

RULON T BURTON & Associates

Please Read Immediately!

- Make an appointment as soon as you receive these papers. If you are going to be late, please call so we can adjust your appointment.
- Fill out all the worksheets and compile all of the requested information. Bring in the filing fee to retain us (\$313 for Chapter 13, \$338 Chapter 7) and the up front attorney fee if you are ready to file. (Payment of the filing fee only will retain our firm and obtain limited relief from most pressing collection activity while you pay the attorney fee.) Payment <u>MUST</u> be in cash or money order. Most of the attorney fee for Chapter 13 cases is included in the monthly payment you pay to the Chapter 13 Trustee. Chapter 7 attorney fees must be paid prior to filing.

DOCUMENTS REQUIRED TO FILE BANKRUPTCY

PROOF OF IDENTITY

Photo Identification (Driver's License) and Social Security Card (W-2 or another official government document may replace s.s. card *if the full s.s. number is on the document*)

PROOF OF INCOME

All pay check stubs, checks and/or other documentation for every time income was received during the 7 months prior to filing bankruptcy.

- If you are missing pay-stubs from any pay period during the last 7 months please obtain a duplicate from your employer or a statement summarizing wages received from your employer for the last 7 calendar months. (Statement must itemize by pay period and show all withholding information)
- You must bring records verifying receipt of child support, alimony, Social Security, disability, retirement, pension, investment, dividend, interest or other income received during the last 7 months.
- If someone is assisting you with living expenses (such as family, friends, roommates or churches) you must bring information verifying how much they have contributed over the last 7 months, broken down by the month.
- Also include records of any bonuses, commissions or expense reimbursement received the last 7 months.
- If you are self-employed you must bring profit and loss statements for the last 7 months and copies of business bank statements.

INCOME TAX RETURNS

Income tax returns (including w-2s, 1099s, etc) for the last 4 years. We must receive actual copies of the most recent year and verification that the prior three years have been filed. If you are self-employed or own a business, we must have copies of the last 2 years of business returns also.

JUSTIN O. BURTON MANAGING ATTORNEY TEL 801.288.0202 | Fax 801.288.0947 448 E. WINCHESTER ST. SUITE 175 MURRAY UTAH 84107 www.rulontburton.com

REAL ESTATE DOCUMENTS

Bring your property tax statement for any real estate you have any ownership interest in or that is in your name for any reason. Bring an appraisal if you have had one recently.

Bring the Deed to the property (or Title of a mobile home).

Bring all mortgage documents or purchase contracts

IF YOU RENT

Bring your lease.

VEHICLES OWNED, LEASED OR IN YOUR POSSESSION

Bring a copy of the title. (To verify proper lien recorded) Bring your vehicle purchase agreement or vehicle lease if you still owe money. Bring proof of insurance for your vehicle.

ACCOUNT STATEMENTS

Bring your past 3 months bank statements for all checking and savings accounts, prepaid cards, or any online accounts such as Venmo, Paypal, Cashapp, etc. Bring your most recent retirement account and investment account statements. If you receive your check on a debit card, please printout the account balance and bring it.

MISCELLANEOUS DOCUMENTS

If Divorced Bring copy of Divorce Decree. If you owe child support (whether you are current or not) bring a copy of the court order showing how much your obligation is. If you have made any charitable contributions within the last 60 days please bring proof.

If all of the required information is not in our file, we are prohibited from filing your case and your relief will be delayed. However, once you have found all you can, set the appointment to meet with us and we can help you with alternate ways of finding the missing information

IMPORTANT INSTRUCTIONS FOR FILLING OUT THE FORMS IN THIS PACKET

If you have a paper copy of your bills, bring them and there is no need to write them on our worksheets. If you do not have the paper bill then write the bill information down on our worksheets. When filling out the creditor worksheets please use the correspondence address used by the creditor on any bill received within the last 90 days. (This is not where you send the payment, but rather the address they mailed it from or the address they indicate on the bill for you to send correspondence.) If you still have these bills please bring them so we can verify you used the proper address.

