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BANKRUPTCY QUESTIONNAIRE

Reich Reich & Reich, P.C. Bankruptcy Questionnaire

Bankruptcy is a right provided by federal law to people who are deeply in debt and in need of a fresh start.

To receive bankruptcy relief it is necessary that you list all items asked for in the following questions. If you do not list an item, that item will not be protected in bankruptcy. You must also list *everyone* to whom you owe money. If you leave out one of your creditors, you may have to pay the money to that creditor or *you may lose* your right to bankruptcy. It may also be considered a crime if you intentionally give false information or leave out information. If you have any questions about whether you can keep certain property or whether you should list a debt, write that question down and remember to ask us. We know this questionnaire is long. Preparing your bankruptcy papers properly takes a lot of time and a lot of information. *If we work together* on this, we can protect you from great hardship and give you the new start the law intends you to have.

At the time of the writing of this questionnaire (2/07) there is a filing fee of \$299.00 which must be paid to the Court Clerk in Chapter 7 cases (\$274.00 if your case is filed under Chapter 13). You will also have to pay the attorney's fees to which you agree.

You must also receive budget and credit counseling from an approved credit counseling agency within 180 days before your case is filed. It is usually a good idea for you to meet with us before you receive credit counseling. We can provide you with a list of approved credit counseling agencies. You should fill out this questionnaire before you undertake credit counseling and refer to it as needed.

After your case is filed, you will need to attend a meeting with the bankruptcy trustee and you may have to appear at Bankruptcy Court hearing(s). Before the Court will grant you a discharge, you must also complete an approved course in personal finances. This course will take approximately two hours to complete. We will give you a list of organizations that provide approved courses. In a Chapter 7 case, you should sign up for the course soon after your case is filed. If you file a Chapter 13 case, we will discuss with you later when you should take the course.

(1) Fill out every question on all of the pages. Wherever you are given a choice of YES or NO on these forms, check either YES or NO, whichever is correct. Please fill out these pages as well as you can. We will help with any questions you do not understand.

(2) Write clearly or typewrite your answers. We *must* be able to read them.

(3) Wherever the name of a person or firm is asked for, give the *full address*. *Make the address accurate*. Your discharge from each debt depends upon your giving a complete and correct address.

(4) If you do not know the exact amount you owe, fill in a HIGH estimate. Do *not* leave the amount blank and do not say "don't know."

(5) Wherever you need more room, turn the page over and put the information on the back together with the number of the question.

(6) List *every creditor* and *everybody* that has had anything to do with your debts, including cosigners. Please include accurate account numbers. If a bill you owe has been sent to a collection agency or any attorney, list *both* the person you originally owed and the collection agency or any attorney, giving the *full address* of each. If the collection agency has an attorney, list the person you originally owed, the collection agency and the attorney, giving the full address of each.

(7) Whenever a question asks you to be prepared to give details, gather all papers concerning the matter, including bills and collection letters and submit them to us when you return this form. In any event, be sure to bring with you the following items (unless they do not apply to you):

(a) Picture identification card and social security card or other document containing your social security number;

(b) Deeds and mortgages on your house or other real estate such as a condominium or timeshare;

(c) proprietary lease and stock certificate for any interest you may have in a cooperative apartment;

(d) Any insurance policies;

(e) Any papers relating to past bankruptcy case filings;

(f) Copies of tax returns for the past two years, and copies of your pay check stubs for the last sixty days (and you should keep all pay stubs you receive while your bankruptcy case is pending);

(g) Copies of your last several bank statements and copies of statements from any other deposit accounts; such as a credit union or brokerage account, including IRAs, 401(k)s and other pension accounts. (And you should keep the first bank statement you receive after your case is filed as we may need to provide it to the Trustee);

(h) Legal papers, lawsuits, eviction notices, divorce papers, separation agreements, alimony orders and child support orders;

(i) Any appraisals or tax assessment papers;

(j) Any other papers you have concerning any of your debts; and

(k) Any lease or installment sale agreements for housing (apartment, house, mobile home, etc.) or other property (automobile, televisions, etc.) that you have signed and that are still in effect or not fully paid.

