

Important Other Info.

- 1) 1st Bk Ch. 7 filed WI 2011/2012
- 2) transferred 2006 jeep wrangler from joint ownership to my husband's sole ownership Jan 2023
(Kelly blue book trade in \$5,136)(Private Party \$7,075)
- 3) we do have some money left in our saving but I need to use some of that to cover the B.k. costs + expenses while I work on getting a second job. I anticipate having almost nothing left by month end.
- 4) I did borrow money from our daughter which I did pay back. Those transfers are listed.

MCINTYRE THANASIDES

Reply To:
500 E. Kennedy Blvd.
Suite 200
Tampa, FL 33602
jeff@mcintyrefirm.com
jchservice@mcintyrefirm.com

March 29, 2023

Via Email

Ann Molinaro

RE: Adversary Proceedings to Discharge Student Loans

Dear Mrs. Molinaro:

We appreciate that you have retained McIntyre, Thanasides, Bringgold, Elliott, Grimaldi & Guito, P.A. to represent you in connection with the above-referenced matter. The purpose of this letter is to confirm our engagement as legal counsel and to provide you certain information concerning our fees, billing and collection policies, and other terms that will govern this engagement. Our comprehensive Terms of Engagement are incorporated into this letter and attached for your reference.

Fees for representing you will be based on a flat-fee arrangement plus costs for retainer of professional services rendered as set for below:

Flat fee retainer	\$1,500.00
Estimated costs	\$402.00
Total	\$1,902.00

The total amount of \$1,500.00 is to be paid in 10 equal installments of \$150.00. Payments commence the day after the 341 Meeting and are to be made monthly until the total balance is paid.

In addition to our fee, there may also be certain costs incurred on your case, such as applicable travel and lodging expenses, document delivery expenses, outsourced photocopying charges for large copy jobs, court filing fees, court reporter fees, service fees, etc. You will be responsible for paying all such costs. Please note that, unlike many other firms, our firm does not charge for routine copy costs, long-distance phone charges or fees charged by database service providers such as Westlaw® or Lexis-Nexis®.

Further, you agree that the fees noted above include attorney fees and are fully earned and **non-refundable** upon engagement of the Firm. Additional details concerning our retainer policies are set forth in the attached Terms of Engagement.

Upon receipt of an executed version of this letter and your initial payment as set forth above, we will begin representing you and working on your case. If we have not received both the executed letter and the initial payment within ten days, we will assume that you have decided to retain another lawyer to represent you in this matter unless specified otherwise.

Accordingly, please confirm our representation of you and your agreement to the attached Terms of Engagement by signing and dating the enclosed copy of this letter on the spaces provided and returning a copy to us in the enclosed self-addressed, stamped envelope. If any of this is unclear or you have other questions about this agreement, please call our office as soon as possible.

Our representation is terminable at will by either of us, subject to your obligation to pay all costs incurred and any payments due through the date of termination.

We realize that letters concerning these types of matters may sometimes seem unnecessarily formal. Let us emphasize, however, that we are both pleased and excited by the prospect of working with you on this matter.

Sincerely,

Jeffrey C. Hakanson, Esq.

JCH/mgl
Enclosure

Approved this 31 day of March, 2023.

By: Ann Molinaro
Ann Molinaro

Client Questionnaire
Section 1 - Basic Information

Part A. Name and Address

Name: Ann M Molinaro

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

If yes, please list other names used:

Have you used any business names or Employer Identification Numbers (EIN) in the last 8 years?

If yes, please list business names and/or EINs used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: 239.910.2520

Email: A Molinaro 4@live.com

Social Security Number: 388-90-6531

Driver's License Number: M456053815590 Expiration Date: 2/19/29 State: FL

Date of Birth: 02.19.1981

Address: 2747 Evergreen Dr

City: Lakeland State: FL Zip: 33810 County: Polk

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

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

Address: 12800 Cypress Cape Cir #129

City: Fort Myers State: FL Zip: 33966 County: Lee

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Marital Status: Never Married Married and living together Widowed

Married and living apart Divorced

Part B. Name and Address of Spouse

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

Name: _____

Has your spouse used any other names in the past 8 years? No Yes

If yes, please list other names used:

Has your spouse used any business names or Employer Identification Numbers (EIN) in the last 8 years?

