

LAW OFFICE OF SCOTT A. KRAMER, LLC

Statement of Financial Affairs

1. Income from employment Husband's gross work income: this year \$ _____ last year \$ _____ year before \$ _____ Wife's gross work income: this year \$ _____ last year \$ _____ year before \$ _____
2. Income from other than employment (i.e. social security, retirement fund, pension, annuity, etc.) Husband's income from other sources \$ _____ last year \$ _____ year before \$ _____ Wife's income from other sources \$ _____ last year \$ _____ year before \$ _____
3. Payments to creditors – Have you paid any single creditor over \$600 in the last 90 days? Yes ___ No ____. Creditor _____ Amount paid \$ _____ Creditor _____ Amount paid \$ _____
4. Lawsuits a. Have you been involved in any lawsuits or administrative proceedings over the last year? Yes ___ No ___. If so, describe. _____ _____ b. Have you had any property attached, garnished, or seized within the last year? Yes ___ No ____. Creditor _____ Property _____ Amount _____ Creditor _____ Property _____ Amount _____
5. Repossessions, foreclosures and returns – Have you had a repossession, foreclosure, or returned property in the last year? Yes ___ No ____ Creditor _____ Property _____ Date taken _____ Fair market value _____
6. Assignments and receiverships a. Have you had any property assigned for the benefit of a creditor in the last 120 days? Yes ___ No ____. Creditor _____ Property _____ Amount _____ Creditor _____ Property _____ Amount _____ b. List all property that is or has been in the hands of a custodian, receiver, or court-appointed official in the last year. Property _____
7. Gifts – Have you made any gifts to a family member greater than \$200, or a charitable contribution over \$100, in the last year? Yes ___ No ____ Name of recipient _____ Relationship to you _____ Date given _____ Amount _____
8. Losses – Have you suffered any losses from fire, theft, robbery, other casualty or gambling in the last year? Yes ___ No ____. Property lost _____ Date of loss _____ Cause of the loss _____ Insured? Yes ___ No ____ Amount _____
9. Payments related to debt counseling or bankruptcy – Have you paid any one for debt counseling, debt consolidation advise with respect to bankruptcy in the last year? Yes ___ No ____ If so: Who was paid _____ Amount _____ Date _____
10. Other Transfers – Have you transferred any money, property or other assets to relatives or cosigners in the last year, or paid creditors for the benefit of relatives or cosigners in the last year? Yes? ___ No ____ Property _____ Recipient _____ Relationship _____ Address _____
11. Closed financial accounts – Were any financial accounts in your name or for your benefit closed or transferred in the last year? Yes ___ No ____ Bank or financial institution name _____ Type of account _____ Final balance _____ Date closed _____
12. Safe deposit box – Have you had a safe deposit box in the last year? Yes ___ No ____ Bank _____ Address _____ Contents _____
13. Setoffs – Has any money or property been taken by a creditor against a debt or deposit within the last 90 days? Yes ___ No ____ Creditor _____ Property taken _____
14. Property held for another person – Is your name on the title to any one else's property (i.e. house, motor vehicle, bank account, or other property)? Yes ___ No ____ Who's property _____ Address _____ Property _____
15. Prior address of debtor – Have you lived elsewhere in the last two years? Yes ___ No ____. Address #1 _____ From _____ To _____ Address #2 _____ From _____ To _____

Attorney Notes: