

KEN SCHNEIDER, J.D., LL.M.  
ATTORNEY AT LAW  
2015 - 33<sup>rd</sup> Street  
Everett, WA 98201  
(425) 258-2704  
email: kenatty@gte.net

MICHELLE KINNEY  
PARALEGAL  
email: M.Lape@verizon.net  
Please call if you have  
questions on the paperwork

The requested information will be used to do an analysis of your bankruptcy options. If you decide to proceed with a bankruptcy filing *all* the questions will have to be answered and *all* the documentation will have to be provided. Therefore, in order to allow me to provide the best advice possible, and keep the cost to you down, you might as well answer all the questions and provide all documentation now.

**1. NAME (first, middle, last):** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

All other names used during the last 6 years (e.g., married, maiden, or business/trade name):

\_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's license number: \_\_\_\_\_

Date of birth (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Legally Separated \_\_\_\_\_

**2. SPOUSE'S NAME (first, middle, last):** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Home number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

All other names used during the last 6 years (e.g., married, maiden, or business/trade name):

\_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's license number: \_\_\_\_\_

Date of birth (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**All documents that you provide should be copies, not originals. The copies should be on standard 8 1/2" by 11" paper. If you provide us with originals (not copies) they will not be returned. Documents provided to us in preparation of the bankruptcy will be destroyed.**

3. If you are married, do you and your spouse intend to file bankruptcy jointly? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you or your spouse ever filed bankruptcy before? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, you will need to provide the location of the court, date case was filed, case number and date of discharge or dismissal:

---

---

5. Have you and your spouse lived in Washington State continuously for the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_.

6. Have you and your spouse lived at the same address for the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_.

7. If you answered no to question #6 please provide your previous addresses for the last three years and the dates you occupied those addresses.

Address 1:

Address 2:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name used: \_\_\_\_\_

\_\_\_\_\_

Period of from \_\_\_/\_\_\_/\_\_\_

from \_\_\_/\_\_\_/\_\_\_

occupancy to \_\_\_/\_\_\_/\_\_\_

to \_\_\_/\_\_\_/\_\_\_

8. **TAXES.** Have all your tax returns (federal, state and local) been filed? Yes \_\_\_\_\_ No \_\_\_\_\_ You *must* provide a copy of your last federal tax return before your case is filed.

If no, list unfiled years: \_\_\_\_\_

Tax refunds received for the last 2 years: 2007 \$ \_\_\_\_\_ 2006 \$ \_\_\_\_\_

9. Are you a disable veteran as defined in 38 USC § 3741? Yes \_\_\_\_\_ No \_\_\_\_\_

**KEN SCHNEIDER, J.D., LL.M.**  
**ATTORNEY AT LAW**  
**2015 – 33<sup>rd</sup> Street**  
**Everett, WA 98201**

**PHONE: 425.258.2704**  
**FAX: 425.258.9561**  
**E-MAIL: kenatty@gte.net**

**AUTHORIZATION FOR KEN SCHNEIDER**

I intend to file for bankruptcy. I have retained Ken Schneider to represent me. I authorize my creditors, their agents, my employer or anyone else possessing information regarding my finances, debts, legal proceedings or assets to release that information to Ken Schneider or his agent. I hold harmless any individual or entity who relies on this release in good faith.

DATED: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

DATED: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

**10. REAL PROPERTY.** List all real property in which you have any legal, equitable or future interest, including all property owned as co-tenant, community property or in which you have a life estate. Include any property in which you hold rights and powers exercisable for your own benefit. If you are married, state whether the husband, wife or both own the property. If an entity claims to have a lien or to hold a secured interest in property, state the amount of the secured claim. For each creditor you must state whether you intend to sign an agreement to pay the debt (reaffirm), surrender the property, pay the creditor the fair market value of the property (redeem) or do nothing. If you have more than one interest in real property attach a sheet of paper with the same information as requested here.

**DESCRIPTION AND LOCATION OF PROPERTY.** [ ] None.

---

---

NATURE OF INTEREST IN PROPERTY: [ ] Husband, [ ] Wife, [ ] Joint or [ ] Community

Is this property your residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Fair market value of the property: \$ \_\_\_\_\_ When was the value determined?: \_\_\_\_\_

How was it determined (comparable sale, tax assessment, appraisal): \_\_\_\_\_

Are you current on the payments? Yes \_\_\_\_\_ No \_\_\_\_\_.