Complete All Questions. If you and your spouse are not living together, and there is no possibility that your spouse will file bankruptcy along with you, you do not have to answer the questions about your spouse.

Use additional sheets or continue on reverse side of form if additional space is needed.

Indicate "n/a" if a response is not applicable.

1. Name: _____ Other Names Used: _____

2. Marital Status: _____ Date of Birth: _____
3. Social Security Number: _____
E-mail address: _____
4. Home Address: _____ Apt: _____
City: _____ State: _____ Zip Code: _____
5. How long have you lived at the above address: _____
6. Home telephone number: _____
Work telephone number: _____
Cellular telephone number: _____

If you do not have a telephone, give the name and telephone number of a contact person:

| Name | Relationship | Telephone |
|-------|--------------|-----------|
| _____ | _____ | _____ |

7. Do you plan to move from your current residence: () Yes
() No

If yes, state the date you plan to move: _____

8. Do you own your current residence: () Yes () No

9. Do you rent your current residence: () Yes () No
If yes, state the following:

Amount of rent per month: \$ _____

Name and address of landlord:

| Name of Landlord | Landlord's Address | Landlord's Telephone Number |
|------------------|--------------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

10. Who, if anyone, do you live with, and what is his/her/their relationship to you?

| Name | Relationship | Employed? |
|-------|--------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

11. Do you own any real property, including co-ops or condominiums, other than listed above?

() Yes () No If yes, state the address of such properties (use additional sheets if necessary):

| Address of property | Do you rent the property to a third party? | If yes, state the monthly rental income |
|---------------------|--|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

12. Do you rent, or have the use of, any real property, including co-ops or condominiums, other than listed above? () Yes () No

If no, go to question 15.

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

| Name of owner | Address of property | State reason for rent or use |
|---------------|---------------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

13. If you neither own nor rent the property listed in question 12, then state the arrangement by which you use the property without payment.

14. Do you pay expenses of the property listed in question 12?
() Yes () No. If yes, list the type and the amount of monthly expenses.

15. Name of spouse or domestic partner (give address and phone number if different from yours):

16. List children or other relatives who live with you and contribute financial support.

| Name | Relationship | Age | Employed? |
|-------|--------------|-------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

17. Father's name: _____
Address: _____
Telephone number: _____

Mother's name: _____
Address: _____
Telephone number: _____

18. State your education: () less than 12 years () high school diploma () GED () vocational school () years of college () years of post-graduate
What type of degree(s) did you received: _____

19. Are you an active member of the Armed Forces, including National Guard or Reserves?
() Yes () No Monthly Earnings: \$ _____

If yes, give name, address and telephone number of your unit and how many years remaining in your enlistment.

| Name of Service | Address | Telephone # of Unit | No. of Yrs Remaining |
|-----------------|---------|---------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

20. Are you a member of a union: () Yes () No. If yes, give union name, address and phone number.

| Name of Union | Address | Tel No. | No. of Yrs |
|---------------|---------|---------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

21. Occupation: _____

22. Are you currently working: () Yes () No If no, go to question 25.

May we contact you at work? () Yes () No

| Name of Employer | Address | Tel. Number |
|------------------|---------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

23. How often are you paid? () Weekly () Bi-Weekly () Monthly () Other _____

24. State your Salary, Wages or Commission:

Your gross salary (before any deduction) \$ _____
Circle one: weekly bi-weekly monthly

Your take home pay is \$ _____

Your commission is \$ _____

List the amount of deductions for:

Federal Taxes \$ _____
States/County/City Taxes \$ _____
Social Security Taxes \$ _____

Total amount taxes withheld \$ _____

Medical Insurance \$ _____

Union dues, if applicable \$ _____

Allotments to Credit Union, Bank or others \$ _____

Life insurance \$ _____

List any other payroll deductions (including 401(k) contributions)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total deductions \$ _____

On what day of the month or week are you paid? _____

25. Are you self-employed or do you operate a business?
() Yes () No

If yes, provide the following information:

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer Identification No: _____

State your interest in the business, i.e., sole owner, partner, stockholder, etc.

