

STATEMENT OF AFFAIRS (1 of 11)

The following pages contain extremely **IMPORTANT QUESTIONS**, many of which will be asked you again by the Trustee when you attend your first hearing. Please take your time and go through every question thoroughly and provide as much detail as possible to the questions you answer "yes" to.

List the names of all spouses (past and present) that you have been married to, as well as the dates you were married to this spouse:

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Full Name (First, Middle, Last) _____

Dates Married: From _____ To _____

Have you ever provided a notice to any governmental unit of a Release of Hazardous Materials? Yes No

If so, list the name and address of every site for which you have 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.

Name/Address of Site _____

Governmental Unit Notice Sent To _____

Date Notice Sent to Governmental Unit _____

Do you share the ownership of any real property with another person, such as a co-tenancy or joint tenancy? (This does not apply to your spouse.) Yes No

Name of person _____

Do you have a future interest in any real estate, such as putting money down on a property you have not purchased yet? Yes No

If so, provide details: _____

Do you own or are you buying a time-share in a vacation property or resort? Yes No

If so, provide details: _____

Do you have a car, truck, motorcycle, boat or camper in your possession titled in someone else's name? Yes No

Year, Make, Model of Vehicle _____

Whose name is the motor vehicle titled to? _____

Address _____

City _____ State _____ Zip _____

What is this person's relationship to you? _____

Why are you holding this property? _____

STATEMENT OF AFFAIRS (2 of 11)

Are you buying any of your furniture or appliances with installment payments? Yes No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Are you renting-to-own any of your furniture or appliances? Yes No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Have you gone to a loan company or bank and listed any of your furniture, appliances or personal possessions at the time you obtained the loan? Yes No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you own or are you buying any tools or equipment that you use for your work? Yes No

Description of Item(s): _____

Value of the item if sold at a flea market or yard sale: _____

If making payments on, who do you pay? _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS**

At present, do you have any inventory (stock in trade) that could be sold for \$200 or more in profit? Yes No

Description of Item(s) _____

Value of the item if sold at a flea market or yard sale _____

STATEMENT OF AFFAIRS (3 of 11)

Are you buying any jewelry with installment payments?

Yes No

Description of Item(s)

1. _____ Yard Sale Value _____

2. _____ Yard Sale Value _____

3. _____ Yard Sale Value _____

Name of company you make installment payments to: _____

**** MAKE SURE TO LIST THESE DEBTS ON THE DEBT SHEETS.**

Do you have any animals, livestock or pets you could sell for \$200 or more?

Yes No

Description of Animal(s) _____

Value of the animals if you had to sell them _____

Do you have any checking or savings account(s) at this time?

Yes No

Name of Bank _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number for Checking _____ Present Balance _____

Account Number for Savings (if applicable) _____ Present Balance _____

Name of Second Bank (if applicable) _____

Address of Branch: _____

City _____ State _____ Zip _____

Type of account: Checking, Savings or Both? _____

Name(s) on the Account _____

Account Number _____ Present Balance _____

Have you closed any bank accounts within the past two (2) years?

Yes No

Name of Bank _____

Address of Bank _____

City _____ State _____ Zip _____

Account Number _____ Date Closed _____ Name on Account _____

Did you owe a balance when you closed this account? Yes No Balance owed: _____

If you did not owe a balance when you closed this account, how much money did you receive? _____

