

Jill Collins, P.C.
What to Bring Checklist

- **For each piece of Real Estate** you are purchasing or in which you have an interest: your most recent mortgage statement(s).
- **For each Vehicle, Boat, Jet Ski, RV, 4-Wheeler or Motor home or Trailer** you are purchasing or in which you have an interest:
 - 1) The most recent billing statement(s). *Must include the payoff amount.*
 - 2) List year, make, model (LX, XLT, i sport) and mileage on asset sheet or separate sheet.
- **Bills for all other accounts** (credit cards, lines of credit, medical debts, student loans, IRS debt, other tax debt, and/or anyone and everyone you owe)
- **Proof of Income:** Six months of consecutive pay stubs, earning statements or other proof of earnings:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

 - 1) Employment pay stubs
 - 2) Unemployment statements and/or a printout from the Unemployment Security office
 - 3) Child Support
 - 4) L&I Statements
 - 5) Social Security statement, food assistance award statement, VA income, Pension income award letter or bank statements showing deposits of retirement or any other income for the past 6 months
 - 6) If you own a business, provide the last 6 months of Profit & Loss Statements
- **Proof of Identification:** Copy of your Driver's License, ID or Passport
- **Proof of Social Security Number:** Copy of your Social Security Card or W-2
- **Tax Returns:** Complete copy of your 2014 and 2015 tax returns, including W-2s
- **A copy of your most recent retirement account statement, including any IRA, 401(k), 403(b), PERS, FERS, or TSP account.**
- **A copy of your most recent whole life insurance statement, HSA account statement and/or any other financial account.**
- **A copy of all Divorce Decrees or Property Settlements entered into within the past two years.**
- **If you are required to pay or are paying Child Support and/or Alimony or Maintenance:** Provide the name and address of the person(s) who receive these payments.
- **A copy of any documentation regarding any legal claims you may have, including:** Auto accidents, L&I Claims, other personal injury claims, or claims of any other nature. *Provide the name and contact information for any attorney that may be representing you with respect to the claims.*
- **Credit Reports from www.annualcreditreport.com for each individual filing.**
- **Copies of Lawsuits, Garnishments, and Foreclosure documents that you have received.**
- **Completed Asset and Expense Sheets.** *See attached*
- **A copy of your completed Credit Counseling Certificate.** *See attached*
- **Copy of your Driving record from DOL showing what is holding your license if you are filing to release the holds and reinstate your driver's license.**

AFTER INITIAL INTERVIEW – WHAT HAPPENS NOW

You have received your **What To Bring Packet**. Now you must gather up **ALL** the information that we have requested and bring ALL the information requested back to our office.

Until all the information requested and ALL the Attorney Fees are returned to our office, your case **WILL NOT BE READY TO BE FILED WITH THE COURT.**

Once all the requested information and the Attorney fees are paid in full. We will finish preparing your case. It takes 2-7 days to complete your paperwork. Once the paperwork is complete our office will contact you to set up an appointment with you to come into our office and review and file your case with the court.

Remember until all the above has occurred you are NOT in a bankruptcy.

This means that any Lawsuits, Garnishments, Levies, Foreclosures or Repossessions currently in progress will continue.

The Following are IMPORTANT REMINDERS

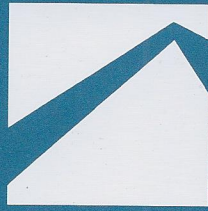
- 1) Do not use your credit cards any longer. Do not incur any new debt. Do not refinance any property or purchase any new property or vehicles. Unless discussed with your attorney.
- 2) Do not sell, transfer, borrow against or give away anything that you have.
- 3) Do not pay back any money that you may have borrowed from friends and family.
- 4) If you are keeping your HOME or VEHICLE you MUST continue to make your payments and keep your insurance current.
- 5) Please do not spend your tax refund until you have discussed how the money will be spent with us.

