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### **CLIENT QUESTIONNAIRE**

Thank you for calling THE CARR LAW GROUP for legal assistance relating to your finances. Please complete this form so we can provide you with helpful and accurate advice.

Under the law, you must list each and every debt, including debts to friends and relatives, and debts you plan to keep. This means, for example, that if you have co-signed for your nephew's car loan, you need to list that loan. Similarly, you should list debts even if you think the creditor has written off the loan or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). **Please provide the most recent statement or letter received by each creditor.**

How did you hear about us (**Please check all that are relevant**)?

- [www.avvo.com](http://www.avvo.com)
- Billboard
- Phonebook
- Newspaper ad
- Google or Internet Search
- Website
- Friend/family **Please list their name** \_\_\_\_\_
- Legal Zoom
- Other: \_\_\_\_\_

Can we contact you by email? Y/N Email Address: \_\_\_\_\_.

Do you have Hyatt/Metlife Legal Plan? If so, put Case # here: \_\_\_\_\_.

We also need the following:

- Pay stubs or reports from employer from last two months for all sources of income.
- Last two years' filed tax returns.
- Copy of any foreclosure, lawsuit, or divorce decree in which you are a party, within the last year.
- List (name and address) of all debts, including house/car loans, credit cards, medical, and collections.
- Copy of driver's license and Social Security card (or W-2/1099 for all persons filing bankruptcy).

Again, thank you for choosing THE CARR LAW GROUP. We will make every effort to see to it that your experience as our client is a pleasant one.

## Section 1- Basic Information

### Part A. Name and Address

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Have you used any other names in the past eight years?  Yes  No

If yes, please list other names used: \_\_\_\_\_

Telephone Numbers/Email address:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Your email: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Have you lived in your current county for at least 6 months?  Yes  No

Have you lived in Georgia for at least 2 years?  Yes  No

If you answered "NO" to either of the questions above, please list your previous address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

If you have a different **mailing address**, please list:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### Part B. Name and Address of Spouse

**\*\*If you are filing jointly with your spouse, fill in the following information about your spouse:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Has your spouse used any other names in the past eight years?  Yes  No

If yes, please list all other names used: \_\_\_\_\_

Telephone Numbers/Email address:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Spouse email: \_\_\_\_\_

Social Security Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: (enter only if different address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Part C. Prior and/or Pending Bankruptcy Cases**

Have you filed a bankruptcy case in the last 8 years?  Yes  No

If **yes**, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending involving you, your business, your spouse, or you spouse's business?  Yes  No

If **yes**, name of debtor: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Part D. Debtors who reside as Tenants of Residential Property**

If you rent your place of residence, does a landlord hold a judgment against you?  Yes  No

If yes, please provide the name and address of the landlord:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part E. Dependents/Marital Status**

List any dependents that live with you and/or that you provide over 50% of their life expenses in the box below. Also, circle your marital status.

Marital Status:	Name of dependents:	Age	Relationship (son/daughter/parent, etc)
Married Single Divorced Widowed			

## Section 2- Property

### **Part A. Real Estate**

List all real estate which you individually or jointly own, even if only a partial interest. This could include your primary residence, 2<sup>nd</sup> home, rental property, burial plot, undeveloped land, farm land, and time shares.

<b>Address &amp; Description of Property</b>	<b>List all mortgages, home equity loans, and other liens against the property</b>	<b>Estimated Value of Property</b>	<b>Owned by husband, wife, or joint? (H/W/J?)</b>
<p>Street Address:</p>  <p>Description: (Exp: Primary residence; 2 acres)</p>	<p>1. Mortgage Company?</p> <p>2. Total Current Balance?</p> <p>3. What is your current interest rate on the loan?</p> <p>4. What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? Y/N (circle one)</p>		
<p>Street Address:</p>  <p>Description: (Exp: 2<sup>nd</sup> home; 2 acres)</p>	<p>1. Mortgage Company?</p> <p>2. Total Current Balance?</p> <p>3. What is your current interest rate on the loan?</p> <p>4. What is your monthly payment?</p> <p>5. Does payment include taxes and/or insurance? Y/N (circle one)</p>		

**\*If you own additional property, please list the same information on a separate sheet of paper and attach it to this questionnaire.**

**Part B. Personal Property**

For each type of property listed below, list any property of that category you own, and fill in the remaining information. The value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property (For instance, a used utility trailer might only be worth \$500, even though you paid \$1,000.00 for it). If someone else is in possession of the property, please let us know that in this form. If you leave it blank, we will assume you do not own this type of property. If you wish, you may write “none” in any column that does not apply.

<b>Type of Property</b>	<b>Description and Location of Property (if not in your possession)</b>	<b>Value of Property</b>
1. Cash on hand		
2. Checking/Savings Account: (List All)		
3. Security deposits held by utility companies or landlord		
4. Household goods, furniture, audio, video, and computer equipment		
5. Books, pictures, art, records, collectibles		
6. Clothing		
7. Furs and jewelry		
8. Sports, photographic, or hobby equipment, firearms		
9. Interest in insurance policies (specify refund or cancellation value)		
10. Annuities/Retirement Accounts (401(k), etc.)		
11. Interests in an education IRA		
12. Interests in pension or profit sharing plans		

<b>Type of Property</b>	<b>Description and Location of Property (if not in your possession)</b>	<b>Value of Property</b>
13. Stock and interests in incorporated/unincorporated business		
14. Interests in partnerships/joint ventures		
15. Bonds		
16. Accounts receivable		
17. Alimony/family support that you are entitled to		
18. Liquidated debts owed to you, including tax refunds		
19. Equitable or future interests or life estates		
20. Interests in estate of decedent of life insurance plan		
21. Other unliquidated claims (including tax refunds, counter claims)		
22. Patents, copyrights, other intellectual property		
23. Licenses, franchises		
24. Customer list or other complications		
25. Automobiles, trucks, trailers, and accessories		
26. Boats, Motors, accessories		

<b>Type of Property</b>	<b>Description and Location of Property (if not in your possession)</b>	<b>Value of Property</b>
27. Aircraft and accessories		
28. Office equipment, supplies		
29. Machinery and fixtures for business		
30. Inventory		
31. Animals (if any value)		
32. Crops: growing or harvested		
33. Farming equipment and implements		
34. Farm supplies, chemicals, feed		
35. Any other personal property not listed		

### Section 3- Debts

#### **Part A. Debts Secured by Property**

Please list below all debts that you owe OR that creditors claim you owe that are secured by property (Example: House loans and Car loans).

<b>Type of Debt</b>	<b>Creditor Information</b>	<b>Property Information</b>	<b>Co-signer, if any</b>	<b>Do you dispute the debt?</b>
Home loan and/or Mortgage	1. Current Amount owed: \$_____ 2. Creditor Name:	1. Describe property:  2. Monthly Payment:\$_____		Y/N
2 <sup>nd</sup> Mortgage, if any	1. Current Amount owed: \$_____ 2. Creditor Name:	1. Describe property:  2. Monthly Payment: \$_____		Y/N
Car loan #1	1. Current Amount owed: \$_____  2. Creditor Name:	1. Describe property:  2. Monthly Payment:\$_____		Y/N
Car loan #2	1. Current Amount owed: \$_____ 2. Creditor Name:	1. Describe property:  2. Monthly Payment:\$_____		Y/N
Other loans with collateral	1. Current Amount owed: \$_____ 2. Creditor Name:	1. Describe property:  2. Monthly Payment:\$_____		Y/N
Other loans with collateral	1. Current Amount owed: \$_____ 2. Creditor Name:	1. Describe property:  2. Monthly Payment:\$_____		Y/N



**Part B. Credit Card Debts**

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

<b>Type of Debt</b>	<b>Creditor Information</b>	<b>Co-signer, if any</b>	<b>Do you dispute the debt?</b>
Credit card debts	1. Current Amount owed: \$_____		Y/N
Credit card debts	2. Creditor Name:		
Credit card debts	1. Current Amount owed: \$_____		Y/N
Credit card debts	2. Creditor Name:		
Credit card debts	1. Current Amount owed: \$_____		Y/N
Credit card debts	2. Creditor Name:		

If you have additional credit cards, please list the same information on the back of this page, or attach an additional page.

Have you taken a cash advance against any of your credit cards in the last 6 months? Y/N (Circle one)

**Part C. Medical Debts**

Please list below all medical bill debts that you owe OR that creditors claim you owe.

<b>Type of Debt</b>	<b>Creditor Information</b>	<b>Co-signer, if any</b>	<b>Do you dispute the debt?</b>
Unpaid medical bills	1. Current Amount owed: \$ _____ 2. Creditor Name:		Y/N
Unpaid medical bills	1. Current Amount owed: \$ _____ 2. Creditor Name:		Y/N

**Part D. Tax Debts**

Please list below all unpaid tax debts that you owe OR that creditors claim you owe.

<b>Type of Debt</b>	<b>Creditor Information</b>	<b>Co-signer, if any</b>	<b>Do you dispute the debt?</b>
Unpaid taxes (IRS)	1. Current Amount owed:\$ _____ 2. Creditor Name: 3. Tax Year Debt is owed:		Y/N
Unpaid taxes (State Taxes)	1. Current Amount owed: \$ _____ 2. Creditor Name: 3. Tax Year Debt is owed:		Y/N

**Part E. Child Support and/or Student Loan Debts**

Please list below all Student Loan debts that you owe OR that creditors claim you owe.

Type of Debt	Creditor Information	Co-signer, if any	Do you dispute the debt?
Child Support	1. Current Monthly Amount owed: \$ _____ 2. Past Due Amount: \$ _____ 3. Child Support Holder Name & Address: _____ _____ _____		Y/N
Student loan	1. Current Amount owed: \$ _____  2. Creditor Name:		Y/N

**Please list any other debts that you may have on a separate sheet of blank paper. Some examples of other debts are: 1) past due rent; 2) alimony or child support; 3) other bank loans; 4) business debts; 5) personal/family loans; 6) loans you have co-signed; 7) any other obligations you may have.**

**Section 4- Unexpired Leases and Contracts**

List below any leases or contracts that are that you are a party to, such as furniture, storage shed, or appliance leases (rent-to-own). Include residential, car and business leases, and service or business contracts.

Nature & Description of Contract	Name & Address of Other Party/Parties	Date the Contract Expires

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## Section 5- Income

### **Part A. Debtor's Income** (Please provide paystubs for the last 60 days, or a report that shows all of your deductions)

1. What is your occupation? \_\_\_\_\_
2. Employer's Name:  
\_\_\_\_\_  
\_\_\_\_\_
3. How long employed there? \_\_\_\_\_
4. What is the average gross amount of your check, before taxes / other deductions are taken out?  
\$ \_\_\_\_\_
5. How often do you get paid? once a week/  
every two weeks/ twice a month/  
once a month/ or other \_\_\_\_\_

#### **Do you receive any other income?**

- a.) Business Income? If so, amount per month on average: \_\_\_\_\_
- b.) Rental Income? If so,  
how much per month? \$ \_\_\_\_\_
- c.) Investments: Interest or dividends? If so, how much per month? \$ \_\_\_\_\_
- d.) Alimony or child support? If so, how much per month?  
\$ \_\_\_\_\_
- e.) Social Security or other forms of monetary government assistance? \$ \_\_\_\_\_
- f.) Retirement or pension money? \$ \_\_\_\_\_

**Do you or your spouse have any other income not listed?**

**Do you expect your income to change in the next 6 months? If so, please explain:**

### **Part B. Spouse's Income** (Please provide paystubs for the last 60 days, or a report that shows all of your deductions)

1. What is your spouse's occupation? \_\_\_\_\_
2. Employer's Name:  
\_\_\_\_\_  
\_\_\_\_\_
3. How long employed there? \_\_\_\_\_
4. What is the average gross amount of your spouse's paycheck, before taxes/other deductions?  
\$ \_\_\_\_\_
5. How often does your spouse get paid?  
once a week/ every two weeks/ twice a month/  
once a month/ or other \_\_\_\_\_

#### **Does your spouse receive any other income?**

- a.) Business Income? If so, amount per month on average: \_\_\_\_\_
- b.) Rental Income? If so,  
how much per month? \$ \_\_\_\_\_
- c.) Investments: Interest or dividends? If so, how much per month? \$ \_\_\_\_\_
- d.) Alimony or child support? If so, how much per month?  
\$ \_\_\_\_\_
- e.) Social Security or other forms of monetary government assistance? \$ \_\_\_\_\_
- f.) Retirement or pension money? \$ \_\_\_\_\_

**Debtor's Current Monthly Income Calculation**

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months. (ONLY COMPLETE THIS IF YOU HAVE MULTIPLE SOURCES OF INCOME AND/OR YOUR INCOME VARIED GREATLY OVER THE LAST 6 MONTHS)

<b><u>Type of Income</u></b>	<b><u>Month 1</u></b> (last month)	<b><u>Month 2</u></b> (2 months ago)	<b><u>Month 3</u></b>	<b><u>Month 4</u></b>	<b><u>Month 5</u></b>	<b><u>Month 6</u></b>
Gross wages, salary, tips, bonuses, overtime, commissions						
Income from operation of business: a. Gross income - b. Expenses = c. Net Income						
Rent and other real property income: a. Gross income - b. Expenses = c. Net Income						
Interest, dividends, and royalties						
Pension and retirement income (not Social Security)						
Regular contributions from others to household expenses, including child support						
Unemployment compensation						
Social Security income						
Other sources not already mentioned Describe:						

## Section 6- Current Expenses

1. Will you be filing bankruptcy jointly with your spouse?  Yes  No  
 If yes, does your spouse live in a separate household?  Yes  No

**Indicate how much you pay for each item each month:**

2. Primary Rent or Home Mortgage: \$ \_\_\_\_\_  
 Does that amount include real estate taxes?  
 Yes  No If no, how much do you pay directly for taxes each year? \$ \_\_\_\_\_  
 Does that amount include any homeowner's insurance?  
 Yes  No If no, how much do you pay directly for insurance per year? \$ \_\_\_\_\_
3. Are there additional mortgage payments?  
 Yes  No If yes, how much do you pay? \$ \_\_\_\_\_
4. Utilities:  
 a. Electricity and heating fuel: \_\_\_\_\_ \$ \_\_\_\_\_  
 b. Water and sewer: \_\_\_\_\_ \$ \_\_\_\_\_  
 c. Telephone service/long distance/internet: \_\_\_\_\_ \$ \_\_\_\_\_  
 d. Do you have any other utility bills? If yes, describe and enter monthly amount below:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
5. Food and housekeeping supplies.....\$ \_\_\_\_\_  
 6. Childcare and children education costs.....\$ \_\_\_\_\_  
 7. Clothing, laundry, and dry cleaning.....\$ \_\_\_\_\_  
 8. Personal care products and services.....\$ \_\_\_\_\_  
 9. Medical and dental expenses.....\$ \_\_\_\_\_  
 10. Transportation (do NOT include car payments).....\$ \_\_\_\_\_  
 11. Recreation, entertainment, newspapers, magazines, and books.....\$ \_\_\_\_\_  
 12. Charitable contributions and religious donations.....\$ \_\_\_\_\_
13. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: **(Do not include amounts entered in Line 4 or Line 20.)**  
 a. Life Insurance.....\$ \_\_\_\_\_  
 b. Health Insurance.....\$ \_\_\_\_\_  
 c. Auto Insurance.....\$ \_\_\_\_\_  
 d. Other Insurance (describe and list monthly amount):  
 \_\_\_\_\_
14. Payments to IRS/State for back taxes:  
 \_\_\_\_\_ \$ \_\_\_\_\_

15. Installment payments for car, furniture, etc. (Describe):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

16. Alimony, maintenance, support, or court ordered payments paid to others.....\$ \_\_\_\_\_

17. Payments for support of additional dependents not living at your home .....\$ \_\_\_\_\_

18. Other Real Estate Property expenses NOT included with Rent or Home  
Mortgage Property (**Do not include amounts entered in Line 4 Or Line 5.**) \$ \_\_\_\_\_

a. Mortgage payments on other Real Estate Property\_ \$ \_\_\_\_\_

b. Taxes on other Real Estate Property \$ \_\_\_\_\_

c. Other Real Property, Homeowner's, or Renter's Insurance \$ \_\_\_\_\_

d. Home maintenance (including repairs and upkeeps) \$ \_\_\_\_\_

Describe any increase or decrease in expenses you expect to occur within the next year:

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



## Section 7 – Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. Please answer every question as accurately as possible.

1. **What is your current marital status?** (Please circle one): Married or Unmarried.
  
2. **During the last 3 years, have you lived anywhere other than where you live now?**  
If yes, list all locations you have lived in the past 3 years. Do not include your current address.

Previous Addresses

Dates From-To (Ex: Sept 2016-Sept. 2017)

3. **Within the last 8 years, have you been married AND lived outside Georgia?**  
If yes, please list the state you lived in and the name of the spouse that lived there with you.

State (where you lived)

Name of Spouse

4. **List the total amount of income that you have earned from all businesses and jobs, including part-time activities, during this year and the two previous years.**

### **Debtor (You)**

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 <sup>st</sup> ):	\$ _____	_____
Last Year (Jan 1 <sup>st</sup> – Dec. 31 <sup>st</sup> ):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

### **Spouse (if applicable)**

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 <sup>st</sup> ):	\$ _____	_____
Last Year (Jan 1 <sup>st</sup> – Dec. 31 <sup>st</sup> ):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

- 5. List any other income that you have received from sources other than from businesses and jobs, if any (Examples: Soc. Security; Disability; inheritance, 401K withdrawal, unemployment, food stamps, child support).**

**Debtor (You)**

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 <sup>st</sup> ):	\$ _____	_____
Last Year (Jan 1 <sup>st</sup> – Dec. 31 <sup>st</sup> ):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

**Spouse (if applicable)**

	<u>Amount Earned</u>	<u>Source</u>
This Year (Since January 1 <sup>st</sup> ):	\$ _____	_____
Last Year (Jan 1 <sup>st</sup> – Dec. 31 <sup>st</sup> ):	\$ _____	_____
Year Before Last (Jan 1 – Dec 31):	\$ _____	_____

- 6. Have you paid anyone \$600 or more within the past 90 days? (Please circle one): Yes or No.**

<u>Name and Address of Person Paid</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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- 7. Have you made any payments to a family member or friend that you owed money to within the past year? (Please circle one): Yes or No.**

<u>Name and Address of Person/ Relationship</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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- 8. Have you made any payments or transferred property that would BENEFIT a family member or friend within the past year? (Please circle one): Yes or No.**

<u>Name and Address of Person/ Relationship</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>Amount Still Owed</u>
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**9. Have you been involved in any lawsuit, administrative proceeding, or court action within the last year?**

(Please circle one): Yes or No.

Case Title and Number      Civil or Criminal?      Name and Address of Court      Status

**10. Has any of your property been repossessed, foreclosed, seized or taken from you in any way, within the last year? (Please circle one): Yes or No.**

If so, please list who, when, what was taken and value of property:

**11. Within the last 90 days, has your bank taken money that was owed to them out of your bank account?**

(Please circle one): Yes or No.

Name & Address of Bank who took the money      Date Action was Taken      Amount Taken

**12. Within the last year, has any court assigned someone to take possession of any of your property?**

(Please circle one): Yes or No.

**13. In the past 2 years, have you gifted anything of value over \$600 to another person?**

(Please circle one): Yes or No.

Name & Address of Person Receiving Gift      Description of Gift      Date Gift was Given      Amount

**14. In the past 2 years, have you given over \$600 to a charity? Yes or No.**

Name & Address of Charity      Description of Gift      Date Gift was Given      Amount

**15. In the last year, have you lost anything due to gambling, theft, fire, or other disaster? Yes or No?**

Description of Property and How Loss Occurred      Description of any Insurance Coverage (include amount insurance has paid)      Date of Loss      Value of Property Lost

**16. Within the last year, have you paid anyone (other than our firm) to help you file bankruptcy? Yes or No?**

<u>Name &amp; Address of Person Paid</u> <u>Amount Paid</u>	<u>Date Payment was Made</u>
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**17. In the last year, have you paid anyone who promised to help you settle, consolidate, or get rid of debts? Yes or No. If yes, please list all below:**

<u>Name &amp; Address of Person Paid</u> <u>Amount Paid</u>	<u>Date Payment was Made</u>
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**18. In the last 2 years, have you sold, traded, or transferred real estate or personal property to anyone? Yes or No. If yes, please list all below:**

<u>Person who Received</u> <u>and Relationship</u>	<u>Description and Value of Property</u>	<u>Date Transfer was Made</u>
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**19. In the past 10 years, have you transferred any property into a trust? Yes or No?**

<u>Name of Trust</u>	<u>Description/Value of Property</u>	<u>Date Transfer was Made</u>
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**20. In the last year, have any bank accounts held in your name been moved, closed, sold, or transferred? Yes/No? If yes, please list all below:**

<u>Name &amp; Address</u> <u>of Bank</u>	<u>Type of</u> <u>Account</u>	<u>Date of Action</u>	<u>Last remaining</u> <u>Balance of</u> <u>Account</u>
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**21. In the past year, have you been an owner of any safe deposit boxes? Yes or No.**

If yes, please list all below:

<u>Name &amp; Address of Bank</u>	<u>Who else had access to it?</u>	<u>Contents</u>	<u>Do you still have it?</u>
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**22. In the past year, have you stored any property in a storage unit or other location?**

Yes or No? If yes, please list all below:

<u>Name &amp; Address of Storage Facility</u>	<u>Who else has access to it?</u>	<u>Contents</u>	<u>Do you still have it?</u>
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**23. Do you control any property that another person owns? (Includes property that you borrowed, are storing for, possess or have title to.)** Yes or No.

Owner's Name & Address                  Where is the property?                  Describe the Property Value

**24. If you own real estate, have you been made aware that the property has an environmental issue?** Yes or No or N/A? If yes, please list all below:

Name and Address of Site                  Governmental Unit   Environmental Law   Date of Notice

**25. In the past 4 years, have you have you owned any part of or been involved in any business?** Yes or No? If yes, please list all below:

<u>Name &amp; Address Of Business</u>	<u>Description of Business</u>	<u>Name of Accountant</u>	<u>Employer Identification Number</u>	<u>Dates Business Existed</u>
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**26. Within the last year, have you given a Personal Financial Statement to anyone or any financial institution?** Yes or No? If yes, please list all below:

Name & Address of Person/Bank                                  Date Given