

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 to 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: _____

Disabled Veterans - Are you a disabled Veteran? Yes No

If yes, were your debts incurred primarily during a time in which you were on active duty or were performing a homeland defense activity? Yes No

Debts - Are your debts primarily personal or business related? Personal Business

Child Support, Alimony or Maintenance – Do you owe any child support, alimony or maintenance?

Yes No

If yes, please provide the following information:

NAME & ADDRESS OF PERSON SUPPORT IS OWED	AMOUNT OWED	TYPE OF SUPPORT (Such as: child support, alimony or maintenance)

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 PROVIDE THE DEED and COUNTY REAL ESTATE TAX STATEMENT.	Owned by Husband, Wife, Joint or Community	Value \$	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	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, Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies or a landlord					
4. Household goods, furniture, including audio, video, and computer equipment **You do not need to itemize these assets unless they are worth more than \$400.					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
5. Books, pictures, art objects, records, compact discs, collectibles **					
6. Clothing **					
7. Furs and jewelry (describe please)					
8. Sports, photographic, hobby equipment, firearms **					
9. Interest in all insurance policies - specify refund or cancellation value / provide statement to show cash value (if any).					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
12. Interests in pension or profit sharing plans					
13. Stock and interests in incorporated/ unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable (Does anyone owe you money?)					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds (you know the exact amount)					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims (you know you have money coming to you but you do not know the exact amount)					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories. Include year, make, model, current mileage, general condition of the vehicle, and any extra accessories. <u>Provide vehicle title.</u>					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
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 above.					

Section 3 Debts

List below all debts that you owe, or that creditors claim that you owe. **Provide to us the original or copies of all billing statements from original creditors and originals or photocopies of all letters received from attorneys or collection agencies collecting the debt. Do not throw away any new billings statements or letters that you receive. Please continue to deliver them to our office.**

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any. What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages						
Car loans						
Other bank loans						
Personal loans						
Student loans						
Major credit card debts (Visa, Am Ex, Mastercard, Discover) –						

					Office Use Only	
(Attach a separate page if necessary.)						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						

					Office Use Only	
Cash Advances (from credit cards)						
Unpaid medical bills						

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid rent						
Unpaid taxes						
Unpaid alimony or child support						
Unpaid service fees						

					Office Use Only	
All other unpaid debts/bills						

Section 4  Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, mini storage units, and service or 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:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part A. YOUR 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.

6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____

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

8. How much is taken out for insurance? \$ _____

9. 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 \$ _____

Part B. Your Spouse'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.

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

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

8. How much is taken out for insurance? \$ _____

9. 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 \$ _____

Do you receive

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?

Does your spouse receive:

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?

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

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 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____	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:							
---	--	--	--	--	--	--	--

PROVIDE paystubs or receipts for all income in the last six months.

Continue delivering to our office paystubs and receipts for all income received.

Section 6 Current Expenses

(estimate average monthly 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 household.

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...

Rent or home mortgage payment (include lot rent for a mobile home) \$ _____

Are real estate taxes included? Yes No
Is property insurance included? Yes No

Utilities

Electricity \$ _____
Heating fuel \$ _____
Water and Sewer \$ _____
Telephone \$ _____
Cell Phone \$ _____
Cable TV or Satellite Dish TV \$ _____
Internet \$ _____
Rubbish Removal \$ _____

Home maintenance (repairs and general upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry and dry cleaning \$ _____

Medical and dental expenses (Including co-pays, prescriptions, vision care, etc.) \$ _____

Transportation (not including car payments) \$ _____
(Including gas, oil changes, tires, and repairs)

Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____

Charitable contributions (on a regular ongoing basis) \$ _____

Insurance (NOT deducted from wages or included in home mortgage payments):

Homeowner's or renter's \$ _____
Life \$ _____
Health \$ _____
Auto \$ _____
Disability \$ _____
Other _____ \$ _____

Taxes (NOT deducted from wages or included in home mortgage payments*)
(a possible negotiated repayment plan)

Internal Revenue Service \$ _____
Minnesota Department of Revenue or other state taxes \$ _____
Other: _____ \$ _____

Installment payments:
Auto / truck \$ _____
Auto / truck \$ _____
Other _____ \$ _____
Other _____ \$ _____

Alimony, maintenance and support paid to others \$ _____

Payments for support of additional dependents not living at your home \$ _____

School/ Student Activity Expenses \$ _____

Child Day Care \$ _____

Court-ordered payments not already listed \$ _____

Education necessary to maintain employment \$ _____

Education for a physically or mentally challenged child \$ _____

Health Savings Accounts \$ _____

Care for elderly, chronically ill, or disabled family members \$ _____

Protection from family violence \$ _____

Education expense for your children under 18 years of age \$ _____

Any retirement account loan repayments \$ _____

Other Expenses not listed above (Specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$

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

NONE

State the gross amount of income you have received from your employment, trade or profession, or from operating your business from the beginning of this calendar year until now and during the last two calendar years.

SOURCE (wages / business)	CURRENT YEAR	LAST YEAR	TWO YEARS AGO	Husband / Wife
a.	\$	\$	\$	
b.	\$	\$	\$	
c.	\$	\$	\$	
d.	\$	\$	\$	

2. Income other than from employment or operation of business

NONE

State the gross amount of income you have received from your employment, trade or profession, or from operating your business from the beginning of this calendar year until now and during the last two calendar years.

SOURCE (wages / business)	CURRENT YEAR	LAST YEAR	TWO YEARS AGO	Husband / Wife
a.	\$	\$	\$	
b.	\$	\$	\$	
c.	\$	\$	\$	
d.	\$	\$	\$	

3. Payments to creditors

NONE

a(1). Within the last 90 days (3 months), have you paid \$600 or more in total on any loans?

Yes

No

a(2). Within the last 90 days (3 months), have you paid \$600 or more in total on any installment purchases of goods or services?

Yes

No

a(3). Within the last 90 days (3 months), have you paid \$600 or more in total on any other debts?

Yes

No

If you answered yes to any of these questions, please provide the following information:

NAME OF CREDITOR & ADDRESS	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
		\$	\$
		\$	\$
		\$	\$

b(1). Within the last year, have you paid any money to a creditor who is your relative?

Yes

No

b(2). Within the last year, have you paid any money to a creditor who is or was your partner?

Yes

No

b(3). Within the last year, have you paid any money to a partnership in which you are or were a general partner?

Yes

No

b(4). Within the last year, have you paid any money to a limited liability company in which you are or were a member, governor or manager?

Yes No

b(5). Within the last year, have you paid any money to a corporation in which you are or were a shareholder, director, or officer?

Yes No

If you answered yes to any of these questions, please provide the following information:

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO YOU	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
		\$	\$
		\$	

4. Suits, executions, garnishments and attachments

a(1). Within the last year, were you a party to any lawsuit or other legal action?

Yes No

If you answered yes to any of these questions, please provide the following information:

CAPTION OF SUIT AND CASE NUMBER	WHAT IS THE LAWSUIT ABOUT?	COURT (CITY AND STATE)	STATUS OR DISPOSITION

b. Within the last year, was any of your money or property attached, garnished or seized?

Yes

No

If yes, please provide the following information:

NAME AND ADDRESS OF PERSON WHO SEIZED, GARNISHED, ETC.	DATE OF SEIZURE	DESCRIBE THE PROPERTY AND VALUE RECEIVED

5. Repossessions, foreclosures and returns.

a(1). Within the last year, was any of your property repossessed by a creditor?

Yes

No

a(2). Within the last year, was any of your property sold at a foreclosure sale?

Yes

No

a(3). Within the last year, did you transfer any of your property through a deed to avoid a foreclosure?

Yes

No

a(4). Within the last year, did you return any of your property to the seller?

Yes

No

If you answered yes to any of the above questions, please provide the following information:

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE (MONTH, DAY AND YEAR)	DESCRIBE THE PROPERTY AND VALUE RECEIVED

6. Assignments and receiverships.

- a. Within the last 120 days (4 months), have you assigned any of your property for the benefit of your creditors?

Yes No

If yes, please provide the following information:

NAME AND ADDRESS OF ASSIGNEE/ CREDITOR	DATE (MONTH, DAY AND YEAR)	TERMS OF ASSIGNMENT OR SETTLEMENT

- b. Within the last year, has any of your property been in the hands of a custodian, receiver, or court-appointed official?

Yes No

If yes, please provide the following information:

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT, CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

7. Gifts.

- c. Within the last year, have you made gifts to family members totaling \$200 or more?

Yes No

If yes, please provide the following information:

NAME AND ADDRESS OF PERSON	RELATIONSHIP TO YOU, IF ANY	DATE OF GIFT	WHAT DID YOU GIVE AND HOW MUCH WAS IT WORTH?

d. Within the last year, have you made charitable contributions totaling more than \$100 to any one organization?

Yes

No

If yes, please provide the following information:

NAME AND ADDRESS OF ORGANIZATION	DATE OF GIFT	WHAT DID YOU GIVE AND HOW MUCH WAS IT WORTH?

8. Losses.

Within the last year, have you had any losses from fire, theft, gambling, or other casualty?

Yes

No

If yes, please provide the following information:

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

9. Payments related to debt counseling or bankruptcy.

a(1). Within the last year, besides payment to our office, have you paid any money or transferred any property to any attorneys in connection with debt consolidation or bankruptcy?

Yes

No

a(2). Within the last year, have you paid any money or transferred any property to any other persons in connection with debt consolidation or bankruptcy?

Yes

No

If you answered yes to any of these questions, please provide the following information:

NAME AND ADDRESS OF THE PERSON OR BUSINESS YOU PAID	DATES OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

a(3). What was the source of the retainer you paid to Ryan & Grinde, Ltd.?

NAME AND ADDRESS OF PERSON PAYING RETAINER	RELATION TO DEBTOR

10. Other transfers.

a(1). Within the last two years, have you bought any property worth \$600 or more?

Yes No

a(2). Within the last two years, have you sold any property worth \$600 or more?

Yes No

If you answered yes to any of these questions, please provide the following information:

NAME AND ADDRESS OF PERSON OR BUSINESS WHO YOU BOUGHT FROM OR SOLD PROPERTY TO. (Are they related to you? If so, please list how.)	DATE	DESCRIBE THE PROPERTY. HOW MUCH MONEY DID YOU RECEIVE OR PAY?

a(3). Within the last two years, have you granted a mortgage, security interest, or other lien on any of your property?

Yes

No

If yes, please provide the following information:

NAME AND ADDRESS OF PERSON OR BUSINESS	DATE	DESCRIBE THE PROPERTY. HOW MUCH MONEY DID YOU RECEIVE?

b. Within the last 10 years, have you transferred any property to a trust?

Yes

No

If yes, please provide the following information:

NAME OF TRUST OR OTHER DEVICE	DATE	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

11. Closed financial accounts.

a(1). Within the last year, have you closed, sold or transferred any checking, savings, IRA, or other financial accounts?

Yes

No

a(2). Within the last year, have you closed, sold or transferred any certificates of deposit or other instruments?

Yes

No

a(3). Within the last year, have you closed, sold or transferred any shares or share accounts held in any banks, credit unions, pension funds, cooperatives, associations, brokerage houses, or other financial institutions?

Yes

No

If you answered yes to any of the questions above, please provide the following information below:

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER	FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes.

Within the last year, have you had a safe deposit box? Yes No

If yes, please provide the following information:

NAME AND ADDRESS OF BANK	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs.

Within the last 90 days (3 months), has a bank or any other creditor taken any money from you and applied it against a debt or deposit of yours? (For example: the bank taking money out of your checking account to pay a loan at that bank)

Yes No

If yes, please provide the following information:

NAME AND ADDRESS OF CREDITOR	DATES OF SETOFF	AMOUNT OF SETOFF

14. Property held for another person.

Do you hold or control any property owned by anyone else?

Yes

No

If yes, please provide the following information:

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

15. Prior addresses.

Have you moved within the last three years?

Yes

No

If yes, please provide the following information about all places where you lived during the last three years:

ADDRESS	NAME USED	DATES OF OCCUPANCY

16. Spouses and Former Spouses.

a(1). Within the last eight years, have you resided in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin?

Yes

No

a(2). If yes, were you married during that time? Yes No

If you answered yes to **both** questions, please provide the following information:

NAME(S) OF SPOUSE OR EX-SPOUSE

17. Environmental Information.

- a. Have you received any notice in writing from the government that you may be liable or potentially liable for violating any environmental law?

Yes No

If yes, please provide the following information:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

- b. Have you given notice to the government of a release of hazardous material?

Yes No

If yes, please provide the following information:

SITE NAME	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW

- c. Are you now or have you ever been a party to any legal proceedings concerning any environmental law?

Yes No

If yes, please provide the following information:

SITE NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION

The foregoing information is true and correct to the best of my ability.

_____ Date: _____
(Person completing this form)

_____ Date: _____
(Spouse)

**PLEASE CONTINUE TO THE NEXT PAGE ONLY IF YOU OR
YOUR SPOUSE HAS BEEN IN BUSINESS WITHIN THE LAST
SIX YEARS.**

IF NOT, PLEASE STOP HERE.

IN BUSINESS

18. Nature, location and name of business.

a(1). Within the last six years, have you been an officer, director, or managing executive of a corporation?

Yes

No

a(2). Within the last six years, have you been a manager, governor or managing executive of a limited liability company?

Yes

No

a(3). Within the last six years, have you been a partner or managing executive of a partnership?

Yes

No

a(4). Within the last six years, have you been a sole proprietor of a business?

Yes

No

a(5). Within the last six years, have you been a self-employed professional?

Yes

No

a(6). Within the last six years, have you owned 5% or more of the voting stock in any corporation?

Yes

No

a(7). Within the last six years, have you owned 5% or more of the membership interests of any limited liability company?

Yes

No

a(8). Within the last six years, have you owned 5% or more of a partnership?

Yes

No

If you answered yes to any of the above questions, please provide the following information:

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES OF OPERATION

b. If you listed any businesses above, did any of the businesses have real estate as their only asset?

Yes No

If yes, please provide the following information:

NAME	ADDRESS

19. Books, records and financial statements.

a. Within the last two years, have you had a bookkeeper or accountant who kept (or supervised the keeping of) your books of account and records?

Yes No

If yes, please provide the following information:

NAME AND ADDRESS	DATES SERVICES RENDERED

b(1). Within the last two years, have any firms or individuals audited your books of account and records?

Yes No

b(2). Within the last two years, have any firms or individuals prepared a financial statement for you?

Yes

No

If yes, please provide the following information:

NAME	ADDRESS	DATES SERVICES RENDERED

c. Is anyone, other than yourself, in possession of your books of account and records?

Yes

No

If yes, please provide the following information:

NAME	ADDRESS

If any of your books and records are not available, please explain why:

EXPLANATION

d. Within the last two years, have you given any financial statements to any creditors or other persons?

Yes

No

If yes, please provide the following information:

NAME AND ADDRESS	DATE ISSUED

20. Inventories.

a. Have you ever taken an inventory of your business property?

Yes

No

If yes, please provide the following information as to the last two inventories:

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. Does anyone, other than you, have possession of the records of each of these two inventories?

Yes

No

If yes, please provide the following information:

DATE OF INVENTORY	NAME AND ADDRESS OF CUSTODIAN OF INVENTORY RECORDS

The foregoing information is true and correct to the best of my ability.

Date: _____

(Person completing this form)

Date: _____

(Spouse)