CREDIT REPORTS

We obtain your credit report for you once you have paid us in full to file your case.

CREDIT COUNSELING INFORMATION

Participating in one credit counseling session (about one hour) is required to file bankruptcy. You are not required to participate in a repayment program, you are just required to complete the session and obtain a certificate for each person who is filing the bankruptcy. There are several providers that are approved by the U.S. Trustee to provide counseling. We currently recommend Allen Credit & Debt Counseling Agency. You can take the course online at www.allencredit.com. If you do not have access to a computer/smartphone then you can call 1-888-415-8173 and take the course over the phone. The cost is currently \$20 for couples or individuals if taken online, or \$25 if taken by phone. At the conclusion of the course there is a short chat that *must* be completed to receive your certificate. This process must be complete in order to file your case. Please provide them with the **Attorney** Code 1a964 and they will email your certificate to us once the course is complete. If it is not complete the day you meet with us, we will prepare your case for filing and wait for the course to be completed. Make sure you complete the creditor worksheets and budget in our packet before contacting them as you will need to provide them this identical information.

Don't hesitate to set your filing appointment with us prior to completing the credit counseling. Once you have met with our office, paid your fees and we have received your credit counseling certificate, we will be ready to file your case.

Rulon T. Burton & Associates 448 East Winchester St., Ste 175, Murray UT 84107

CREDITOR INFORMATION

Bankruptcy law requires that all creditors must be listed. If any creditor is not listed, they may not be discharged and your case may be dismissed. Each creditor listed must include the correspondence address (not the address where you send the payment) including the zip code, the amount owed, the date incurred and the account number. Some creditors, particularly medical, have many account numbers for the same person **DO NOT LIST EACH ACCOUNT SEPARATELY.** List the creditor once, but write down all of the account numbers in the space provided for the creditor. If you don't have addresses for the creditors, they can often be found on the internet or on your credit report. The cost to add creditors to your case after filing is \$75.00 before the hearing and \$100.00 after the hearing. (This is the cost each time creditors are added, not the per-creditor cost.)

Below is a list of creditors often overlooked. Refer to it as an aid to help you list all of your debts.

If you have ever owned (bought or been given) any Real Estate (home, building lot, vacant land etc.) list the names and addresses of any mortgage company not paid in full.
You have sold anything where someone is making you payments and you still owe money on what you sold.
Your home loan a "VA" loan. (Guaranteed by the Veterans Administration) List the VA as a creditor.

□ Student loans or have you borrowed any money to pay for your education that has not been paid off.

□ You have had a foreclosure or given a "Deed in Lieu" of foreclosure for any home or land. List all lenders. List any lender who agreed to reduce their debt in a "short sale" of your property.

□ Anything ever repossessed? List company or individual who was financing the item repossessed and the dealer, if any.

Anyone garnishing your paycheck or anyone who had attached your bank accounts or accounts receivable.

□ You have been in an automobile accident where you were at fault or where you had no insurance. List other driver, passengers in other car, passengers in your car and/or the owners of any building damages or sign/light pole destroyed. List any and all insurance companies you know of (other than yours)

□ You have cosigned on anyone's debt that has not been paid in full. List the lender and the person for whom you cosigned.

Someone cosigned for you on a debt that has not been paid in full. List the person that signed and the lender.
 You owe any money to any ex-spouse (Past due Child

Support, Alimony, debts, etc.) or your divorce decree states that you are responsible for debts from the marriage. ******YOU MUST BRING IN A COPY OF YOUR DIVORCE DECREE**

□ If you have ever cohabited, lived or been a room-mate with anyone list if there is any outstanding debt or if they will claim you owe them money. (Take any utilities in these old places out of your name).

Are you married and not filing together? List all joint

debts and list your spouse. (Your spouse will still be liable for any debts you have together).

□ You owe medical bills. List all even if insurance is going to pay a portion of the bill.

□ You owe any taxes or tax-like contributions: IRS, Utah (or any other state), property, vehicle, Dept of Workforce Services among others.

You have something in your possession that belongs to someone else. You owe them any money for selling it?
You have written checks that have bounced or are going to bounce. You have written any checks to any "Post-Dated Check" lender.

□ Have you closed, or has the account been closed by the bank any checking or savings account where you owe money?

 You have been served any legal papers. **YOU MUST BRING IN ANY PAPERS YOU HAVE BEEN SERVED**
 You have a spa or health club membership that you owe money on.

□ You are financing the purchase of any TV, stereo, furnishings, appliances or vehicles, list all creditors, even if you are going to keep paying the debt. List the name of the company financing and the dealer you bought the vehicle from if applicable.

Any executory contracts (orthodontic or any contract where both parties have something left to do on).

□ You are renting or leasing anything. Write the name of the landlord or creditor. Also include present and former landlords for the past 4-6 years.

□ You have borrowed any money from any friends, family or relatives.

List all debts that have been "written off".

List any debt that was reduced by a creditor if you paid them a lump sum.

List any debt that was "forgiven" by a creditor.

List ALL Debts that you owe (even if you intend to continue paying) *DO NOT LIST DUPLICATE CREDITORS*. If a creditor has multiple account numbers, list name once but include all account numbers for the ONE listing. Use the correspondence address if bill received within the last 90 days.

Your Name_____

Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner Value of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML
Account Number:		Amount Owed Date Incurred Name of Cosigner Value of Collateral	TD D C U Lien Sr RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD
Account Number:		Name of Cosigner Value of Collateral	D C U Lien Sr RA RE SR
Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner Value of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr
			RA RE SR

List ALL Debts that you owe (even if you intend to continue paying) *DO NOT LIST DUPLICATE CREDITORS.* If a creditor has multiple account numbers, list name once but include all account numbers for the ONE listing. Use correspondence address if bill received within the last 90 days.

Your Name_____

Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr
		Value of Collateral	RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML
		Amount Owed Date Incurred	TD
Account Number:		Name of Cosigner	DCU Lien Sr
		Value of Collateral	RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML
		Amount Owed Date Incurred	TD DCU
Account Number:		Name of Cosigner	Lien Sr
		Value of Collateral	RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD
		Name of	DCU
Account Number:		Cosigner	Lien Sr
		Value of Collateral	RA RE SR

List ALL Debts that you owe (even if you intend to continue paying) *DO NOT LIST DUPLICATE CREDITORS*. If a creditor has multiple account numbers, list name once but include all account numbers for the ONE listing. Use correspondence address if bill received within the last 90 days.

Your Name_____

Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner Value of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr RA RE SR
Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr
		Value of Collateral	RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD
Account Number:		Name of Cosigner Value of Collateral	DCU Lien Sr RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U
Account Number:		Name of Cosigner Value of Collateral	Lien Sr RA RE SR

List ALL Debts that you owe (even if you intend to continue paying) *DO NOT LIST DUPLICATE CREDITORS*. If a creditor has multiple account numbers, list name once but include all account numbers for the ONE listing. Use correspondence address if bill received within the last 90 days.

Your Name_____

Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner Value of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr RA RE SR
Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr
		Value of Collateral	RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U
Account Number:		Name of Cosigner Value of Collateral	Lien Sr
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U
Account Number:		Name of Cosigner Value of Collateral	Lien Sr RA RE SR
			1

List ALL Debts that you owe (even if you intend to continue paying) *DO NOT LIST DUPLICATE CREDITORS*. If a creditor has multiple account numbers, list name once but include all account numbers for the ONE listing. Use correspondence address if bill received within the last 90 days.