**LIENS AGAINST PROPERTY** (e.g., mortgages, deeds of trust, tax liens or judgments) [ ] None

**First Lien:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

\_\_\_\_\_ Amount in arrears \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_

\_\_\_\_\_ Date incurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Intent:** [ ] Reaffirm; [ ] Surrender Property; [ ] Redeem; [ ] None

Has this debt been assigned to a collection agency or foreclosure company? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, name and address:

---

**Second Lien:** \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

\_\_\_\_\_ Amount in arrears \$ \_\_\_\_\_

\_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_ Interest rate: \_\_\_\_\_

\_\_\_\_\_ Date incurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Intent:** [ ] Reaffirm; [ ] Surrender Property; [ ] Redeem; [ ] None

Has this debt been assigned to a collection agency or foreclosure company? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, name and address:

---

Please provide information on any additional liens on the back of this page or an attached sheet of paper.

**11. PERSONAL PROPERTY.** Give a description and the location for each category of property. If you have no property in that category check “none”. Also give the current market value of your interest in the property. Do not deduct secured claims from the market value. **Market value should be based upon a “distress sale”. The distress sale value is generally along the lines of what you could get for the property at a garage sale or sell the property on a website like e-Bay (i.e. substantially less than what it sells for in the store or from a dealer).** Indicate whether the interest in the property is the separate interest of the husband or wife, joint interest (e.g., joint tenancy with right of survivorship) or community property.

**a. Titled Vehicles.** (e.g., Automobiles, trucks, trailers, boats and other vehicles).  None

	Vehicle one	Vehicle two
Year, make and model	_____	_____
License number	_____	_____
Mileage	_____	_____
Fair market value	\$ _____	\$ _____
How was value determined?	_____	_____
	H[ <input type="checkbox"/> ] W[ <input type="checkbox"/> ] J[ <input type="checkbox"/> ] C[ <input type="checkbox"/> ]	H[ <input type="checkbox"/> ] W[ <input type="checkbox"/> ] J[ <input type="checkbox"/> ] C[ <input type="checkbox"/> ]

**If you owe money on the vehicle:**

Name of lender	_____	_____
Address	_____	_____
	_____	_____
Account Number	_____	_____
Amount owed	\$ _____	\$ _____
Date of loan	____/____/____	____/____/____
Monthly payment and interest rate	\$ _____ %	\$ _____ %
Amount in arrears	\$ _____	\$ _____
<b>Intent</b> <sup>1</sup>	_____	_____
If assigned to a collection agency:		
Name	_____	_____
Address	_____	_____
	_____	_____

<sup>1</sup> Your choices are to sign agreement to make payments (reaffirm), surrender the vehicle, pay creditor the value of the property (redeem) or do nothing.

	Vehicle three	Vehicle four
Year, make and model	_____	_____
License number	_____	_____
Mileage	_____	_____
Fair market value	\$ _____	\$ _____
How was value determined?	_____	_____
	H[ ] W[ ] J[ ] C[ ]	H[ ] W[ ] J[ ] C[ ]

**If you owe money on the vehicle:**

Name of lender	_____	_____
Address	_____	_____
	_____	_____
Account Number	_____	_____
Amount owed	\$ _____	\$ _____
Date of loan	____/____/____	____/____/____
Monthly payment and interest rate	\$ _____ %	\$ _____ %
Amount in arrears	\$ _____	\$ _____

**Intent**

If assigned to a collection agency:

Name	_____	_____
Address	_____	_____
	_____	_____

**If you have additional vehicles provide the same information the back of this page, or on an attached sheet of paper.**

**b. Cash.** How much cash do you have (i.e., money that is not in a bank)? \$ \_\_\_\_\_ H[ ] W[ ] J[ ] C[ ]

**c. Bank accounts.** List all your financial accounts including checking, savings, certificates of deposit, shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. Include any accounts that have a zero or negative balance. Include any accounts that you are on jointly (e.g., with your parents for estate planning purposes). [ ] None