Monthly Expenditures

Item:	Amount
Rent/First mortgage payment	
Real Estate Taxes (monthly amount)	
Renter's/homeowner's insurance	
HOA fees	
Second mortgage payment	
Electricity, heat, gas	
Water, sewer, garbage	
Phone, cable, internet	
Food and housekeeping supplies	
Clothing, laundry and dry cleaning	
Personal care products and services	
Medical and dental expenses	
Transportation (do not include car payments)	
Recreation, entertainment, newspapers/books	
Charitable contributions and religious donations	
Insurance NOT deducted from wages or included in home mortgage payments:	
a. Life insurance	
b. Health insurance	
c. Auto insurance	
d. Other insurance	
Tax bills NOT deducted from wages or included in home mortgage payments	
Installment payments for car, furniture, etc (Describe):	
Alimony, maintenance and support paid to others	

Monthly Expenditures

Payments for support of additional dependents not living at your home:	
Education for employment or for a physically or mentally challenged child:	
Child care (baby sitting, day care, nursery & preschool, etc.):	
Disability Insurance (if not listed above):	
Health savings account	
Care for elderly, chronically ill or disabled family	
Protection from family violence	
Education expense for your children under 18	



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2nd Course As Low As

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Single/Couple

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Finance

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- Immediate Certificates
- 2nd Course Certificates
Filed With Court*

*(if approved by attorney)

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in compliance with the
Bankruptcy Code.



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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?
<p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p>	<p>1. Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>2. What is the amount of the mortgage, lien or loan?</p> <p>3. What is your current interest rate on the loan?</p> <p>4. What is your monthly payment?</p> <p>5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		
<p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p>	<p>1. Who issued the mortgage, lien or loan? <i>(Name and Address)</i></p> <p>2. What is the amount of the mortgage, lien or loan?</p> <p>3. What is your current interest rate on the loan?</p> <p>4. What is your monthly payment?</p> <p>5. Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>6. How many payments are left?</p>		<p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p>		

<input type="checkbox"/> Timeshare					
<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 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 #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 (<i>list year, make, and model</i>)	<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?

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 <i>Exemptions?</i>
Household Goods and Furnishings (<i>Major appliances, furniture, linens, china, kitchenware, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Electronics (<i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Collectibles of value (<i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i>)	<input 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 type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Firearms, ammunition, and related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Jewelry	<input 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 <i>Exemptions?</i>
Pets/non-farm animals	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Health aids and all other household items not listed	<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 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 (<i>spare change/money in your purse or wallet, cash not in accounts</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #1 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Checking account #2 (<i>list name(s) on account, bank name, and account number</i>)	<input 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 (<i>list name(s) on account, bank name, and account number</i>)	<input 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 #2 (<i>list name(s) on account, bank name, and account number</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Certificate of deposit (<i>list name(s) on account, bank name, and account number</i>)	<input 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 (<i>list name(s) on account, bank name, and account number</i>)	<input 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 #2 (<i>list name(s) on account, bank name, and account number</i>)	<input 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?
Other financial account #3 <i>(list name(s) on account, bank name, and account number)</i>	<input 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 <i>(list name(s) on account, bank name, and account number)</i>	<input 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 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 <i>(list % of ownership)</i>	<input 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 <i>(including U.S. Savings Bonds)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #1 <i>(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)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #2 <i>(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)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Retirement, pension, or profit-sharing plan #3 <i>(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)</i>	<input 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?
Security deposits (<i>typically with landlord or utility</i>) (<i>list holder</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Prepayments (<i>prepaid rent, layaway, gift cards, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Annuities (<i>list company</i>)	<input 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 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 type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Patents, copyrights, trademarks, trade secrets, and other intellectual property	<input 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 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 (<i>list years due</i>)	<input 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?
Alimony and child support	<input 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 (<i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i>)	<input 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 (<i>whole or universal life, health, disability, HSA, etc.</i>) (<i>list insurance company and beneficiary</i>)	<input 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 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 type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	
Lawsuits or claims against anyone for anything	<input 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 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 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 (<i>list</i>)	<input 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 (<i>list</i>)	<input 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 (<i>list</i>)	<input 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 (<i>list</i>)	<input 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 (<i>name and type of business, % interest</i>)	<input 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 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 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 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 <i>Exemptions?</i>
Crops (<i>growing or harvested</i>)	<input 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 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 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 <i>Exemptions?</i>
All other property of any kind not previously listed	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other:	