

# Client Questionnaire For Non-Business Debtor

## Section 1 Basic Information

### Part A. Name and Address

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

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

Husband Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

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

Have you lived at this address for at least 180 days (6 months)?  No  Yes

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

If you answered no to either of the questions above, please list your previous address:

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

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

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

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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Address: ***(if different from 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 8 years?  No  Yes

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

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

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

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

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

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

### 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 or public health or safety?  No  Yes (If yes, please attach a list and description of the property.)

### Debtors 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:

Name: \_\_\_\_\_

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

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

## Section 2 Property

### Real Estate (Houses, Land, or Condominiums)

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

| Address of property and how many acres (If city lot or subdivision then list CITY LOT or SUBDIVISION) | Owned by Husband, Wife, or Joint | Market Value (What could you sell your house for if you sold it today) | <ul style="list-style-type: none"> <li>Who is your home loan or mortgage with and what is their mailing address</li> <li>What date or year did you take this debt on</li> <li>What is your account number</li> <li>Name and address of any co-debtor, if any?</li> <li>What is debt for?</li> <li>Is debt secured by any property? (If so, please list monthly payments and number of months left.)</li> </ul> | What is the payoff on your home loan or mortgage |
|---|----------------------------------|--|--|--|
|   |                                  |  |  |  |
|   |                                  |  |  |  |

- Do you live in a modular or mobile home? Y or N

**If Yes, do you own the land your home is sitting on? Y or N**

- Are you behind on your mortgage payment? Y or N      **How much \$** \_\_\_\_\_

## Car, Trucks, Vans SUVs and Motorcycles

| Year, make, Model, and address where vehicle is kept | Owned by Husband, Wife, or Joint | Market Value<br>(What could you sell your vehicle for if you sold it today in the newspaper) | <ul style="list-style-type: none"> <li>• Who is your vehicle loan through and what is their mailing address</li> <li>• What date or year did you take this debt on</li> <li>• What is your account number</li> <li>• Name and address of co-signer if any</li> <li>• How many miles does your vehicle have?</li> <li>• What is Debt for?</li> <li>• Is debt secured by any property? (If so, please list monthly payments and number of months left.)</li> </ul> | What is the payoff on your loan |
|--|----------------------------------|--|--|---------------------------------|
|  |                                  |  |  |                                 |
|  |                                  |  |  |                                 |
|  |                                  |  |  |                                 |

• **Boats and Tractors**

| Year, make, Model, and address where property is kept | Owned by Husband, Wife, or Joint | Market Value<br>(What could you sell your vehicle for if you sold it today in the newspaper) | <ul style="list-style-type: none"> <li>• Who is your property loan through and what is their mailing address</li> <li>• What date or year did you take this debt on</li> <li>• What is your account number</li> <li>• Name and address of co-signer if any</li> <li>• What is Debt for?</li> <li>• Is debt secured by any property? (If so, please list monthly payments and number of months left.)</li> </ul> | What is the payoff on your loan |
|---|----------------------------------|--|---|---------------------------------|
|   |                                  |  |   |                                 |
|   |                                  |  |   |                                 |

# Personal Property

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. Market value is what you would receive at a garage sale or estate sale.

| Type of Property  | Yes/<br>No | Description of Property and Name and Address of where items are located (If located at home list HOME) | Husband, Wife, or Joint | Value or Amount |
|---|------------|--|-------------------------|-----------------|
| 1. Cash or Change on hand ( <b>do not</b> leave blank -- you have cash or change if you have a change jar)  |            |  |                         |                 |
| 2. Checking/Savings Account, Certificates of deposit, other bank accounts<br><br>(List Bank branch address, and account number)   |            |  |                         |                 |
| 3. Security deposits held by utility companies(ex: electric, gas, phone) or by landlord<br><br>(List name and address of company or landlord)   |            |  |                         |                 |
| 4. Household goods, furniture, including audio, video, and computer equipment<br><br>(Do not list items individually unless they are worth over \$200; provide the total amount only)<br><br>*Remember these are yard sale prices |            |  |                         |                 |
| 5. Books, pictures, art objects, records, compact discs, collectibles<br><br>(Do not list items individually unless they are worth over \$200; provide the total amount only)<br><br>*Remember these are yard sale prices         |            |  |                         |                 |
| 6. Clothing<br><br>*Remember these are yard sale prices   |            |  |                         |                 |
| 7. Furs and jewelry, wedding rings, and watches<br><br>*Remember these are pawn shop prices   |            |  |                         |                 |
| 8. Sports, photographic, hobby equipment, firearms<br><br>*Remember these are yard sale prices  |            |  |                         |                 |

| Type of Property   | Yes/<br>No | Description of Property and Name and Address of where items are located (If located at home list HOME) | Husband, Wife, or Joint | Value or Amount |
|--|------------|--|-------------------------|-----------------|
| 9. Interest in life insurance policies- specify refund or cancellation value<br>(List Company name and address and policy number)                          |            |  |                         |                 |
| 10. Annuities  |            |  |                         |                 |
| 11. Interests in an Education IRA, as defined in 26 USC §530(b)(1)   |            |  |                         |                 |
| 12. Interests in pension or profit sharing plans<br>(IRA, 401k)  |            |  |                         |                 |
| 13. Stock and interests in incorporated/unincorporated business  |            |  |                         |                 |
| 14. Interests in partnerships/joint ventures   |            |  |                         |                 |
| 15. Bonds  |            |  |                         |                 |
| 16. Accounts receivable<br>(Usually for businesses)  |            |  |                         |                 |
| 17. Does anyone owe you alimony, family support, or child support to which you are entitled<br>(List name and address or who owes you and amount they owe) |            |  |                         |                 |
| 18. Other money owed to you, including tax refunds<br>(List name and address or who owes you and how much they owe you)                                    |            |  |                         |                 |
| 19. Equitable or future interests or life estates  |            |  |                         |                 |
| 20. Have you inherited money or will you receive money from a life insurance policy or trust.  |            |  |                         |                 |
| 21. Do you have any claims against anybody (ex: workers comp or law suit)  |            |  |                         |                 |

| Type of Property  | Yes/<br>No | Description of Property and Name and Address of where items are located (If located at home list HOME) | Husband, Wife, or Joint | Value or Amount |
|---|------------|--|-------------------------|-----------------|
| 22. Patents, copyrights, other intellectual property<br>(Usually for businesses)  |            |  |                         |                 |
| 23. Licenses, franchises<br>(Usually for businesses)  |            |  |                         |                 |
| 24. Aircraft and accessories  |            |  |                         |                 |
| 25. Office equipment, supplies  |            |  |                         |                 |
| 26. Machinery, fixtures etc. for business   |            |  |                         |                 |
| 27. Inventory   |            |  |                         |                 |
| 28. Animals   |            |  |                         |                 |
| 29. Crops-growing or harvested  |            |  |                         |                 |
| 30. Farming equipment and implements  |            |  |                         |                 |
| 31. Farm supplies, chemicals, feed  |            |  |                         |                 |
| 33. Other personal property of any kind not listed.<br>(Before you list an item in this category make sure it does not fit in another category) |            |  |                         |                 |



## Section 3 Debts

On the attached Creditor Sheets, provide a list of all debts that you owe (even if you do not want to discharge them) and include the following information for each debt:

1. Name of person or business you owe the money to
2. Address of person or business you owe the money to
3. The account number
4. The date or year when you received the loan or took the debt on
5. The amount owed
6. The name and address of any collection agencies or law firms collecting the debt
7. Name and address of any co-signer

**\*PROVIDE A COPY OF ALL STATEMENTS RECEIVED IN THE PAST 90 DAYS.**

HAVE YOU USED YOUR CREDIT CARD IN THE PAST 90 DAYS    yes    no

## Section 4 Unexpired Leases and Contracts

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts. The most common contracts are cell phone contracts and the most common lease is an apartment lease or house lease.

| Nature and Description of Contract | Name and Address of who lease is with | Date that Contract Expires |
|------------------------------------|---------------------------------------|----------------------------|
|                                    |                                       |                            |
|                                    |                                       |                            |
|                                    |                                       |                            |
|                                    |                                       |                            |

## Section 5 Current Income

### 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 of monthly averages.*

- 1 Do you receive overtime pay outside of your salary? If so, how much per month? \$ \_\_\_\_\_
- 2 How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
- 3 How much is taken out for insurance? \$ \_\_\_\_\_
- 4 How much for union dues? \$ \_\_\_\_\_
10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_

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?  No  Yes \$ \_\_\_\_\_
- c) interest or dividends? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- 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?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

### Part B. Joint Debtor's Income

1. What is your spouse's occupation? \_\_\_\_\_
2. Name and address of your spouse's employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How long employed there? \_\_\_\_\_
4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ \_\_\_\_\_
5. How often does your spouse get paid?  once a week  
 every two weeks  twice a month   
once a month  other \_\_\_\_\_

*Complete the below questions with your estimate of monthly averages.*

1. Does your spouse receive overtime pay outside of your salary? How much per month? \$ \_\_\_\_\_
2. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_
3. How much is taken out for insurance? \$ \_\_\_\_\_
4. How much for union dues? \$ \_\_\_\_\_
10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_

Does your spouse receive

- a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- b) income from real estate property? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- c) interest or dividends? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- e) social security or other forms of monetary government assistance?  No  Yes \$ \_\_\_\_\_
- f) retirement or pension money?  No  Yes \$ \_\_\_\_\_

Does your spouse have any other income not listed?

## Section 5 Part-Time Income

### Part A. Debtor's Part-Time Income

6 What is your occupation? \_\_\_\_\_

7 Name and address of your employer:

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

8 How long have you been employed there? \_\_\_\_\_

9 What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ \_\_\_\_\_

10 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 of monthly averages.*

5 Do you receive overtime pay outside of your salary? If so, how much per month? \$ \_\_\_\_\_

6 How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_

7 How much is taken out for insurance? \$ \_\_\_\_\_

8 How much for union dues? \$ \_\_\_\_\_

10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_

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?  No  Yes \$ \_\_\_\_\_
- i) interest or dividends? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- j) alimony or family support payments for your use or for the care of your dependents? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- 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?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

### Part B. Joint Debtor's Part-Time Income

6. What is your spouse's occupation? \_\_\_\_\_

7. Name and address of your spouse's employer:

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

8. How long employed there? \_\_\_\_\_

9. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ \_\_\_\_\_

10. How often does your spouse get paid?  once a week  
 every two weeks  twice a month   
once a month  other \_\_\_\_\_

*Complete the below questions with your estimate of monthly averages.*

5. Does your spouse receive overtime pay outside of your salary? How much per month? \$ \_\_\_\_\_

6. How much is taken out of each paycheck for taxes and social security? \$ \_\_\_\_\_

7. How much is taken out for insurance? \$ \_\_\_\_\_

8. How much for union dues? \$ \_\_\_\_\_

10. Are there other deductions? If so, what are they and how much? \_\_\_\_\_

Does your spouse receive

- g) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
- h) income from real estate property? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- i) interest or dividends? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- j) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month?  No  Yes \$ \_\_\_\_\_
- k) social security or other forms of monetary government assistance?  No  Yes \$ \_\_\_\_\_
- l) retirement or pension money?  No  Yes \$ \_\_\_\_\_

Does your spouse have any other income not listed?

## Section 6 Current Expenses

|  |  |     |              |
|--|--|-----|--------------|
| Marital Status:  | List all dependents of you and your spouse, their ages, and their relationship to you: |     |              |
| <input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Widowed | Name   | Age | Relationship |

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 2 months, etc.), write in the amount and the frequency that you pay the amount.

