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Bankruptcy Information Worksheet

Please answer all questions to the best of your knowledge.

PERSONAL DATA

Full name: _____

Social Security #: _____ Birth date: (M/D/Y) _____

All other names used in the past six (6) years: _____

Street Address: _____ Telephone: (Home) _____

Town/City: _____ Telephone: (Work) _____

State: _____ Zip Code: _____

Mailing Address (if different): _____

E-mail : _____ Cell phone: _____

All other addresses for past three years (with dates for each location):

Job title: _____

Name and Address of Current Employer: _____

When did you start working for this employer? _____

Marital Status (*Specify month and year of event, if applicable, for each of the below*):

Married Single Widowed Separated Divorced (date of divorce - _____)

If joint filing, please provide spouse's information below. If married but filing without spouse, please provide spouse's name & address only.

Spouse's Full name (**EVEN IF NOT FILING**): _____

Social Security #: _____ Birth date: (M/D/Y) _____

All other names used in the past six (6) years: _____

Street Address: _____ Telephone: (Home) _____

Town/City: _____ Telephone: (Bus.) _____

State: _____ Zip Code: _____

E-mail: _____ Cell phone: _____

All other addresses for past three years (with dates at each location):

Dates at last residence(s): _____

Mailing Address (if different): _____

Job title: _____

Name and Address of Current Employer: _____

When did you start working for this employer? _____

Dependents who rely on you for financial support:

| Name | Relationship | Birth date | Address |
|------|--------------|------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

PERSONAL DATA

List all of your employers, showing dates started and ended, for the past two years

| Employer's Name | Employer's Full Address (including Zip code) | Date of Job | |
|-----------------|---|-------------|-------|
| | | Started | Ended |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever filed for bankruptcy before? Yes _____ No _____

If yes, give:

Filing Date: _____
 Location: _____
 Date of discharge: _____
 Chapter 7 or 13? _____

Have you been self-employed in the last five (5) years? Yes _____ No _____

| | Business #1 | Business #2 | Business #3 |
|------------------------------------|-------------|-------------|-------------|
| Name | | | |
| Proprietorship, Partnership or LLC | | | |
| Period of Operation | | | |
| What happened to business? | | | |
| Where are books and records? | | | |

MONTHLY INCOME

Please attach copies of paystubs for past six months, tax returns for past two years (state and federal), profit & loss statement for past six months if self-employed. **If married, please include income for BOTH spouses, even if only one of you is filing.**

OTHER INCOME:

Pension/annuity _____
 Child support _____
 Alimony/spousal support _____

Unemployment _____
Food stamps/fuel assistance _____
Other (please specify) _____

MONTHLY EXPENSES

Housing:

Rent/1st mortgage _____
2nd mortgage/equity loan _____
Property taxes _____
Condo/association fees _____
Oil/propane/wood heat _____
Home phone _____
Cell phone _____
Internet _____
Cable/dish/Netflix/Hulu _____
Electricity _____
Water/sewer _____
Trash pickup _____
Home maintenance _____
Other (please specify) _____

Personal:

Smoking, alcohol _____
Movies/sports/vacations _____
Charity _____
Gifts _____
Restaurants/take out _____
Groceries/cleaning supplies _____
Haircuts/nails/personal _____
Clothing _____
Laundry/drycleaning _____
Magazines/newspapers _____
Other (please specify) _____

Health-related expenses:

Out-of-pocket medical _____

| | |
|-----------------------------------|-------|
| Dental | _____ |
| Prescriptions | _____ |
| Gym membership | _____ |
| Other (please specify) | _____ |
| <u>Transportation:</u> | |
| 1 st car lease/payment | _____ |
| 2 nd car lease/payment | _____ |
| Repairs/maintenance | _____ |
| Gas/diesel fuel | _____ |
| Tolls/parking | _____ |
| Excise tax/registration | _____ |
| Other (please specify) | _____ |
| <u>Insurance expenses:</u> | |
| Homeowners/renters | _____ |
| Vehicle | _____ |
| Life insurance | _____ |
| Other (please specify) | _____ |
| <u>Other expenses:</u> | |
| Student loans | _____ |
| Tuition | _____ |
| Child care/babysitting | _____ |
| Timeshare | _____ |
| Other (please specify) | _____ |

Following is the official bankruptcy form A/B – the list of ASSETS. Please fill it out to the best of your ability. It is a long form, but it is very important that you list all of your property, even if you don't believe it has much value, and even if you received it as a gift or inheritance. You may find the examples helpful.

You do NOT need to add up the total value of your property.