Your Name_____

Creditor Name, Address: Account Number:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of Cosigner Value of Collateral	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U Lien Sr RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U
Account Number:		Name of Cosigner Value of Collateral	Lien Sr RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD
Account Number:		Name of Cosigner Value of Collateral	DCU Lien Sr RA RE SR
Creditor Name, Address:	Creditor Attorney or Collection Agent	Nature of Debt or List of Collateral Amount Owed Date Incurred Name of	M F SR GSD CC PN U DC DB S GISL J P OD L PML NPML TD D C U
Account Number:		Value of Collateral	Lien Sr RA RE SR

REAL PROPERTY WORKSHEET

Please list ALL real estate that you own or are buying (including, but not limited to your home, any house, building lot, cabin, condominium, commercial property, any rental property, etc.) ALSO include on this list any real estate that you put into a trust in the past 15 years. (Also bring in the Trust Deed Note and most recent property tax notice for all real estate listed below.)

Description of real property and address	Lien-holder	Value	Default (amount lien-holder says you are behind, if any.

PERSONAL PROPERTY WORKSHEETS

List all personal property of any kind. If property is being held for you by someone else, state the name and address below. (See last page for help in estimating the value of your things.)

Cash on hand		\$		
List all open checking, savings accounts, paycheck debit cards, prepaid cards, Venmo, etc.		\$		
		\$		
List all Security De	eposits (Landlords, Utilities etc.)	\$		
LIEN HOLDER	HOUSEHOLD GOODS	<u>USED</u> Value		
	Food and Provisions		А	
	Food storage		с	
	Beds and Bedding		E	
	Range or Stove (not built in)		А	
	Dishwasher (not built in)		Α	
	Microwave		Α	
	Washer		Α	
	Dryer		Α	
	Sewing Machine		A	
	Freezer and/or Refrigerator		А	
	Rugs and Carpets (not permanently attached)		В	
	OTHER FURNISHINGS AND APPLIANCES			
	Kitchen table and chairs		b	
	Dining room set		b	
	Utensils, Cookware, Pots, Pans, Dishes		b	
	Tables (specify coffee, end etc.)		а	
	Chairs (rocking, recliner, easy-chair etc.) # of chairs		а	
	Chest of Drawers (how many)		а	
	TV's (how many)		а	
	VCR		а	
	Stereo (home, personal or portable) #of pieces		а	
	Lamps (how many)		а	
	Living-room furniture (how many pieces)		а	
	Vacuum Cleaner		а	
	Computer		а	
	Typewriter		а	

. <u></u>	Video Camera/Camcorder		a	
	Radios (personal, clock, CB or HAM)		а	
	FAMILY BOOKS, MUSICAL INSTRUMENTS, ANIMALS	-		
	Books (Hardbound, paperbacks, encyclopedia, etc.)		506C	
	Musical Instruments used by family		506C	
	Animals (Household pets)		506C	
	Prints and Pictures (art-work, hung on your walls)			
	Art produced by, or depicting you or your family		ix	
	Records, Tapes, Compact Disks			
	Art Objects			
	Coin and/or Stamp Collections			
	Clothing and wearing apparel (including costume jewelry)		D	
	Fine Jewelry			
	Heirloom/Sentimental property (including wedding rings)		506d	
	Health Aids (wheel chair, special beds etc.)		ii	
	Fishing/Camping equipment			
	Guns			
	Exercise/Sports equipment			
	Camera/Photography equipment			
	His Life Insurance (entire loan/cash value)		xi	
	Her Life Insurance (entire loan/cash value)		xi	
	HIS 401-k (This is NOT property of the Estate)		xiv	
	HER 401-k (This is NOT property of the Estate)		xiv	
	HIS other type of retirement plan, including education IRA (show type)		Fed	
	HER other type of retirement plan, including education IRA (show type)		Fed	
	Alimony (you receive)		vii	
	Child Support (you receive)		vi	
	Disability, Illness, Unemployment benefits (cash you receive)		iii	
	Medical, Surgical, Hospital benefits (cash you receive)		iv	
	Veterans Benefits (cash you receive)		v	
	Wages Earned but not yet paid	Unknown	103	25%
	Bodily Injury Compensatory Damages (The estimated value of your settlement)		×	
	Insurance Money due from death of relative or spouse		78- 23-5	

 MACHINERY, FIXTURES	TOOLS (Used in your busine	ess)	506 (2)	
Power and hand tools N	OT used in business			
Burial Plots			507	
 Public Assistance (Inclu	ding AFDC, Food stamps, Ar	ny Social Security)	iii	
Workman's Comp. (Cas settlement)	h you receive or estimated v	value of your	422	
Stock or Interest in Inco	orporated business (Itemize)		
Interest in Partnerships	, Joint Ventures or LLC (iten	nize)		
Bonds & Other negotiab	le or non-negotiable instrum	nents (itemize)		
 Promissory Notes (paya	ble to you)			
Liquidated Debts (Anyo	ne that owes YOU money, ir	cluding A/R)		
Anticipated Income Tax	Refund/ Earned Income Cre	edit		
Equitable & Future Inter estate)	rests, Life Estates, Beneficia	ry in Trusts (non-real		
Inheritance Expected (N	lame of Deceased & type of	property expected)		
Contingent Claims, Cou	nterclaims, Non-Compensat	ory Accident awards		
Patents, Copyrights, Tra	Patents, Copyrights, Trademarks, Any Intellectual Property			
Licenses, Franchises, Ar	ny Intangible property			
 Automobiles:				
 Year Make	Model	Basis for value	506 (3)	
Year Make	Model	Basis for value		
Year Make	Model	Basis for value		
Motorcycles:				
Year Make	Model	Condition		
 Trailers (including wo	ork-related, flat-bed and	Travel Trailers):		
Year Make	Model	Condition		
Boats, Motors and Tra	Boats, Motors and Trailers:			
Year Make	Model	Condition		
 Yard & Lawn-care equip	ment			
 Snow removal equipment	nt			
Outdoor furniture				
Portable Spa				

	······		1	
	Barbeque and out door cooking equipment			
	Satellite dish			
	Aircraft & Accessories			
······································	Horses, cows, sheep, poultry, any other livestock (not pets)			
	Crops (growing or harvested)			
	Farming equipment and implements (itemize)			
	Farming supplies and chemicals (itemize)			
	Office equipment and supplies (itemize)			
	Business Inventory (Value of items for sale in your business)			
	Videos and DVDs			
	Water Softener			
	Dvd player, cd player, mp3, ipod, cell phone or any other unlisted electronics			
	Entertainment Center			
	Bitcoin			
	Any other items of value			
	List all Real Property (Land) that you own or are buying including your home:			
	What it is Address	Value		

I have reviewed the amounts in the forgoing list of assets and state that they are true and correct to the best of my knowledge

Client______

Client_____

156 11/26/18 job c 2005, Rulon T. Burton & Assoc.

USE THIS TO HELP YOU VALUE YOUR PERSONAL PROPERTY

You need to list everything you own (or are buying). The Law requires that you value these items at the amount it would cost you to replace your possessions if you purchased identical used items. You may use this table as a <u>suggestion</u> to help you place a value on your belongings. <u>BUT, IF YOU HAVE A DIFFERENT OPINION, YOU MUST MAKE THE DECISION.</u>

APPLIANCES (INCLUDING TV AND STEREO):

The **<u>purchase price</u>** of the appliance or item is to be used as a base against which you should apply the following percentages:

Less than <u>one</u> year old		80%
One to <u>two</u> years old	65%	
Two to <u>four</u> years old		50%
More than four years old	10%	

.

FURNITURE:

The **<u>purchase price</u>** is to be used as the base against which you should apply the following percentages:

	Overstuff, Metal and Softwood <u>Furniture</u>	Hardwood <u>Furniture</u>
Less than <u>one</u> year old	75%	75%
One to <u>two</u> years old	50%	70%
Two to <u>four</u> years old	25%	50%
<u>More</u> than four years old	10%	25%

INCOME

If married, but filing single, or living together and sharing expenses, both columns MUST be completed or case could be dismissed

Debtor1 Employed Yes No Occupation:	Debtor2 Employed Yes No Occupation:
Name of Employer:	Name of Employer:
Address:	Address:
Date employment began:	Date employment began:

EARNINGS		==============
	Debtor1	Debtor2
MONTHLY GROSS income (wages, salary, commissions)		
Estimated monthly overtime		
Subtotal		
Less Deductions from paycheck:		
Tax Withholding, Medicare, Social Security		
Mandatory Retirement Contributions		
Voluntary Retirement Contributions		
Retirement Loan Repayments .		••••••••••••••••••••••••••••••••••••••
Child Support/Alimony		
Union Dues		
Other Deductions. Specify		
Total Payroll Deductions		
TOTAL "TAKE-HOME" PAY		
OTHER INCOME		
Net income from rental property and from operating a business.		
Interest and Dividends		
Child Support, Alimony, Property Settlements		
Unemployment		
Social Security		
Other Government Assistance (foods stamps, housing, etc)		
Pension or Retirement Income		
Other Monthly Income		
TOTAL OF ALL OTHER INCOME		

TOTAL MONTHLY INCOME
All other contributions to paying expenses (include contributions from an
unmarried partner, members of your household, dependents, roommates, other
friends or relatives)Specify:
Describe any increase or decrease in income reasonably anticipated within the year following the filing of
/our petition:

Do You Have Dependents? NO

YES. Fill out this information for each dependent

Dependents relationship to Debtor1 or Debtor2		Dependent's Age	Does Dependent Live With You?	
Son or Daughter	·		Yes	No
			Yes	Νο
			Yes	No

No

Yes

Do your expenses include expenses of people other than yourself and your dependents? Yes No

If a joint petition is filed and parties are separated, EACH party must complete separate list of expenses MONTHLY EXPENSES

	Family	Single	Office
First Mortgage (Or monthly Rent payment or Lot Rent)			
Real Estate Taxes			
Homeowners, renters insurance			
Home maintenance, repair, and upkeep			
Homeowners association or condo dues			
Additional Mortgage Payments (home equity, 2 nd Mtg)			
Electricity, heat, natural gas			
Water, sewer, garbage collection			
Telephone, cell phone, Internet, satellite, and cable services			
Other Utilities:			
Food and Housekeeping Supplies			
Childcare and children's education costs			
Clothing, Laundry and Dry Cleaning			
Personal care products and services			
Medical, dental and vision expenses			
Transportation (include gas, maintenance, bus/train fare, not car payments)			
Entertainment, clubs, recreation, newspapers, magazines, books			

Charitable Contributions		
Life Insurance (not deducted from paycheck)		
Health Insurance (not deducted from paycheck)		
Vehicle Insurance		
Other Insurance: Specify		
Taxes (not real estate or payroll)		
Car Payment		
Car Payment		
Other Secured Debt Payment		
Child Support or Alimony not deducted from paycheck		
Other payments to support those not living with you		
Mortgage on investment properties (include ins, taxes, maintenance, HOA)		
Other expenses: Specify		
Total Monthly Expenses		

Any substantial increase or decrease expected to expenses within 1 year (house payment change, car paid off?

I/we have reviewed this budget and state that these are my/our living expenses

______, Debtor1 ______Debtor2

CLIENT QUESTIONNAIRE

Male Name	SSN	Birth date	
Fomale Name	CON		
Female Name	SSN	Birth date	

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. <u>If the case is filed under chapter 13, a married debtor must furnish</u> <u>information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is</u> <u>not filed.</u> An individual debtor engaged in business as a sole proprietor, partner, family farmer or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question in "None", mark the box labeled "None". If additional space is needed for that answer to any question, use and attach a separate sheet properly identified with the case name and the number of the questions.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor "in business" for the purpose of this form if the debtor is or has been, within the last six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self employed.

"*Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations if which the debtor is an officer, director, or person in control; officers, directors and any owner of 5 percent affiliates; any managing agent of the debtor. 11U.S.C. section 101

None

1. Income from employment or operation of business.

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year) If a joint petition is filed, state income for each spouse separately.

	MALE YTD INCOME	SOURCE	FEMALE YTD INCOME	SOURCE
20				
20				
20				

None

2. Income other than from employment or operation of business.

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately.

	MALE YTD	INCOME	SOURCE	FEMALE YTD INCOME	SOURCE
20					
20					
None					
	3. Paymer	nt to creditors.			
aggregating of this case.	more than			purchases of good or servio within 90 days immediately	ces, and other debts, preceding the commencement
NAME OF CR	EDITOR D	ATE OF PAYMI	ENT	AMOUNT PAID	AMOUNT OWING
any creditor		whose debts a ays of \$5,000		consumer debts: List all pay	ments or any other transfer to

c. List all payments made within one year immediately preceding the commencement of this case for the benefit of creditors who are or were insiders. (Friend, relative, business associate)

NAME OF CREDITOR(AND RELATIONSHIP)

DATE OF PAYMENT AMOUNT PAID AMOUNT OWING

None

 \Box_4 . Suits and administrative proceedings, executions, garnishments and attachments.

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case.

CAPTION SUIT	NATURE OF S	SUIT COUR	T STATUS OF SUIT	
None				
	perty that has been attached, gates the second s		ler any legal or equitable process	
CREDITOR	DATE OF SEI	ZURE DESCR	RIPTION AND VALUE OF PROPERT	γ
None	· · · · · · · · · · · · · · · · · · ·			
	been repossessed by a credito		e sale, transferred through a deed eding the commencement of this	in
CREDITOR(OR SELLER)	DATE OF REPOSSESSION OR	RETURN DESCRIF	PTION AND VALUE OF PROPERTY	
None				
	e any assignment of property fo		ors made within 120 days	
immediately preceding t	he commencement of this case.			
NAME OF ASSIGNEE		DATE OF ASSIGNME	ENT TERMS OF ASSIGNMENT	ſ

b. List all property which has been in the hands of a custodian, receiver, or court appointed official with one year immediately preceding the commencement of this case.

NAME/ADDRESS OF CUSTODIAN	COURT/CASE N	IUMBER	DATE OF ORD	ER DESCRIPTION
None				
□ 7. Gifts.				
List all gifts or charitable contributions r case except ordinary and usual gifts to member and charitable contributions ag	family members a	ggregating le	ss than \$200 ir	
NAME OF PERSON/ORGANIZATION REL	ATIONSHIP		DATE	DESCRIPTION OR VALUE
None				
8. Losses				
List all losses from fire, theft, or other c commencement of this case or since the			e year immedia	tely preceding the
DESCRIPTION/VALUE OF PROPERTY	CIRCUMSTANC	ES(INSURED	?)	DATE OF LOSS
None				
9. Payments related to debt counse	ling or bankruptcy			
List all payments made or property tran for consultation concerning debt consoli bankruptcy within ONE YEAR immediat	sferred by or on b dation, relief unde	ehalf of the d r the bankrup	otcy law or pre	paration of a petition in
NAME OF PAYEE	DATE OF PAYM	ENT	WHO PAID?	AMOUNT PAID OR DESCRIPTION
None	· · · · · ·			
\Box 10. Other transfers.				
a. List all property, other to financial affairs of the debtor, transferred preceding the commencement of this ca **Use separate sheets if necessary**	ed either absolutely			
NAME & ADDRESS OF TRANSFEREE (Re	lationship)	DATE	DESCRIBE PR	OPERTY TRANSFERRED

b. List all property transferred within <u>**TEN YEARS**</u> to a self-settled trust or similar device of which you are the beneficiary

NAME OF TRUST/DEVICE DATE OF TRANSFER

AMOUNT, DESCRIPTION OF PROPERTY, VALUE AND YOUR INTEREST IN PROPERTY

				
None				
11. Closed financial acc	counts.			
were closed, sold or otherw checking, savings, or other	ise transferr financial acc	nts held in the name of the d red within one year preceding counts, certificates of deposit on funds, cooperatives, assoc	g the commence t, or other instr	ement of this case. Include
NAME & ADDRESS OF INST	ITUTION	TYPE OF ACCOUNT	DATE (OF CLOSING
ACCOUNT NUMBER	ACCOUN	T BALANCE		
None				
12. Safe deposit boxes				
•	or depository		ad securities, o	cash, or other valuables within
BANK OR DEPOSITORY W	HO HAS ACC	CESS TO BOX CONTENTS	5 TRANSFER O	R SURRENDER DATE
None				
13. Set-offs.				
	•	ncluding a bank, against a de ase.	bt or deposit o	f the debtor within 90 days
NAME OF CREDITOR		DATE		AMOUNT OF SET-OFF
None				
14. Property held for an	•	on. on that the debtor holds or c	controls	
	-			
NAME/ADDRESS OF OWNER	ζ	DESCRIPTION/VALUE OF	PROPERTY	LOCATION OF PROPERTY

None

15. Prior address of debtor.

If the debtor has moved within the <u>**THREE**</u> years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY	
	<u> </u>		

None

16. 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 this case, identify the name of the debtor's spouse and any former spouse who resides or resided with the debtor in the community property state.

NAME

None

17. Environmental Information. For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

ATTACH A LIST FOR ANY THAT APPLIES

a. 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. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

SITE NAME/ADDRESS	GOVERNMENTAL UNIT	DATE	ENVIRONMENTAL LAW

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

SITE NAME/ADDRESS GOVERNMENTAL UNIT DATE ENVIRONMENTAL LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME/ADDRESS OF GOVERNMENTAL UNIT DC

DOCKET NUMBER STATUS OR DISPOSITION

18. Have you been any of the following in the last 6 years: Self employed, an officer, director, partner, or managing executive of a corporation or partnership, a self employed professional, an owner of 5% or more of the voting or equity securities of any corporation or entity.

YES_____ NO_____ If you answered "YES" to any of question #18 above, there is an additional questionnaire to complete at the end of this questionnaire. If "NO," proceed to the next question.

19. Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety.

I have reviewed the forgoing questionnaire, with changes made by personnel of Rulon T. Burton and

Associates,	and decla	are that the answ	ers are true and c	orrect to the b	est of my know	ledge and bel	ief.
	Date						
			CLIENT				
			CLIENT				
BUSINESS ((Complete s			EACH business ve	nture if more t	than one)		
NAME OF BI	JSINESS	TAXPAYER ID SSN	ADDRESS		NATURE OF BUSINESS		DATES OPERATED
			state," (One build no other business				
supervised			ss of all bookkeep ecords of busines		ntants who, wit	hin <u>TWO YEA</u>	NRS , kept or
the busines		e names and addr ast <u>TWO YEARS</u> .	ess of any firms o	r individuals w	/ho have audite	d the books a	nd records of
business.	List the	e names and addr	ess of any firm or	person who h	ad possession o	f any books o	r records of the
last <u>TWO Y</u>		financial institutio	ons, creditors and	other parties	who you issued	financial stat	ements in the
DATE OF IN			two inventories ta INVENTORY S		y of the busines		ost or Market)
	List the	name and addre	ss of firm or perso	on having poss	session of each i	inventory repo	orted above.
· · · · · · · · · · · · · · · · · · ·							