# Client Questionnaire Section 1 - Basic Information

## Part A. Name and Address

Have you used any other names in the past eight years? No Yes   If yes, please list other names used:  Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?  If yes, please list business names and/or EINs used:  Telephone Numbers\Email address:  Home:  Work:  Cell:  Email:  Social Security Number:  Date of Birth:  Address:  City:  State:  If you answered no to either of the questions above, please list your previous address:  Address:  City:  State:  Zip:  County:  If you answered no to either of the questions above, please list your previous address:  City:  State:  Zip:  County:  If you have a different mailing address, please list:  Mailing Address:  City:  State:  Zip:  County:  Married and living apart  Divorced  Part B. Name and Address of Spouse  If you are filing jointly with your spouse, fill in the following information about your spouse:  Name:  Has your spouse used any other names in the past 8 years?  If yes, please list other names used:  Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?  If yes, please list other names used:  Telephone Numbers\Email address:  Home:  Work:  Cell:  Email:  Social Security Number:  Date of Birth:  Expiration Date:  State:  State:  Date of Birth:  Expiration Date:  State:  State:  Date of Birth:	Name:	4			
If yes, please list other names used:  Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?  If yes, please list business names and/or EINs used:  Telephone Numbers\Email address: Home: Work: Celt: Email: Social Security Number: Driver's License Number: Expiration Date: State: Date of Birth: Address: City: State: Licy: If 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: County:  Marital Status: Never Married Married and living together Married and living apart Divorced  Part B. Name and Address of Spouse If you are filing jointly with your spouse, fill in the following information about your spouse: Name: Has your spouse used any other names in the past 8 years? No Yes If yes, please list other names used: Has your spouse used any other names in the past 8 years? No Yes If yes, please list other names used: Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years? If yes, please list other names used:  Telephone Numbers\Email address: Home: Work: Celt: Email: Social Security Number: Driver's License Number: Expiration Date: State:	Have you used any other names in the	—— e past eight years?	No □ Yes		
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If yes, please list business names and/or EINs used:    Telephone Numbers\Email address:			ation Numbers	(EIN) in the last 8 years	;?
Home: Work: Cell: Email: Social Security Number: Driver's License Number: Driver's License Number: Driver's License Number: Expiration Date: State: State: Driver's License Number: Expiration Date: State: State: State: State: State: Zip: County: Have you lived at this address for at least 180 days? 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: County:  Married and living apart Divorced  Part B. Name and Address of Spouse If you are filing jointly with your spouse, fill in the following information about your spouse: Name: Has your spouse used any other names used: Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years? If yes, please list business names and/or EINs used:  Telephone Numbers\Email address: Home: Work: Cell: Email: Social Security Number: Driver's License Number: Expiration Date: State:					•
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Work: Cell: Email: Social Security Number: Driver's License Number: Expiration Date: State: Driver's License Number: Expiration Date: State: S					
Email:  Social Security Number:  Driver's License Number:  Date of Birth:  Address:  City:  State:  If you answered no to either of the questions above, please list your previous address:  City:  State:  Diver's License Number:  State:  Zip:  County:  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:  County:  Marrital Status:  Married and living apart  Divorced  Part B. Name and Address of Spouse  If you are filing jointly with your spouse, fill in the following information about your spouse:  Name:  Has your spouse used any other names in the past 8 years?  No Yes  If yes, please list other names used:  Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?  If yes, please list business names and/or EINs used:  Telephone Numbers\Email address:  Home:  Work:  Celt:  Email:  Social Security Number:  Driver's License Number:  Expiration Date:  State:	Home:				
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Diver's License Number:	Cell:				
Driver's License Number:	Email:	<del></del>		•	
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: County:    Marrial Status: Never Married Married and living together Widowed Married and living apart Divorced    Part B. Name and Address of Spouse    If you are filing jointly with your spouse, fill in the following information about your spouse:    Name: Has your spouse used any other names in the past 8 years? No Yes    If yes, please list other names used:    Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?    If yes, please list business names and/or EINs used:    Telephone Numbers\Email address:    Home:    Work:    Celt:    Email:    Social Security Number:    Expiration Date: State:	Social Security Number:		<del></del>		•
Address:  City: State: Zip: County:	PHYOR & PROCESS MULTIPLES.		Expirati	on Date:	State:
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 170 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:	Date of Birth:		•		
Have you lived at this address for at least 180 days? \  \text{No } \  \text{Yes} \  \text{Have you lived at this address for at least 730 days (2 years)? \  \text{No } \  \text{Yes} \  \text{If you answered no to either of the questions above, please list your previous address: \  \text{Address: } \  \text{City: } \  \text{State: } \  \text{Zip: } \  \text{County: } \  \text{If you have a different mailing address, please list: } \  \text{Mailing Address: } \  \text{City: } \  \text{State: } \  \text{Zip: } \  \text{County: } \  \text{Mailing Address: } \  \text{City: } \  \text{State: } \  \text{Zip: } \  \text{County: } \  \text{Mailing Address: } \  \text{City: } \  \text{State: } \  \text{Zip: } \  \text{County: } \  \text{Mailing Address: } \  \text{Mailing Address: } \  \text{Married and living together } \  \  \text{Widowed } \  \  \  \text{Married and living apart } \  \text{Divorced } \  \text{Part B. Name and Address of Spouse} \  \text{If you are filing jointly with your spouse, fill in the following information about your spouse: } \  \text{Name: } \  \text{Has your spouse used any other names in the past 8 years? } \  \text{No } \  \text{Yes} \  \text{yease list other names used: } \  \text{Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years? } \  \text{If yes, please list business names and/or EINs used: } \  \text{Telephone Numbers\text{Email address: } \  \text{Home: } \  \text{Work: } \  \text{Cell: } \  \text{Email: } \  \text{State: } \  State	Address:				
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Name:	Part B. Name and Address of Spous	se			
Has your spouse used any other names in the past 8 years? No Yes  If yes, please list other names used:  Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?  If yes, please list business names and/or EINs used:  Telephone Numbers\Email address:  Home:  Work:  Cell:  Email:  Social Security Number:  Driver's License Number:  Expiration Date:  State:		e, fill in the following i	nformation ab	out your spouse:	
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Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?  If yes, please list business names and/or EINs used:  Telephone Numbers\Email address:  Home:  Work:  Cell:  Email:  Social Security Number:  Driver's License Number:  Expiration Date:  State:		•	· Li · · · · Li		
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Telephone Numbers\Email address:  Home: Work: Cell: Email:  Social Security Number: Driver's License Number:  Expiration Date: State:				amboro (Em) in the last	o yours:
Home:					
Home:	Telephone Numbers\Email address:				
Work:  Cell:  Email:  Social Security Number:  Driver's License Number:  Expiration Date:  State:					
Cell: Email:  Social Security Number:  Driver's License Number:  Expiration Date:  State:					
Email:  Social Security Number:  Driver's License Number:  Expiration Date:  State:		•			÷
Social Security Number: Expiration Date: State:					
Driver's License Number: Expiration Date: State:	Social Security Number: -				
D. C. COLUM	Driver's License Number:		 Evniroti	on Date:	State
	D / CD: II		vhiiati	on Date	State

