

BANKRUPTCY QUESTIONNAIRE

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1. If you do not understand a question, place a question mark in the margin next to that question and go on to the next question. When you have finished the rest of the Questionnaire, return to the questions you have marked. If you still are not sure how to answer these questions, feel free to contact Mr. Jensen's office at any time.
2. Please write legibly. If we cannot read your writing, we cannot be responsible for errors in your bankruptcy papers.
3. If you have never been married, ignore the spouse questions. If you are not now married, but you were married during any part of the last 12 months, answer the property questions as they relate to both you and your ex-spouse. If you are now married, please include your spouse's information in all questions, even if you are not filing with your spouse, unless you are separated from your spouse for non-bankruptcy reasons. If you are separated, just give your own information.
4. When you are ready to file, you must make an appointment to review the Questionnaire with Mr. Jensen. **DO NOT "DROP OFF" YOUR PAPERS. YOU MUST HAVE AN INTERVIEW WHEN YOU RETURN THE PAPERS.** During the review of your completed Questionnaire, you may be asked for additional information if it appears that this will be required by the Trustee or the Court. We cannot accurately prepare your bankruptcy papers without complete and accurate information! If you drop off your papers without an interview, we will not prepare your papers until after you have come to the office for an interview.
5. Your official bankruptcy papers will normally be ready for you to review and sign within 5-7 days **AFTER**: (1) This completed Questionnaire, (2) All required documents, and (3) The required payment have been received in our office.
6. If you are doing an EMERGENCY QUICK FILE, remember that you must return the COMPLETE QUESTIONNAIRE and ALL OTHER required papers WITHIN 7 DAYS AFTER FILING. If you fail to do so, your case will be dismissed!

YOUR CASE CANNOT BE FILED UNTIL YOU HAVE REVIEWED and SIGNED THE FINAL PAPERS.

FORM 101 - Petition

Name of Debtor 1: _____ Name of Debtor 2: _____

Other names/DBAs used in last 8 yrs: Debtor 1 _____ Debtor 2 _____

Debtor 1 Social Security Number: _____ Debtor 2 Social Security Number: _____

Other SSNs or TINs either debtor has used: _____

Residential Street Address: _____

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

NOTE: If you do not reside in Utah, Carbon, Duchesne, Emery, Grand, Juab, Millard, San Juan, Sanpete, Sevier, or Wasatch county, there is an **additional \$200 fee** because your hearing will be held in Salt Lake City or Ogden rather than in Provo.

Mailing Address (if different from residential address): _____

Have you lived in Utah for at least 91 of the last 180 days? _____. Have you lived in Utah continuously for the last 2 years? _____

If not, where you have lived during the last 3 years? (give dates): _____

Telephone #: Home #: _____ Debtor 1 Work #: _____ Debtor 2 Work #: _____

Debtor 1 Cell Phone _____ Debtor 2 Cell Phone _____

Debtor 1 E-mail _____ Debtor 2 E-mail _____

Date of birth Debtor 1: _____ Date of birth Debtor 2: _____

Nearest relative: _____ Address: _____ phone _____

*Are you filing Ch 7 (regular) ____? or Ch 13 (reorganization) ____? Are you filing **alone or jointly** with your spouse? _____

Have you been served any **court papers** during the last 2 years? _____. If yes, you must attach **copies** of the papers (**no** originals).

IMPORTANT: Are you now aware of any reason why you could not attend a hearing 30-60 days from today? _____

Have you filed bankruptcy during the last 8 years? No Yes . If yes: State _____ Date _____

Does your spouse, partner or affiliate have a pending bankruptcy? No Yes. If yes: State _____ Date _____

Do you rent your residence? No Yes . If yes, does your landlord have an eviction judgment against you? No Yes. If yes, give Landlord name and address. Name: _____ Landlord Address _____

Do you run a business of any type? No Yes. If yes: Name and address: _____

Your Signature: _____ Spouse Signature: _____ Rev 12-01-2015

FORM 107 - Statement of Financial Affairs

If your answer is No for any question, please check the appropriate NONE box on the right. Attach extra sheets, if needed

1. **Marital Status.** Are you Married, Not married, Widow, Widower, Divorced - when? _____

2. **Other places** where you have lived in the **last 3 years**: _____ NONE

3. In the **last 8 years**, have you lived with a spouse in a community property state (AZ, CA, ID, LA, NV, TX, WA, WI)? _____

4. **Income from employment or operation of a business.** State your gross income from employment or operation of a business since the beginning of this year AND for each of the prior **two** years. NONE

List the larger of box 1 or box 5 on your W-2s. If you are self-employed, list 1040 Schedule C, line 1.