NAME OF INSTITUTION:

\_\_\_\_\_

Acct. No: \_\_\_\_\_

Acct. type: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

H[ ] W[ ] J[ ] C[ ]

NAME OF INSTITUTION:

\_\_\_\_\_

Acct. No: \_\_\_\_\_

Acct. type: \_\_\_\_\_

Balance: \$ \_\_\_\_\_

H[ ] W[ ] J[ ] C[ ]

**d. Security deposits** (with public utilities, landlords and others). [ ] None

Name and address of institution: _____ _____ _____ Amount: \$ _____ H[ ] W[ ] J[ ] C[ ]	Name and address of institution: _____ _____ _____ Amount: \$ _____ H[ ] W[ ] J[ ] C[ ]
--	--

**e. Household goods, furnishings, audio, video and computer equipment.** List each item and its value, use name brand if applicable. You may want to attach a list. [ ] None

<u>QUANTITY</u>	<u>HOUSEHOLD ITEM</u>	<u>FMV</u>
_____	Couch	\$ _____
_____	Recliner	\$ _____
_____	Dining Room Table w/ chairs	\$ _____
_____	TV	\$ _____
_____	VCR	\$ _____
_____	Dishwasher	\$ _____
_____	Microwave	\$ _____
_____	Washer	\$ _____
_____	Dryer	\$ _____
_____	Refrigerator	\$ _____
_____	Stereo	\$ _____
_____	King size bed	\$ _____
_____	Queen size bed	\$ _____
_____	Full/Double size bed	\$ _____
_____	Twin size bed	\$ _____
_____	Waterbed	\$ _____
_____	Dresser	\$ _____
_____	Bedroom set	\$ _____
_____	Desk	\$ _____
_____	Computer	\$ _____
_____	Printer	\$ _____
_____	Entertainment Center	\$ _____
_____	DVD Player	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**f. Books, pictures, art objects, antiques, collectibles or collections (stamp, coin, record, tape, CD or DVD).**

List each item and its value.  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**g. Wearing apparel.** (Provide a description if other than "normal assortment")

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**h. Furs and jewelry** (including wedding rings). List each item and its value.  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**i. Firearms, sports, photographic, and other hobby equipment** (e.g., bikes, fishing or camping gear) .  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**j. Interests in insurance policies.** Name insurance company of each policy and itemize the surrender or refund value of each.  None

_____	_____
_____	_____
_____	_____
FMV: _____	FMV: _____
H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>	H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>

**k. Annuities** (i.e., right to receive string of payments). Itemize and name each issuer.  None

_____	_____
FMV: _____	FMV: _____
H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>	H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>

**l. Pensions.** Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans.  None

_____	_____	\$ _____
Institution providing benefits	Type of pension	current value
H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>		
_____	_____	\$ _____
Institution providing benefits	Type of pension	current value
H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>		

**m. Education IRA.** Education IRA or other Qualified State Tuition.  None

_____	\$ _____	H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>
Institution providing benefits	current value	
_____	\$ _____	H <input type="checkbox"/> W <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/>
Institution providing benefits	current value	



**n. Stock and interests in incorporated and unincorporated businesses.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**o. Interests in partnerships or joint ventures.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**p. Government or corporate bonds, negotiable and non-negotiable instruments.**  None.

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**q. Accounts Receivable.**  None.

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**r. Alimony, maintenance, support or property settlements.**  None.

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**s. Other liquidated debts owing debtor; include tax refunds.**  None.

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**t. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those under Real Property.**  None.

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**u. Contingent and non-contingent interests in estate of decedent, death benefit plan, life insurance policy or trust.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**v. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor and rights to setoff claims.** This would include your right to sue a third party for any reason (e.g. personal injury or class action). Give estimated value of each.  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**w. Patents, copyrights, and other intellectual property.** Give particulars.  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**x. Licenses, franchises, and other general intangibles.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**y. Boat motors, and accessories.**  None.

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**z. Aircraft and accessories.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**aa. Office equipment, furnishings and supplies.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**bb. Machinery, fixtures, equipment and supplies.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**cc. Inventory.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**dd. Pets or other animals and livestock.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**ee. Crops-growing or harvested.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**ff. Farming equipment and implements.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**gg. Farm supplies, chemicals and implements.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**hh. Customer lists or other compilations containing personally identifiable information provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family or household purposes.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**hh. Other personal property of any kind not already listed.**  None

\_\_\_\_\_ FMV \$ \_\_\_\_\_  
H  W  J  C

**12. EXECUTORY CONTRACTS AND UNEXPIRED LEASES.** Executory Contracts are contracts in which performance is still due by the debtor, non-debtor, or both parties to the contract.  Check this box if debtor has no executory contracts or unexpired leases.

Name and address of other parties to lease or contract:

Description of contract or lease and debtor's interest (e.g., property leased, monthly payment, expiration date, residual due at end of lease) :

---



---



---



---



---



---



---



---



---



---



---



---

**13. CO-DEBTORS.** Provide the name and address of any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedule of creditors. Include all guarantors and co-signers. A married debtor not filing a joint case should report the name and address of the non-debtor spouse on this schedule. Include all names used by the non-debtor spouse within the six years immediately preceding the commencement of this case.  Check this box if debtor has no co-debtors.

Name and address of co-debtor:

Debt they are also liable on:

---



---



---



---



---



---



---



---



---



---



---



---

**14. EMPLOYMENT** (Need complete mailing address and phone):

	Debtor	Spouse
Occupation:	<hr/>	<hr/>
Employer:	<hr/>	<hr/>
Hiring date:	<hr/> /____/____	<hr/> /____/____
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone number:	(____) _____ - _____	(____) _____ - _____

**Provide the same information for any other employers you have.**

**15. INCOME.** The information you provide regarding your income is very important. There are specific rules for who may file chapter 7 based upon income and your payment in chapter 13 may depend on this information. The amount given should be the actual monthly average for the **prior six months** ending on the last day of the preceding month (e.g., if you are preparing this paperwork on August 15<sup>th</sup>, you would total your income and expenses for the months of February through July and divide by 6). **Please be thorough in answering these questions and provide all supporting documentation (e.g. I need your 6 months worth of paystubs or a profit/ loss statement for the business).**

	Debtor	Spouse
Income:		
Total gross wages, salary, tips, bonuses, overtime and commissions (please include all paystubs or other supporting documents).	\$ _____	\$ _____
How often are you paid? (weekly, bi-weekly, twice monthly or monthly)	_____	_____
Total gross receipts from operation of a business, profession or farm (please include a profit and loss statement).	\$ _____	\$ _____
Total Ordinary and necessary business expenses.	\$ _____	\$ _____
Total rent and other income from real property.	\$ _____	\$ _____
Ordinary and necessary operating expenses for real property.	\$ _____	\$ _____
Interest, dividends, and royalties	\$ _____	\$ _____
Pension and retirement income.	\$ _____	\$ _____
Regular contributions to the household expenses of the debtor or the debtor's dependents, including child support or spousal support.	\$ _____	\$ _____
Unemployment compensation.	\$ _____	\$ _____
Income from all other sources:	\$ _____	\$ _____

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

---



---

**16. YOUR DEPENDENTS:**

Name:	Relationship to you:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**17. EXPENSES.** If you and your spouse live separately, and your spouse is filing, list your spouse's expenses separately.

	Debtor	Spouse
<b>Mortgage or rent.</b> Monthly amount mortgage (first) or rent Are real estate taxes included? Yes _____ No _____ Is property insurance included? Yes _____ No _____	\$ _____	\$ _____
<b>Second mortgage.</b> Monthly payment for second mortgage	\$ _____	\$ _____
<b>Homeowner Association Dues</b>	\$ _____	\$ _____
<b>Electricity and heating fuel</b>	\$ _____	\$ _____
<b>Water and Sewer</b>	\$ _____	\$ _____
<b>Telephone</b>	\$ _____	\$ _____
<b>Cell Phone</b>	\$ _____	\$ _____
<b>Garbage</b>	\$ _____	\$ _____
<b>Cable</b>	\$ _____	\$ _____
<b>Home Maintenance</b> (repairs and upkeep)	\$ _____	\$ _____
<b>Food</b>	\$ _____	\$ _____
<b>Clothing</b>	\$ _____	\$ _____
<b>Laundry and dry cleaning</b>	\$ _____	\$ _____
<b>Healthcare.</b> Monthly amount that you expend on healthcare expenses that are not reimbursed by insurance or paid by a health savings account.	\$ _____	\$ _____
<b>Transportation</b> (not including car payments)	\$ _____	\$ _____
<b>Recreation</b>	\$ _____	\$ _____
<b>Charitable contributions.</b> Amount that you will continue to contribute to a charitable organization	\$ _____	\$ _____
<b>Insurance:</b>		
Homeowner's or renters	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Auto	\$ _____	\$ _____
<b>Taxes.</b> (not deducted from wages or included in home mortgage payments):		
Type:	\$ _____	\$ _____
Type:	\$ _____	\$ _____
<b>Court ordered payments.</b> Monthly amount paid pursuant to court order (e.g., maintenance or child support). <b>Provide copy of court order.</b>	\$ _____	\$ _____
<b>Childcare.</b> Monthly amount that you actually expend on childcare.	\$ _____	\$ _____
<b>Business Expenses.</b> List total regular monthly expenses for the operation of business, profession or farm. (Attach another sheet of paper with monthly expense)	\$ _____	\$ _____
<b>Care of others.</b> Monthly expenses for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household.	\$ _____	\$ _____
<b>Education.</b> Monthly amount expended for education that is a condition of employment or for education that is required for a physically or mentally challenged dependent.	\$ _____	\$ _____

Debtor                      Spouse

**Mandatory payroll deductions.** Enter the average monthly payroll deductions that are required for your employment

Union Dues	\$ _____	\$ _____
Mandatory retirement contribution:	\$ _____	\$ _____
Other (describe):	\$ _____	\$ _____

**Voluntary Payroll deductions**

Describe:	\$ _____	\$ _____
-----------	----------	----------

**Education expenses for children.** Monthly expense incurred, not to exceed \$125.00 per child, in providing elementary and secondary education for dependent children less than 18 years of age.

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

**18. INCOME FROM EMPLOYMENT.** List your gross income from employment from the beginning of the calendar year to the present. Also list the gross amounts received during the preceding TWO YEARS. If a joint petition is filed, state income for each spouse separately. [ ] None

	Debtor	Source	Spouse	Source
Year to date:	\$ _____	_____	\$ _____	_____
2008	\$ _____	_____	\$ _____	_____
2007	\$ _____	_____	\$ _____	_____

**19. INCOME FROM OPERATION OF BUSINESS.** List your gross income from the operation of a business from the beginning of the calendar year to the present. Also list the gross amounts received during the preceding TWO YEARS. If a joint petition is filed, state income for each spouse separately. [ ] None

	Debtor	Source	Spouse	Source
Year to date:	\$ _____	_____	\$ _____	_____
2008	\$ _____	_____	\$ _____	_____
2007	\$ _____	_____	\$ _____	_____

**20. OTHER INCOME.** List income received, other than listed above, from the beginning of the calendar year to the present. Also list the income received during the preceding TWO YEARS. Give particulars. If a joint petition is filed, state income for each spouse separately (e.g., sale of a home, unemployment, disability, social security). [ ] None

	Debtor	Source	Spouse	Source
Year to date:	\$ _____	_____	\$ _____	_____
2008	\$ _____	_____	\$ _____	_____
2007	\$ _____	_____	\$ _____	_____

**21. PAYMENTS TO CREDITORS.** List all payments on loans, installment purchase of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. Include name and address of creditor, dates of payments, amount paid, and amount still owing (attach statement if necessary). **Do not list all your creditors under this question. Only list creditors in which you have paid \$600 or more to in the last 90 days.** [ ] None

House:	_____	Vehicle	_____
Creditor:	_____	Creditor:	_____
Amount paid:	\$ _____	Amount paid:	\$ _____
Payment dates:	_____	Payment dates:	_____
Amount owing:	\$ _____	Amount owing:	\$ _____
Other payments:	_____	Other payments:	_____
Creditor:	_____	Creditor:	_____
Address:	_____	Address:	_____
	_____		_____
Payment dates:	_____	Payment dates:	_____
Amount paid:	_____	Amount paid:	_____
Amount owing:	_____	Amount owing:	_____

**A.** List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were relatives or business partners. [ ] None

Relationship to debtor: _____	Relationship to debtor: _____
Creditor: _____	Creditor: _____
Address: _____	Address: _____
_____	_____
Payment dates: _____	Payment dates: _____
Amount paid: \$ _____	Amount paid: \$ _____
Amount owing: \$ _____	Amount owing: \$ _____

**B. If your debts are primarily business debts:** List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case over \$5,475. (Married debtors filing under Chapter 13 must include payments by either or both spouses whether or not you are filing together, unless you are separated and not filing together.)

Other payments:	_____	Other payments:	_____
Creditor:	_____	Creditor:	_____
Address:	_____	Address:	_____
	_____		_____
Payment dates:	_____	Payment dates:	_____
Amount paid:	_____	Amount paid:	_____
Amount owing:	_____	Amount owing:	_____

**22. SUITS, EXECUTIONS, GARNISHMENTS AND ATTACHMENTS.** List all suits to which you are or were a part within ONE YEAR immediately preceding the filing of this bankruptcy case (case number, location of court, title of case). [ ] None

<u>TITLE OF CASE</u>	<u>CASE NUMBER</u>	<u>LOCATION OF COURT</u>
_____	_____	_____
_____	_____	_____

**A.** In addition, please list all lawsuits you have been a defendant for in the last twenty years. This information is needed to assess whether or not a judgment has been entered against you for purposes of liens. Provide a copy of all judgments. You can obtain information through the various courts or at the auditor’s office.

<u>TITLE OF CASE</u>	<u>CASE #</u>	<u>NATURE OF CASE</u>	<u>LOCATION OF COURT</u>
_____	_____	_____	_____
_____	_____	_____	_____

**B.** Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. [ ] None

Name and address of person or entity for whom’s benefit property was seized	Date of seizure	Description and value of property
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**23. REPOSSESSIONS, FORECLOSURES AND RETURNS.** List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. [ ] None

Name and address of creditor	Date of action	Description and value of property
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**24. ASSIGNMENTS AND RECEIVERSHIPS.** Describe any assignment of priority for the benefit of creditors made within 120 days immediately preceding the commencement of this case. [ ] None

\_\_\_\_\_

**A.** List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. [ ] None

\_\_\_\_\_



**25. GIFTS.** List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member, and charitable contributions aggregating less than \$100 per recipient. [ ] None

Name and address of recipient	Relationship to debtor if any	Date of gift	Description of gift	Value of gift
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____
_____	_____	___/___/___	_____	\$ _____

**26. LOSSES.** List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. [ ] None

Description and value of property	Circumstances of loss	Date of loss	Insurance Coverage
_____	_____	___/___/___	Yes ___ No ___
_____	_____	___/___/___	Yes ___ No ___
_____	_____	___/___/___	Yes ___ No ___

**27. PAYMENTS RELATED TO DEBT COUNSELING OR BANKRUPTCY.** List all payments made or property transferred by you or on your behalf to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

Ken Schneider, Attorney                      Amount paid \$ \_\_\_\_\_  
 2015 – 33<sup>rd</sup> Street  
 Everett, WA 98201

Others: \_\_\_\_\_

**28. OTHER TRANSFERS.** List all other property, other than property transferred in ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within FOUR YEARS immediately preceding the commencement of this case. [ ] None

House	Other
Transferee: _____	Transferee: _____
Address: _____	Address: _____
Relationship to Debtor: _____	Relationship to Debtor: _____
Date of Transfer: _____	Date of Transfer: _____
Property: _____	Property: _____
Value: _____	Value: _____

**SECURITY INTEREST.** If you have given a security interest to another party in the last four years please provide a copy of the security interest with your paperwork. If the security interest given is a Deed of Trust you can obtain a copy either from the title company or the Auditor’s Office.

