

RYAN & GRINDE, LTD.
ATTORNEYS AT LAW

407 14th Street N.W. / P.O. Box 6667
Rochester, Minnesota 55903-6667
(507) 282-8118
FAX: (507) 282-2275
www.ryanandgrinde.com

Protecting Your Rights – Achieving Your Goals

Bankruptcy Client Questionnaire

Section 1 Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Phone Numbers Home: _____ Work: _____

Cell: _____ What is the best number to contact you? _____

E-mail addresses: Home: _____

Work: _____

May we communicate with you by e-mail? Yes ___ No ___ At home or work? _____

Have you used any other names in the past eight years? No Yes

If yes, list all other names you have used in the last eight years, such as married, maiden, nicknames or trade names:

1. _____
2. _____
3. _____

Social Security Number: ____ - ____ - ____

Driver' 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 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

Phone Numbers Home: _____ Work: _____

Cell: _____ What is the best number to contact your spouse? _____

E-mail addresses: Home: _____

Work: _____

May we communicate with your spouse by e-mail? Yes ___ No ___ At home or work? _____

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

If yes, list all other names you have used in the last eight years, such as married, maiden, nicknames or trade names:

1. _____
2. _____
3. _____

Social Security Number: ____ - ____ - ____

Driver' License No.: _____ Expiration Date: _____ Date of Birth: _____

Address: **(if different from your address):** _____

City: _____ State: _____ Zip: _____ County: _____

Have you lived at this address for at least 180 days? 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 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 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. | | | | | |

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

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

| 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 | | | | | |

| <i>Type of Property</i> | <i>Yes/ No</i> | <i>Description & Location</i> | <i>Husband, Wife, Joint, Community</i> | <i>Value</i> | Office Use Only <i>Exemptions?</i> |
|--|--------------------|-----------------------------------|--|--------------|--|
| <i>30. Inventory</i> | | | | | |
| <i>31. Animals</i> | | | | | |
| <i>32. Crops-growing or harvested</i> | | | | | |
| <i>33. Farming equipment and implements</i> | | | | | |
| <i>34. Farm supplies, chemicals, feed</i> | | | | | |
| <i>35. Other personal property of any kind not listed above.</i> | | | | | |

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) – | | | | | | |

| 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? |
| (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.) | | | | | | |

| 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? |
| 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 | | | | | | |

| 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 service fees | | | | | | |
| 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? What and amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Do you receive:

a) Income from business or farm operations outside of your regular paycheck listed above?

Name of Business:

Income from Business:

- No Yes \$ _____ per month

Part B. Your Spouse's Income (Complete even if not filing for bankruptcy)

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? What and amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Does your Spouse receive:

a) Income from business or farm operations outside of your regular paycheck listed above?

Name of Business:

Income from Business:

- No Yes \$ _____ per month

b) Income from rental property or other real estate property? If so, how much per month?

No Yes \$ _____ per month

c) Interest or dividends?

No Yes \$ _____ per month

d) Family support payments that you regularly receive, for example, Alimony, spousal support, child support, maintenance, divorce settlement, or property settlement

No Yes \$ _____ per month

No Yes \$ _____ per month

e) Unemployment compensation?

No Yes \$ _____ per month

f) Social Security Retirement?

No Yes \$ _____ per month

g) Social Security Disability?

No Yes \$ _____ per month

h) Any County or other government assistance?

Food assistance: No Yes \$ _____ per month

Cash assistance: No Yes \$ _____ per month

Housing assistance: No Yes \$ _____ per month

i) Retirement or Pension money?

No Yes \$ _____ per month

Do you have any other sources of income not listed? If so, please describe below:

_____ No Yes \$ _____ per month

_____ No Yes \$ _____ per month

_____ No Yes \$ _____ per month

b) Income from rental property or other real estate property? If so, how much per month?

No Yes \$ _____ per month

c) Interest or dividends?

No Yes \$ _____ per month

d) Family support payments that you regularly receive, for example, Alimony, spousal support, child support, maintenance, divorce settlement, or property settlement

No Yes \$ _____ per month

No Yes \$ _____ per month

e) Unemployment compensation?

No Yes \$ _____ per month

f) Social Security Retirement?

No Yes \$ _____ per month

g) Social Security Disability?

No Yes \$ _____ per month

h) Any County or other government assistance?

Food assistance: No Yes \$ _____ per month

Cash assistance: No Yes \$ _____ per month

Housing assistance: No Yes \$ _____ per month

i) Retirement or Pension money?

No Yes \$ _____ per month

Do you have any other sources of income not listed? If so, please describe below:

_____ No Yes \$ _____ per month

_____ No Yes \$ _____ per month

_____ No Yes \$ _____ per month

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 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 |
|--|--------------------------------------|--|----------------------|----------------------|----------------------|----------------------|--------------------|
| 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. | | | | | | | |
| Pension and retirement income (<i>NOT Social Security</i>). | | | | | | | |
| Regular contributions from others to the household expenses, including child support. | | | | | | | |
| Unemployment Compensation. | | | | | | | |

PROVIDE all paystubs or receipts for all income received in the last six months. These include paystubs for a non-filing spouse.

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...

1. Is this a Joint Filing with your Spouse? No Yes

If **Yes**, does the Joint Debtor live in a separate household? No Yes If yes, fill one page out for your household and another for your spouse's household.

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

Name/ age/ relationship

Who does the dependent live with?

3. Do your expenses include another person's expenses other than yourself and your dependents? No Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage: \$ _____

Does that amount include real estate taxes?

No Yes

If **yes**, how much do you pay? \$ _____

Does that amount include property, homeowner's, or renter's insurance?

No Yes

If **yes**, how much do you pay? \$ _____

Does that amount include any Home maintenance, repair, or upkeep expenses?

No Yes

If **yes**, how much do you pay? \$ _____

Does that amount include any Homeowner's association or condominium dues?

No Yes

If **yes**, how much do you pay? \$ _____

5. Are there Additional Mortgage payments? \$ _____

No Yes

If **yes**, how much do you pay? _____

6. Utilities: _____

a. Electricity and heating fuel:\$ _____

b. Water and sewer:\$ _____

c. Telephone service/long distance:\$ _____

d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

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

- 7. Food and housekeeping supplies\$ _____
- 8. Childcare and Children Education Costs\$ _____
- 9. Clothing, laundry, and dry cleaning:\$ _____
- 10. Personal care products and services:.....\$ _____
- 11. Medical and dental expenses:\$ _____
- 12. Transportation (do NOT include car payments):.....\$ _____
- 13. Recreation, entertainment, newspapers, magazines, and books:.....\$ _____
- 14. Charitable contributions and religious donations:\$ _____
- 15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: **(Do not include amounts entered in Line 4 or Line 20)**
 - a. Life insurance:.....\$ _____
 - b. Health insurance:\$ _____
 - c. Auto insurance:\$ _____
 - d. Other insurance (describe and list monthly amount):

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

16. Tax bills (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: | \$ | _____ |

17. Installment payments for car, furniture, etc. (Describe):

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

18. Alimony, maintenance and support paid to others:.....\$ _____

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

20. Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property
 (Do not include amounts entered in Line 4 or Line 5)

| | | |
|---|----|-------|
| a. Mortgage payment on other Real Estate Property | \$ | _____ |
| b. Taxes on other Real Estate Property | \$ | _____ |
| c. Other Real Property, Homeowner's, or Renter's Insurance payments | \$ | _____ |
| d. Home maintenance (including repairs and upkeep) | \$ | _____ |
| e. Homeowner's association or condominium dues | \$ | _____ |

21. Other expenses (Describe): **(please see "Additional Expenses" below before putting anything here)**

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

Describe any increase or decrease in expenses you expect to occur within the next year?



Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Form #: Additional Expenses (707(b)Expenses for Form 22) =

26. or 31. Mandatory payroll deductions not already listed:

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

28. or 33. Court ordered payments not already listed:

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

29. or 34. Education for employment or for a physically or mentally challenged child:\$

30. or 35. Child care (babysitting, day care, nursery & preschool, etc.):\$

34b. or 39b. Disability Insurance (if not listed above):\$

34c. or 39c. Health Savings Account:\$

35. or 40. Care for elderly, chronically ill or disabled family members:\$

36. or 41. Protection from family violence:\$

38. or 43. Education expense for your children under 18:\$

55. (c13's) Non-mandatory contributions to retirement accounts (including loan repayments):

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

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 |
|-------------------|--|
| | |
| | |

21. Pension Funds.

Have you been responsible, as an employer, for contributing to a pension fund?

Yes No

If yes, please provide the following information:

| NAME OF PENSION FUND | TAX PAYER IDENTIFICATION NUMBER |
|----------------------|---------------------------------|
| | |

Business Expense Sheet

| | <i>Yourself:</i> | <i>Spouse:</i> |
|---|------------------|----------------|
| 1. Net Employee Payroll: | \$ _____ | _____ |
| 2. Payroll Taxes: | \$ _____ | _____ |
| 3. Unemployment Taxes: | \$ _____ | _____ |
| 4. Worker's Compensation: | \$ _____ | _____ |
| 5. Other Taxes: | \$ _____ | _____ |
| 6. Inventory Purchases: | \$ _____ | _____ |
| 7. Purchase of Feed/Fertilizer/Seed: | \$ _____ | _____ |
| 8. Rent: | \$ _____ | _____ |
| 9. Utilities: | \$ _____ | _____ |
| 10. Office Expenses & Supplies: | \$ _____ | _____ |
| 11. Repairs & Maintenance: | \$ _____ | _____ |
| 12. Vehicle Expenses: | \$ _____ | _____ |
| 13. Travel & Entertainment: | \$ _____ | _____ |
| 14. Equipment & Rental: | \$ _____ | _____ |
| 15. Legal/Accounting/Professional Fees: | \$ _____ | _____ |
| 16. Insurance: | \$ _____ | _____ |
| 17. Employee Benefits | \$ _____ | _____ |

18. Payments to be made directly by Debtor to Secured Creditors for Pre-Petition Business Debts (specify):

Yourself/Spouse Amount:

Other (Specify): Amount:
 Yourself/Spouse

Total Monthly Business Expenses (Add items 1-18):

\$ _____ \$ _____

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

Date: _____

(Person completing this form)

Date: _____

(Spouse)