

NET WORTH STATEMENT

Name of Party Filling in This Form: _____
//wife //husband [check one]

Spouse's name: _____

I. FAMILY DATA

1.

Wife's birth date: _____ Wife's Social Security number: _____

Wife's place of birth: _____

Husband's birth date: _____ Husband's Social Security number: _____

Husband's place of birth: _____

Date married: _____ Place married (city, county, state): _____

Date separated or divorced: _____

Children of marriage:	Child Name	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minor Children of a prior marriage(s) :

Child Name	Birth Date	Custody	Tax Exemption
		(Husband/Wife/Joint)	(Husband/Wife/Neither)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital residence is occupied by Husband Wife Both

Husband's present address: _____

Wife's present address: _____

2.

Wife's occupation:

Wife's Employer's Name

Wife's Employer address:

Wife's Education, training & skills:

Husband's occupation:

Husband's Employer's name:

Husband's Employer's address:

Husband's Education, training & skills:

3.

Husband's health:

Wife's health:

Children's health:

II. MONTHLY EXPENSES: (enter each expense weekly OR monthly OR annually)

Housing and Utilities are entered for each residence. Enter the address along with expenses.

1a. RESIDENCE #1: Address _____

HOUSING:	Weekly	Monthly	Annually
1. Rent \$ \$ \$			
2. Mortgage [Enter mortgage with Assets, below] ---- ---- ----			
3. Real Estate Taxes \$ \$ \$			
4. Condominium Charges \$ \$ \$			
5. Cooperative Apartment Maintenance \$ \$ \$			

2a. UTILITIES: Weekly Monthly Annually

1. Fuel oil \$ \$ \$
2. Gas \$ \$ \$
3. Electricity \$ \$ \$
4. Telephone \$ \$ \$
5. Water \$ \$ \$
6. Other (describe) \$ \$ \$
\$ \$ \$
\$ \$ \$

1b. RESIDENCE #2: Address _____

HOUSING:	Weekly	Monthly	Annually
1. Rent \$ \$ \$			
2. Mortgage [Enter mortgage with Assets, below] ---- ---- ----			
3. Real Estate Taxes \$ \$ \$			
4. Condominium Charges \$ \$ \$			
5. Cooperative Apartment Maintenance \$ \$ \$			

2b. UTILITIES:	Weekly	Monthly	Annually
1. Fuel oil \$ \$ \$			
2. Gas \$ \$ \$			
3. Electricity \$ \$ \$			
4. Telephone \$ \$ \$			
5. Water \$ \$ \$			

6. Other (describe) \$ \$ \$
\$ \$ \$

FOR RESIDENCE(s) #3 or #4 Repeat above information on a separate page.

3. FOOD:	Weekly	Monthly	Annually
1. Groceries \$ \$ \$			
2. School lunches \$ \$ \$			
3. Lunches at work \$ \$ \$			
4. Dining Out \$ \$ \$			
5. Liquor / alcohol \$ \$ \$			
6. Home entertainment \$ \$ \$			
7. Other (describe) \$ \$ \$ \$ \$ \$			

4. CLOTHING:	Weekly	Monthly	Annually
1. Husband \$ \$ \$			
2. Wife \$ \$ \$			
3. Children \$ \$ \$			
4. Other (describe) \$ \$ \$ \$ \$ \$			

5. LAUNDRY:	Weekly	Monthly	Annually
1. Laundry at home \$ \$ \$			
2. Dry cleaning \$ \$ \$			
3. Other (describe) \$ \$ \$ \$ \$ \$			

6. INSURANCE:	Weekly	Monthly	Annually
1. Life [Enter life insurance payments with policy no.s] ---- ---- ----			
2. Homeowner's / tenant's \$ \$ \$			
3. Fire, theft & liability \$ \$ \$			
4. Automotive \$ \$ \$			
5. Umbrella policy \$ \$ \$			
6. Medical plan \$ \$ \$			
7. Dental plan \$ \$ \$			
8. Optical plan \$ \$ \$			
9. Disability \$ \$ \$			
10. Worker's compensation \$ \$ \$			
11. Other (describe) \$ \$ \$ \$ \$ \$			

7. UNREIMBURSED MEDICAL:	Weekly	Monthly	Annually
1. Medical \$ \$ \$			
2. Dental \$ \$ \$			
3. Optical \$ \$ \$			

- 4. Pharmaceutical \$ \$ \$
- 5. Surgical nursing, hospital \$ \$ \$
- 6. Other (describe) \$ \$ \$
- \$ \$ \$