Please attach statements for all debts, including statements items you intend to keep, such as mortgage statements and monthly statements for car/truck payments. **List below only those bills for which you do not have statements** (attach additional sheets if needed):

| Creditor's Name | Address, include Apt.#, Street # and Zip code | Account # | Best Estimate of Amount Owing |
|-----------------|---|-----------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you cosigned any loans, or signed any loan guarantees? Yes ____ No ____

If yes, please indicate:

| Lender's Name | Lender's Address | Amount | Primary Borrower's Name | Primary Borrower's Address |
|---------------|------------------|--------|-------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

Has primary borrower filed for bankruptcy? Yes ____ No ____

If yes, in what state? _____

GENERAL

1. Within the last twenty-four (24) months, have you sold or given away any property, including land, cars, ATVs, motorcycles, boats, snowmobiles? Yes ____ No ____

| Description of Asset | Date Disposed | Buyer's name & address | Sale price | Disposition of Proceeds |
|----------------------|---------------|------------------------|------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Within the past ninety (90) days, have you made payments totaling \$600.00 or more to any creditor? Yes ____ No ____

If yes, please list creditor(s), dates & amounts paid: _____

Have you paid more than \$600.00 to any friends or relatives in the past year? ____ yes ____no

If yes, please list amount paid, date(s) of payment(s) and name and address of payee: _____

3. Within the last twelve (12) months, have you had any assets seized by a creditor? Yes _____ No _____
 If yes, provide details:
 Asset seized _____
 Date seized _____
 Name of creditor _____
 Was party that seized property a secured creditor? Yes _____ No _____

4. Do you expect to receive any money, or any other property, within the next 12 months, which is not related to your normal income (including trust funds, inheritances) Yes _____ No _____
 If yes, please provide details: _____

5. (a) Please list all current savings, checking, & investment accounts:

| Bank/Financial Institution | Address | Average balance | Amount Currently In Account |
|----------------------------|---------|-----------------|-----------------------------|
| | | | |
| | | | |
| | | | |

(b) Do you have a safe deposit box? Yes _____ No _____
 If so, where? _____
Please provide details of the contents: _____

6. Does anyone owe you any money? Provide details. Yes _____ No _____
 (a) Personal loans _____
 (b) Accounts receivable _____
 (c) Agreement for sale _____
 (d) Other _____

7. Do you currently own any of the following?
 (a) Collectibles (stamps, coins, art, antiques, etc.) Yes _____ No _____
 (b) Savings bonds (owned presently or being purchased on a payroll savings plan). Yes _____ No _____
 (c) Shares of stock (owned presently or being purchased on a payroll savings plan). Yes _____ No _____
Please provide details:

(d) Personal life insurance policies (please include a copy of your life insurance policy **and a current statement of value**). Yes _____ No _____

| | Policy No. 1 | Policy No. 2 |
|---------------------------|--------------|--------------|
| i) Life Insurance Company | | |
| ii) Beneficiary | | |

| | | |
|---------------------------|--|--|
| iii) Cash Surrender Value | | |
|---------------------------|--|--|

8. Are you a beneficiary of a will, or do you expect an inheritance soon? Yes _____ No _____

9. Have you been a party to any lawsuits during the past year? (including divorce proceedings)?
 Yes _____ No _____

If yes, give details:

10. Do any of your debts arise from:
- Court fines or penalties? Yes _____ No _____
 - Purchases (on credit) of luxury goods or services in the last 60 days? Yes _____ No _____
 - Loans or cash advances in the last 60 days? Yes _____ No _____
 - Debts for injury to another person or another person's property? Yes _____ No _____
 - Child Support or Alimony? Yes _____ No _____
 - Student loans? Yes _____ No _____
 - Taxes? Yes _____ No _____
 - Fraud or embezzlement? Yes _____ No _____
 - Damages for personal injury or death caused by drunk driving? Yes _____ No _____
 - Obtaining property by false pretences/
fraudulent misrepresentation Yes _____ No _____

11. For which year did you file your latest income tax return? _____

Do you owe back taxes? Yes _____ No _____

If yes, how much, and for what years? _____

12. Are you paying/receiving any Child support or alimony payments? Yes _____ No _____

If yes, please provide name & address of other party:

Amount paid/received since January 1st \$ _____

Please provide a copy of the Court Order or separation agreement.

13. Please describe briefly, the circumstances that caused your financial difficulties.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS WORKSHEET IS A TRUE, CORRECT AND COMPLETE STATEMENT THAT FULLY DISCLOSES THE STATE OF MY ASSETS AND LIABILITIES.

