

4. ASSETS ?	A. Real Estate	Home	ADDRESS			VALUE (Est) ?	MORTGAGE ?	EQUITY ?
		Other: ?	ADDRESS			VALUE (Est)	MORTGAGE	EQUITY
		Other:	ADDRESS			VALUE (Est)	MORTGAGE	EQUITY
	B. Motor Vehicles	Car 1:	YEAR	MAKE	MODEL	VALUE	LOAN BALANCE	EQUITY ?
		Car 2:	YEAR	MAKE	MODEL	VALUE	LOAN BALANCE	EQUITY
	C. Other Personal Property ?	DESCRIBE AND STATE VALUE OF EACH ITEM						TOTAL VALUE
								\$
	D. Bank Accounts	BANK NAME, TYPE OF ACCOUNT, AND AMOUNT ?						TOTAL BANK ACCOUNTS ?
						\$		
E. Stocks, Bonds Mutual Funds ?	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE						TOTAL VALUE	
							\$	
F. Insurance (exclude children) ?	NAME OF INSURED	COMPANY		FACE AMOUNT ?	CASH VALUE ?	AMT. OF LOAN ?	TOTAL VALUE ?	
				\$	\$	\$		
				\$	\$	\$		
G. Deferred Compensation Plans ?	NAME OF PLAN (Individual I.R.A., 401K, Keogh, etc) AND APPROX. VALUE ?						TOTAL VALUE (less loans) ?	
							\$	
H. All Other Assets ?							TOTAL VALUE	
							\$	
I. Total	E. TOTAL CASH VALUE OF ALL ASSETS ?						\$	

5. HEALTH INSURANCE ?	NAME AND ADDRESS OF HEALTH OR DENTAL INSURANCE CARRIER (Do not include policy number)
	NAME(S) OF PERSON(S) COVERED BY THE POLICY

SUMMARY (Use the amounts shown in boxes A thru E of sections 1-4.)			
TOTAL NET WEEKLY INCOME (A) ?	\$	TOTAL CASH VALUE OF ASSETS (E) ?	\$
TOTAL WEEKLY EXPENSES AND LIABILITIES (B + D) ?	\$	TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C) ?	\$

CERTIFICATION ?

I certify that the foregoing statement is true and accurate to the best of my knowledge and belief.

SIGNED (Affiant) ?	Subscribed and sworn to before me on	DATE	SIGNED (Notary, Comm. of Superior Court, Assistant Clerk)
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