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

- |  |              |
|--|--------------|
| 1. your rent or your home mortgage   | 1. \$ _____  |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes |              |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes         |              |
| 2. home maintenance, including repairs and general upkeep  | 2. \$ _____  |
| 3. electricity and heating   | 3. \$ _____  |
| 4. water and sewage  | 4. \$ _____  |
| 5. telephone service/long distance   | 5. \$ _____  |
| 6. Do you have any other utility bills? If so, what, and how much per month?                         | 6. \$ _____  |
| Cable/Satellite _____  |              |
| Internet _____   | \$ _____     |
| Trash _____  | \$ _____     |
| _____  | \$ _____     |
| 7. food  | 7. \$ _____  |
| 8. clothing  | 8. \$ _____  |
| 9. education expense for your children under 18  | 9. \$ _____  |
| 10. laundry and dry cleaning   | 10. \$ _____ |
| 11. medical and dental expenses  | 11. \$ _____ |
| 12. transportation (not including car payments)  | 12. \$ _____ |
| 13. entertainment, recreation, newspapers, magazines   | 13. \$ _____ |
| 14. charitable contributions   | 14. \$ _____ |
| 15. insurance not deducted from paycheck   | 15. \$ _____ |
| a) homeowner's or renter's insurance   | a \$ _____   |
| b) life insurance  | b \$ _____   |
| c) health insurance  | c \$ _____   |
| d) auto insurance  | d \$ _____   |
| e) other insurance _____   | e \$ _____   |

|  |              |
|--|--------------|
| 16. taxes not deducted from paycheck (Personal Property/Real Estate) | 16. \$ _____ |
| 17. installment payments for car, furniture, etc. (Specify)          | 17. \$ _____ |
| _____  | \$ _____     |
| _____  | \$ _____     |
| _____  | \$ _____     |

|   |              |
|---|--------------|
| 18. alimony, maintenance, support paid to others          | 18. \$ _____ |
| 19. payments for support of dependents not living at home | 19. \$ _____ |
| 20. expenses from operation of business                   | 20. \$ _____ |

**Additional Expenses (707(b) Expenses)**

|   |              |
|---|--------------|
| 21. mandatory payroll deductions not already listed _____ | 21. \$ _____ |
| _____   | \$ _____     |
| _____   | \$ _____     |
| 22. court ordered payments not already listed _____       | 22. \$ _____ |
| _____   | \$ _____     |
| _____   | \$ _____     |

|   |              |
|---|--------------|
| 23. education necessary to maintain employment                                    | 23. \$ _____ |
| 24. education for a physically or mentally challenged child                       | 24. \$ _____ |
| 25. childcare   | 25. \$ _____ |
| 26. disability insurance (if not listed on line 14)                               | 26. \$ _____ |
| 27. health savings accounts   | 27. \$ _____ |
| 28. care for elderly, chronically ill, or disabled family members                 | 28. \$ _____ |
| 29. protection from family violence   | 29. \$ _____ |
| 30. non-mandatory contributions to retirement accounts (including loan repayment) | 30. \$ _____ |
| _____   | \$ _____     |
| _____   | \$ _____     |

|   |              |
|---|--------------|
| 31. other expenses not listed above _____ | 31. \$ _____ |
| _____                                     | \$ _____     |
| _____                                     | \$ _____     |
| _____                                     | \$ _____     |

## Section 7 Statement of Financial Affairs

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

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

### 1. Income from employment or 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

| <u>Period</u> | <u>\$ Amount</u> | <u>Source</u> | <u>Husband/Wife</u> |
|---------------|------------------|---------------|---------------------|
|---------------|------------------|---------------|---------------------|

Year to Date (2015)

Last year, (2014)

The year before last, (2013)

### \*List Incomes of Husband and Wife Separately

### 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: (ex: Disability, Unemployment, SS)

NONE

| <u>Period</u> | <u>\$ Amount</u> | <u>Source</u> | <u>Husband/Wife</u> |
|---------------|------------------|---------------|---------------------|
|---------------|------------------|---------------|---------------------|

Year to Date (2014)

Last Year (2013)

### 3. Payments to creditors

a.) List all payments on loans, installment purchases of goods or services, and other debts, totaling more than \$600 to any creditor made within **the past three months** (this is more than \$200/month during the last three months; include car and house payments, Child Support and Alimony Payments etc.).

NONE

| <u>Name and Address of Creditor</u> | <u>Dates of Payments</u> | <u>Amount paid</u> | <u>Amount still owed</u> |
|-------------------------------------|--------------------------|--------------------|--------------------------|
|-------------------------------------|--------------------------|--------------------|--------------------------|

b.) List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your **family**, 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. Lawsuits, executions, garnishments and attachments

a.) List all lawsuits 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 |
|--|-----------------|-----------------------------------|
|--|-----------------|-----------------------------------|

\*Attach copy of lawsuit or garnishment.