Signature

Date

Signature (if joint filing)

Date

Fill in this information to identify your case and this filing:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. 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. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

1.1. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

1.3. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

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

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.>

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

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
- Yes

3.1. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

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

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
|--|--|

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

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

[Text box for other information]

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ [Text box for total value]

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No Yes. Describe..... \$

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No Yes. Describe..... \$

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No Yes. Describe..... \$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No Yes. Describe..... \$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No Yes. Describe..... \$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No Yes. Describe..... \$

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No Yes. Describe..... \$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No Yes. Describe..... \$

14. Any other personal and household items you did not already list, including any health aids you did not list

No Yes. Give specific information..... \$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here \$

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No Yes Cash: \$

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No Yes Institution name: 17.1. Checking account: \$ 17.2. Checking account: \$ 17.3. Savings account: \$ 17.4. Savings account: \$ 17.5. Certificates of deposit: \$ 17.6. Other financial account: \$ 17.7. Other financial account: \$ 17.8. Other financial account: \$ 17.9. Other financial account: \$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No Yes Institution or issuer name: \$ \$ \$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No Yes. Give specific information about them Name of entity: % of ownership: \$ \$ \$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Form for section 20 with checkboxes for 'No' and 'Yes. Give specific information about them...' and lines for issuer name and dollar amounts.

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

Form for section 21 with checkboxes for 'No' and 'Yes. List each account separately.' and lines for account types and dollar amounts.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company. Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

Form for section 22 with checkboxes for 'No' and 'Yes...' and lines for institution name and various deposit types with dollar amounts.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

Form for section 23 with checkboxes for 'No' and 'Yes...' and lines for issuer name and description with dollar amounts.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Three lines for listing institutions with dollar amounts.

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

Text box for details and a dollar amount line.

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Text box for details.

Federal, State, and Local dollar amount lines.

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Text box for details.

Alimony, Maintenance, Support, Divorce settlement, Property settlement dollar amount lines.

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

Text box for details and a dollar amount line.

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Form for insurance policies with checkboxes for 'No' and 'Yes', and fields for company name, beneficiary, and surrender/refund value.

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

Form for property interest with checkboxes for 'No' and 'Yes', and a text box for specific information.

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

Form for claims against third parties with checkboxes for 'No' and 'Yes', and a text box for claim description.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

Form for other contingent claims with checkboxes for 'No' and 'Yes', and a text box for claim description.

35. Any financial assets you did not already list

Form for financial assets with checkboxes for 'No' and 'Yes', and a text box for specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

Box for the total dollar value from Part 4.

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

Form for business-related property with checkboxes for 'No' and 'Yes'.

Current value of the portion you own? Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

Form for accounts receivable with checkboxes for 'No' and 'Yes', and a text box for description.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Form for office equipment with checkboxes for 'No' and 'Yes', and a text box for description.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

Form for 40: Machinery, fixtures, equipment, supplies you use in business, and tools of your trade. Includes checkboxes for 'No' and 'Yes. Describe.....' with a text box and a dollar sign.

41. Inventory

Form for 41: Inventory. Includes checkboxes for 'No' and 'Yes. Describe.....' with a text box and a dollar sign.

42. Interests in partnerships or joint ventures

Form for 42: Interests in partnerships or joint ventures. Includes checkboxes for 'No' and 'Yes. Describe.....' with fields for 'Name of entity:', '% of ownership:', and dollar amounts.

43. Customer lists, mailing lists, or other compilations

Form for 43: Customer lists, mailing lists, or other compilations. Includes checkboxes for 'No' and 'Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?' with a sub-section for 'Yes. Describe.....' and a dollar sign.

44. Any business-related property you did not already list

Form for 44: Any business-related property you did not already list. Includes checkboxes for 'No' and 'Yes. Give specific information,', followed by multiple lines for text and dollar amounts.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

Form for 45: A box for the total dollar value, with a dollar sign and an arrow pointing to it from the text above.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

Form for 46: Includes checkboxes for 'No. Go to Part 7.' and 'Yes. Go to line 47.'

Current value of the portion you own? Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

Form for 47: Includes checkboxes for 'No' and 'Yes.....' with a text box and a dollar sign.

48. Crops—either growing or harvested

No
 Yes. Give specific information..... \$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes..... \$ _____

50. Farm and fishing supplies, chemicals, and feed

No
 Yes..... \$ _____

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information..... \$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information..... \$ _____
 \$ _____
 \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ _____

56. Part 2: Total vehicles, line 5 \$ _____

57. Part 3: Total personal and household items, line 15 \$ _____

58. Part 4: Total financial assets, line 36 \$ _____

59. Part 5: Total business-related property, line 45 \$ _____

60. Part 6: Total farm- and fishing-related property, line 52 \$ _____

61. Part 7: Total other property not listed, line 54 + \$ _____

62. Total personal property. Add lines 56 through 61. \$ _____ Copy personal property total → + \$ _____

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ _____