

EXHIBIT "A"

IN THE CHANCERY COURT OF Tishomingo COUNTY, MISSISSIPPI

Plaintiff: Michael

V. Cause number: 554588-55

Defendant: George

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I. General Information

Name Michael Douglas

Address: 21.Blvd 556

City, State and Zip Code: Washington

Home Telephone: +38166898989

Date of birth: 03.01.1980

Occupation: Driver

Employer: Microsoft

Employer's Address: Silicon Valey 12

Employer's City, State and ZIP code: California, 65965

Employer's Telephone +323256622

Minor children	
Name	Date of Birth
Children 1	01.01.2000
Children 2	01.01.2001
Children 3	01.01.2002
Children 4	01.01.2003
Children 5	01.01.2004
Children 6	01.01.2002

## II. Income Statement

Gross Monthly Income	Amount
1. Salary and Wages, including commissions bonuses, allowance and overtime. NOTE: To arrive at a monthly income figure if paid weekly, multiply weekly income by 4.3, if paid biweekly, multiply income by 2.16	1000
2. Pensions and retirements	1520
3. Social Security	
4. Disability and unemployment insurance	440
5. Public Assistance (welfare, AFDC payments, etc.	
6. Dividends and interest	60
7. Rental Income	55
8. Other Income	80
-	
-	
9. TOTAL MONTHLY INCOME	3155
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ITEMIZED MONTHLY DEDUCTIONS:	
1. State Income Tax	900
2. Federal Income Tax	
3. Social Security	
4. Mandatory Insurance	
5. Mandatory Retirement	100
6. Union or other dues	151
7. Other: (Specify)	
8. Other:	17
9. Total Monthly Deductions	1168
10. Number of Exemptions	7+
11. Net Monthly Pay	1987

### III. Expenses Statement

A. LIVING EXPENSES	Self	Children
1. Rent/Mortgage (Residence)	1	2
2. Real Property Taxes	3	4
3. Real Property Insurance	5	6
4. Maintenance (Residence)	7	8
5. Food/household Supplies	9	10
6. Water, Sewer, Etc.	11	12
7. Electricity)	13	14
8. Gas (Residence)	15	16
9. Telephone	17	18
10. Laundry and Cleaning	19	20
11. Clothing	21	22
12. Insurance (Not Payroll Deducted)	23	24
13. Medical	25	26
14. Dental	27	28
15. Child Care	29	30
16. Children's Allowance	31	32
17. Payment of Child Support/alimony (Prior Marriage)	33	34
18. School Expenses	34	35
19. Entertainment	36	37
20. Incidentals & Misc.	38	39
21. Transportation Other than Vehicle	40	41
22. Gasoline & Oil (Auto)	42	43
23. Repair (Auto)	44	45
24. Insurance (Auto)	46	47
25. Auto Payments	48	49
26. Church Donations	50	51

27. Charitable Donations	52	53
28. Newspaper/magazine	54	55
29. Cable tv	56	4
30. Pet Expenses	58	59
31. Yard Expenses	60	60
32. Maid	62	63
33. Retirement (Ira, Etc.)	64	65
34. Pest Control	66	67
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B. TOTAL LIVING EXPENSES	68	69
35. INSTALLMENT PAYMENTS	Self	Children
Notes, Loans, Charge Accounts, Etc.		
36.	70	71
37.	72	73
38.	74	75
39. Other Expenses	76	77
40.	78	79
41.	80	80
42.	82	83
43.	84	85
Total Installments Payments:	86	87
Combined Total Expenses: Total Line 1-43	88	89

## EXHIBIT "B"

### IV. STATEMENT OF ASSETS

#### A. Real Estate

##### 1. Title in the name of: John

Address: 21. Street 56

Who paid cost: Peter

How cost paid: Cash

Value: 151

Mortgage Balance: 1111

Equity: 3333

##### 2. Title in the name of: John

Address: 21. Street 66

Who paid cost: Michael

How cost paid: Check

Value: 666

Mortgage Balance: 55

Equity: 555

##### 3. Title in the name of: John

Address: 21. Street 55

Who paid cost: Aron

How cost paid: Check

Value: 151

Mortgage Balance: 11

Equity: 11

## B. Motor Vehicles

### 1. Registered in the name of: Denis

Year: 2020      Model: Model A      Mileage: 159000

Who paid cost: John      How cost paid: Cash

Value: 1551

Loan Balance: 5551

Equity: 4444

### 2. Registered in the name of: Denis

Year: 2005      Model: Model B      Mileage: 145000

Who paid cost: Janis      How cost paid: Check

Value: 5556

Loan Balance: 5555

Equity: 556656

### 3. Registered in the name of: Denis

Year: 2001      Model: Model C      Mileage: 654899

Who paid cost: Jan      How cost paid: Cash

Value: 12544

Loan Balance: 215412

Equity: 22222

## C. OTHER PERSONAL PROPERTY

(Such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

Property Listing	Estimated Value	Property Listing	Estimated Value
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
-	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	1	Property	1
Property	-	Property	1
Property	1	Property	1
Total	20	Total	20

#### D. CHECKING/SAVINGS

Names on Account	Bank Name	Account Number	Type of Account	Balance
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
Account	Bank	1558555	Type	1
*****	*****	*****	Total	11

#### E. Other Investments

Bank Account/No	Type of Investment	Balance
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
Account	Type	1
*****	Total Value	10



## F. LIFE INSURANCE (EXCLUDE CHILDREN)

Insured	Company	Face amount less any Loans	Cash	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
Insured	Company	1	1	Beneficiary
*****	Total	8	8	*****

## G. ALL OTHER ASSETS

Item	Date Purchased	Value(Assets)	Liens	Beneficiary
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
Item	01.01.2020	Assets	Liens	1
*****	*****	*****	Total	12

## V. Statement of Liabilities

### I. LIABILITIES

(Include mortgages, car loans, credit cards, personal loans.) (Include also under 35-44 of EXHIBIT "A" )

Creditor	Whose Name	Current Balance Due	Monthly	Who Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
Creditor	Name	1	1	Pays
*****	Total Liabilities	11	11	*****

### ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing financial information, including attachments, is true and correct and that this declaration was executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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(Plaintiff or Defendant)

EXHIBIT "C"

IN THE CHANCERY COURT OF New York COUNTY, MISSISSIPPI

Plaintiff: Johan

V. Civil Action number:221521

Defendant: John

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CERTIFICATE OF COMPLIANCE

I, (name of party or attorney), do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Attorney for Opposing Party