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 (usually for businesses)

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

NONE

| <u>Name and Address of Assignee</u> | <u>Date of Assignment</u> | <u>Terms of Assignment/Settlement</u> |
|-------------------------------------|---------------------------|---------------------------------------|
|-------------------------------------|---------------------------|---------------------------------------|

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

| <u>Name and Address of Custodian</u> | <u>Name and location of Court, Case Title and Number</u> | <u>Date of Order</u> | <u>Description and Value of Property</u> |
|--------------------------------------|--|----------------------|--|
|--------------------------------------|--|----------------------|--|

7. Gifts

List all gifts or charitable contributions you gave within **the past year** that were greater than \$200 per recipient. (This includes gifts to family)

NONE

| <u>Name and Address of Recipient</u> | <u>Relationship to You, if Any</u> | <u>Date of Gift</u> | <u>Description and Value of Gift</u> |
|--------------------------------------|------------------------------------|---------------------|--------------------------------------|
|--------------------------------------|------------------------------------|---------------------|--------------------------------------|

8. Losses

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

NONE

| <u>Description and Value of Property</u> | <u>Description of Circumstances and Amount Covered by Insurance, if Any</u> | <u>Date of Loss</u> |
|--|---|---------------------|
|--|---|---------------------|

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

| <u>Name and Address<br/>of Payee</u> | <u>Date of<br/>Payment</u> | <u>Name of Person<br/>Who Paid, if Not You</u> | <u>Amount of Money/ Description<br/>and Value of Property</u> |
|--------------------------------------|----------------------------|--|---|
|--------------------------------------|----------------------------|--|---|

Steven R. White  
4A S. Church St.  
Union, MO 63084

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. ( Have you sold or given away anything big in the past year)

NONE

| <u>Name and Address of Transferee<br/>and Relationship to you</u> | <u>Date of Transfer</u> | <u>Description of Property<br/>Transferred and Value Received</u> |
|---|-------------------------|---|
|---|-------------------------|---|

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

| <u>Name of Trust or<br/>Description<br/>Similar Device</u> | <u>Date of Transfer</u> | <u>Amount of Money or<br/>and Value of Property or Interest</u> |
|--|-------------------------|---|
|--|-------------------------|---|

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. (Have you closed any **bank accounts** in the past year)

NONE

| <u>Name and Address<br/>of Institution</u> | <u>Type and Number of<br/>Account &amp; Final Balance</u> | <u>Amount and Date<br/>of Sale or Closing</u> |
|--|---|---|
|--|---|---|

12. Safe deposit boxes

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

NONE

| <u>Name and Address of<br/>Bank or Other Depository</u> | <u>Name and Address of Those<br/>With Access to Box or Depository</u> | <u>Description<br/>of Contents</u> | <u>Date of<br/>Transfer, if Any</u> |
|---|---|------------------------------------|-------------------------------------|
|---|---|------------------------------------|-------------------------------------|

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. (Very unusual)

NONE

| <u>Name and Address of Creditor</u> | <u>Date of Setoff</u> | <u>Amount of Setoff</u> |
|-------------------------------------|-----------------------|-------------------------|
|-------------------------------------|-----------------------|-------------------------|

14. Property held for another person

List all property that you hold or control that is owned by another person. (This includes any livestock that is grazing on your property or borrowed vehicles that you do not own or rent to own property).

NONE

| <u>Name and Address of Owner</u> | <u>Description and Value of Property</u> | <u>Location of Property</u> |
|----------------------------------|--|-----------------------------|
|----------------------------------|--|-----------------------------|

15. Prior address of debtor

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

NONE

| <u>Address</u> | <u>Your Name at the Time</u> | <u>Dates of Occupancy</u> |
|----------------|------------------------------|---------------------------|
|----------------|------------------------------|---------------------------|

16. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole 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 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.

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 and Address                      Nature of Business                      Dates of Operation-Beginning and End