- | | | | |
|--|--------|---------|----------|
| 8. HOUSEHOLD MAINTENANCE: | Weekly | Monthly | Annually |
| 1. Repairs \$ \$ \$ | | | |
| 2. Furniture, furnishings, housewares \$ \$ \$ | | | |
| 3. Cleaning supplies \$ \$ \$ | | | |
| 4. Appliances including maintenance \$ \$ \$ | | | |
| 5. Painting \$ \$ \$ | | | |
| 6. Sanitation / carting \$ \$ \$ | | | |
| 7. Gardening, landscaping \$ \$ \$ | | | |
| 8. Snow removal \$ \$ \$ | | | |
| 9. Exterminator \$ \$ \$ | | | |
| 10. Other (describe) \$ \$ \$ | | | |

- | | | | |
|--|--------|---------|----------|
| 9. HOUSEHOLD HELP: | Weekly | Monthly | Annually |
| 1. Babysitter \$ \$ \$ | | | |
| 2. Domestic (housekeeper, maid, etc.) \$ \$ \$ | | | |
| 3. Other (describe) \$ \$ \$ | | | |

- | | | |
|---|--------|---------|
| 10. AUTOMOTIVE (list data for each car separately): | Weekly | Monthly |
| Annually | | |
| Vehicle #1. <input type="checkbox"/> Personal <input type="checkbox"/> Business | | |
| 1. Payments \$ \$ \$ | | |
| 2. Gas & oil \$ \$ \$ | | |
| 3. Repairs \$ \$ \$ | | |
| 4. Car wash \$ \$ \$ | | |
| 5. Registration / license \$ \$ \$ | | |
| 6. Parking \$ \$ \$ | | |
| 7. Tolls \$ \$ \$ | | |

- Vehicle #2. Personal Business
- 1. Payments \$ \$ \$
 - 2. Gas & oil \$ \$ \$
 - 3. Repairs \$ \$ \$
 - 4. Car wash \$ \$ \$
 - 5. Registration / license \$ \$ \$
 - 6. Parking \$ \$ \$
 - 7. Tolls \$ \$ \$
 - 8. Other Automotive (describe) \$ \$ \$

- | | | | |
|--|--------|---------|----------|
| 11. EDUCATIONAL: | Weekly | Monthly | Annually |
| 1. Nursery / pre-school (describe) \$ \$ \$ | | | |
| 2. Primary and secondary (describe) \$ \$ \$ | | | |
| 3. College (describe) \$ \$ \$ | | | |
| 4. Post-graduate (describe) \$ \$ \$ | | | |
| 5. Religious instruction \$ \$ \$ | | | |
| 6. School transportation \$ \$ \$ | | | |

- 7. School supplies / books \$ \$ \$
- 8. Tutoring \$ \$ \$
- 9. School events \$ \$ \$
- 10. Other (describe) \$ \$ \$
- \$ \$ \$

12. RECREATIONAL:

Weekly Monthly Annually

- 1. Summer camp \$ \$ \$
- 2. Vacations \$ \$ \$
- 3. Movies \$ \$ \$
- 4. Theatre, ballet etc. \$ \$ \$
- 5. Video rentals \$ \$ \$
- 6. Tapes, CD's, etc. \$ \$ \$
- 7. Cable TV \$ \$ \$
- 8. Team sports \$ \$ \$
- 9. Country club / pool club \$ \$ \$
- 10. Health club \$ \$ \$
- 11. Sporting goods \$ \$ \$
- 12. Hobbies \$ \$ \$
- 13. Music / dance lessons \$ \$ \$
- 14. Sports lessons \$ \$ \$
- 15. Birthday parties \$ \$ \$
- 16. Other \$ \$ \$

13. INCOME TAXES:

Weekly Monthly Annually

- 1. Federal \$ \$ \$
- 2. State \$ \$ \$
- 3. City \$ \$ \$
- 4. Social Security and Medicare \$ \$ \$

14a. MISCELLANEOUS:

Weekly Monthly Annually

- 1. Beauty parlor / barber \$ \$ \$
- 2. Beauty aids / cosmetics, drug items \$ \$ \$
- 3. Cigarettes, tobacco \$ \$ \$
- 4. Books, magazines, newspapers \$ \$ \$
- 5. Children's allowances \$ \$ \$
- 6. Gifts \$ \$ \$
- 7. Charitable contributions \$ \$ \$
- 8. Religious organization dues \$ \$ \$
- 9. Union and organization dues \$ \$ \$
- 10. Commutation and transportation (incl. Taxes) \$ \$ \$
- 11. Veterinarian / pet expenses \$ \$ \$
- 12. Child Support payments from prior marriage \$ \$ \$
- 13. Alimony or maintenance from a prior marriage \$ \$ \$
- 14. Loan payments (enter payments with liabilities) ---- ---- ----
- 15. Unreimbursed business expenses \$ \$ \$
- 16. Other (describe) \$ \$ \$

14b. OTHER:

Weekly Monthly Annually

- 1. Other major expenses. \$ \$ \$

2. Other (describe) \$ \$ \$

III. GROSS INCOME:

Salary or wages: (State whether income has changed during the year preceding the date of this affidavit: If so, set forth name and address of all employers during preceding year and average wage paid by each. Indicate overtime earning separately.

Attach previous year's W-2 or income tax return.)

1. Employer Name:	Weekly	Monthly	Annually
\$ \$ \$			
\$ \$ \$			
\$ \$ \$			

Deductions: [] weekly or [] monthly Deduction

1. Federal tax \$
2. New York State tax \$
3. Local tax \$
4. Social Security. . \$
5. Medicare. \$
6. Other payroll deductions: (describe) \$
\$
\$

2. Annual Income

- Bonus \$
- Overtime \$
- Tips \$
- Commissions \$
- Royalties \$

3. Investment and Retirement Income Tax Category ~ Annual Income

Dividends and interest, per year [use separate sheet(s) if necessary]

Account Name: Specify as Dividend, interest, capital gain or tax free

\$

4. Real Estate ~ Annual Income (income only), per year.

\$

\$

5. Trust & annuities, per year.

\$

6. Pension (income only), per year.

\$

7. IRA 401k income, per year.

\$

8. Annual Income

Awards, prizes, grants [] Taxable \$
Bequests, legacies & gifts \$
Alimony from prior marriage \$
Child support from prior marriage \$
Income from all other sources (describe) \$
\$
\$

8. Tax preference items per year. Annual Income

1. Long term capital gain deduction. \$
2. Depreciation, amortization or depletion. \$
3. Stock options: excess of fair market value over amount paid. \$

If any child or other member of your household is employed enter the name & person's annual income.

9. Annual Income

Social Security income \$
Disability benefits \$
Public assistance \$
Other income (describe) \$
\$
\$

IV. ASSETS: (If any asset is held jointly with spouse or another, so state and set forth your respective shares.) ADD ADDITIONAL SHEETS IF NEEDED

1. Cash Accounts and/or Checking

1a. Financial Institution:

Title holder: _____ Account number: _____

Date opened or acquired: _____ Source of funds: _____

Balance or Current Value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

Type of account: [] Cash [] Checking [] Money Market [] Savings [] Credit Union
[] Brokerage Acct [] Escrow [] Investment Acct [] Bond [] Note [] CD [] Savings Bond
[] Bond Fund [] Tax Exempt [] Tax Refund [] Stock [] Stock Option [] Mutual Fund
[] Brokerage Margin Acct

1b. Financial Institution:

Title holder: _____ Account number: _____

Date opened or acquired: _____ Source of funds:

Original price or value: \$ _____

Balance or Current Value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

Type of account: Cash Checking Money Market Savings Credit Union
 Brokerage Acct Escrow Investment Acct Bond Note CD Savings Bond
 Bond Fund Tax Exempt Tax Refund Stock Stock Option Mutual Fund
 Brokerage Margin Acct

2. Savings

Financial Institution:

Title holder: _____ Account number:

Date opened or acquired: _____ Source of funds:

Original price or value: \$ _____

Balance or Current Value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

Type of account: Cash Checking Money Market Savings Credit Union
 Brokerage Acct Escrow Investment Acct Bond Note CD Savings Bond
 Bond Fund Tax Exempt Tax Refund Stock Stock Option Mutual Fund
 Brokerage Margin Acct

3. Securities Bonds

Financial Institution:

Title holder: _____ Account number:

Date opened or acquired: _____ Source of funds:

Balance or Current Value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

Type of account: Cash Checking Money Market Savings Credit Union
 Brokerage Acct Escrow Investment Acct Bond Note CD Savings Bond
 Bond Fund Tax Exempt Tax Refund Stock Stock Option Mutual Fund
 Brokerage Margin Acct

4. Notes

Financial Institution:

Title holder: _____ Account number: _____

Date opened or acquired: _____ Source of funds: _____

Balance or Current Value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

Type of account: Cash Checking Money Market Savings Credit Union
 Brokerage Acct Escrow Investment Acct Bond Note CD Savings Bond
 Bond Fund Tax Exempt Tax Refund Stock Stock Option Mutual Fund
 Brokerage Margin Acct

5. Mortgages

Financial Institution: _____

Title holder: _____ Account number: _____

Date opened or acquired: _____ Source of funds: _____

Balance or Current Value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

Type of account: Cash Checking Money Market Savings Credit Union
 Brokerage Acct Escrow Investment Acct Bond Note CD Savings Bond
 Bond Fund Tax Exempt Tax Refund Stock Stock Option Mutual Fund
 Brokerage Margin Acct

6. Loans to Others and Accounts Receivable

1. Debtor's name & address:

Description: _____

Original amount of loan: \$ _____

Funds source/Debt Origin: _____

Date payment due: _____

Current amount due: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Debtor's name & address:

Description:

Original amount of loan: \$ _____

Funds source/Debt Origin: _____

Date payment due: _____

Current amount due: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

3. Debtor's name & address: _____

Description: _____

Original amount of loan: \$ _____

Funds source/Debt Origin: _____

Date payment due: _____

Current amount due: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

7. Value of Interest in any Business

1. Name & address:

Type of business:

Your capital contribution: \$ _____

Your % of interest: _____ %

Date of acquisition: _____

Original price or value: \$ _____

Source of funds

Method of valuation:

Annual Cash Flow: \$ _____

Other information:

Current net worth: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Name & address:

Type of business:

Your capital contribution: \$ _____

Your % of interest: _____ %

Date of acquisition: _____

Original price or value: \$ _____

Source of funds

Method of valuation:

Annual Cash Flow: \$ _____

Other information:

Current net worth: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

8. Cash Surrender Value of Life Insurance

1. Insurer's name & address:

Name of insured:

Policy number: _____

Face amount of policy: \$ _____

Policy owner: _____

Date of acquisition: _____

Funding source to acquire: _____

Current surrender value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Insurer's name & address:

Name of insured: _____

Policy number: _____

Face amount of policy: \$ _____

Policy owner: _____

Date of acquisition: _____

Funding source to acquire: _____

Current surrender value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

9. Vehicles (automobile, boat, plane, truck, camper, etc.)

1. Description:

Make: _____

Model: _____

Year: _____

Title owner: _____

Date of acquisition: _____

Original price: \$ _____

Source of funds: _____

Current lien unpaid: \$ _____

Current fair mrkt. value: \$ _____
Husband's separate amount: \$ _____
Wife's separate amount: \$ _____

2. Description:

Make:

Model:

Year:

Title owner:

Date of acquisition: _____

Original price: \$ _____

Source of funds:

Current lien unpaid: \$ _____

Current fair mrkt. value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

10. Real Estate (including real property, leaseholds, life estates, etc. at market value.)

1. Description:

Title owner:

Date of acquisition: _____

Original price: \$ _____

Source of funds:

1st mortgage current balance \$ _____

Monthly payment \$ _____

2nd mortgage current balance \$ _____

Monthly payment \$ _____

Est. current mrkt. value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Description:

Title owner:

Date of acquisition: _____

Original price: \$ _____

Source of funds:

1st mortgage current balance \$ _____

Monthly payment \$ _____

2nd mortgage current balance \$ _____

Monthly payment \$ _____

Est. current mrkt. value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

II. IRA, 401(k), Pension and Vested Interest in Trusts

1. Description:

Location of assets:

Title owner:

Date of acquisition: _____

Original investment: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Description:

Location of assets:

Title owner:

Date of acquisition: _____

Original investment: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

3. Description:

Location of assets:

Title owner:

Date of acquisition: _____

Original investment: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

12. Contingent Interests (stock options, interest subject to life estates, prospective inheritances)

1. Description:

Location:

Date of vesting: _____

Title owner:

Date of acquisition: _____

Original price: \$ _____

Source of funds:

Method of valuation:

