

State of Illinois)
)
 County of Cook) cc.

INSTRUCTIONS	
1.	All questions require a written response. If you do not have the information requested or do not know the answer to a particular question, indicate that as your answer.
2.	
3.	Use additional sheets if necessary

Tanyia Y. Salgado, being duly sworn states that the following is an accurate statement as of (date)_____, of her income from all sources, a statement of his financial assets, monthly living expenses and debts and a statement of health insurance coverage. It is specifically understood that this affidavit is being used in contemplation of settlement of a claim that is being brought against me by Mantik Mui, arising out of an incident on 12-23-2021. Nothing in this affidavit is an admission of liability, guilt or responsibility for the incident, rather it is exclusively used in contemplation of settlement.

Name:		Telephone Number
Address:		Social Security Number
Date of Birth		
Marital Status:		Date of Marriage
Date of Dissolution of Marriage:		

Dependents			
Name		Date of Birth	Residing with

Current Employer	Address:
Self-employment	Address
Other employment	Address
<input checked="" type="radio"/> Check if unemployed	

Number of paychecks per year *(Please check)*

12 24 26 52 Other

Number of exemptions claimed

Withholding Status M S

Number of dependents

Gross income from all sources last year:

Gross income from all sources this year through \$

(Year)

<u>Gross Monthly Income</u> <i>(Compute as 4.33 if paid weekly or 2.17 if paid bi-weekly)</i>	
Salary/wages/base Pay	
Overtime/commission	

Bonus		
Draw		
Pension and Retirement Benefits		
Annuity		
Interest/dividend Income		
Trust Income		
Social Security Payments		
Unemployment Benefits		
Disability Payments / Workers Compensation Public Aid / Food Stamps		
Rental Income		
Business Income		
Partnership Income		
Royalty Income		
Fellowship / Stipends		
Other Income (<i>specify</i>)		
<u>Total Gross Monthly Income:</u>		

Additional Cash Flow (Monthly)

Maintenance received (*Payments received from
prior Judgment or support orders in other actions*);

\$ _____

Child support received (*Payments received pursuant to Court order or voluntarily in this or other actions*) \$ _____

Total Additional Cash Flow \$ _____

TOTAL MONTHLY GROSS INCOME FROM ALL SOURCES \$ _____

Statutory Monthly Deductions

Federal Tax (based on _____ withholding status) \$ _____

State Tax (based on _____ withholding status) \$ _____

FICA (or Social Security equivalent) \$ _____

Medicare Tax \$ _____

Mandatory Retirement Contributions required by law or as condition of employment \$ _____

Union Dues
(Name of Union: _____) \$ _____

Health/Hospitalization Premiums \$ _____

Prior Obligation(s) of Support actually paid pursuant to Court Order(case) _____ \$ _____

TOTAL REQUIRED DEDUCTIONS FROM MONTHLY INCOME \$ _____

Monthly Income \$ _____

STATEMENT OF MONTHLY LIVING EXPENSES as of

(Do not duplicate; list only under one category)

1. <u>Household</u>		
a. Mortgage or Rent (<i>specify</i>)		
b. Home Equity Loan / Second Mortgage		
c. Real Estate Taxes, Assessments		

d. Homeowners or Renters Insurance		
e. Heat /Fuel		
f. Electricity		
g. Telephone <i>(include long distance)</i>		
h. Cell Phone / Pager		
i. Cablevision		
j. Water and Sewer		
k. Computer		
l. Refuse Removal		
m. Laundry / Dry Cleaning		
n. Maid / Cleaning Service		
o. Furniture and Appliance Repair/Replacement		
p. Lawn and Garden / Snow Removal		
q. Food <i>(groceries, household supplies, etc.)</i>		
r. Restaurant Meals		
s. Other <i>(specify)</i>		
SUBTOTAL HOUSEHOLD EXPENSES		

2. <u>Transportation</u> (Number of vehicles_____)		
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a. Gasoline		
b. Repairs		
c. Insurance / License / City Stickers		
d. Alternative Transportation		
e. Other (<i>specify</i>)		
SUBTOTAL TRANSPORTATION EXPENSES:		

3. <u>Personal</u>		
a. Clothing		
b. Grooming		
c. Medical (<i>after insurance proceeds</i>)		
i. Doctor		
ii. Dentist		
iii. Optical		
iv. Medication		
v. Counseling		
vi. Other		
d. Insurance:		

i. Life Insurance Premiums		
ii. Medical/Hospitalization Insurance Premiums <i>(Not withheld from wages)</i>		
iii. Dental/Optical Insurance Premiums <i>(Not withheld from wages)</i>		
iv. Insurance		
v.		
vi.		
vii.		
e. Other <i>(specify)</i>		

4. Miscellaneous		
a. Clubs/Social Obligations/Entertainment		
b. Newspapers, Magazines, Books		
c. Gifts		
d. Donations, Church or Religious Affiliation		
e. Vacations		
f. Tax-deferred Contributions		
g. Other <i>(specify)</i>		

SUBTOTAL MISCELLANEOUS EXPENSES:		
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5. <u>Children's Separate Expenses:</u> <i>(Identify special needs)</i>		
a. Clothing		
b. Grooming		
c. Education:		
d. Tuition		
e. Books / Fees		
f. Lunches		
g. Transportation		
h. Activities		
i. Medical (after insurance proceeds): (1) Doctor		
j. Dentist Optical Medication		
k. Counseling		
l. Allowance		
m. Child Care/Before and After School Care		
n. Sitters		
o. Lessons and Supplies		
p. Clubs / Summer Camps		

q. Vacation		
r. Entertainment		
s. Other (<i>Specify</i>)		
SUBTOTAL CHILDREN'S EXPENSES:		

TOTAL MONTHLY LIVING EXPENSES

STATEMENT OF DEBTS AND LIABILITIES

CREDITOR

PURPOSE

BALANCE DUE

MONTHLY PMT.

TOTAL MONTHLY DEBT PAYMENT \$ _____

STATEMENT OF HEALTH INSURANCE COVERAGE

Currently effective health insurance coverage: Yes No

Name of Insured					
Name of Insurance Company				Policy or Group No.	

Type of insurance: Medical Dental Optical
Deductible Per Individual Per Family: _____

Persons covered: Self Spouse Dependents
 Type of policy: HMO PPO Standard Indemnity (i.e. 80/20)
 Provided by: Employer Private Policy Other Group
 Monthly cost: Paid by Employer Paid by Employee:

<u>RECAP</u>		
MONTHLY INCOME		
TOTAL MONTHLY LIVING EXPENSES		
DIFFERENCE BETWEEN NET INCOME AND EXPENSES		
LESS MONTHLY DEBT PAYMENT		
INCOME AVAILABLE PER MONTH		

LIST ALL STOCKS, BONDS, COUPONS IN WHICH YOU HAVE ANY INTEREST, INDICATING THE NUMBER OF SHARES OWNED AND THE SERIES (I.E. PREFERRED, COMMON ETC., IF APPLICABLE):

AUTOMOBILES IN WHICH YOU HAVE AN INTEREST:

MAKE: _____ YEAR: _____

MODEL: _____ VALUE: _____

OUTSTANDING LOANS ON VEHICLE: _____

DUE DATE: _____

LOAN WITH: _____

AMOUNT OF LOAN ON VEHICLE: _____

LIST ALL OTHER VEHICLES IN WHICH YOU HAVE AN INTEREST:

DO YOU HAVE ANY INTEREST IN A BUSINESS OR PARTNERSHIP?

YES NO

IF YES, STATE THE NAME AND LOCATION OF THE BUSINESS AND THE NATURE OF YOUR INTEREST IN THE BUSINESS:

DOES THE BUSINESS HAVE ANY ACCOUNTS RECEIVABLE? _____

IF SO, STATE THE DEBTOR, THE DEBTOR'S ADDRESS AND THE AMOUNT:

NAME OF YOUR BANK (S): _____

ADDRESS (ES) OF YOUR BANK: _____

CHECKING ACCOUNT NO:	_____	BALANCE \$	_____
	NO: _____	BALANCE \$	_____
	NO: _____	BALANCE \$	_____
SAVINGS ACCOUNT NO:	_____	BALANCE \$	_____
	NO: _____	BALANCE \$	_____
	NO: _____	BALANCE \$	_____

LIST ALL PERSONAL PROPERTY OWNED BY YOU WHICH VALUE EXCEEDS ONE HUNDRED AND FIFTY DOLLARS (\$150.00): _____

LIST ALL HOUSEHOLD GOODS WHICH VALUE EXCEEDS ONE HUNDRED FIFTY DOLLARS (\$150.00): _____

LIST ALL MONEY AND JEWELRY YOU OWN: _____

DO YOU HOLD ANY LIENS OR MORTGAGES AGAINST PROPERTY OWNED OR HELD BY ANY OTHER PERSON OR ENTITY? YES: _____ NO: _____

IF YES, LIST ALL SAID INTERESTS INDICATING THEIR APPROXIMATE VALUE: _____

LIST ALL RIGHTS THAT YOU OWN UNDER CONTRACT, PATENTS, COPYRIGHTS, NOTES:

DOES ANYONE OWE YOU MONEY? YES: NO:

LIST ALL OF THE PERSONS OR BUSINESSES THAT OWE YOU MONEY AND THE AMOUNT OWED AND THE REASON THAT YOU ARE OWED THAT MONEY:

LIST ALL INSURANCE POLICIES ISSUED TO YOU NAMING THE INSURANCE COMPANY, POLICY NUMBER AND TYPE OF POLICY (I.E., MEDICAL, LIFE, HOMEOWNER'S, AUTO, LIABILITY, ETC.):

INSURER

POLICY #

TYPE

LIST ALL LIABILITY INSURANCE POLICIES ISSUED TO OR HELD BY ANY PERSONS WITH WHOM YOU RESIDED WITH ON December 23, 2021, LISTING THE PERSON TO WHOM SAID POLICY WAS ISSUED, THE NAME OF THE INSURANCE COMPANY, POLICY NUMBER, AND WHETHER SAID POLICY WAS FOR GENERAL LIABILITY (I.E., HOMEOWNER'S ETC.) OR IF SAID POLICY WAS FOR MOTOR VEHICLE AND THE LIMITS OF LIABILITY COVERAGE OF SAID POLICY ON December 23, 2021,:

NAMED

INSURANCE

POLICY

TYPE OF

POLICY

INSURED	COMPANY	NUMBER	POLICY	LIMITS
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LIST ALL BANKS AT WHICH YOU HAVE SAFETY DEPOSIT BOXES:

LIST ANY AND ALL REAL ESTATE, BUILDINGS OR BENEFICIAL INTEREST IN REAL ESTATE LAND TRUSTS OWNED BY YOU OR IN WHICH YOU HAVE A LEGAL INTEREST, STATING THE LOCATION ADDRESS OF SAID PROPERTY, ITS ESTIMATED VALUE AND THE NATURE OF THE INTEREST HELD BY YOU:

HAVE YOU EVER FILED FOR BANKRUPTCY? YES: NO:

IF SO, LIST WHEN AND WHERE YOU FILED YOUR PETITION:

LIST ALL OUTSTANDING JUDGMENTS THAT YOU HOLD AGAINST ANY PERSON OR ENTITY: _____

LIST ALL OUTSTANDING JUDGMENTS THAT ANYONE HOLDS AGAINST YOU: _____

LIST ANY OTHER TITLE OR INTEREST IN ANY OTHER PROPERTY, REAL OR PERSONAL,
NOT LISTED ABOVE: _____

I HAVE ATTACHED TO THIS AFFIDAVIT TRUE AND ACCURATE COPIES OF MY INCOME TAX
RETURNS FOR THE LAST THREE TAX YEARS ALONG WITH ALL OF THE ACCOMPANYING
DOCUMENTATION THAT WAS SUBMITTED TO THE UNITED STATES INTERNAL REVENUE
SERVICE.

State of Illinois County of Cook	}	ss	
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I the undersigned, being first duly sworn on oath under penalty of perjury says that I executed the
Affidavit of Assets set forth above and that all of the information contained herein is true, all of the
answers are full and complete, that this affidavit is made with the intent to induce Mantik Mui to settle his
claim for damages he may have against me, arising out of an incident on or about December 23, 2021,
and that I know the contents of said Affidavit of Assets, and that the Affidavit of Assets set forth therein
are true.

Tanyia Y. Salgado

Signed and sworn to before me this ____ day
of _____, 2022.

Notary Public