Debtor 1 - Year to Date (2015): \$ _____ **Last year (2014):** \$ _____ **Year before last (2013):** \$ _____

Debtor 2 - Year to Date (2015): \$ _____ **Last year (2014):** \$ _____ **Year before last (2013):** \$ _____

5. **Any other income.** Specify what other income not from employment you have received since the beginning of this year AND during each of the prior **two** years. For example, tax refunds, 401(k) distributions, sale of assets, unemployment benefits, alimony, child support, gifts, royalties, gambling, lottery winning, pensions, rental income, or another source (specify): _____ NONE

Debtor 1 - Year to Date (2015): \$ _____ **Last year (2014):** \$ _____ **Year before last (2013):** \$ _____

Debtor 2 - Year to Date (2015): \$ _____ **Last year (2014):** \$ _____ **Year before last (2013):** \$ _____

6. **Payments to creditors.** List all payments you made totaling more than \$600 to any **one creditor** during the last **90 days**. NONE

Name and Address of Creditor	Dates of Payments	Total Paid	Amount Still Owed	Reason for Payments
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7. **Insider Payments.** List all payments you made during the **last 1 year** to creditors who were your relatives, business partners or their relatives, your corporations, or your affiliates. Include payments for child support and alimony. NONE

Name and Address of Creditor	Dates of Payment	Total Paid	Amount Still Owed	Reason for Payment
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8. **Payments that Benefit Insiders.** List all debt payments you made during the **last 1 year** that **benefitted** your relatives, business partners or their relatives, your corporations, or your affiliates. NONE

Name and Address of Creditor	Dates of Payment	Total Paid	Amount Still Owed	Reason for Payment
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9. **Legal & Administrative Actions.** List all lawsuits and administrative proceedings to which you are or were a party within the **last 1 year** (divorce, criminal cases, personal injury suits, small claims, EEOC, Worker's Compensation, etc). NONE

Caption of Suit and Case Number	Nature of Proceeding	Court or Agency and Location	Status of Case
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10. **Repossessed, foreclosed, garnished.** List property repossessed, foreclosed, or garnished during the **last 1 year**. NONE

Name and Address of Person or Company by Whom the Property was Seized/Garnished	Date of Seizure or Garnishment	Description and Value of Property Seized/Garnished
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11. Set-off. Within **90 days**, has any creditor or bank set off anything from your accounts or refused to make a payment because you owed a debt? NONE

Name and Address of Creditor/Bank	Describe action taken	Date of Action	Value
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12. Assignments. Within the **last 1 year**, was your property in the hands of an assignee for the benefit of creditors or a receiver? NONE

Name and Address of Assignee/Receiver	Date of Assignment	Terms of Assignment/Settlement
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13. Personal Gifts. List all gifts you have given within the **last 2 years** totaling more than \$600 per person. NONE

Name and Address of Recipient	Relationship to You	Description of Gift	Date of Gift	Value of Gift
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14. Charitable Gifts. List all charitable contributions you made within the **last 2 years** totaling more than \$600 per charity. NONE

Name and Address of Recipient	Description of Gift	Date of Gift	Value of Gift
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15. Losses. List all losses from fire, theft, gambling or other casualty within the **1 year** before the filing of this case. NONE

Describe Property and How Lost	Describe Insurance Coverage	Date of Loss	Value of Property Lost
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16. Payments related to debt counseling or bankruptcy. List all payments made in the **last 1 year** to anyone for consultation about debt consultation, relief under the bankruptcy law or preparation of a petition in bankruptcy (*other than* Brent J. Jensen). NONE

Name and Address	Describe any Property given	Date of Payment/Transfer	Amount of Money Paid
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17. Payments related to creditors or debt consolidation. Within the **last 1 year** did you or anyone on your behalf pay or give property to anyone who promised to help you deal with your creditors or make payments to your creditors? NONE

Name and Address	Describe any Property given	Date of Payment/Transfer	Amount of Money Paid
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18. Other transfers, including sale of your property. List all property sold or given away within the **last 2 years**, other than property transferred in the ordinary course of business or financial affairs (for example, real estate, vehicles, etc). NONE

Name and Address of Transferee and Relationship to You	Date of Transfer	Description of Property and Value Received
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19. List all property transferred during the **last 10 years** to a self-settled **trust** or similar device for which you are a beneficiary. NONE

Name of Trust	Date of Transfer	Description of Property and Value Given
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20. Closed financial accounts. List all financial accounts and instruments held in your name or for your benefit which were **closed, sold, moved, or transferred** within the **last 1 year** (checking, savings, CDs, T bills, banks, credit unions). NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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21. Safe deposit boxes. List each safe deposit box which held your securities, cash, or other valuables during the **last 1 year**. NONE

Name and Address of Bank or Other Depository	Name and Address of Those with access to Box or Depository	Description of Contents	Date of Transfer, if any
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22. Stored Property. Have you stored property in a storage unit or place other than your home within the **last 1 year**? NONE

Name and Address of Facility	Description and Value of Property	Who else has access to it
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23. Property held for another person. List all property you hold, use or control that is owned by another person (for example, borrowed cars and furniture, your children's property and accounts you hold for them). NONE

Name and Address of True Owner	Description and Value of Property	Location of Property
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24. Environmental Notice Received. Have you received notice in writing from a governmental unit that you may be liable or potentially liable under or in violation of an environmental law. NONE

Address of Site	Governmental Unit and Address	Environmental Law	Date of Notice
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25. Environmental Notice Given. List the name and address of every site for which you have provided notice to a governmental unit of a release of hazardous material. Indicate the governmental unit to which was sent and the date of the notice. NONE

Address of Site	Governmental Unit and Address	Environmental Law	Date of Notice
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26. Environmental Proceedings. List all judicial or administrative proceedings, including settlements or orders, under any environmental law with respect to which you are or were a party. NONE

Address of Site	Governmental Unit and Address	Environmental Law	Date of Notice
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27. Businesses. Within the last 4 years, did you own a business or have any of the following connections to any business? NONE

Sole Proprietor, Self-employed Limited liability company (LLC) Partner or Partnership Officer, Director, Executive
If you answer yes to any of these, give name and address of business, describe nature of business, name of accountant and EIN: _____

If you did not get a Business Questionnaire, please download one from our web site: www.UtahCountyBankruptcy.com.

28. Financial Statements. Within the **last 2 years** did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. NONE

If yes, give name and address and date given: _____

Property Schedules

All exemptions shown are for Utah. If you have not lived in Utah continuously for the last 2 years, these exemptions do not apply to your case. In that case, please list all states in which you have lived during the last 2 years: _____

Schedule A/B - Real Property

For each piece of real property (house or land, **but not** a mobile home) you own or are buying, answer questions a-l below. If you have a legal interest in more than one piece of real estate, make a copy this page for each property (or write the answers to questions a-l on a separate sheet of paper) and attach those to this Questionnaire. **For each property be sure to give us the most recent tax valuation notice.** If you have lost the tax valuation notice and live in Utah County, you can get the same information at www.co.utah.ut.us. Click on "Online Services" and go to "Search Recorder's Documents." Print a copy and bring it with you. In other counties you will need to contact the County Assessor for your county.

List a *time share* **only** if it is a **deeded** interest. Give us a copy of the deed. List non-deeded time shares on **Schedule G** (p.15).

If your house has been *foreclosed*, do not list it here. Instead, give the deficiency amount (**not** the whole mortgage) on Schedule F (p.11).

Chapter 13: Your bankruptcy covers **only** those mortgage payments you are **behind** at the time of filing. This applies to **all** mortgages! **Therefore, if you want to keep your house, you must make ALL your regular monthly house payments** (including any second mortgages, etc) which become due starting the day after your case is filed; **otherwise you will lose your house.**

Chapter 7: If you want to keep your house and you are current with your mortgage payments on the date of filing, you must **ALSO** make ALL your regular monthly house payments (including any second mortgages, etc) which become due starting the day after your case is filed; **otherwise you will lose your house.** If you are not current with your mortgage payments, you may lose your house if you file.

If you have no real property check this box and proceed to Personal Property below. No Real Estate

1a. Location of Real Property (street address): _____

b. Nature of your interest (circle) fee simple with mortgage, life estate, future interest, deeded time share, other: _____

c. Who owns (or is buying) **this real property?** (circle) **Debtor 1 Debtor 2 Both** . Undeeded time shares are listed on Sch G.

d. Date of Purchase: _____ **e. Real Property's Current Market Value** \$ _____

f. How did you determine this value? Appraisal, date _____; Tax Notice, date _____; Other: _____

g. 1st Mortgage i) Creditor's Name _____

Creditor's Address _____ Zip _____

ii) Account No. _____ iii) Date 1st Mtg Incurred: _____ iv) Interest rate _____ %

v) TOTAL you still owe: \$ _____ vi) Amount you are behind \$ _____ vii) Monthly due date _____

h. 2nd Mortgage i) Creditor's Name _____

Creditor's Address _____ Zip _____

ii) Account No. _____ iii) Date 2nd Mtg Incurred: _____ iv) Interest rate _____ %

v) TOTAL you still owe: \$ _____ vi) Amount you are behind \$ _____ vii) Monthly due date _____

i. 3rd Mortgage i) Creditor's Name _____

Creditor's Address _____ Zip _____

ii) Account No. _____ iii) Date 3rd Mtg Incurred: _____ iv) Interest rate _____ %

v) TOTAL you still owe: \$ _____ vi) Amount you are behind \$ _____ vii) Monthly due date _____

j. Is this your primary residence _____? If yes, \$30,000 exemption per debtor. _____ [§78-23-3(2)(a)(ii)]

If no, \$5,000 exemption per debtor. _____ [§78-23-3(2)(a)(i)]. Do you have water rights on this property? _____

k. (Chapter 7 only) Are you going to REAFFIRM (keep) your real estate _____, or SURRENDER (give it back) _____.

l. Do you have any judgements against you? _____ If yes, you will need to make a Motion to Avoid Lien to remove them.

Schedule AB - Personal Property

READ ALL PAGES OF THIS SCHEDULE (pp 5-8) BEFORE YOU FILL IT OUT. Please itemize all your personal property (everything that is *not* your house). **List everything you own or that is in your name, even if you think it has no value.** [The 78-23-XXX numbers are for Office use only.]

You must tell us the current value of all your property. The easiest way to do this is to ask yourself: "What would this item sell for at a yard sale." If you have questions about valuation, please call the Office.

Do not sell or give away any of your property after you file without FIRST checking with the Attorney!!

3. cars, trucks, vans, tractors, sport utility vehicles, motorcycles: For each vehicle in which you have a legal interest (it is registered or titled in your name either alone or with another person) fill out the vehicle information below.

There is a \$3,000 exemption for 1 vehicle (for couples, 2 vehicles @ \$3000 each or 1 vehicle @ \$6000) [78B-5-506(3)(b)]

If any vehicle listed below is subject to a security interest or lien, be sure to list it also on Schedule D (page 9).

VEHICLE INFORMATION

Include all vehicles for which your name appears on the title certificate or registration, either alone or with someone. If you have more than two vehicles, make additional copies of this page or use some blank paper.

Vehicle Number 1

VIN (Vehicle Identification Number) _____ **Year:** _____

Date Purchased _____ **Make:** _____ **Model:** _____ **Mileage:** _____

Engine Size: V8 V6 4 cy. Other _____ **General Condition:** Good Fair Poor

Description of any damages, mechanical problems, etc. _____

NADA/Blue Book value: \$ _____ **Insurance:** Yes No **Insurer:** _____

Options: (Mark all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Trim Package (identify) _____ | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Anti-Lock Brake System |
| <input type="checkbox"/> Power Windows | <input type="checkbox"/> Sunroof/Moonroof | <input type="checkbox"/> Custom Wheels |
| <input type="checkbox"/> Power Locks | Power? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Leather Seats |
| <input type="checkbox"/> Power Seats | <input type="checkbox"/> Four Wheel Drive | <input type="checkbox"/> Airbag |
| <input type="checkbox"/> Automatic Transmission | <input type="checkbox"/> Compact Disc Player | <input type="checkbox"/> Passenger Airbag |
| <input type="checkbox"/> Manual Transmission | <input type="checkbox"/> Cassette Player | <input type="checkbox"/> Antitheft System |
| | <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Other: _____ |

Vehicle Number 2

VIN (Vehicle Identification Number) _____ **Year:** _____

Date Purchased _____ **Make:** _____ **Model:** _____ **Mileage:** _____

Engine Size: V8 V6 4 cy. Other _____ **General Condition:** Good Fair Poor

Description of any damages, mechanical problems, etc. _____

NADA/Blue Book value: \$ _____ **Insurance:** Yes No **Insurer:** _____

Options: (Mark all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Trim Package (identify) _____ | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Anti-Lock Brake System |
| <input type="checkbox"/> Power Windows | <input type="checkbox"/> Sunroof/Moonroof | <input type="checkbox"/> Custom Wheels |
| <input type="checkbox"/> Power Locks | Power? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Leather Seats |
| <input type="checkbox"/> Power Seats | <input type="checkbox"/> Four Wheel Drive | <input type="checkbox"/> Airbag |
| <input type="checkbox"/> Automatic Transmission | <input type="checkbox"/> Compact Disc Player | <input type="checkbox"/> Passenger Airbag |
| <input type="checkbox"/> Manual Transmission | <input type="checkbox"/> Cassette Player | <input type="checkbox"/> Antitheft System |
| | <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Other: _____ |

4. Watercraft, aircraft, motor homes, recreational vehicles, other vehicles and accessories: For each vehicle in this category in which you have a legal interest (it is registered or titled in your name either alone or with another person) photocopy this page and fill out the vehicle information in question 3 above for the vehicles in question 4, or attach a separate sheet of paper.

If any vehicle listed above is subject to a security interest or lien, be sure to list it also on Schedule D (page 9).

6. household goods & furnishings: These items are 100% exempt. Give "yard sale" values of each item:

washer \$____, dryer \$____, refrigerator \$____, freezer \$____, stove \$____, sewing machine \$____, microwave \$____,
12 months food storage _____, carpets in use _____, beds, bunk beds, cribs and bedding _____. [78B-5-505(1)(a)(viii)]

Additional household goods, TOTAL exemption \$500 (\$1000 for couples). Give "yard sale" values:

sofas \$____, chairs \$____, TVs \$____, VCRs \$____, stereo \$____, love seat \$____, entertainment center \$____,
other: _____ [78B-5-506(1)(a)]

(\$500 for single or \$1000 for couples) dining table/chairs \$____, kitchen table/chairs \$_____ [78B-5-506(1)(b)]

Other household goods and furnishings not listed above (there are no exemptions for any of these items): video camera \$ _____

pans & utensils \$____, sm appliances \$____, lawn mower \$____, garden tools \$____, desks \$____, CD player \$____,

computer \$____, printer \$____, lamps \$____, dressers \$____, night stands \$____, bookshelves \$____, radio \$____,

vacuum \$____, fish tank \$____, games/toys \$____, cleaning supplies \$____, bikes \$____, china hutch \$____,

(list here **other items** of household property not listed above and give **individual "yard sale" values**)

7. electronics (audio, video, stereo & digital equipment, computers, printers, scanners, music collection, cell phones, games, TVs)

8. collectibles of value: (antiques & figurines, paintings, books, pictures, stamps, coins, baseball cards, memorabilia) (no exemption):

specify _____

9. sports, & other hobby equipment (no exemptions) _____

10. firearms (pistols, rifles, shotguns, ammunition) (3 guns are exempt) _____

11. clothing. Give "yard sale" value for all family clothing \$ _____ (100% exempt) [78B-5-505(1)(a)(viii)]

12. jewelry (watches, costume jewelry, rings, etc): _____ (no exemption)

heirlooms (e.g., wedding rings) (\$500/\$1000 exempt) List w/ values: _____ [78B-5-506(1)(d)]

13. Non-farm animals (dogs, cats, birds, horses) (\$500 exempt) _____ [78B-5-506(1)(c)]

14. Any other personal and household items not listed above, including health aids. _____

16. cash on hand: \$ _____ (should be less than \$50 at time of filing, or Trustee may decide to seize it for your creditors)

17. accounts in banks or credit unions (keep accounts under \$50 each at time of filing; uncleared checks do NOT reduce the balance):

1st Bank _____ Acct # _____ Checking \$ _____ Savings \$ _____

2nd Bank _____ Acct # _____ Checking \$ _____ Savings \$ _____

3rd Bank _____ Acct # _____ Checking \$ _____ Savings \$ _____

Be accurate! The Trustee will require you to provide copies of bank statements for the month you filed to prove this.

18. bonds, mutual funds, publically traded stocks: _____

19. businesses - list stocks and other interests in any business, including your own business: _____

20. government and corporate bonds, and other negotiable instruments: _____

21. retirement/pension accounts (circle type of plan): IRA, 401(k), ERISA, Keogh, Other (describe) _____

All IRA and 401(k) retirement savings are not property of the bankruptcy estate and therefore are 100% exempt.

List what you have in this plan: \$ _____. Loan, if any, against this plan: \$ _____

22. security deposits w/landlords & utilities: Landlord _____ \$ _____; Utility _____ \$ _____

23. annuities: name of issuer: _____ \$ _____

24. **education IRA under 26 USC §530(b)(1) or §529(b)(1)** _____ [§521(c), Rule 1007(b)]

25. **trusts, equitable or future interests** (specify): _____

26. **patents, copyrights** (specify): _____

27. **licenses, franchises or other intangibles** (specify): _____

28. **tax refunds owed to you** (specify): _____

29. **family support owed to you** (specify): _____

30. **Other amounts someone owes you** (specify): _____

31. **interests in insurance policies** (give cash value, face value & company): _____

32. **any interest in property that is due you from someone who has died** (specify): _____

33. **claims against third parties, whether or not you have filed a lawsuit or made a demand for payment** (attach explanation): _____

34. **other contingent and unliquidated claims of every nature, including counterclaims and set-offs** (attach explanation): _____

35. **any financial assets not already listed** (attach an itemized list): _____

38. **business accounts receivable or commissions already earned** (attach an itemized list): _____

39. **office equipment, furnishings and supplies** (attach an itemized list): _____

40. **machinery, fixtures, equipment, supplies used in business, and tools of trade** (attach an itemized list): _____

41. **inventory** (attach an itemized list): _____

42. **interests in partnership or joint ventures** (specify): _____

43. **customer lists, mailing lists, or other compilations** (specify): _____

44. **any business-related property not yet listed** (attach an itemized list): _____

47. **farm animals** (livestock, poultry, etc) (attach an itemized list): _____

48. **crops, grown or harvested.** (attach an itemized list): _____

49. **farm and fishing equipment, implements, machinery, fixtures, and tools of trade** (attach an itemized list): _____

50. **farm and fishing supplies, chemicals and feed** (attach an itemized list): _____

51. **any farm- and commercial fishing-related property not already listed** (attach an itemized list): _____

53. **personal property of any other description** (attach explanation): _____

Burial plots are 100% exempt: location and number _____ [78B-5-505(1)(a)(i)]

Necessary health aids are 100% exempt. List with values _____ [78B-5-505(1)(a)(ii)]

Disability, illness or unemployment benefits are 100% exempt: _____ [78B-5-505(1)(a)(iii)]

Bodily injury or wrongful death claims are exempt to the extent they are compensatory: _____ [78B-5-505(1)(a)(x)]

Heirlooms of sentimental value are exempt up to \$500 _____ [78B-5-506(1)(d)]

Debt Schedules

You must list all debts you owe on one of the following three debt schedules (D or E/F). You may not voluntarily leave off any debt. **If you fail to list a debt on one of these schedules (even if it is listed elsewhere in this Questionnaire), that debt may not be discharged.**

The names and addresses of your creditors must be accurate and complete. All addresses must include Street (or P.O. Box), City, State and ZIP Code. If you do not list a complete and accurate address for any creditor, **that debt cannot be included in your bankruptcy and, therefore, may not be discharged.** If any creditor has provided you with a “correspondence” address on at least 2 occasions within the last 90 days, you must use that address.

List the original creditor for each debt. Also list any collections agencies of the original creditor and any attorneys for the original creditor or the collection agency, if you know who they are. Do not list collection agencies as if they were creditors.

If you do **not** want the Court to send an official bankruptcy notice to a certain creditor, check the appropriate box.

Schedule D - Secured Creditors

Complete one of these schedules for each of your secured debts. **DO NOT INCLUDE YOUR REAL PROPERTY** (house or land) **THAT IS ALREADY LISTED ON SCHEDULE A/B.** Do not list debts for items repossessed or voluntarily returned. List those on Schedule E/F.