Do you have employees? () Yes () No If yes, state the numbers of employees: _____

Does the above-mentioned business have accounts receivable? () Yes () No

If yes, please complete the following:

Accounts/Notes receivable. List all accounts separately, including contracts awarded, but not started. **NOTE: Provide copies of all statements (front and back) which includes, account number, amount due, correspondence address. Also note how much is past due.**

26. Is your spouse or domestic partner self-employed, or does he or she operate a business?
() Yes () No If yes, provide the following information:

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer Identification No: _____

State your spouse's or partner's interest in the business, i.e., sole owner, partner, stockholder, etc.

Does your spouse or partner have employees? () Yes () No
If yes, are you an employee? () Yes () No. If you are an employee or assist in the business, state your salary and give a detailed account of the work you perform.

27. For any bank or other institution at which any business named above maintains any type of account, state:

| Name and address of Institution | Type of account | Name(s) on account | Account balance | Average balance (12 month period) |
|---------------------------------|-----------------|--------------------|-----------------|-----------------------------------|
| _____ _____ _____ | | | | |
| _____ _____ _____ | | | | |
| _____ _____ _____ | | | | |

28. If any articles of incorporation or partnership, or certificates of doing business under any name were filed with any governmental agency by any business named above, state:

- (a) Nature of document filed _____
- (b) Location of office where filed _____
- (c) Date of filing _____

29. Give an accurate account of the financial condition of any business named above for the last three years. Attach a statement of assets, inventories, liabilities, gross and net income, the amount of any undistributed profits in the business, and a copy of the tax return for the previous year.

30. Have you owned all or part of any business other than the business(es) listed above within the past 5 years? () Yes () No
If no, go to question 31.

If yes, state the full name and address of each business in which you had an ownership interest, and list the names of the other owners.

State the nature and value of your interest in each business. _____

State the dates you owned all or part of each business. _____

Are any of the businesses listed above still in operation? () Yes
() No. If yes, which businesses? _____

If no, what happened to the assets of each business, and when? _____

31. If you are unemployed, state the following:
Are you currently receiving unemployment benefits? () Yes () No

If yes, state how many weeks of eligibility you have remaining:

If no, have you applied for them? () Yes () No If you have been denied unemployment benefits, state the reason for the denial. _____

32. If you are unemployed, where do you get the money to support yourself and how much do you receive from each source?

Source:

| | | | |
|-------|-----------|------------|-------------|
| _____ | Amount \$ | () Weekly | () Monthly |
| _____ | Amount \$ | () Weekly | () Monthly |

33. Have you accepted, or do you have an offer, for future employment? () Yes () No

Name of employer

Address

Telephone number

Job description

34. List all employment within the last three years (Provide Employer's name, address, telephone number, dates and job description):

35. Have you otherwise worked or performed any services during the past three years? () Yes () No. If yes, provide the following information (Provide date, nature of services, for whom? And payment received):

36. During the past three years, other than previously described, have you received money from any source? () Yes () No. If yes, provide the following information (Source, Amount, Date and Nature of Transfer [gift, loan, payment for services, etc].):

37. Have you or has anyone on your behalf received any transfer(s) of assets or property? () Yes () No
If yes, provide the following information (Source, Amount, Date and Nature of Transfer [gift, loan, payment for services, etc.]):

38. Have you or anyone on your behalf transferred any assets or property? () Yes () No
If yes, provide the following information (Source, Amount, Date and Nature of Transfer [gift, loan, payment for services, etc.]):

39. Have you ever filed a bankruptcy petition? () Yes () No
If yes, date filed _____ Date concluded: _____

40. Do you currently receive, or do you expect to receive in the future, any pension, disability compensation, retirement pay, civil service retirement or other benefits from the United States or any other source? () Yes () No

If yes, state the following:

Source: _____ Amount \$ _____ () Monthly () Weekly

Source: _____ Amount \$ _____ () Monthly () Weekly

41. Do you receive child support payments? () Yes () No

Source: _____ Amount \$ _____ () Monthly () Weekly

42. Do you receive aid to families with dependent children or any other type of assistance from the United States or any other source? () Yes () No

Source: _____ Amount \$ _____ () Monthly () Weekly

43. Does your spouse/partner work? () Yes () No

If yes, give the employer's name, address and telephone number: _____

44. How much does he/she earn? \$ _____ per () Week () Month () Year

45. What is his/her take home pay per pay period? \$ _____

46. Does anyone else in your household work? () Yes () No
Who? _____

How much does he/she earn? \$ _____ per () Week () Month () Year

47. Have you, your spouse or dependants had a *checking* account in the past three years? () Yes () No

If yes, give name and address of each bank, the account number, the account balance, the name on the account and whether the account is open or closed (if closed, provide date of closing and balance in account, if known). **Provide copies of the last three statements.**

48. Have you, your spouse or dependants had a *savings* account in the past three years? () Yes () No

If yes, give name and address of each bank, the account number, the account balance, the name on the account and whether the account is open or closed (if closed, provide date of closing and balance in account, if known). **Provide copies of the last three statements.**

49. State the names and addresses of banks and other financial institutions with which you have done business at any time during the past three years. State in whose name you conducted business. Provide Name on Account, Bank Name, Account Number, Opened or Closed and Balance (if closed, provide date of closing and balance in the account, if known). **Provide copies of the last three statements.**

50. Other than any account listed above, have you, your spouse or your dependants had signing authority on any checking account or use an ATM card in the past three years? () Yes () No

If yes, state the name and address of each bank, the account number, the account balance, the name on the account, or card and whether the account is opened or closed. Do not include any account listed above. **Provide copies of the last three statements.**

51. Other than any account listed above, have you had access to or authority over any savings, credit union, money market, brokerage, or any other account? () Yes () No. If yes, state the name and address of each bank, the account number, the account balance, the name on the account and whether the account is opened or closed. Do not include any account listed above. **Provide copies of the last three statements.**

52. Do you have an individual retirement accounts [IRA, KEOGH, 401(k) plans] or certificate(s) of deposit? If yes, state the name and address of each bank, the account number, the account balance, the name on the account and whether the account is opened or closed. **Provide copies of the last three statements.**

If you have any interest in any pension plan, retirement fund, or profit sharing plan, state:

(a) Name and address of the administrator of plan: _____

(b) Present value of your interest in the plan \$ _____ as of _____ (date)

(c) Nature of plan _____

(d) Description of terms under which you may receive money or property pursuant to the plan: _____

53. During the past three years, have you used a credit card?
 Yes No

If yes, state the following information:

| Type of card (Visa, etc) | Account number | Name on account | Who pays the bill |
|--------------------------|----------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Attach separate sheet if required

54. Do you own or lease an automobile, truck or other licensed vehicle? Yes No
 (include boats, RV's, motorcycles, trailers, plan or private jets, etc. Attach a separate sheet for those items).

55. Do you drive or have access to a motor vehicle that you do not own? Yes No

56. If you answered yes to either questions 54 or 55, state the name of the vehicle's owner and the make, model vehicle identification number, license number, location and value of each vehicle.

57. If you own a vehicle, are you currently making loan payments on the vehicle? () Yes () No

Provide name of lender, address of lender, account number, amount of monthly payments and balance due.

58. Other than a vehicle listed in your responses to questions 56-57, during the past two years, have you used a motor vehicle? () Yes () No. If yes, state the name and address of the owner of the motor vehicle(s):

Name of Owner

Owner's Address

| | |
|-------|-------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

59. In whose name is the insurance on the motor vehicle(s) listed in your responses to questions 54-58?

60. Who paid the expenses of operating each motor vehicle listed in your response to questions 54 - 58?

61. Does any individual or entity owe you money? () Yes () No
If yes, state amount of the debt, and name, address and telephone
number of the individual or entity. State whether a judgment has been
entered against the individual or entity.

If yes, why does this individual or entity owe you money?

