

**Client Questionnaire for Non-Business Debtor**  
**Section 1 – Basic Information**

**Part A. Name and Address**

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Social Security number: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Have you lived at this address for at least 180 days?  No  Yes

Have you live at this address for at least 730 days (2 years)?  No  Yes

If you answered no to either of the questions above, list all addresses and dates of residence for the past two (2) years.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates of residency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Dates of residency: \_\_\_\_\_

If you have a different mailing address, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part B. Name and Address of Spouse**

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Has your spouse used any other names in the past eight years?  No  Yes

*If yes, list other names:*

Social Security number: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Has your spouse ever resided in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin? If so please list dates of residence.

Address (*if different form your address*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Part C. Prior/ Pending Bankruptcy Cases**

Has a bankruptcy case been filed by you or against you in the last eight years?  No  Yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?  No  Yes

If yes, name of debtor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

### **Exhibit "C" to the Voluntary Petition**

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes (if yes, please attach a list and description of the property.)

### **Debtor Who Reside as Tenants of Residential Property**

If you rent your home, does a landlord hold a judgment against you?  No  Yes

If yes, please provide the name and address of the landlord:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Section 2 – Property

### Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Who owns the property	Fair market value	The \$ value of the lone, lien or mortgage?	Your monthly payment?	How many payments are left?	Account # of loan	Mortgage holder	Account #	Office use only Exemptions?

**Part B. Personal Property (Schedule B)**

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, or Community	Value	Lien? yes/no	Account #	Monthly payment Upon lien	Office Use Only Exemption
1. Cash on hand								
2. Checking/Savings account, certificates of deposits								
3. Security deposits held by utility companies, landlord								
4. Household goods, furniture, including audio, video, and computer equipment								
5. Books, pictures, art, objects, records, compact discs, collectibles								
6. Clothing								

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Lien? yes/no	Account #	Monthly payment Of lien	Value	Office use only Exemptions?
7. Furs and jewelry								
8. Sports, photographic, hobby equipment, firearms								
9. Interest in insurance policies-specify refund of cancellation value								
10. Annuities								
11. Interests in an education IRA, as defined in 62 USC § 530(b)(1)								
12. Interests in personal or profit sharing plans								
13. Stock and interests in incorporated/ unincorporated business								
14. Interests in partnerships/ joint ventures								
15. Bonds								

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Lien? yes/no	Account #	Monthly payment Of lien	Value	Office use only Exemptions?
16. Account receivable								
17. Alimony/ Family support to which you are entitled								
18. Other liquidated debts owed to you, including tax refunds								
19. Equitable or future interests or life estates								
20. Interests in estate of decedent or life insurance plan or trust								
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims								
22. Patents, copyrights, other intellectual property								
23. Licenses, franchises								
24. Customer List or other Compilation								
25. Automobiles, trucks, trailers, and accessories.								
26. Boats, motors, and accessories								
27. Aircraft and accessories								
28. Office equipment, supplies								

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Lien? yes/no	Account #	Monthly payment Of lien	Value	Office use only Exemptions?
29. Machinery, fixtures etc. for business								
30. Inventory								
31. Animals								
32. Crops-growing or harvested								
33. Farming equipment and implements								
34. Farm supplies, chemicals, feed								
35. Other personal property of any kind not listed. (use separate sheet if necessary)								

### Section 3 – Debts

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

Type of Debt	Creditor Name and Address	Account Number	Date/ range of dates when debt was incurred	Contact person's name and address if different	Amount owed	Co-debtor or co-signer? Yes/ No	Is debt secured by any property ?	If so please list monthly payment and number of months left	Do you dispute the debt?	Being sued for debt?
Other bank loans										
Personal loans										
Student loans										
Unpaid medical bills										
Unpaid Rent										



Unpaid child support										
Unpaid Alimony										
Unpaid Service Fees										
Unpaid Federal Income Taxes (consult with Attorney to determine if discharge-able)										
Other Taxes Not Paid										

Type of Debt	Creditor Name and Address	Account Number	Date/ range of dates when debt was incurred	Contact person's name and address if different	Amount owed	Co-dept Yes/ No	Is debt secured by any property ?	If so please list monthly payment and number of months left	Do you dispute the debt?	Being sued for debt?
Unpaid credit cards (Visa)										
Unpaid credit cards (Mastercard)										
Unpaid credit cards (American Express)										
Unpaid credit cards (Discover)										

Department store credit card debt										
Other credit card debts (Gas cards, phone cards, ect.)										
Cash Advances (from credit cards)										
Any other credit card debts not already listed										

**Section 4 – Unexpired Leases and Contracts (schedule G)**

List below any leases or contracts that are still current in which you are a party. Include residential, car and business leases, and service of business contracts.

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

## Section 5 – Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

### Part A. Debtor's Income

1. What is your occupation? \_\_\_\_\_
2. Name and address of your employer:  
\_\_\_\_\_  
\_\_\_\_\_
3. How long have you been employed there?  
\_\_\_\_\_
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out?  
\$ \_\_\_\_\_
5. How often do you get paid?     once a week  
 every two weeks     twice a month  
 once a month     other \_\_\_\_\_  
*Complete the below questions with your estimate if monthly averages.*
6. Do you receive overtime pay outside of your salary? If so, how much per month?  
\$ \_\_\_\_\_
7. Withheld amounts from paycheck:
  - a. Taxes & SS/FICA  
\$ \_\_\_\_\_
  - b. Medical Health insurance  
\$ \_\_\_\_\_
  - c. Union Due \$ \_\_\_\_\_
  - d. Disability \$ \_\_\_\_\_
  - e. Child alimony \$ \_\_\_\_\_
8. Do you receive:
  - a) Income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?  
\$ \_\_\_\_\_
  - b) Income from real estate property? If so, how much per month?  
\$ \_\_\_\_\_
  - c) Interest or dividends? If so, how much per month?  
\$ \_\_\_\_\_
  - d) Alimony or family support payments for your use or for the care of your dependents? If so, how much per month?  
\$ \_\_\_\_\_
  - e) Social Security or other forms of monetary government assistance?  No  Yes \$ \_\_\_\_\_
  - f) Retirement or pension money?  No  Yes \$ \_\_\_\_\_

Do you have any other sources of income not listed?  
(if yes, list on separate sheet) \_\_\_\_\_

### Part B. Joint Debtor's Income

9. What is your occupation? \_\_\_\_\_
10. Name and address of your employer:  
\_\_\_\_\_  
\_\_\_\_\_
11. How long have you been employed there?  
\_\_\_\_\_
12. What is the gross amount of your paycheck, before taxes/other deductions are taken out?  
\$ \_\_\_\_\_
13. How often do you get paid?     once a week  
 every two weeks     twice a month  
 once a month     other \_\_\_\_\_  
*Complete the below questions with your estimate if monthly averages.*
14. Do you receive overtime pay outside of your salary? If so, how much per month?  
\$ \_\_\_\_\_
15. Withheld amounts from paycheck:
  - a. Taxes & SS/FICA  
\$ \_\_\_\_\_
  - b. Medical Health insurance  
\$ \_\_\_\_\_
  - c. Union Due \$ \_\_\_\_\_
  - d. Disability \$ \_\_\_\_\_
  - e. Child alimony \$ \_\_\_\_\_
16. Do you receive:
  - g) Income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?  
\$ \_\_\_\_\_
  - h) Income from real estate property? If so, how much per month?  
\$ \_\_\_\_\_
  - i) Interest or dividends? If so, how much per month?  
\$ \_\_\_\_\_
  - j) Alimony or family support payments for your use or for the care of your dependents? If so, how much per month?  
\$ \_\_\_\_\_
  - k) Social Security or other forms of monetary government assistance?  No  Yes \$ \_\_\_\_\_
  - l) Retirement or pension money?  No  Yes \$ \_\_\_\_\_

Do you have any other sources of income not listed?  
(if yes, list on separate sheet) \_\_\_\_\_

### Section 5A – Current Monthly Income

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

	Month 1 (last month) --/--	Month 2 (2 months ago) --/--	Month 3 (3 months ago) --/--	Month 4 (4 months ago) --/--	Month 5 (5 months ago) --/--	Month 6 (6 months ago) --/--	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business a. Gross Income b. Expenses c. Net Income							
Rent and other real property income: a. Gross Income b. Expenses c. Net Income							
Interest, dividends, and royalties.							
Pension and retirement income ( <i>NOT Social Security</i> )							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income							
Other sources not already mentioned. Specify:							

## Section 6 – Current Expenses

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

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

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

1. Your rent or your home mortgage \$ \_\_\_\_\_
  - Does the above amount include real estate taxes?  No  Yes (if no, enter amt.): \$ \_\_\_\_\_
  - Does it include property insurance?  No  Yes (if no, enter amt.): \$ \_\_\_\_\_
2. Electricity and heating \$ \_\_\_\_\_
3. Water and sewage \$ \_\_\_\_\_
4. Telephone service/ long distance \$ \_\_\_\_\_
5. Do you have any other utility bills? If so, what, and how much per month?
 

	\$ _____
	\$ _____
	\$ _____
6. home maintenance, including repairs and general upkeep \$ \_\_\_\_\_
7. food \$ \_\_\_\_\_
8. clothing \$ \_\_\_\_\_
9. laundry and dry cleaning \$ \_\_\_\_\_
10. medical and dental expenses \$ \_\_\_\_\_
11. transportation (not including car payments) \$ \_\_\_\_\_
12. entertainment, recreation, newspapers, magazines \$ \_\_\_\_\_
13. charitable contributions \$ \_\_\_\_\_
14. insurance not deducted from paycheck
 

a) homeowner's or renter's insurance	\$ _____
b) life insurance	\$ _____
c) health insurance	\$ _____
d) auto insurance	\$ _____
e) other insurance _____	\$ _____
15. taxes not deducted from paycheck \$ \_\_\_\_\_
16. installment payments for car, furniture etc. (Specify)
 