If your spouse lives at a different address, please list: Copyright (c) 1996-2017 Best Case, LLC - www.bestcase.com

Address:				
City:	State:	Zip:	County:	
Has your spouse lived at this add	lress for at least 180 days	s?□ No □ Ye		
Has your spouse lived at this add	lress for at least 730 days	s (2 years)? N	lo □ Yes	
If you answered no to e Address:	ither of the questions abo	ove, please list yo	our spouse's previous addi	
City:	State:	Zip:	County:	
If your spouse has a different ma  Mailing Address:	iling address, please list:			
City:	State:	Zip:	County:	
Part C. Prior and/or Pending Ba	ankruptcy Cases		-	<del></del>
Have you filed a bankruptcy case	in the last 8 years?	Vo □ Yes	•	
If yes, in which district of	which state was the case	e filed?		
Case Number:				_
Date Filed:		<b>~·</b>		
Date Discharged:				
Was the case dismissed	(you did not complete the	bankruptcy)?	No 🗌 Yes	
If so, what date was it dis	missed?			
Are any bankruptcy cases pending	ig or being filed by your s	pouse, a busines	s partner, or an affiliate?	☐ No ☐ Yes
<b>If yes</b> , name of debtor:				
Relationship to you:				
Case Number:		<del>-</del>	•	
Date Filed:				
District (If known):				
Part D. Debtors Who Reside as	Tenants of Residential	Property		•
Do you have an eviction pending	against you? ☐ No ☐ `	res .		+ .
<b>If yes</b> , please provide you				
Name:	(			
Address:			· ·	
City:	State:	Zip:		
Part E. Business Owned as a S				
Are you the sole proprietor of a fu	Il- or part-time business?			
If yes, please provide the		business.		
Name of business:		o suomood.		•
Address:				
City:	State:	Zip:		
		·		
Description of business:	•			

## Part F. Hazardous Property or Property That Needs Immediate Attention

Do you own or have any property that needs	s immediate attenti	on or that pose	s or is alleged to	pose a threat of	imminent
and identifiable harm to public health or safe				•	
If yes, please describe the hazard:				•	
If immediate attention is needed, wh	ny is it needed?				
Where is the property? Address:			_	•	
City:	State:	Zip:	· .		

## Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

#### Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below:	Estimated Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	If you are not the only owner. Please enter the % of the property you own.	Office Use Only Exemptions?
Address:	Who issued the mortgage, lien or loan? (Name and Address)		☐ You ☐ Spouse ☐ Joint ☐ Other:		
What is the property? Check all that apply.	What is the amount of the mortgage, lien or loan?				
Single-family home Duplex or multi-unit building	What is your current interest rate on the loan?				
Condominium or cooperative	What is your monthly payment?				
☐ Manufactured or mobile home ☐ Land	Does payment include taxes and/or insurance? ☐ No ☐ Yes				
Investment property	How many payments are left?				
☐ Timeshare ☐ Other:					
Address:	Who issued the mortgage, lien or loan? (Name and Address)		☐ You ☐ Spouse ☐ Joint ☐ Other:		
What is the property? Check all that apply.	What is the amount of the mortgage, lien or loan?				
☐ Single-family home ☐Duplex or multi-unit building	What is your current interest rate on the loan?				
Condominium or cooperative Manufactured or mobile	What is your monthly payment?		1		
home Land Investment property	Does payment include taxes and/or insurance? No Yes How many payments are left?		i .		Liberaturi Ellingi ilga ilga ilga ilga ilga ilga ilga il
☐ Timeshare					

## Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles

Type of Property	Do you awn this type of property?	Description  And the second se	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Vehicle #1	☐ No	Year: Make: Model: Mileage: Other Information:		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Vehicle #2	☐ No ☐ Yes	Year: Make: Model: Mileage: Other Information:		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Vehicle #3	☐ No ☐ Yes	Year: Make: Model: Mileage: Other Information:		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other (list year, make, and model)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

#### Part C. Personal and Household Items

	Do you own this type of property?	Description  Application of the property of th	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Household Goods and Furnishings (Major appliances, furniture, linens, china, kitchenware, etc.)	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Electronics (TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Collectibles of value (art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Firearms, ammunition, and related equipment	☐ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Clothing (everyday clothes, furs, leather coats, designer wear, shoes, accessories)	☐ No ☐ Yes			You Spouse Joint Other:	
Jewelry	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Pets/non-farm animals	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	<b>Description</b> The state of the	Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Exemptions?
Health aids and all other household items not listed	☐ No		New York of the Control of the Contr	☐ You ☐ Spouse ☐ Joint ☐ Other:	

### Part D. Financial Assets

Type of Property	Do you own this type of property?	Description 7000000	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Cash (spare change/money in your purse or wallet, cash not in accounts)	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Checking account #1 (list name(s) on account, bank name, and account number)	☐ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Checking account #2 (list name(s) on account, bank name, and account number)	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Savings account #1 (list name(s) on account, bank name, and account number)	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Savings account #2 (list name(s) on account, bank name, and account number)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description	Property	Owned by: You, your spouse, both you and your	Office Use Only Exemptions?
				spouse, you and at least one person other than your spouse	
Certificate of deposit (list name(s) on account, bank	Ν̈́ο		1.	☐ You ☐ Spouse	
name, and account number)	☐ Yes			☐ Joint ☐ Other:	
Other financial account #1 (list name(s) on account,	□ No	·		☐ You ☐ Spouse	
bank name, and account number)	☐ Yes			☐ Joint ☐ Other:	
Other financial account #2 (list name(s) on account,	□ No		!	☐ You ☐ Spouse	
bank name, and account number)	☐ Yes			☐ Joint ☐ Other:	
Other financial account #3 (list name(s) on account,	□ No			☐ You ☐ Spouse	
bank name, and account number)	☐ Yes		1 1	☐ Joint ☐ Other:	
Other financial account #4 (list name(s) on account,	□ No		ı	☐ You ☐ Spouse	
bank name, and account number)	☐ Yes			☐ Joint ☐ Other:	
Bonds, mutual funds, and publicly traded stocks	□ No			☐ You ☐ Spouse	
	☐ Yes			☐ Joint ☐ Other:	
Non-publicly traded stocks and interests in businesses,	□ No			☐ You ☐ Spouse	
corporations, LLCs, partnerships, and joint ventures (list % of ownership)	Yes			☐ Joint ☐ Other:	
Government and corporate bonds and instruments (including U.S. Savings	□ No			☐ You ☐ Spouse ☐ Joint	
Bonds)				Other:	

Type of Property	ype of Property Do you own Description this type of property?		Value of Owned by: Property You, your spouse, both	Only oth Exemptions?	
			you and your spouse, you and at least one person other than your spouse		
Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	□ No		☐ You ☐ Spouse ☐ Joint ☐ Other:		
Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	□ No		☐ You ☐ Spouse ☐ Joint ☐ Other:		
Retirement, pension, or profit-sharing plan #3 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	☐ No		☐ You ☐ Spouse ☐ Joint ☐ Other:		
Security deposits (typically with landlord or utility) (list holder)	□ No □ Yes	· · · · · · · · · · · · · · · · · · ·	☐ You ☐ Spouse ☐ Joint ☐ Other:		
Prepayments (prepaid rent, layaway, gift cards, etc.)	☐ No	:	☐ You ☐ Spouse ☐ Joint ☐ Other:		
Annuities (list company)	☐ No ☐ Yes		☐ You ☐ Spouse ☐ Joint ☐ Other:		
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	□ No		☐ You ☐ Spouse ☐ Joint ☐ Other:		
Trusts, life estates, future, and equitable interests in property or assets	☐ No		☐ You ☐ Spouse ☐ Joint ☐ Other:		

Type of Property	Do you own this type of property?	Description  Plant of the property of the prop	Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than	Office Use Only Exemptions?
				your spouse:	
Patents, copyrights, trademarks, trade secrets, and other intellectual property	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Licenses, franchises, and other general intangibles	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Tax refunds owed to you (list years due)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Alimony and child support	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other amounts someone owes you (unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.)	□ No □ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Cash value of insurance policies (whole or universal life, health, disability, HSA, etc.) (list insurance company and beneficiary)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Inheritances, estate distributions, and death benefits	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Personal injury claims or awards	☐ No☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

Type of Property	Do you own this type of property?	Description  The property of t	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse	Office Use Only Exemptions?
Lawsuits or claims against anyone for anything	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
All other claims or rights to sue someone	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Any other financial asset not listed	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	

#### Part E. Business-Related Assets

Type of Property	Do you o this type property	9 of	District of the second of the	escription	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Accounts receivable or commissions earned ( <i>list</i> )	□ No		. :	/		☐ You ☐ Spouse ☐ Joint ☐ Other:	
Office equipment, furnishings, and supplies ( <i>list</i> )	□ No					☐ You ☐ Spouse ☐ Joint ☐ Other:	
Machinery, fixtures, equipment, business supplies, and tools of your trade ( <i>list</i> )	□ No					☐ You ☐ Spouse ☐ Joint ☐ Other:	
Business inventory (list)	☐ No☐ Yes	· ·				☐ You ☐ Spouse ☐ Joint ☐ Other:	
Interests in partnerships or joint ventures (name and type of business, % interest)	☐ No					☐ You ☐ Spouse ☐ Joint ☐ Other:	
Customer and mailing lists	□ No □ Yes		:			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Other business-related property not already listed	☐ No					☐ You ☐ Spouse ☐ Joint ☐ Other:	

## Part F. Farm and Commercial Fishing-Related Property

Type of Property	Do you own this type of property?	Description  A second s	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Farm animals (livestock, poultry, farm-raised fish, etc.)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Crops (growing or harvested)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade (list)	□ No			☐ You ☐ Spouse ☐ Joint ☐ Other:	
Farm and commercial fishing supplies, chemicals, and feed ( <i>list</i> )	☐ No ☐ Yes			☐ You ☐ Spouse ☐ Joint ☐ Other:	

#### Part G. Miscellaneous

Type of Property	Do you own this type of property?	Description	Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	
All other property of any kind not previously listed	☐ No	,	·	☐ You ☐ Spouse ☐ Joint ☐ Other:	

## Section 3 - Debts (Schedule D/E/F)

## Part A. Debts Secured by Property

Please list below all debts that you owe OR that creditors claim you owe that are secured by property.

Type of Debt	Creditor Information	Property Information:	Person(s)	Do you	Office Use Only
			Responsible/Codebtor	debt?	one Only areas
Home loan and/or mortgage	Amount Owed (amount of claim):	1. Describe property:	Who owes the debt?	□ No	
			☐ Self	☐ Yes	
	2. Creditor Name and Address:		☐ Spouse	١	
			☐ Joint	-	
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	Date/range of dates when debt was incurred:	Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
·.	Contact person's name and address if different:		□ No		
	·		☐ Yes If yes, please provide		
İ	V		name and address:		
	, , , , , , , , , , , , , , , , , , , ,				e in outside plant person make in propins disease legen parties and propins
Home loan and/or	1. Amount Owed (amount of	Describe property:	Who owes the debt?	□ No	
mortgage	claim):	T. Describe property.	Self	☐ Yes	
			L. Jell	103	
	2. Creditor Name and Address:		Spouse		
			☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:	·	
	4. Date/range of dates when debt was incurred:	3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:		□ No		
			Yes If yes, please provide name and address:		

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed (amount of claim):	1. Describe property:	Who owes the debt?	☐ No	
	Creditor Name and Address:		Self	☐ Yes	
	2. Oreditor Name and Address.		Spouse		
		2 Monthly normant	Joint		
e.	3. Account Number, if any:	2. Monthly payment amount:	Other:		MSI SECTION OF STATE
	4. Date/range of dates when debt was incurred:	3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:		□ No		
			Yes If yes, please provide name and address:		
				·	
·	·				
Home loan and/or mortgage	1. Amount Owed (amount of claim):	Describe property:	Who owes the debt?	□No	
	Creditor Name and Address:		Self	☐ Yes	
	2. Ordator Hame and Address.	:	☐ Spouse	200000000000000000000000000000000000000	
			Joint		AND CONTRACTOR OF THE CONTRACT
:	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	Date/range of dates when debt was incurred:	Number of payments remaining:	Is there a codebtor or cosigner on this loan?	S. P. J. Commission of the Com	
	5. Contact person's name and address if different:		□ No	-	edicagni († 1916) 1807 - Paris Labori 1809 - Paris Labori
	. •		Yes If yes, please provide name and address:		

Car loans	Amount Owed (amount of claim):	1. Describe property:	Who owes the debt?	□ No	ing and the second of the seco
			☐ Self	☐ Yes	
	2. Creditor Name and Address:		☐ Spouse		
			☐ Joint		came ore like is an arrect Franklisten is britanis i di Bergood officialism i di
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	4. Date/range of dates when debt was incurred:	Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:		□ No		
			Yes If yes, please provide name and address:		
v		\$			
Car loans	1. Amount Owed (amount of	Describe property:	Who owes the debt?	□ No	omieracji pilosocije. Probava posmobna s Dobava pilosocije se
	claim):	; ;	☐ Self	☐ Yes	
	Creditor Name and Address:		☐ Spouse		
			☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	4. Date/range of dates when debt was incurred:	3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
· ·	Contact person's name and address if different:		□ No		
			Yes  If yes, please provide name and address:		

Car loans	1. Amount Owed (amount of claim):	Describe property:	Who owes the debt?	No	inin teoring along programmers of charged selection of the construction of the charged and behaviorated the construction of
			☐ Self	Yes	
	Creditor Name and Address:		☐ Spouse		
			☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:		The Louis program Appropriate margine Appropriate States Appropriate States Appropriate States
	Date/range of dates when debt was incurred:	Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	Contact person's name and address if different:	·	□ No		l Angelonings (Albeides) Guille Steil Bolles (Albeides) Guille Guille (Balles)
			Yes If yes, please provide name and address:		
			,		
· .					Participal and August de La Car
Other property loans	Amount Owed (amount of claim):	Describe property:	Who owes the debt?	No	
			☐ Self	Yes	e de la companya de La companya de la co
	Creditor Name and Address:		☐ Spouse		
		. I	_ Joint		ta Besi na manageja anti 1904 - Pietro Besi de Santo 1919 - Petro All Basilla
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	Date/range of dates when debt was incurred:	Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:		□ No		ander oppfalle de la 1867 (1885) (1885) 1888 (1886) (1885)
	·		Yes If yes, please provide name and address:		
	,				

Other property loans	1. Amount Owed (amount of claim):	Describe property:	Who owes the debt?	□ No	
			☐ Self	☐ Yes	The production of the producti
	2. Creditor Name and Address:		Spouse		
·			☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	Date/range of dates when debt was incurred:	3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	Contact person's name and address if different:		□ No		
			Yes If yes, please provide name and address:		
			,		
Other property loans	Amount Owed (amount of claim):	Describe property:	Who owes the debt?	□ No	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Self	☐ Yes	
	2. Creditor Name and Address:		Spouse		
			☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
t e	Date/range of dates when debt was incurred:	Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	Contact person's name and address if different:		□ No		
			∴ Yes  If yes, please provide name and address:		

Other property loans	Amount Owed (amount of claim):	Describe property:	Who owes the debt?	□ No	
			☐ Self	☐ Yes	
	2. Creditor Name and Address:		☐ Spouse		
		1	☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
·	Date/range of dates when debt was incurred:	3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:		□ No		
<u> </u>			Yes If yes, please provide name and address:		
	)				
Other property loans	Amount Owed (amount of claim):	Describe property:	Who owes the debt?	☐ No	
·			☐ Self	☐ Yes	
	2. Creditor Name and Address:		☐ Spouse		
			☐ Joint		
	3. Account Number, if any:	2. Monthly payment amount:	Other:		
	Date/range of dates when debt was incurred:	3. Number of payments remaining:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:		□ No		
			Yes If yes, please provide name and address:		

#### Part B. Credit Card Debts

Please list below all credit card debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa,	1. Amount Owed <i>(amount of claim)</i> :	Who incurred the debt?	□ No	
American Express, Master Card, Discover)	2. Creditor Name and Address:	☐ Self	☐ Yes	
		Spouse		
		☐ Joint		
	3. Account Number, if any:	Other:		
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		A STATE OF THE STATE OF T
	5. Contact person's name and address if different:	□ No		
		Yes If yes, please provide name and address:		
Major credit card debts (Visa, American	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
Express, Master Card, Discover)	2. Creditor Name and Address:	Self	☐ Yes	
		☐ Spouse		
	·	☐ Joint		
	3. Account Number, if any:	Other:		
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No		
,		Yes If yes, please provide name and address:		

		,		
Major credit card debts (Visa,	1. Amount Owed <i>(amount of claim)</i> :	Who incurred the debt?	□ No	i panggunga kanggapanggapan penggapan Kanggapan panggapan panggapan Kanggapan panggapan panggapan
American Express, Master Card, Discover)	2. Creditor Name and Address:	☐ Self	☐ Yes	
Calu, Discover)		☐ Spouse		en jaron kantan kan Kantan kantan kanta
		☐ Joint		ministratus produktariojoje Lietoji karinistratus arbijoje
		Other:		
	3. Account Number, if any:		. !	ognicalis i proper such biologica de Lambellos procesas de Lambellos de la Lambellos de lambellos propertiras de la
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No		
		☐ Yes  If yes, please provide name and address:		
Major credit card debts (Visa,	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
American Express, Master Card, Discover)	2. Creditor Name and Address:	☐ Self	☐ Yes	
Cara, Discover)		☐ Spouse		As a program of the second of
		Joint		
	3. Account Number, if any:	Other:		
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No	ļ	
		Yes If yes, please provide name and address:		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

Major credit card debts (Visa,	1. Amount Owed (amount of claim):	Who incurred the debt?	☐ No	
American Express, Master Card, Discover)	2. Creditor Name and Address:	☐ Self	Yes	municipality of the property of the control of the
Calu, Discovel)		☐ Spouse		
•		☐ Joint		
		Other:		
Ý	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No /		
		Yes  If yes, please provide name and address:		
Major credit card debts (Visa,	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
American Express, Master Card, Discover)	2. Creditor Name and Address:	☐ Self	☐ Yes	
Card, Discover)		☐ Spouse	-	
	,	☐ Joint		orpower in the same of particles of the same of the sa
-	O Account Niverbox if any	Other:		
	3. Account Number, if any:		e e	
·	Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No		And the property of the second
		Yes If yes, please provide name and address:		

	**************************************	T		CANNOT BE AN ARTON AND AN ARTHUR AND AN ARTHUR DESCRIPTION OF THE PROPERTY OF
Department store credit card debts	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
	2. Creditor Name and Address:	☐ Self	☐ Yes	
	· ·	☐ Spouse		
		☐ Joint		
		Other:		
	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?	·	
	Contact person's name and address if different:	□ No		
•		Yes		
		If yes, please provide name and address:		
٠.			:	
Department store credit card debts	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
	2. Creditor Name and Address:	Self	☐ Yes	
		☐ Spouse		
		☐ Joint		All the property of the proper
		Other:		
	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	Contact person's name and address if different:	□ No		Company of the party of the company
		Yes If yes, please provide		
		name and address:		

Other credit card debts (gas cards, phone cards, etc.)	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
	2. Creditor Name and Address:	☐ Self	☐ Yes	The second property of the second sec
		☐ Spouse		The property of the second sec
		☐ Joint		
		☐ Other:		
	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No		a investigación de constitución de la constitución de la constitución de la constitución de la constitución de
		Yes If yes, please provide name and address:		
			<del></del>	
Other credit card debts (gas cards,	Amount Owed (amount of claim):	Who incurred the debt?	□ No	
	Amount Owed (amount of claim):     Creditor Name and Address:	Who incurred the debt?	□ No	
debts (gas cards,				
debts (gas cards,		☐ Self		
debts (gas cards,		☐ Self		
debts (gas cards,	2. Creditor Name and Address:	☐ Self ☐ Spouse ☐ Joint		
debts (gas cards,	Creditor Name and Address:      Account Number, if any:	☐ Self ☐ Spouse ☐ Joint ☐ Other:		
debts (gas cards,	2. Creditor Name and Address:  3. Account Number, if any:  4. Date/range of dates when debt was incurred:	☐ Self ☐ Spouse ☐ Joint ☐ Other:  Is there a codebtor or cosigner on this loan?		
debts (gas cards,	<ol> <li>Creditor Name and Address:</li> <li>Account Number, if any:</li> <li>Date/range of dates when debt was incurred:</li> <li>Contact person's name and address if different:</li> </ol>	☐ Self ☐ Spouse ☐ Joint ☐ Other:  Is there a codebtor or cosigner on this loan? ☐ No ☐ Yes If yes, please provide		

Other credit card debts (gas cards,	1. Amount Owed (amount of claim):	Who incurred the debt?	□No	
phone cards, etc.)	2. Creditor Name and Address:	☐ Self	☐ Yes	
		☐ Spouse		
		☐ Joint		
		Other:	,	
	3. Account Number, if any:			
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No		
		Yes If yes, please provide name and address:		
	:			
Other credit card debts (gas cards,	1. Amount Owed (amount of claim):	Who incurred the debt?	□ No	
phone cards, etc.)	2. Creditor Name and Address:	☐ Self	☐ Yes	
		☐ Spouse		
	·	☐ Joint		
	3. Account Number, if any:	Other:		
	4. Date/range of dates when debt was incurred:	Is there a codebtor or cosigner on this loan?		
	5. Contact person's name and address if different:	□ No		
		☐ Yes  If yes, please provide name and address:		
			:	ar arvan panespulseji podvata. Serga kontrolomenja 19. januar