

## Document Checklist and Questionnaire

The law requires we verify the information on your questionnaire. We must have complete information to file your case.

***Please attach the following documents to your questionnaire:***

- \_\_\_\_\_1. Proof of ALL income (pay stubs, child support, social security, etc.) in the last seven months.  
*If self-employed, include monthly breakdown of all business income and expenses. You must continue to send pay stubs as you receive them before the case is filed! (May be faxed or emailed)*
- \_\_\_\_\_2. Copies of your last two years state and federal tax returns and W-2's.
- \_\_\_\_\_3. Copies of your last two months bank and credit union statements.  
*Continue to send current statements until your case is filed.*
- \_\_\_\_\_4. Copy of credit counseling certificate.  
*Call Money Management (877-895-2227) or visit [www.cricketdebt.com](http://www.cricketdebt.com) to complete your certificate. Must be completed at least 24 hours before filing and within last 6 months.*
- \_\_\_\_\_5. Signed fee agreement and payment of fees.
- \_\_\_\_\_6. This year's county property tax statement.  
*Only applicable if you own or are purchasing a home, manufactured home, or land.*

**IMPORTANT: SEND COPIES ONLY! DO NOT SEND ORIGINAL DOCUMENTS.**

**Email or call your paralegal (marked below) for help with the questionnaire:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Gina</b><br>rander matt@olsendaines.com<br>7         | <input type="checkbox"/> <b>Sherie</b><br>scoila@olsendaines.com<br>P, C |
| <input type="checkbox"/> <b>Tahleah</b><br>tmontgomery@olsendaines.com<br>W      | <input type="checkbox"/> <b>Jill</b><br>jsmith@olsendaines.com           |
| <input type="checkbox"/> <b>Jennifer</b><br>jcampbell@olsendaines.com<br>S, E, R | <input type="checkbox"/> <b>Patrice</b><br>pleigh@olsendaines.com<br>A   |
| <input type="checkbox"/> <b>Miki</b><br>mreinen@olsendaines.com<br>G, M, K       |  |



ANSWER ALL QUESTIONS COMPLETELY

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Elsewhere 800-682-9568  
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info@olsendaines.com

ATTORNEYS AT LAW

BANKRUPTCY QUESTIONNAIRE

1. **Full name:** FIRST MIDDLE LAST

A. Debtor (Husband, if married): \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Joint Debtor (Wife, if married): \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Email addresses: \_\_\_\_\_

B. Other names used within past six years? Yes / No (do not list maiden name if no debts are in that name) If yes, list:

\_\_\_\_\_

C. Business Name(s): \_\_\_\_\_

D. Home Street address: \_\_\_\_\_

E. Mailing address: \_\_\_\_\_

How long have you been living in this State? \_\_\_\_\_ You must be in the State for at least 90 days prior to filing bankruptcy.

Debtor work # \_\_\_\_\_ Joint Debtor work # \_\_\_\_\_ Home # \_\_\_\_\_ AND

Cell phone, message or emergency # \_\_\_\_\_ County of residence: \_\_\_\_\_

F. Name, address, and phone number of someone who will know where you are if we need to contact you within five years:

\_\_\_\_\_

G. Marital Status: Single, Married, Separated, Divorced: \_\_\_\_\_

Children or Dependents **that reside with you** (Names and Ages):

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

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

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

2. **Prior bankruptcy filed?** Yes / No If yes, where? \_\_\_\_\_

Year filed and month: \_\_\_\_\_ Discharge obtained? \_\_\_\_\_

Case number, if known: \_\_\_\_\_ Chapter filed: \_\_\_\_\_

3. **Date Questionnaire Completed:** \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

**4. Occupation:**

A. Debtor's occupation is: (example - Teacher) \_\_\_\_\_  
Where employed now? \_\_\_\_\_ How long employed? \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Pay period (**IMPORTANT**): Monthly/Twice a month/Every other week/Weekly \_\_\_\_\_  
Exact day(s) of the month you are paid \_\_\_\_\_  
Exact take-home pay per pay period or accurate average: \$ \_\_\_\_\_ Salary/hourly wage \$ \_\_\_\_\_  
Name and phone number of payroll clerk: \_\_\_\_\_  
Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. \_\_\_\_\_