62. Do you own assets in anyone else's name? () Yes () No. If
yes, give details below: _____

63. During the past two years, have you had the use of any property
that was not held in your name? () Yes () No. If yes, give
details below: _____

64. Is any individual or entity holding assets, real property or
personal property (including money) on your behalf? () Yes () No.
If yes, give details below: _____

65. Do you hold assets or property outside of the United States in
your name or in another name? () Yes () No. If yes, describe the
assets and/or property and where the assets and/or property are
located. _____

66. Do you own or are you purchasing any real estate, including your
residence? () Yes () No. If yes, state the following for each
property (use attachments if necessary):

(a) Address: _____

(b) Description of property: _____

- (c) Joint owner(s): _____
- (d) Initial purchase price: _____
- (e) Approximate current fair market value: _____
- (f) Amount of income received from property interest(s), if applicable: _____
- (g) Name of seller: _____

| | Property 1 | Property 2 |
|--|------------|------------|
| Description of the property encumbered (use attachments, if necessary) | | |
| Nature of type of lien or mortgage | | |
| Date of lien or mortgage | | |
| Current balance of the lien or mortgage | | |
| Name and address of holder of lien or mortgage | | |

67. Are you selling any real estate? () Yes () No If yes, state:

- (a) Address: _____
- (b) Name of buyer: _____
- (c) Approximate fair market value: _____
- (d) Contract price: _____
- (e) If there is an outstanding mortgage, state the outstanding balance? \$ _____

68. Do you, your spouse or dependants own any stocks, bonds or other securities? () Yes () No

If yes, state:

| Stocks/Bonds Securities | Name/Address | Present Location | No. of Shares | Value |
|-------------------------|--------------|------------------|---------------|-------|
| | | | | |
| | | | | |

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

| United States Savings Bonds | Market Value |
|-----------------------------|--------------|
| | |
| | |
| | |
| | |

69. Do you own any stocks, bonds or other securities that are not held in your name? () Yes () No

If yes, give details below: _____

70. Do you, your spouse or your dependants rent or use a safe deposit box either alone or with one or more persons? () Yes () No If yes, state where the safe deposit box is located, in whose name(s) it is listed, how it is numbered or otherwise identified and state the contents, ownership and value of each item.

71. Do you have access to a safe deposit box, either alone or with one or more persons? () Yes () No

If yes, state where the safe deposit box is located, in whose name(s) it is listed, how it is numbered or otherwise identified and state the contents, ownership and value of each item.

72. Do you have a safe or have access to a safe, either alone or with one or more persons? () Yes () No

If yes, state where the safe is located and state the contents, ownership and value of each item.

73. Will you receive, or do you anticipate that you might receive, any type of bonus at the end of a fiscal quarter or year, on a deferred commission or both? () Yes () No If yes, state the type of compensation and the amount, date and details of the bonus:

74. Do you have any life insurance policies? () Yes () No
If yes, state:

- (a) Company name, address, phone number: _____
- (b) Type of insurance (Term, Whole, etc.): _____
- (c) Policy number(s): _____
- (d) Face value amount(s): _____
- (e) Cash surrender value: _____
- (f) Outstanding loans on policy(s): _____

75. Do you have any income protection insurance, e.g., disability insurance? () Yes () No

If yes, state company name, address, and phone number.

76. Do you have any other types of insurance, i.e., medical insurance, homeowner's insurance, renter's insurance? () Yes () No
 If yes, state company name, address and phone number.

77. List all personal property owned by you, your spouse, your dependants:

| Property Item | Description | Location | Owned By: | Fair Market Value |
|---|-------------|----------|-----------|-------------------|
| TV (state how many) | | | | |
| Computer equipment | | | | |
| VCR/DVD (state how many) | | | | |
| Video Camera | | | | |
| Stereo | | | | |
| CD Player | | | | |
| Camera | | | | |
| Guns | | | | |
| Silver | | | | |
| Oriental Rugs | | | | |
| Jewelry | | | | |
| Antiques | | | | |
| Collectibles, i.e., stamps, artwork, etc. | | | | |
| Telefax machine | | | | |
| Tools/Equipment | | | | |
| Boats | | | | |
| Aircraft | | | | |
| Trailers/Campers/RV | | | | |
| Motorcycles, ATV's | | | | |
| Farm Equipment | | | | |
| Satellite TV System | | | | |
| Sporting Goods | | | | |
| Other | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

78. Have you ever owned any collectibles, i.e., stamps or artwork, etc.? () Yes () No. If yes, when and to whom were they transferred?