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

13. Household Furnishing

1. Description:

Location:

Title owner:

Original price \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Description:

Location:

Title owner:

Original price \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

3. Description:

Location:

Title owner:

Original price \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

14. Jewelry, Art, Paintings, Prints, Antiques, Precious Objects, Gold and
Metals (only if valued at more than \$500)

Precious

1. Description:

Location:

Title owner:

Original price: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Description:

Location:

Title owner:

Original price: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

15. Other Assets (e.g. tax shelter investments, collections, judgments, causes of action, patents, trademarks, copyrights, and any other assets not hereinabove specified)

1. Description:

Location:

Title owner:

Original price: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

2. Description:

Location:

Title owner:

Original price: \$ _____

Source of funds:

Unpaid lien amount: \$ _____

Current value: \$ _____

Husband's separate amount: \$ _____

Wife's separate amount: \$ _____

V. LIABILITIES: (If jointly with spouse or another, so state, and state your share)

Notes

1. Description:

Creditor / Broker name & address:

Debtor:

Amount of original debt: \$ _____

Date of incurring debt:

Purpose:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

Type of Liability:

Accounts Payable Note Payable

Car Loan Credit Card Bank Loan Personal Loan

Brokers' Margin Accounts

2. Accounts Payable

Description:

Creditor / Broker name & address:

Debtor:

Amount of original debt: \$ _____

Date of incurring debt:

Purpose:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

Type of Liability:

Accounts Payable Note Payable

Car Loan Credit Card Bank Loan Personal Loan

Brokers' Margin Accounts

3. Credit Card

Description:

Creditor / Broker name & address:

Debtor:

Amount of original debt: \$ _____

Date of incurring debt:

Purpose:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

Type of Liability:

Accounts Payable Note Payable

Car Loan Credit Card Bank Loan Personal Loan

Brokers' Margin Accounts

4. Car Loan

Description:

Creditor / Broker name & address:

Debtor:

Amount of original debt: \$ _____

Date of incurring debt:

Purpose:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

Type of Liability:

Accounts Payable Note Payable

Car Loan Credit Card Bank Loan Personal Loan

Brokers' Margin Accounts

5. OTHER Description:

Creditor / Broker name & address:

Debtor:

Amount of original debt: \$ _____

Date of incurring debt:

Purpose:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

Type of Liability:

Accounts Payable Note Payable

Car Loan Credit Card Bank Loan Personal Loan

Brokers' Margin Accounts

6. Mortgages Payable on Real Estate

1. Mortgagee (lender):

Address of property:

Mortgagor(s):

Original amount: \$ _____

Date of incurring debt: _____

Maturity date: _____

2. Mortgagee (lender):

Address of property:

Mortgagor(s):

Original amount: \$ _____

Date of incurring debt: _____

Maturity date: _____

7. Taxes Payable

1. Description of tax:

Amount of tax: \$ _____

Debtor:

Date due: _____

Husband's separate debt Wife's separate debt

2. Description of tax:

Amount of tax: \$ _____

Debtor:

Date due: _____

Husband's separate debt Wife's separate debt

3. Description of tax:

Amount of tax: \$ _____

Debtor:

Date due: _____

Husband's separate debt Wife's separate debt

8. Loans on Life Insurance Policies

1. Description:

Insurer name & address:

Amount of loan: \$ _____

Date incurred: _____

Purpose:

Name of borrower:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

2. Description:

Insurer name & address:

Date incurred: _____

Purpose:

Name of borrower:

Amount of loan: \$ _____

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

9. Other Liabilities

1. Description:

Creditor name & address:

Debtor:

Original amount of debt: \$ _____

Date incurred: _____

Purpose:

Monthly payment: \$ _____

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

2. Description:

Creditor name & address:

Debtor:

Original amount of debt: \$ _____

Date incurred: _____

Purpose:

Monthly payment: \$ _____ Percent of loan paid by you: _____ %

Amount of current debt: \$ _____

Husband's separate debt Wife's separate debt

VI. ASSETS TRANSFERRED: On a separate sheet, please list all assets transferred in any manner during the preceding three years, or length of the marriage, whichever is shorter. [transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.]

VII. CLIENT SIGNATURE

I confirm the veracity of all details noted in this document.

Name: _____ please print

Signature: _____ Date: _____

My lawyer _____, Esq. confirms that s/he understands that all details written herein are accurate.