	\$ _____
	\$ _____
	\$ _____
17. alimony, maintenance, support paid to others \$ \_\_\_\_\_
18. payments for support of dependents not living at home \$ \_\_\_\_\_
19. expenses form operation of business \$ \_\_\_\_\_
- Additional Expenses (707(b) Expenses)**
20. **mandatory** payroll deductions not already listed \_\_\_\_\_ \$ \_\_\_\_\_

	\$ _____
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- 21. court ordered payments not already listed \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
- 22. education necessary to maintain employment \$ \_\_\_\_\_
- 23. education for a physically or mentally challenged child \$ \_\_\_\_\_
- 24. childcare \$ \_\_\_\_\_
- 25. disability insurance (if not listed on line 14) \$ \_\_\_\_\_
- 26. health savings accounts \$ \_\_\_\_\_
- 27. care for the elderly, chronically ill, or disabled family members \$ \_\_\_\_\_
- 28. protection form family violence \$ \_\_\_\_\_
- 29. education expense for your children under 18 \$ \_\_\_\_\_
- 30. non-mandatory contributions to retirement accounts (including loan repayment)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
- 31. other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_



## Section 7 – Statement of Financial Affairs

If you are filling jointly with your spouse, include information about both you and your spouse. If you are filling under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filling jointly.

If you have no information to report for a question check the “NONE” box.

### 1. Income from employment or operation of business

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

NONE

Period	Husband/ Wife	\$ Amount	Source
January 1 of this year through date of commencement of case			
Last year, (January 1- December 31)			
The year before last, (January 1- December 31)			

### 2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	Husband/ Wife	\$ Amount	Source
Year to Date in current calendar year			
Last calendar year			
Year before last calendar year			

**3. Payments to creditors**

- a. *If your debts are primary consumer debts*, list all payments on loans, installments purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (\*) any payments that were on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed

- b. *If your debts are **not** primarily consumer debts*, list each payment or other transfer, aggregating more than \$5,475 to any creditor made within **90 days** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed

- c. *All debtors*. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were “insiders”. (“Insiders” include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

Name and Address of Creditor and Relationship to You	Dates of Payments	Amount paid	Amount still owed

**4. Suits, executions, garnishments and attachments**

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

NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition

b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/company for Whom the Property Was Seized (Creditor)	Date of Seizure	Description and Value of Property

**5. Repossessions, foreclosures, and returns**

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

NONE

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

**6. Assignments and receiverships**

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

NONE

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

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

NONE

Name and Address of Custodian	Date of Assignment	Terms of Assignment/Settlement

**7. Gifts**

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case **except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.**

NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift

**8. Losses**

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

NONE

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

**9. Payments related to debt counseling or bankruptcy**

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

NONE

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

**10. Other transfers (including sale of your property)**

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

NONE

Name and Address of Transferee	Relationship to you	Date of Transfer	Description of property Transferred and Value Received

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

NONE

Name of Similar Device	Date of Transfer	Amount of Money or Description and Value of property or Interest

**11. Closed financial accounts**

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

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

**12. Safe deposit boxes**

List each safe deposit box or depository you have or have had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of Those With Access to Box or Depository	Description of Contents	Date of Transfer, if Any

**13. Setoffs**

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

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff

**14. Property held for another person**

List all the property that you held or control that is owned by another person. If you reside with somebody not claiming bankruptcy, please fill out a second household sheet for that person in the event that the Trustee wishes to do an appraisal of the contents of your home.

NONE

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

**15. Prior address of debtor**

List all residents during the last three years, if different than your current address.

NONE

Address	Your Name at the Time	Dates of Occupancy

**16. Spouses and Former Spouses**

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

NONE

NAME	STATE IN WHICH YOU RESIDED WITH HIM/HER



**17. Environmental Information**

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

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

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

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

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

NONE

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

- b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

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

- c. List all judicial or administrative proceedings, including settlements or others, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition

**18. Nature, location and name of business**

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

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

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

NONE

Name	Taxpayer I.D. Number (EIN)	Address	Nature of Business	Beginning and Ending Dates of Operation

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

NONE

Name	Address

The following questions, #19-25, are only to be answered if you are a corporation or partnership;

-OR-

if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

**19. Books, records, and financial statements**

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

NONE

Name and Address	Dates Services Rendered

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

NONE

Name	Address	Dates Services Rendered

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

NONE

Name and Address	Comments

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

NONE

Name and Address	Date Issued

**20. Inventories**

- a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)

- b. List the name and address of the person possessing the records of each of the two inventories reported in 'a' above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records

**21. Current partners, officers, directors, and shareholders**

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

NONE

Name and Address	Nature of Interest	Percentage of Interest

- b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5% or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership

**22. Former partners, officers, directors and shareholders**

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

NONE

Name and Address	Date of Withdrawal

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

NONE

Name and Address	Title	Date of Termination

**23. Withdrawals from a partnership or distributions by a corporation**

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

NONE

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

**24. Tax Consolidation Group**

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

NONE

Name of Parent Corporation	Taxpayer Identification Number

**25. Pension Funds**

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

NONE

Name of Pension Fund	Taxpayer Identification Number