If yes, please list business names and/or EINs used:

Telephone Numbers\Email address:

Home: _____

Work: _____

Cell: _____

Email: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ Expiration Date: _____ State: _____

Date of Birth: _____

If your spouse lives at a different address, please list:

Address: _____
City: _____ State: _____ Zip: _____ County: _____

Has your spouse lived at this address for at least 180 days? No Yes

Has your spouse lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your spouse's previous address:

Address: _____
City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____

Part C. Prior and/or Pending Bankruptcy Cases

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

If yes, in which district of which state was the case filed? _____

Case Number: _____

Date Filed: _____

Date Discharged: _____

Was the case dismissed (you did not complete the bankruptcy)? No Yes

If so, what date was it dismissed? _____

Are any bankruptcy cases pending or being filed by your spouse, a business partner, or an affiliate? No Yes

If yes, name of debtor: _____

Relationship to you: _____

Case Number: _____

Date Filed: _____

District (If known): _____

Part D. Debtors Who Reside as Tenants of Residential Property

Do you have an eviction pending against you? No Yes

If yes, please provide your landlord's name and address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part E. Business Owned as a Sole Proprietor

Are you the sole proprietor of a full- or part-time business?

If yes, please provide the name and location of the business:

Name of business: _____

Address: _____

City: _____ State: _____ Zip: _____

Description of business:

Part F. Hazardous Property or Property That Needs Immediate Attention

Do you own or have any property that needs immediate attention or that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes

If yes, please describe the hazard:

If immediate attention is needed, why is it needed?

Where is the property? Address: _____

City: _____ State: _____ Zip: _____

Section 2 - Property (Schedule A/B)

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

Part A. Residence, Building, Land, Other Real Estate

Address and Description of Property	List all mortgages, home equity loans and other liens against the property: Please provide details requested below.	Estimated Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	If you are not the only owner: Please enter the % of the property you own.	Office Use Only Exemptions?
Address: What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other:	Who issued the mortgage, lien or loan? (Name and Address) What is the amount of the mortgage, lien or loan? What is your current interest rate on the loan? What is your monthly payment? Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes How many payments are left?		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:		
Address: What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other:	Who issued the mortgage, lien or loan? (Name and Address) What is the amount of the mortgage, lien or loan? What is your current interest rate on the loan? What is your monthly payment? Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes How many payments are left?		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:		

Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Vehicle #1	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Year: <u>2014</u> Make: <u>Jeep</u> Model: <u>Wrangler</u> Mileage: <u>29,000</u> Other Information:	<u>25,600</u>	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Vehicle #3	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year: _____ Make: _____ Model: _____ Mileage: _____ Other Information:		<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Watercraft/Aircraft/Motor Homes/ATVs/Other (list year, make, and model)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part C. Personal and Household Items

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Household Goods and Furnishings (Major appliances, furniture, linens, china, kitchenware, etc.)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Calculator dressers bed desk + chair washer + dryer cooking appliances	10 50 25 25 25 300 25	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	
Electronics (TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	tv w/ speaker mobile phone laptop Printer alarm clock	50 100 100 10 5	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	
Collectibles of value (art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Sports, photo, exercise, and other hobby equipment; musical instruments	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Roller Skates x2 yoga mat + weights Doll collection	50 30 100	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Firearms, ammunition, and related equipment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Clothing (everyday clothes, furs, leather coats, designer wear, shoes, accessories)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	everyday shoes everyday clothes everyday purses	15 100 50	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Jewelry	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	misc costume jewelry wedding band / engagement ring Small diamond earrings	10 200 50	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Pets/non-farm animals	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Health aids and all other household items not listed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	linens mugs kitchen table + chairs living room table Cubb organizer	20 20 50 20 15	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part D. Financial Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Cash (spare change/money in your purse or wallet, cash not in accounts)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Cash	5	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #1 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ann + Jeff molinard Chase Bank 470919635	23	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #2 (list name(s) on account, bank name, and account number)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #1 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ann + Jeff molinard Chase Bank 3853253509	5000	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	
Savings account #2 (list name(s) on account, bank name, and account number)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Certificate of deposit (list name(s) on account, bank name, and account number)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #1 (list name(s) on account, bank name, and account number)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ann Mainor Elewest RK90297007	29.79	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #2 (list name(s) on account, bank name, and account number)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #3 (list name(s) on account, bank name, and account number)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other financial account #4 (list name(s) on account, bank name, and account number)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Bonds, mutual funds, and publicly traded stocks	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures (list % of ownership)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Government and corporate bonds and instruments (including U.S. Savings Bonds)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ann Molinaro Ellevest (Rollover) 13,518.64 RN 11373009	13534.65	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Ann Molinaro Ellevest (Roth IRA) RN 1113500D	13.96	<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #3 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Security deposits (typically with landlord or utility) (list holder)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Main Street Renewal	1840	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepayments (prepaid rent, layaway, gift cards, etc.)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Annual Auto Ins.	3295	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Joint <input type="checkbox"/> Other:	
Annuities (list company)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Education IRA, Sec. 529 or Sec. 530 account, state tuition plan	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Trusts, life estates, future, and equitable interests in property or assets	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Licenses, franchises, and other general intangibles	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Tax refunds owed to you (list years due)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Alimony and child support	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other amounts someone owes you (unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Cash value of insurance policies (whole or universal life, health, disability, HSA, etc.) (list insurance company and beneficiary)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Inheritances, estate distributions, and death benefits	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Personal injury claims or awards	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Lawsuits or claims against anyone for anything	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
All other claims or rights to sue someone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Any other financial asset not listed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part E. Business-Related Assets

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Accounts receivable or commissions earned (list)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Office equipment, furnishings, and supplies (list)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Machinery, fixtures, equipment, business supplies, and tools of your trade (list)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Business inventory (list)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Interests in partnerships or joint ventures (name and type of business, % interest)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Customer and mailing lists	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Other business-related property not already listed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part F. Farm and Commercial Fishing-Related Property

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
Farm animals (<i>livestock, poultry, farm-raised fish, etc.</i>)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Crops (<i>growing or harvested</i>)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade (<i>list</i>)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Farm and commercial fishing supplies, chemicals, and feed (<i>list</i>)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Part G. Miscellaneous

Type of Property	Do you own this type of property?	Description	Value of Property	Owned by: You, your spouse, both you and your spouse, you and at least one person other than your spouse.	Office Use Only Exemptions?
All other property of any kind not previously listed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	

Section 3 - Debts (Schedule D/E/F)

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.

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Type of Debt	Creditor Information	Property Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Home loan and/or mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Home loan and/or mortgage	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Car loans	<p>1. Amount Owed (<i>amount of claim</i>): 37,770</p> <p>2. Creditor Name and Address: Space Coast C.U. 8045 N Wickham Rd Melbourne FL 32940</p> <p>3. Account Number, if any: X16775</p> <p>4. Date/range of dates when debt was incurred: 9-1-2022</p> <p>5. Contact person's name and address if different:</p>	<p>1. Describe property: 2014 Jeep Wrangler</p> <p>2. Monthly payment amount: 799.52</p> <p>3. Number of payments remaining: About 60</p>	<p>Who owes the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
Car loans	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p>	<p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Car loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Other property loans	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p>	<p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
Other property loans	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>1. Describe property:</p> <p>2. Monthly payment amount:</p> <p>3. Number of payments remaining:</p>	<p>Who owes the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Other property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other property loans	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	1. Describe property: 2. Monthly payment amount: 3. Number of payments remaining:	Who owes the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Part B. Credit Card Debts

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

Type of Debt	Creditor Information:	Person(s) Responsible/Codebtor	Do you dispute the debt?	Office Use Only
Major credit card debts (Visa, American Express, Master Card, Discover)	<p>1. Amount Owed (<i>amount of claim</i>): 18,568.46</p> <p>2. Creditor Name and Address: SunCoast Credit Union</p> <p>3. Account Number, if any: 3415</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	
Major credit card debts (Visa, American Express, Master Card, Discover)	<p>1. Amount Owed (<i>amount of claim</i>): 8095.60</p> <p>2. Creditor Name and Address: Citi (Costco Visa)</p> <p>3. Account Number, if any: 5019</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	

<p>Major credit card debts (Visa, American Express, Master Card, Discover)</p>	<p>1. Amount Owed (<i>amount of claim</i>): <i>36007.56</i></p> <p>2. Creditor Name and Address: <i>Athleta Visa</i></p> <p>3. Account Number, if any: <i>4600 08200907 3348</i></p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input checked="" type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	
<p>Major credit card debts (Visa, American Express, Master Card, Discover)</p>	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	

Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Major credit card debts (Visa, American Express, Master Card, Discover)	1. Amount Owed (<i>amount of claim</i>): 2. Creditor Name and Address: 3. Account Number, if any: 4. Date/range of dates when debt was incurred: 5. Contact person's name and address if different:	Who incurred the debt? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other: Is there a codebtor or cosigner on this loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and address:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Department store credit card debts	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	
Department store credit card debts	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	

Other credit card debts (gas cards, phone cards, etc.)	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other credit card debts (gas cards, phone cards, etc.)	<p>1. Amount Owed (<i>amount of claim</i>):</p> <p>2. Creditor Name and Address:</p> <p>3. Account Number, if any:</p> <p>4. Date/range of dates when debt was incurred:</p> <p>5. Contact person's name and address if different:</p>	<p>Who incurred the debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> <p>Is there a codebtor or cosigner on this loan?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please provide name and address:</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes	