt negotiation organizations, and/or credit counseling organizations for bankruptcy advice and/or debt negotiation services in the past twelve months.

First recipient: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$_____
_____	\$_____
_____	\$_____

Second recipient: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Date Paid</u>	<u>Amount Paid</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

243. List all assets you or your spouse have sold in the past forty-eight months (four years) for any reason.

a. Asset sold: \_\_\_\_\_

Purchaser name: \_\_\_\_\_

Purchaser address: \_\_\_\_\_

Approximate date sold: \_\_\_\_\_

Gross proceeds received: \$ \_\_\_\_\_

Proceeds remaining after costs of sale and payment of liens:  
\$ \_\_\_\_\_

Value of the asset sold at time of sale: \$ \_\_\_\_\_

b. Asset sold: \_\_\_\_\_

Purchaser name: \_\_\_\_\_

Purchaser address: \_\_\_\_\_

Approximate date sold: \_\_\_\_\_

Gross proceeds received: \$ \_\_\_\_\_

t all liens you have granted to anyone as a result of borrowing against your assets in the past forty-eight months (four years) for any reason.

a. Asset liened: \_\_\_\_\_

Lienholder name: \_\_\_\_\_

Lienholder address: \_\_\_\_\_

Approximate date you first borrowed funds: \_\_\_\_\_

Approximate date lien granted: \_\_\_\_\_

Approximate date lien perfected/recorded: \_\_\_\_\_

Amount borrowed: \$ \_\_\_\_\_

Amount of lien granted: \$ \_\_\_\_\_

b. Asset liened: \_\_\_\_\_

Lienholder name: \_\_\_\_\_

Lienholder address: \_\_\_\_\_

Approximate date you first borrowed funds: \_\_\_\_\_

Approximate date lien granted: \_\_\_\_\_

Approximate date lien perfected/recorded: \_\_\_\_\_

Amount borrowed: \$ \_\_\_\_\_

Amount of lien granted: \$ \_\_\_\_\_

c. Asset liened: \_\_\_\_\_

Lienholder name: \_\_\_\_\_

Lienholder address: \_\_\_\_\_

Approximate date you first borrowed funds: \_\_\_\_\_

Approximate date lien granted: \_\_\_\_\_

Approximate date lien perfected/recorded: \_\_\_\_\_

Amount borrowed: \$ \_\_\_\_\_

Amount of lien granted: \$ \_\_\_\_\_

245. Have you traded-in any assets toward the purchase of another asset, such as one vehicle for another, in the past forty-eight months (four years)?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

a. Asset traded-in: \_\_\_\_\_

Asset received: \_\_\_\_\_

Other party to the trade-in: \_\_\_\_\_

Other party's address: \_\_\_\_\_

Approximate date of the trade-in: \_\_\_\_\_

- b. Asset traded-in: \_\_\_\_\_  
Asset received: \_\_\_\_\_  
Other party to the trade-in: \_\_\_\_\_  
Other party's address: \_\_\_\_\_  
Approximate date of the trade-in: \_\_\_\_\_

246. Other than those assets transferred as reflected in Questions 232, 233 and 234 above, list all other assets transferred for any reason in the past forty-eight months (four years)? (For example, say your parents put you on title to their residence a few years back, but you transferred the property back to them for no consideration or nominal consideration at sometime within the past four years).

- a. Asset transferred: \_\_\_\_\_  
Person to whom transferred \_\_\_\_\_  
Person's address: \_\_\_\_\_  
Approximate date of transfer out: \_\_\_\_\_  
Consideration received, if any: \$\_\_\_\_\_

- b. Asset transferred: \_\_\_\_\_  
Person to whom transferred \_\_\_\_\_  
Person's address: \_\_\_\_\_  
Approximate date of transfer out: \_\_\_\_\_  
Consideration received, if any: \$\_\_\_\_\_

247. Have you sold, given away, or transferred any property or a lien against any property within the past ten years that someone, such as a creditor, might maintain was transferred with the intent to hinder, delay or defraud a creditor? For example, you conveyed a valuable vehicle to your brother-in-law just before or just after a judgment was rendered against you.

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

- a. Asset transferred: \_\_\_\_\_  
b. Approximate date of transfer: \_\_\_\_\_  
c. Person or entity to whom asset was transferred:

\_\_\_\_\_

d. Consideration received in exchange: \_\_\_\_\_

248. Have you transferred any assets, such as real estate, money, jewelry, etc., to a trust or similar device, whether or not you are the beneficiary of the trust, within the past ten years?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

a. Asset transferred: \_\_\_\_\_

b. Approximate date of transfer: \_\_\_\_\_

c. Trust or similar device to which asset was transferred?

\_\_\_\_\_

249. Have you closed any bank accounts or similar financial instruments of any kind within the past twelve months? Include checking accounts, savings accounts, credit union share accounts, internet bank accounts, brokerage accounts, stock trading accounts, pension instruments, retirement accounts, 401k plan accounts, and individual retirement accounts.

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

a. Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Approximate date account closed: \_\_\_\_\_

Approximate balance just prior to closing: \$ \_\_\_\_\_

b. Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account number: \_\_\_\_\_

Approximate date account closed: \_\_\_\_\_

Approximate balance just prior to closing: \$ \_\_\_\_\_

250. Have you had a safe deposit box at any time within the past twelve months, whether presently open or closed?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

a. Institution: \_\_\_\_\_

Who has/had access to the box? \_\_\_\_\_

What is/were the contents of the box?

Papers only  Valuables If valuables, describe:

\_\_\_\_\_

Is the box presently open or closed?

Open  Closed If closed, approximate date closed:

\_\_\_\_\_

251. Are you listed as a co-owner of anyone else's bank account or similar financial instruments of any kind, including checking accounts, savings accounts, credit union share accounts, internet bank accounts, brokerage accounts, stock trading accounts, pension instruments, retirement accounts, 401k plan accounts, and individual retirement accounts?

Yes  No If so, please provide the following information:

a. Co-owner of the account: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Amount in the account: \$ \_\_\_\_\_

Whose funds are in the account, yours, the co-owners, or a combination of both?

Yours  Co-owners  Both

b. Co-owner of the account: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Amount in the account: \$ \_\_\_\_\_

Whose funds are in the account, yours, the co-owners, or a combination of both?

Yours  Co-owners  Both

252. Are you listed as an authorized signer on anyone else's bank account or similar financial instruments of any kind, including checking accounts, savings accounts, credit union share accounts, internet bank accounts, brokerage accounts, stock trading accounts, pension instruments, retirement accounts, 401k plan accounts, and individual retirement accounts?

Yes  No If so, please provide the following information:

a. Owner of the account: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Amount in the account: \$ \_\_\_\_\_

Whose funds are in the account, yours, the co-owners, or a combination of both?

Yours  Co-owners  Both

b. Owner of the account: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Amount in the account: \$ \_\_\_\_\_

Whose funds are in the account, yours, the co-owners, or a combination of both?

Yours  Co-owners  Both

253. Are you listed as a co-owner of anyone else's real estate of any kind, including land, buildings, houses, rental properties, and/or apartment buildings?

Yes  No If so, please provide the following information:

a. Co-owner of the property: \_\_\_\_\_

Property address: \_\_\_\_\_

Date you were added to the title: \_\_\_\_\_

Did you contribute any portion of the funds used to purchase the property?

Yes  No If so, how much? \$ \_\_\_\_\_

Is the property mortgaged?

Yes  No If so, are you directly responsible to the mortgage company?

Yes  No

If the property is mortgaged, do you contribute any portion of the funds used to make the monthly mortgage payments?

Yes  No

If the property is mortgaged, who is claiming the interest expense deduction on their tax returns?

You  Co-owner

Property's estimated value: \$ \_\_\_\_\_

b. Co-owner of the property: \_\_\_\_\_

Property address: \_\_\_\_\_

Date you were added to the title: \_\_\_\_\_

Did you contribute any portion of the funds used to purchase the property?

Yes  No If so, how much? \$ \_\_\_\_\_

Is the property mortgaged?

Yes  No If so, are you directly responsible to the mortgage company?

Yes  No

If the property is mortgaged, do you contribute any portion of the funds used to make the monthly mortgage payments?

Yes  No

If the property is mortgaged, who is claiming the interest expense deduction on their tax returns?

You  Co-owner

Property's estimated value: \$ \_\_\_\_\_

254. Are you provided, and are you in possession of a vehicle supplied to you by your employer?

Yes  No If so, please provide the following information:

Employer/owner of vehicle: \_\_\_\_\_

Make/model of vehicle: \_\_\_\_\_

255. Is anyone storing any physical assets at your residence?

Yes  No If so, please provide the following information:

a. Asset in your possession: \_\_\_\_\_

Owner of the asset: \_\_\_\_\_

Address of the owner: \_\_\_\_\_

Estimated value of the asset: \$ \_\_\_\_\_

b. Asset in your possession: \_\_\_\_\_

Owner of the asset: \_\_\_\_\_

Address of the owner: \_\_\_\_\_

Estimated value of the asset: \$ \_\_\_\_\_

256. Do your children have any bank accounts for which you are the owner pursuant to the Uniform Gift For Minors Act?

Yes  No If so, please provide the following information:

a. Child's name: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account balance: \$ \_\_\_\_\_

Are any of the funds in the account yours?

Yes  No If so, how much? \$ \_\_\_\_\_

b. Child's name: \_\_\_\_\_

Institution: \_\_\_\_\_

Type of account: \_\_\_\_\_

Account balance: \$ \_\_\_\_\_

Are any of the funds in the account yours?

Yes  No If so, how much? \$ \_\_\_\_\_

257. Other than you, your spouse, and your minor children, does anyone else live within your home?

Yes  No If so, please provide the following information:

a. Occupant's name: \_\_\_\_\_

Does the occupant have at the residence home furnishings, personal possessions, wearing apparel and jewelry?

Yes  No

Does the occupant have at the residence anything more than home furnishings, personal possessions, wearing apparel and jewelry?

Yes  No If so, describe: \_\_\_\_\_

b. Occupant's name: \_\_\_\_\_

Does the occupant have at the residence home furnishings, personal possessions, wearing apparel and jewelry?

Yes  No

Does the occupant have at the residence anything more than home furnishings, personal possessions, wearing apparel and jewelry?

Yes  No If so, describe: \_\_\_\_\_

258. If you are married but filing bankruptcy without your spouse, does your spouse own any assets that have not already been reflected in prior responses to questions that you and your spouse consider to be the spouse's sole and separate property?

Yes  No If so, please provide the following information:

Asset/property: \_\_\_\_\_

Date purchased: \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_

259. Other than your responses to questions 238 through 245 above, are you in possession or control of any other assets of any kind that you believe are not yours?

Yes  No If so, please provide the following information:

a. Asset/property: \_\_\_\_\_

Owner: \_\_\_\_\_

Did you contribute any portion of the funds used to purchase the property?

Yes  No If so, how much? \$ \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_

b. Asset/property: \_\_\_\_\_

Owner: \_\_\_\_\_

Did you contribute any portion of the funds used to purchase

the property?

Yes  No If so, how much? \$ \_\_\_\_\_

Estimated value: \$ \_\_\_\_\_

260. Have you lived at any other residences in the past thirty-six months (three years)?

Yes  No If so, please provide the following information:

a. Most recent prior residence: \_\_\_\_\_

\_\_\_\_\_

List all other people who lived at the property during the last thirty-six months while you lived there?

\_\_\_\_\_

List the month and year you moved into the property and the month and year you moved out of the property:

\_\_\_\_\_ to \_\_\_\_\_

Did you ever own an interest in the prior residence?

Yes  No

b. Next most recent prior residence: \_\_\_\_\_

\_\_\_\_\_

List all other people who lived at the property during the last thirty-six months while you lived there?

\_\_\_\_\_

List the month and year you moved into the property and the month and year you moved out of the property:

From \_\_\_\_\_ to \_\_\_\_\_

Did you ever own an interest in the prior residence?

Yes  No

261. Have either you or your spouse been married to anyone other than each other in the past six years?

Yes  No If so, please provide the following information:

a. Name of former spouse: \_\_\_\_\_

Years married: From \_\_\_\_\_ to \_\_\_\_\_

b. Name of former spouse: \_\_\_\_\_

Years married: From \_\_\_\_\_ to \_\_\_\_\_

262. Are you, to the best of your knowledge, in violation of any federal, state, or local environmental laws?

\_\_\_Yes \_\_\_No If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

263. Are you, to the best of your knowledge, in possession of any hazardous waste or chemicals?

\_\_\_Yes \_\_\_No If so, describe:

\_\_\_\_\_  
\_\_\_\_\_

264. List any and all corporations in which you have owned more than five percent of the voting shares of stock and/or been a director, and/or been an officer in the past six years, regardless of whether you are still a shareholder, director, and/or officer today and regardless of whether the business continues to operate today:

a. Corporation name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Percentage of shares: \_\_\_\_\_

Director? \_\_\_Yes \_\_\_No

Officer? \_\_\_Yes \_\_\_No If so, title: \_\_\_\_\_

During what period of time are/were you a shareholder, director or officer: from \_\_\_\_\_ to \_\_\_\_\_

b. Corporation name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Percentage of shares: \_\_\_\_\_

Director?  Yes  No

Officer?  Yes  No If so, title: \_\_\_\_\_

During what period of time are/were you a shareholder,  
director or officer: from \_\_\_\_\_ to \_\_\_\_\_

265. List any and all general and/or limited partnerships in which you have been either a general partner or a limited partner in the past six years, regardless of whether you are still a general and/or limited partner today and regardless of whether the business continues to operate today:

a. Partnership name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

During what period of time are/were you a partner:

from \_\_\_\_\_ to \_\_\_\_\_

b. Partnership name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

During what period of time are/were you a partner:

from \_\_\_\_\_ to \_\_\_\_\_

266. List any and all limited liability companies and/or limited liability partnerships in which you have been a member in the past six years, regardless of whether you are still a member today and regardless of whether the business continues to operate today:

a. Limited liability company or partnership name:

\_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

During what period of time are/were you a member:

from \_\_\_\_\_ to \_\_\_\_\_

b. Limited liability company or partnership name:

\_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

During what period of time are/were you a member:

from \_\_\_\_\_ to \_\_\_\_\_

267. List any and all sole proprietorships/dbas in which you have been owner in the past six years, regardless of whether you are still owner today and regardless of whether the business continues to operate today:

a. Sole proprietorship/dba name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

During what period of time are/were you proprietor:

from \_\_\_\_\_ to \_\_\_\_\_

b. Sole proprietorship/dba name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company's taxpayer identification number: \_\_\_\_\_

Nature of the business: \_\_\_\_\_

Percentage of ownership: \_\_\_\_\_

During what period of time are/were you proprietor:

from \_\_\_\_\_ to \_\_\_\_\_

268. Have you had a bookkeeper or accountant do anything more for you than prepare tax returns, such as maintain books and records, in the past two years?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

a. Bookkeeper/accountant's name: \_\_\_\_\_

Bookkeeper/accountant's address: \_\_\_\_\_

Years during which bookkeeper/accountant provided services: from \_\_\_\_\_ to \_\_\_\_\_

b. Bookkeeper/accountant's name: \_\_\_\_\_

Bookkeeper/accountant's address: \_\_\_\_\_

Years during which bookkeeper/accountant provided services: from \_\_\_\_\_ to \_\_\_\_\_

269. Have you paid anyone to audit your books in the past twenty-four months (two years)?

\_\_\_ Yes \_\_\_ No If so, please provide the following information:

a. Auditor: \_\_\_\_\_

Auditor's address: \_\_\_\_\_

Years audited: \_\_\_\_\_

b. Auditor: \_\_\_\_\_

Auditor's address: \_\_\_\_\_

Years audited: \_\_\_\_\_

270. Have you been audited against your will, including audits by the Internal Revenue Service and/or the California Franchise Tax Board, in the past twenty-four months (two years)?

Yes  No If so, please provide the following information:

a. Auditor: \_\_\_\_\_

Auditor's address: \_\_\_\_\_

Years audited: \_\_\_\_\_

b. Auditor: \_\_\_\_\_

Auditor's address: \_\_\_\_\_

Years audited: \_\_\_\_\_

271. Are you in possession of your basic financial data, such as tax returns and bank statements, or could you by contacting your accountant and/or your bank be in possession of your basis financial data?

Yes  No If not, describe why not: \_\_\_\_\_

\_\_\_\_\_

272. Is anyone other than you in possession of your basic financial data, such as tax returns and bank statements?

Yes  No If so, please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Documents in his or her possession: \_\_\_\_\_

273. Have you issued any financial statements to anyone, such as to a taxing agency or a prospective lender, within the past twenty-four months (two years)?

Yes  No If so, please provide the following information:

Recipient of financial statements: \_\_\_\_\_

Address of recipient: \_\_\_\_\_