If you have more than 2 secured creditors, please photocopy this page and attach the copy or use blank paper.

Creditor:	Creditor:
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>
Who owes debt? Debtor1, Debtor2, Both	Who owes debt? Debtor1, Debtor2, Both
Someone else:	Someone else:
Date of Debt (month/year):	Date of Debt (month/year):
Describe Secured Property:	Describe Secured Property:
Is this debt - () contingent, () unliquidated, () disputed?	Is this debt - () contingent, () unliquidated, () disputed?
Nature of Lien: purchase money, judgment, title lien	Nature of Lien: purchase money, judgment, title lien
Account Number:	Account Number:
Amount Owed: \$ Value: \$	Amount Owed: \$ Value: \$
Arrearage (to bring payments current): \$	Arrearage (to bring payments current): \$
Interest Rate _____% Reaffirm this debt? Yes No	Interest Rate _____% Reaffirm this debt? Yes No
<i>Do <u>not</u> send notice?</i> <input type="checkbox"/>	<i>Do <u>not</u> send notice?</i> <input type="checkbox"/>
Co-Signer:	Co-Signer:
<i>Address:</i>	<i>Address:</i>
Collection Agency/Attorney:	Collection Agency/Attorney:
<i>Address:</i>	<i>Address:</i>

Schedule E/F - PRIORITY Unsecured Creditors

(1) Taxes. List any taxes you owe, whether or not you think they can be discharged in bankruptcy. If a tax debt has already been secured by a tax lien against your property, be sure to list it on Schedule D above.

- (A) Internal Revenue Service: . . . years(s) _____ amount(s) _____ NONE
 (B) Utah State Tax Commission: . years(s) _____ amount(s) _____ NONE
 (C) Other Taxes (specify): _____ years(s) _____ amount(s) _____ NONE

(2) Family Support Orders. List here **alimony or child support you owe** to a spouse, former spouse, child, or parent or guardian of your child, or to a government agency to whom the support obligation has been assigned (§507(a)(1)):

Person/Entity Owed: _____ Address: _____
 Amount Owed: \$ _____

(3) Wages you owe to your employees (§507(a)(4)) \$ _____ Explain: _____

(4) Personal Injury. Claims others have against you for personal injuries they claim you caused while you were **intoxicated** (§507(a)(10) Explain: _____

(5) Student Loans. Student loans are generally not dischargeable. List all student loans on E/F **NonPriority** below.

Schedule E/F - NONPRIORITY Unsecured Creditors

COMPLETE ONE OF THE FOLLOWING SCHEDULES FOR EACH OF YOUR UNSECURED nonpriority DEBTS. You are required by law to list ALL unsecured debts of any kind, even if the debt cannot be discharged or you want to pay it.

If you have more than 26 unsecured creditors, please photocopy the next page, or use additional sheets of 8 ½ x 11 lined paper. If you use additional lined paper, please give the same information requested below.

For **credit cards**, give the range of dates during which the current balance was incurred, the last date the card was used and explain what was purchased. For **a lease**, give the total of the remaining payments (not the “buy out” amount at the end).

For a **foreclosure**, give the deficiency amount, not the total unpaid mortgage.

IMPORTANT! For CHAPTER 13 You are REQUIRED to list account numbers. If you have more than one account with a single creditor (such as a hospital or doctor), it is not necessary to list that creditor multiple times. You can list the creditor only once, give just one of the account numbers, and give the total debt owed to that creditor.

If you do **not** want Court to send an official bankruptcy notice to a certain creditor, check the appropriate box.

The following abbreviations are used on this schedule: **D1 = Debtor 1, D2 = Debtor 2, B = Both**

Creditor:		Creditor:
Address:		Address:
City: State: Zip:		City: State: Zip:
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
Who owes debt? D1 D2 B Do <u>not</u> send notice? <input type="checkbox"/>		Who owes debt? D1 D2 B Do <u>not</u> send notice? <input type="checkbox"/>
Collection Agency/Attorney:		Collection Agency/Attorney:
Mailing Address:		Mailing Address:
City: State: Zip:		City: State: Zip:

Schedule E/F - Unsecured Creditors

D1 = Debtor 1, D2 = Debtor 2, B = Both. If you do **not** want Court to send notice to a creditor, check the box.

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City:</i> <i>State:</i> <i>Zip:</i>		<i>City:</i> <i>State:</i> <i>Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>		<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City:</i> <i>State:</i> <i>Zip:</i>		<i>City:</i> <i>State:</i> <i>Zip:</i>

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City:</i> <i>State:</i> <i>Zip:</i>		<i>City:</i> <i>State:</i> <i>Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>		<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City:</i> <i>State:</i> <i>Zip:</i>		<i>City:</i> <i>State:</i> <i>Zip:</i>

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City:</i> <i>State:</i> <i>Zip:</i>		<i>City:</i> <i>State:</i> <i>Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>		<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City:</i> <i>State:</i> <i>Zip:</i>		<i>City:</i> <i>State:</i> <i>Zip:</i>

Schedule E/F - Unsecured Creditors

D1 = Debtor 1, D2 = Debtor 2, B = Both. If you do **not** want Court to send notice to a creditor, check the box.

Creditor:	Creditor:
<i>Address:</i>	<i>Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>
Account No.:	Account No.:
Date of Debt (month/year):	Date of Debt (month/year):
Type of Debt: medical, credit card, other _____	Type of Debt: medical, credit card, other _____
Amount Owed: \$	Amount Owed: \$
<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>	<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>
Collection Agency/Attorney:	Collection Agency/Attorney:
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>

Creditor:	Creditor:
<i>Address:</i>	<i>Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>
Account No.:	Account No.:
Date of Debt (month/year):	Date of Debt (month/year):
Type of Debt: medical, credit card, other _____	Type of Debt: medical, credit card, other _____
Amount Owed: \$	Amount Owed: \$
<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>	<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>
Collection Agency/Attorney:	Collection Agency/Attorney:
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>

Creditor:	Creditor:
<i>Address:</i>	<i>Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>
Account No.:	Account No.:
Date of Debt (month/year):	Date of Debt (month/year):
Type of Debt: medical, credit card, other _____	Type of Debt: medical, credit card, other _____
Amount Owed: \$	Amount Owed: \$
<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>	<i>Who owes debt?</i> D1 D2 B <i>Do not send notice?</i> <input type="checkbox"/>
Collection Agency/Attorney:	Collection Agency/Attorney:
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>

Schedule E/F - Unsecured Creditors

D1 = Debtor 1, D2 = Debtor 2, B = Both. If you do **not** want Court to send notice to a creditor, check the box.

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>		<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>		<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>		<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>

Schedule E/F - Unsecured Creditors

D1 = Debtor 1, D2 = Debtor 2, B = Both. If you do **not** want Court to send notice to a creditor, check the box.

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>		<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>		<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>

Creditor:		Creditor:
<i>Address:</i>		<i>Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>
Account No.:		Account No.:
Date of Debt (month/year):		Date of Debt (month/year):
Type of Debt: medical, credit card, other _____		Type of Debt: medical, credit card, other _____
Amount Owed: \$		Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>		<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:		Collection Agency/Attorney:
<i>Mailing Address:</i>		<i>Mailing Address:</i>
<i>City: State: Zip:</i>		<i>City: State: Zip:</i>

Schedule E/F - Unsecured Creditors

D1 = Debtor 1, D2 = Debtor 2, B = Both. If you do **not** want Court to send notice to a creditor, check the box.

Creditor:	Creditor:
<i>Address:</i>	<i>Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>
Account No.:	Account No.:
Date of Debt (month/year):	Date of Debt (month/year):
Type of Debt: medical, credit card, other _____	Type of Debt: medical, credit card, other _____
Amount Owed: \$	Amount Owed: \$
<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>	<i>Who owes debt? D1 D2 B Do not send notice? <input type="checkbox"/></i>
Collection Agency/Attorney:	Collection Agency/Attorney:
<i>Mailing Address:</i>	<i>Mailing Address:</i>
<i>City: State: Zip:</i>	<i>City: State: Zip:</i>

Schedule G - Executory Contracts

List here the Name and Mailing Address (include ZIP CODE) of any holder of any executory contract you have signed. An executory contract is a contract or lease that is *still in force*. Examples are: apartment rentals, cell phones, spa memberships, book clubs, auto rentals, storage units, and *undeeded* time shares. Give a brief description of the contract, including the expiration date, and state whether you want to keep it (Accept) or end it (Reject). Include contracts where you are the lessor or landlord. Also include unwritten month-to-month apartment rentals after the written contract has expired.

For **time shares**, list here if **not** deeded, If deeded, list on Sch A. If you don't know if its deeded, list on both.

Any Creditors listed here will not be included in your bankruptcy unless you also list them on Schedules D or E/F.

If you have no executory contracts, check here: NONE

Name | Address | Zip | Type of Contract | Accept or Reject?

Name | Address | Zip | Type of Contract | Accept or Reject?

If you have more that 2 executory contracts, check here and write on separate page []

Schedule H - Codebtors

Codebtors are any co-signers or guarantors for any of the debts listed in schedules D, E & F. If you have any codebtors, give their Name and Address (include ZIP Code) and the debt. If you have no co-signers, check here: NONE

Name | Address | Zip | Debt:\$ _____

Name | Address | Zip | Debt:\$ _____

If you have more that 2 codebtors, check here and write on separate page []

Income and Expense Schedules

The schedules on the next three pages ask for your monthly income & expenses as they will be after you file. Please provide documentation of all income and expenses for the last 2 months with the Green

Schedule I: Your Income

Be as complete and accurate as possible. If you are **not** filing jointly with your spouse but your spouse lives with you, include your spouse's information. If you are **not** filing with your spouse and you are separated, do **not** include your spouse's information.

Part 1 - Describe Employment. If you have more than one job, attach a separate page for each job. Include part-time, seasonal, or self-employed work. List your occupation as "student" or "homemaker," if it applies.

	Debtor 1	Debtor 2
1. Employment status today	Employed _____; Unemployed _____	Employed _____; Unemployed _____
Occupation		
Employer's Name		
Employer's address		
How long employed here?		

Part 2 - Give Details About Monthly Income. Estimate monthly income as of the date you will file. Include your non-filing spouse, unless you are living separately. If you have more than one employer, combine all employers on the lines below.

	Debtor 1	Debtor 2
2. Average gross monthly wages/salary		
3. Estimate average monthly overtime pay		

5. Payroll deductions:

5a. Tax, Medicare, FICA (#16)		
5b. Required retirement deduction (#17)		
5c. Voluntary retirement deduction		
5d. Required 401(k) loan repayments (#17)		
5e. Insurance: a) Health, b) Disability (#25a, #25b)		
Med Flex/Health Savings account (#25c)		
5f. DSOs: alimony, child support (#19)		
5g. Union dues (#17)		
5h. Other: _____		

8. All other income regularly received:

8a. Gross income from business/ rental		
Expenses from business/rental		
8b. Interest and dividends		
8c. Alimony/Support you or spouse <u>RECEIVE</u>		
8d. Unemployment compensation		
8e. Social Security		
8f. Other government assistance: _____		
8g. Pension or retirement income		
8h. Other <u>monthly</u> income: _____		

11. Any other regular income (explain): _____

13. Do you expect an increase or decrease within 1 year *after* you file? No. Yes. If yes, explain: _____

Schedule J: Your Expenses

Be as complete and accurate as possible. If you are **not** filing jointly with your spouse and your spouse lives with you, include your spouse's information. If you are separated and your spouse is **not** filing with you, do **not** include your spouse's information.

Part 1- Household Size

1. Are you filing with your spouse? No (go to line 2).
 Yes. Does spouse live in separate home? No (go to line 2).
 Yes. Spouse must file separate Schedule J.
 Copy this blank schedule J for spouse.

2. Do you have dependants? No (go to line 3) Yes. Fill out this information for each dependant. Add separate sheets if needed.

Dependant's relationship to you	Dependant's Age	Does Dependant live with you?

3. Do your expenses include expenses for people other than yourself and your dependants? No. Yes.
 If yes, explain: _____

Part 2 - Estimate Your Ongoing Monthly Expenses - Include expenses you pay with governmental assistance only if you have included that governmental assistance in Schedule I - Your Income.

4. Monthly rent or 1 st mortgage payment (list other mortgages on line 5.)	
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Do not include in line 4:

4a. Real estate taxes	
4b. Property, homeowner's, or renter's insurance	
4c. Home maintenance, repair, and upkeep	
4d. Homeowner's association or condominium dues	

5. Other monthly mortgage payments, including home equity loans	
6a. Electricity, heat, natural gas	
6b. Water, sewer, garbage collection	
6c1. Cell Phone, Telephone, satellite, dish network, cable services	
6c2. Internet, call waiting, caller ID, pager: primarily for welfare of family members(#23)	
6d. Other utilities(specify): _____	
7. Food and housekeeping supplies	
8. Childcare and children's education costs (nursery, preschool) (#21)	
9. Clothing, laundry, and dry cleaning	
10. Personal care products and services	

11. Medical & dental expenses (out of pocket - <u>not</u> paid by insurance) (#22 -Y)	
12. Transportation: gas, maintenance, bus fare (put car payments on line 17)	
13. Entertainment, clubs, recreation, newspapers, magazines, books	
14. Charitable contributions and religious donations (#31)	

15. Insurance monthly premiums -

15a. Life insurance monthly premium (Term = #18)	Whole life	Term
15b1. Health insurance monthly premiums (<u>not</u> deducted from paycheck)(#25a)		
15b2. Other health insurance: Disability or Health Savings Account (#25b&c)	Disability (b)	HSA (c)
15c. Vehicle insurance monthly premium		
15d. Other insurance premiums: (specify) _____		

16. Taxes (<u>not</u> deducted from paycheck): (specify) _____	
17a. Car payments for Vehicle #1 (which car?) _____	
17b. Car payments for Vehicle #2 (which car?) _____	
Number of cars you own: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ (#11)	
# of cars for which you pay the operating expenses: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ (#13)	

18. Alimony, maintenance & child support <u>not</u> taken from your paycheck (#19)	
19. Support payments for others <u>not</u> living with you (explain): _____	

20. Other real property expenses not included in lines 4-5 above, or on Schedule I - Your Income

20a. Mortgages on other real estate	
20b. Real estate taxes	
20c. Property, homeowner's, or renter's insurance	
20d. Maintenance, repair and upkeep expenses	
20e. Homeowner's association (HOA) or condominium dues	

21. Other expenses

Court-ordered payments: (specify) _____ (#19)	
Education expense for disabled child (specify) _____ (#20)	
Education expenses for work or or for disabled child (#20)	
Expenses for protecting your family from violence (security system, etc) (#27)	
Education expense of children under the age of 18 (#29)	
Care and support of Elderly, Chronically Ill, or Disabled (#26)	
Projected Chapter 13 Plan payment (#36)	\$ 300
Other (explain)	

24. Do you expect a change (an increase or a decrease) in expenses within one year *after* you file this bankruptcy? No Yes
 If yes, explain: _____