79. Date last federal income tax return was filed (approximately): _____

Date last state income tax return was filed (approximately): _____

Amount of gross income reported: _____

80. Do you expect to get an income tax refund this year?
() Yes () No If yes, give the approximate amount you expect to receive: \$ _____

81. List all transfers of personal property including cash (by loans, gift, sale, etc.) that you made within the last five years (items of \$1,000.00 or more):

| Date | Amount | Property Transferred | To Whom |
|------|--------|----------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

82. Are you a trustee, executor, beneficiary or administrator under any will or testament, insurance policy or trust agreement? () Yes () No. If yes, give details: _____

83. Is there any likelihood you will receive any inheritance? () Yes () No. If yes, give details: _____

84. Do you receive or, under any circumstances, expect to receive benefits from any established trust, from a claim for compensation or damages, or from a contingent or future interest in property of any kind? () Yes () No. If yes, give details: _____

85. List creditors to whom you owe money, including judgments, credit card debts, loan, doctor bills, etc., (even if disclosed above).

| | Monthly payment | Outstanding balance |
|--------|-----------------|---------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| TOTALS | | |

If necessary attached additional sheet

86. List monthly income and expenses of self, spouse and dependents sharing your home:

| List all Monthly Income Received (even if disclosed above) | List all Monthly Income Expenses (even if disclosed above) |
|---|---|
| Net Monthly Income: (take home pay) | Rent Payment: \$ |
| Self: \$ | Mortgage Payment: \$ |
| Spouse: \$ | |
| Dependants: \$ | |
| Other: \$ | |
| Part-time job: \$ | |
| Overtime (Est. if necessary) \$ | Real Estate taxes: \$ |
| Interest/dividends: \$ | Food \$ |
| Alimony or child support: \$ | Heat (oil, gas, wood) \$ |
| Pension-self: \$ | Electric: \$ |
| Pension-spouse: \$ | Water: \$ |
| Social security-Self: \$ | Other Utilities: \$ |
| Social security-Spouse: \$ | Cable TV: \$ |
| City (Welfare) Benefits: \$ | Telephone: \$ |
| State (Foster Care) | Cell Phone: \$ |

| | |
|-------------------------------|-----------------------------|
| Benefits: \$ | |
| Food Stamps: \$ | Insurance: \$ |
| Net Rental Income: \$ | Medical: \$ |
| Net Business Income: \$ | Transportation: \$ |
| Disability Compensation: \$ | Clothing: \$ |
| Retirement Benefits: \$ | Child/Dependant Care: \$ |
| Military Pay (Active): \$ | Education Expenses: \$ |
| Commissions: \$ | Court Ordered Payments: \$ |
| SSI Benefits: \$ | Entertainment: \$ |
| Unemployment Benefits: \$ | Gasoline: \$ |
| Interest Income: \$ | Dry Cleaning/Laundromat: \$ |
| Other (List Specifically): \$ | Gifts: \$ |
| | Newspaper/Magazine: \$ |
| | Church/Charities: \$ |
| | Other Debt: \$ |
| | |
| | |
| | |
| Total Income: \$ | Total Expenses: \$ |

87. Are you a party in any lawsuit now pending? () Yes () No. If yes, identify the proceeding by name, case number, and court, and describe the nature of the case (provide copies of same).

88. Other than the proceedings you identified in paragraph 89, are you currently involved in any court or administrative proceedings? () Yes () No. If so, identify the proceedings by name, case number, and court or administrative body, and describe your involvement (provide copies of same).

89. Do you have any other assets or an actual or contingent interest in any assets, other than those listed in this financial statement? () Yes () No. If yes, give details.