**29. CLOSED FINANCIAL ACCOUNTS.** List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates or deposit, or other instruments; shares and shared accounts held in banks, credit unions, pension funds, cooperatives, association, brokerage houses and other financial institutions include name and address of institution, type and number of account, balance at closing, date of closing. [ ] None

Institution: _____	Institution: _____
Address: _____	Address: _____
Type of Account: _____	Type of Account: _____
Account #: _____	Account #: _____
Final Balance: \$ _____	Final Balance: \$ _____
Date of Closing: _____	Date of Closing: _____

**30. SAFE DEPOSIT BOXES.** List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. [ ] None

---

**31. SETOFFS.** List all setoffs made by any creditor, including a bank, against a debt or deposit within 90 DAYS preceding the commencement of this case (i.e., creditor took money it owed to you and applied it to a debt you owed to them). [ ] None

---

**32. PROPERTY HELD FOR ANOTHER PERSON.** List all property owned by another person that you hold or control. [ ] None

---

**33. SPOUSES AND FORMER SPOUSES.** If the debtor resides in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME: \_\_\_\_\_

**34. ENVIRONMENTAL INFORMATION.**

List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. [ ] None

Site name: \_\_\_\_\_  
Name address of governmental unit: \_\_\_\_\_  
Date of notice: \_\_\_\_\_  
Environmental Law cited: \_\_\_\_\_

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Site name: \_\_\_\_\_

Name address of governmental unit: \_\_\_\_\_

Date of notice: \_\_\_\_\_

Environmental Law cited: \_\_\_\_\_

**The following questions are only for people who own or have owned a business in the last six years.**

**35. OPERATION OF BUSINESS.** List all businesses in which you are, or were, an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or are or were a self-employed professional within the SIX years preceding the commencement of this case. List the name, address, nature of business and date of operation.

Name of business: \_\_\_\_\_ Taxpayer ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Beginning and ending dates: \_\_\_\_\_

**36. BOOKKEEPERS AND ACCOUNTANTS.** List all bookkeepers and accountants who within the TWO years immediately preceding the filing of this bankruptcy case kept or supervised keeping of books of account and records. [ ] Check this box if debtor has no bookkeeper or accountant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

**37. AUDITS.** List all firms or individuals who within the TWO years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement for you. [ ] Check this box if no audits or financial statements have been prepared.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates: \_\_\_\_\_

**38. POSSESSION OF BOOKS AND RECORDS.** List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, please explain. [ ] Check this box if no one, other than you, are in possession of the books and records.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Unavailable records: \_\_\_\_\_

**39. FINANCIAL STATEMENT.** List all financial institutions, creditors or other parties, including mercantile and trade agencies, to whom a financial statement was issued with TWO years immediately preceding the commencement of this case. [ ] Check this box if no financial statement has been issued.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date statement was issued: \_\_\_\_\_

**40. INVENTORIES.** List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. [ ] Check this box if no inventories have been done.

Last Inventory date: \_\_\_\_\_ Prior Inventory Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Inventory Value: \_\_\_\_\_ Inventory Value: \_\_\_\_\_

Valuation basis: \_\_\_\_\_ Valuation basis: \_\_\_\_\_

**41. POSSESSION OF INVENTORY RECORDS.** List the name and address of the person having possession of the records of each of the two inventories in the above question. [ ] Check this box if no one, other than you, are in possession of the inventory records.

Last Inventory Date: \_\_\_\_\_ Prior Inventory Date: \_\_\_\_\_

Custodian of Records: \_\_\_\_\_ Custodian of Records: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

I declare under penalty of perjury that I have read the answers contained in the foregoing statement and any attachments thereto and that they are true and correct.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Debtor

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Joint Debtor

**PENALTY FOR MAKING A FALSE STATEMENT:** Fine up to \$500,000 or imprisonment for up to five years, or both 18 USC sec. 152 and 3571.

The information requested in this document is essential for the filing of your bankruptcy. If a category does not apply indicate that it does not apply. For those categories that do apply, provide all the information requested (e.g., I should not have to call you to get your employer's address and phone number). This form is designed to facilitate the efficient preparation of your bankruptcy paperwork, if it is necessary for the attorney to search elsewhere for the information requested you may be charged an additional fee.

**Once you have completed your paperwork please call Michelle and set up an appointment to turn it in. Thank you.**