B. Joint Debtor's occupation is (example - Teacher) \_\_\_\_\_  
If not employed, do you anticipate employment, and when? \_\_\_\_\_  
Where employed now: \_\_\_\_\_ How long employed? \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Pay period (**IMPORTANT**): Monthly/Twice a month/Every other week/Weekly \_\_\_\_\_  
Exact day(s) of the month you are paid: \_\_\_\_\_  
Exact take-home pay per pay period or accurate average: \$ \_\_\_\_\_ Salary/hourly wage: \$ \_\_\_\_\_  
Name and phone number of payroll clerk: \_\_\_\_\_  
Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. \_\_\_\_\_

C. Are debts primarily business or consumer debts? \_\_\_\_\_

**5. Real Property or Mobile Home:** Does your name show up on deeds to any land or real property anywhere in the world? If so, please give the information below:

A. Are you purchasing or do you own REAL PROPERTY? Yes / No  
Please Circle One: Land with home or bare land, **OR** a Mobile Home with land or a Mobile Home in park.  
Address of property: \_\_\_\_\_  
Tax Assessed Value (**necessary**): \$ \_\_\_\_\_ Year of assessment: \_\_\_\_\_  
When purchased? \_\_\_\_\_ Amount purchased for: \_\_\_\_\_  
Your estimate of its full market value: \$ \_\_\_\_\_  
Do you owe property taxes? Yes / No If yes, how much and for what year(s): \_\_\_\_\_  
Are your property taxes included in your mortgage payment? Yes / No  
Which County? \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

B. DO YOU WANT TO RETAIN HOME? YES / NO

**First** mortgage monthly payment: \$ \_\_\_\_\_ Loan # \_\_\_\_\_

How much behind? \$ \_\_\_\_\_ Balance owed: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name and address of lender: \_\_\_\_\_

Foreclosure Date: (if any) \_\_\_\_\_

**Second** mortgage monthly payment: \$ \_\_\_\_\_ Loan # \_\_\_\_\_

How much behind? \$ \_\_\_\_\_ Balance owed: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name and address of lender: \_\_\_\_\_

Foreclosure Date: (if any) \_\_\_\_\_

**Third** mortgage: add same information on attached sheet

C. Do you have another piece of real property? Yes / No If yes, attach sheet with above details.

**6. Bank Information:**

A. Safe deposit box? Yes / No If yes, where? \_\_\_\_\_

What are contents? Any valuables? If yes, explain: \_\_\_\_\_

B. Bank Accounts:

	Name of Bank	Branch	Savings/Checking	Average Balance
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

WE ADVISE CLIENTS TO CLOSE OUT ALL CREDIT UNION ACCOUNTS BEFORE FILING BANKRUPTCY OR LEAVE IN MINIMUM BALANCE IF THEY OWE MONEY TO THE CREDIT UNION

7. Do you have a security deposit with a utility or landlord? Yes / No

How much is refundable and with whom? \_\_\_\_\_

8. Your estimate value of the following (auction or garage sale value):

household goods / including audio, video, and computer equipment \_\_\_\_\_

books, pictures, art objects, antiques, stamp, coin, record, tape, cd,  
or other collections \_\_\_\_\_

wearing apparel \_\_\_\_\_

furs and jewelry \_\_\_\_\_

sports, photographic, and other hobby equipment \_\_\_\_\_

9. Do you own any GUNS? Yes / No If yes, list each one. Describe whether it is a rifle, shot gun, or pistol with its respective

value: \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

10. Do you have LIFE INSURANCE? Yes / No Term / Whole life (Whole Life means it has cash value) Value: \$\_\_\_\_\_ What company? \_\_\_\_\_
11. Do you have an annuity? Yes / No If yes, describe: \_\_\_\_\_
12. Do you have a RETIREMENT FUND with any employer, past or present? Yes / No  
If yes, itemize and how much: \_\_\_\_\_  
Do you have a LOAN against any retirement fund, and if yes, how much? \_\_\_\_\_
13. Do you own any STOCKS OR BONDS other than retirement? Yes / No Value: \$\_\_\_\_\_ What company? \_\_\_\_\_
14. Do you have an interest in a partnership / joint venture? Yes / No  
If yes, itemize: \_\_\_\_\_
15. Do you have government bonds or negotiable instruments? Yes / No  
If yes, itemize: \_\_\_\_\_
16. Does anyone owe you any money or accounts receivable? Yes / No  
If yes, itemize: \_\_\_\_\_
17. Are you entitled to past-due child support / alimony? Yes / No  
If yes, state how much you are due and from whom? \_\_\_\_\_
18. Are you entitled to an equitable or future interest, life estate, interest in an insurance policy, trust or any other claim of every nature - patent, copyright, license, franchise, or other intangible? Yes / No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
19. Do you have a claim for PERSONAL INJURY or WORKERS' COMP? Yes / No If yes, list the name, address, and phone number of the attorney who represents you and what you believe to be the value of your claim: \_\_\_\_\_  
\_\_\_\_\_

20. **Please Complete All Information Describing Your Vehicle(s)**

Year	Make	Model	No. of Cylinders	Style	No. of Doors	Mileage	Est. Value	Name(s) on Title

21. Do you own a boat, motorcycle, camper, trailer, aircraft, or more than four cars not listed in prior question: Yes/ No If yes, list what and value (attach sheet if necessary): \_\_\_\_\_

ANSWER ALL QUESTIONS COMPLETELY

22. Do you have any office equipment, fixtures, or supplies used in business? Yes / No If yes, describe and list values:

\_\_\_\_\_

23. Do you have inventory in the business? \_\_\_\_\_

24. Do you own any animals with a total value over \$300.00? Yes / No If so, describe type of animal and its value. \_\_\_\_\_

\_\_\_\_\_

25. Do you have any crops, farming equipment, and supplies? Yes / No If yes describe and what is your estimate of value?

\_\_\_\_\_

\_\_\_\_\_

26. Do you have any UNUSUAL ASSETS, SUCH AS ANTIQUE COLLECTIONS, COIN OR STAMP COLLECTIONS ETC.

Yes / No If yes, please describe with your estimate of value. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Has anyone left you an INHERITANCE? Yes / No If yes, who and how much? Please provide particulars \_\_\_\_\_

\_\_\_\_\_

28. Do you anticipate anyone dying and leaving you an inheritance within the next 6 months? Yes / No. If yes, describe and consult with our office \_\_\_\_\_

\_\_\_\_\_

29. Do you have any OTHER ASSETS not listed here of significant value, for example, tools, art collection, equipment, trailer, boat, **Manufactured home or Mobile Home** etc.? Yes / No If yes, please provide particulars with your estimate of value (attach list if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. **Taxes:**

A. Are you entitled to a tax refund? This includes next year if you are filing Bankruptcy after September 1.

Yes/No **MUST ANSWER**, estimate if necessary.

If yes, how much? Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_

In which state were tax returns filed for last two years? \_\_\_\_\_

**If your tax refunds are over \$500.00 the trustee may claim the refund. Discuss this with the attorney.**

**ANSWER ALL QUESTIONS COMPLETELY**

- B. Did you receive a tax refund in the last two years? Yes / No If yes, what year and how much received?  
 Federal - Year: 2006 Amount: \$ \_\_\_\_\_ Federal - Year: 2005 Amount: \$ \_\_\_\_\_  
 State - Year: 2006 Amount: \$ \_\_\_\_\_ State - Year: 2005 Amount: \$ \_\_\_\_\_  
 Homeowners - \$ \_\_\_\_\_

31. **TAXES OWING** (Estimate if exact amounts are not known. HOWEVER YEARS AND DATES MUST ACCURATE.

Year	Returns Filed	Amount Owing IRS	Amount Owing State	Amount Owing Other State	Lien Filed
2007	Yes / No				Yes / No
2006	Yes / No				Yes / No
2005	Yes / No				Yes / No
2004	Yes / No				Yes / No
2003	Yes / No				Yes / No
2002	Yes / No				Yes / No
2001	Yes / No				Yes / No
2000	Yes / No				Yes / No

**Continue on in earlier years if returns have not been filed or if taxes remain owing.**

- A. Are you anticipating owing taxes for the next calendar year? Yes / No If yes, how much? \_\_\_\_\_ If you will not be able to pay this sum you should contact your attorney or the appropriate paralegal regarding options prior to this bankruptcy case being filed.
- B. Was a tax return **filed late**? Yes / No, give us the tax year; and day, month, and year the return was filed?  
 \_\_\_\_\_
- C. Was a tax return **filed by the IRS or State Taxing Agency on your behalf**? Yes / No If so, what tax agency and what year? \_\_\_\_\_

ATTACH A COPY OF ANY AND ALL DOCUMENTS RELATING TO TAXES OWED!

**BE SURE TO FILLOUT THE FOLLOWING PAGES AS CLEARLY AND ACCURATELY AS POSSIBLE MISSING, ILLEGIBLE OR INCOMPLETE INFORMATION MAY DELAY PROCESSING YOUR PETITION**

32. SECURED LOANS (IMPORTANT - FILL OUT COMPLETELY REGARDLESS OF WHETHER YOU ARE KEEPING OR SURRENDERING PROPERTY)  
 (i.e., car, furniture, jewelry, property taxes, home, etc.).

**PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR  
 UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES**

Description and Date Acquired	EXAMPLE: 1984 Chevrolet Citation				
Name of Creditor and Address	US National Bank Address:				
Loan Number if Available	#12345678				
Interest Rate	9%				
Value	\$1,000.00				
Current Balance	\$3,400.00				
Amount of Monthly Payment	\$300.00				
How Many Months Behind?	3 months				
Do you want to keep items?	Yes				
Is there a cosigner? If yes, name, address and relationship	John Doe 1 Oak Street Salem, OR 97303 Uncle				

PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR  
UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES

**UNSECURED CREDITORS**

(Example: Medical bills, charge cards,  
unsecured loans, utility bills, etc.)

**PLEASE SPECIFY IF DEBT IS A BUSINESS DEBT.**

**PLEASE, PRINT, AND FILL IN ADDRESSES FULLY AND CAREFULLY,  
LIST THE TOTAL AMOUNT DUE, NOT THE MONTHLY PAYMENT. INCLUDE ACCOUNT NUMBER!**

NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER	TYPE OF DEBT AND YEARS INCURRED (Medical, Credit Card, Collection, etc.)	AMOUNT OWED	CO-SIGNER





PLEASE COMPLETE THIS SECTION - YOUR BANKRUPTCY CANNOT BE FILED WITHOUT THIS INFORMATION!!!

33. Past Gross Income:

Debtor: Year To Date Income: \$ \_\_\_\_\_ Where Employed? \_\_\_\_\_

Last calendar year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_

Previous year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_

Joint Debtor: Year To Date Income: \$ \_\_\_\_\_ Where Employed? \_\_\_\_\_

Last calendar year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_

Previous year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_

34. Do you have a LEASE of real property (land or building) or personal property or a TIME SHARE? Yes / No If yes, list name and address of other party to lease or agreement and description of contract or lease including balance owed and payment. \_\_\_\_\_

35. Have you paid any single creditor over \$600.00 in the last 90 days? Yes / No. If so, describe each creditor and how much you paid. (This includes money that has been garnished from you) \_\_\_\_\_

36. Have you paid a RELATIVE any money, assets or property in the last year? Yes / No. If yes, please give name and address, date of payment, amount paid, and amount still owed. \_\_\_\_\_

37. Any lawsuits or judgments pending against you? Yes / No If yes, list below:

Fill Out Completely

Name of creditor or party suing you	County	Case number	Judgment	How much owed?
1. _____	_____	_____	Yes / No	\$ _____
2. _____	_____	_____	Yes / No	\$ _____
3. _____	_____	_____	Yes / No	\$ _____
4. _____	_____	_____	Yes / No	\$ _____
5. _____	_____	_____	Yes / No	\$ _____
6. _____	_____	_____	Yes / No	\$ _____
7. _____	_____	_____	Yes / No	\$ _____

**PLEASE ATTACH A COPY OF ANY COMPLAINT OR SUMMONS FOR EACH CASE.**

38. Have your wages been GARNISHED within one year? Yes / No If yes, provide all particulars, (including **who, how much, dates taken, and from whose check.**) \_\_\_\_\_  
 \_\_\_\_\_
39. Anything REPOSSESSED, deed in lieu of foreclosure, or return to seller within the last year? Yes / No If yes, provide name, address of creditor, date of transfer, description and value of property transferred or repossessed \_\_\_\_\_  
 \_\_\_\_\_
40. Have you TRANSFERRED any property or money to any creditor within 120 days? Yes / No If yes, describe transfer, date, and terms. \_\_\_\_\_  
 \_\_\_\_\_
41. Please list all BANK OR CREDIT UNION ACCOUNTS CLOSED in the last year. (Include name of bank, full address, type of account, and the date closed.) \_\_\_\_\_  
 \_\_\_\_\_
42. Have you made a GIFT of property to a family member OR charitable contribution other than an ordinary or usual gift within the last year? Yes / No If yes, please provide particulars: \_\_\_\_\_  
 \_\_\_\_\_
43. Any gambling, fire, casualty or theft losses within last year? Yes / No If yes, describe any insurance collected within the last year? Yes / No If yes, explain on an attached sheet. \_\_\_\_\_  
 \_\_\_\_\_
44. List all payments made or transferred to any person, including attorney other than the Olsen Law firm for consultation concerning debt consolidation, or bankruptcy within the last year? \_\_\_\_\_  
 \_\_\_\_\_
45. Have you TRANSFERRED or sold any other property in the last year? Yes / No If yes, describe: (Include any sale of home, car, etc. **Name, Address, Amount Sold For, Description of what was sold**) \_\_\_\_\_  
 \_\_\_\_\_
46. Any set off, credit or discount by any creditor in last 90 days? Yes / No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
47. Do you HOLD PROPERTY (car, boat, furniture, etc.) for another person? Yes / No If yes, explain the circumstances, who, what, where, and when \_\_\_\_\_  
 \_\_\_\_\_
48. Have you received a notice of an Environmental or Hazardous Material release by any governmental unit? Yes / No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
49. Have you been married to a spouse other than the spouse listed in question 1(a) above in the last 8 years? Yes / No If yes, list the name of the spouse, what state(s) you resided in when married and what years you were married (**Even if not now married!**): \_\_\_\_\_  
 \_\_\_\_\_

50. List the name and complete address of anyone you owe child support, spousal support or alimony \_\_\_\_\_  
\_\_\_\_\_

51. Prior address for last three years:

	Prior Address	Date of Occupancy
1.	_____ _____ _____	_____ to _____
2.	_____ _____ _____	_____ to _____
3.	_____ _____ _____	_____ to _____

52. Are you engaged in a business of ANY size? Yes / No IF YES, YOU MUST REQUEST A STATEMENT OF AFFAIRS FOR DEBTOR ENGAGED IN BUSINESS FROM THIS OFFICE, if not already furnished.

53. Have you been engaged in any business within the past 6 years? Yes / No If yes, please describe including **name, type of business** and **dates of operation** \_\_\_\_\_  
\_\_\_\_\_

54. In business as a partner in the last six years? Yes / No If yes, indicate where, dates, with whom, and when terminated:  
\_\_\_\_\_

55. Are you now operating your own business? Yes / No If yes, name of business, \_\_\_\_\_  
\_\_\_\_\_

56. Briefly describe nature of business: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE ATTACHED BUDGET AS COMPLETELY AND ACCURATELY AS POSSIBLE:**  
**BUDGET IS CALCULATED MONTHLY, IF PAID WEEKLY OR BI-WEEKLY PLEASE CALCULATE WITH**  
**YOUR ENTIRE MONTHLY GROSS INCOME!**

ANSWER ALL QUESTIONS COMPLETELY

INCOME

Employment Income:	Debtor	Joint Debtor
Current Monthly Gross Income	\$ _____	\$ _____
Estimate Monthly Overtime	\$ _____	\$ _____
Subtotal of Wages	\$ _____	\$ _____
Deductions:		
State & Federal Taxes, FICA, SSI etc.	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Other Deductions (SPECIFY) _____ _____	\$ _____	\$ _____
Subtotal of Deductions	\$ _____	\$ _____
Income from operation of Business, Profession, or Farming	\$ _____	\$ _____
Income from Real Property	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____
Alimony, Child Support paid to you for dependents in your care.	\$ _____	\$ _____
Social Security, or Government Assistance (PLEASE SPECIFY)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Any Other Monthly Income (SPECIFY)	\$ _____	\$ _____

Do you expect any significant income changes in the next 24 months?

EXPENSES

Rent or Mortgage Payments (Include Space Rent) \$ \_\_\_\_\_  
Are real estate taxes included in payment? Yes\_\_\_ No\_\_\_  
Is property insurance included in payment? Yes\_\_\_ No\_\_\_

UTILITIES:

Electricity & Heating Cost (gas, electric, oil) \$ \_\_\_\_\_  
Water & Sewer \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Garbage, cable, satellite, cell phone, alarm system, PO Box, internet, (CIRCLE all that apply) \$ \_\_\_\_\_

Child care expenses \$ \_\_\_\_\_

Home Maintenance \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing Purchases \$ \_\_\_\_\_

Laundry & Dry Cleaning Expenses \$ \_\_\_\_\_

Medical & Dental Expenses \$ \_\_\_\_\_

Transportation Expenses \$ \_\_\_\_\_

Recreation & Entertainment \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

If more than \$50 per month, list name & address of recipient:  
\_\_\_\_\_

INSURANCE:

Homeowners or Renters \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Health \$ \_\_\_\_\_  
Auto \$ \_\_\_\_\_  
Other (SPECIFY) \$ \_\_\_\_\_  
Taxes (property taxes, self employment taxes) \$ \_\_\_\_\_

INSTALLMENT PAYMENTS:

Auto #1 \$ \_\_\_\_\_  
Auto #2 \$ \_\_\_\_\_  
Other (SPECIFY) \_\_\_\_\_ \$ \_\_\_\_\_

Alimony or Support Payments paid to others \$ \_\_\_\_\_

Regular expenses from operation of business etc. \$ \_\_\_\_\_

do you expect any significant expense changes in the next 24 months?

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re

) Case No. \_\_\_\_\_

) EX. D-2

) FINANCIAL REVIEW OF DEBTOR'S  
) NONFARMING BUSINESS

) [File With the Statement of Affairs in Chapter 12 and  
) 13 Cases If Debtor Earns Any Income From Operation  
) of a NONFARMING Sole Proprietorship Business or  
) Debtor or an Insider Owns 20% or More of a  
) NONFARMING Corporation]

Debtor(s)

(NOTE: **ONLY INCLUDE** information directly related to the Nonfarming business operation. This information is to be from the corporate books where necessary. If an item of Income or Expense does not apply, indicate with "N/A.")

**ATTACH COPY OF SCHEDULE C FROM PRIOR YEAR'S TAX RETURN (OR EXPLAIN ABSENCE).**

**INDICATE ACCOUNTING METHOD USED:**     \_\_\_ Cash Basis     \_\_\_ Accrual Basis

**BUSINESS NAME, ADDRESS, AND PHONE NUMBER:** \_\_\_\_\_

**NATURE AND STARTING DATE OF BUSINESS AND PERCENTAGE OF OWNERSHIP:** \_\_\_\_\_

**PROJECTED ANNUAL BUSINESS INCOME:**

- |    |                         |          |
|----|-------------------------|----------|
| 1. | Gross Sales or Receipts | \$ _____ |
| 2. | Returns and Allowances  | _____    |
| 3. | Less Cost of Goods Sold | _____    |
| 4. | Other Income            | _____    |
| 5. | Gross Income            | \$ _____ |

**PROJECTED ANNUAL BUSINESS EXPENSES**

**(DO NOT include payments paid through plan)**

- |     |   |          |
|-----|---|----------|
| 6.  | Advertising                                     | _____    |
| 7.  | Car and Truck Expenses                          | _____    |
| 8.  | Commissions and Fees                            | _____    |
| 9.  | Secured Debt Including Interest (attach list)   | _____    |
| 10. | Employee Benefits (other than on line 14)       | _____    |
| 11. | Insurance (other than health)                   | _____    |
| 12. | Legal and Professional Services                 | _____    |
| 13. | Office Expenses                                 | _____    |
| 14. | Pension/Profit-Sharing Plans                    | _____    |
| 15. | Rent or Leases                                  | _____    |
|     | a. Vehicles, Machinery, Equipment (attach list) | _____    |
|     | b. Other Business Property (attach list)        | _____    |
| 16. | Repairs and Maintenance                         | _____    |
| 17. | Supplies (if not included in line 3)            | _____    |
| 18. | Taxes and Licenses                              | _____    |
|     | a. Payroll Taxes                                | _____    |
|     | b. Income/Self-Employment Tax                   | _____    |
|     | c. Other Taxes/Licenses                         | _____    |
| 19. | Travel  | _____    |
| 20. | Meals and Entertainment                         | _____    |
| 21. | Utilities                                       | _____    |
| 22. | Wages   | _____    |
| 23. | Other Expenses (list separately)                | _____    |
| 24. | Total Expenses                                  | \$ _____ |

PROJECTED ANNUAL NET INCOME (line 5 minus line 24)     \$ \_\_\_\_\_

ESTIMATED AVERAGE NET MONTHLY INCOME     \$ \_\_\_\_\_

(Attach explanation if not same as amount listed in Schedule I for the question "Regular income from operation of business...")