

PINDER BUECKERT & ASSOCIATES INC.
LICENSED INSOLVENCY TRUSTEE
FARMING
WORKSHEET

PERSONAL DATA

Surname: _____ S.I.N. _____
 Given & Middle names: _____ Birthdate: (Y/M/D) _____
 Street Address: _____ Please Circle One **Mr. / Mrs. / Ms. / Miss**
 Town/City: _____ Telephone: (Home) _____
 Province: _____ Postal Code: _____ Telephone: (Work) _____
 Email: _____

I have resided at the address above since: Year: _____ Month: _____ Day: _____

Mailing Address (if different): _____

Off Farm Occupation: _____ Since: _____

Full Name and Address of Present Employer: _____

Indicate level of Education: Gr. 0/8 ___ High School Graduate ___ Secondary ___ University ___

Marital Status (specify month and year if it occurred in the last five years, if applicable, for each of the below):

Married Common Law Single Widowed Separated Divorced

Month/Year of Event: _____

Full Name and Address of Spouse or
 Common Law Partner: _____

Birthdate of Spouse: _____ Spouse's S.I.N. _____

Spouses present occupation and employer: _____

Dependants who rely on you for financial support:

Name	Relationship	Birthdate	Address

Is this a joint bankruptcy/proposal? _____ Yes _____ No

Owned Land

Home Quarter (must have a residence)

Legal Description	No. of Acres	Cult. Acres	Registered Owners	R.M. Assesment	Value	Secured To

Size of House: _____ Year Built: _____

Other Permanent Buildings: _____

Other Land

Legal Description	No. of Acres	Cult. Acres	Registered Owners	R.M. Assesment	Value	Secured To

Rented Land

Landlord	No. of acres	Cash Rent/Acre	Cult. Acres	Crop Shares

Recreational Land (Cottage, etc.)

Recreational Assets

Description	Year	Make/Model	Auction Value	Secured To

Vehicles

Make	Model	Auction Value	Year	Secured To

Creditors name	Complete Addresses of all Creditors	Account #	Amount Owning	Assets Pledged for Security
1. Bank/Credit Union				
2. Inputs				
3. Credit Cards				
4. Secured Vehicles etc.				

ASSETS

a) **Cash on Hand or on Deposit** \$ _____
 Location _____

b) **Household Furniture and Effects** \$ _____
 (estimated value calculated at auction or baliff value)

c) **Accounts Receivable**
 Does anyone owe you any money? Yes _____ No _____

If yes give details: _____

d) **Insurance Policies**
 Name of Insurance company(ies): _____
 Face Value of Policy(ies): \$ _____ Claimed exempt _____ Yes _____ No _____
 Beneficiary(ies) _____
 Is/are the policy(ies) - Whole Life _____
 - Term _____
 Cash surrender value, if any \$ _____
 List any other relevent details _____

e) **Savings Plans**
 R.R.S.P. _____ \$ _____
 R.E.S.P. _____ \$ _____
 Pension _____ \$ _____
 Other _____ \$ _____
 Please provide details: _____

f) **Personal Effects (at auction or baliff values)** \$ _____

g) **Stocks/Shares/Membership Equity**
 Details _____

h) **Estimated Tax Return** \$ _____
 \$ _____

i) **Tools of Trade (please list)** _____

j) **Other Assets (please list)** _____

ASSETS

REAL ESTATE

	Address	Legal Description	Jointly Owned	Market Value	Mortgagor	Insured
Cottage						
House						
Land						

Name of Insurance Company _____

Policy Number _____ Expiry Date _____

MOTORIZED & RECREATIONAL VEHICLES

	Year	Make & Model	Serial No.	Liens	Estimated value
Cars/Trucks					
Motorcycles					
Snowmobile					
Other					
Boat/Motor					
Trailers					
Mobile Home					

PREVIOUS INSOLVENCY

Have you ever filed for Bankruptcy, Proposal or debt settlement before? _____ Yes _____ No
Name of Trustee _____
Date of Proceeding _____ Date of Discharge _____
Place Filed _____

FILED BY DEBTOR (Other than Farming)

Have you owned a business (self-employed) in the last five years? _____ Yes _____ No
Name of Business _____
Nature of Business _____
Location of Business _____
When Commenced _____
When Ceased _____

Names of Directors/Officers/Partners _____

Debts incurred in the business _____ Yes _____ No
Have you guaranteed any loans for the business? _____ Yes _____ No
Does the business have any assets/receivables? _____ Yes _____ No

If yes, please list - _____

Are all tax returns, GST returns, PST returns and payroll returns filed? _____ Yes _____ No

Exact Location of business/payroll records _____

Number of employees? _____ For what period? _____

Have you been responsible for collecting/remitting Education Health Tax? _____ Yes _____ No

Are you responsible for any unpaid wages either directly or by director's Liability? _____ Yes _____ No

If yes, explain _____

ED OR GUARANTEED BY DEBTOR

Name of Lender _____

Address of Lender _____

Amount owing \$ _____

Name of Borrower _____

Address of Borrower _____

Is this party bankrupt? _____ Yes _____ No

TRANSFER OF ASSETS

1) Have you disposed of or transferred any assets in the past twelve months? _____ Yes _____ No

2) Have you made any excess payments to your creditors in the past twelve months? _____ Yes _____ No

3) Have you had any assets seized by creditors in the past twelve months? _____ Yes _____ No

4) Have you sold or disposed of, or transferred any real estate in the past five years? _____ Yes _____ No

5) Have you made gifts over \$500 to relatives in the past five years? _____ Yes _____ No

ILY INCOME (OFF FARM)

Net Employment Income	_____	Canada Child Benefit (CCB)	_____
Net Earnings of Spouse	_____	Net Spousal Support	_____
Net Pensions/Annuities	_____	Net Employment Insurance Benefits	_____
Net Child Support	_____	Net Social Assistance	_____
Other Net Income	_____	Self-Employed	_____
		Gross _____ Net _____	
		TOTAL MONTHLY INCOME (A)	_____

MONTHLY NON-DISCRETIONARY EXPENSES

Child Support Payments	_____	Fines/Penalties Imposed by Court	_____
Spousal Support Payments	_____	Expenses as a Condition of Employment	_____
Child Care	_____	Debts Where Stay Has Been Lifted	_____
Medical Condition Expenses	_____	Canada Student Loan Interest	_____
		TOTAL MONTHLY NON-DISCRETIONARY EXPENSES (B)	_____

AVAILABLE MONTHLY INCOME (A - B) = (C) _____

DISCRETIONARY EXPENSES

Housing Expenses

Rent/Mortgage	_____
Property Taxes/Condo Fees	_____
Heating/Gas/Oil	_____
Telephone	_____
Cable	_____
Hydro	_____
Water	_____
Furniture	_____
Other	_____

Personal Expenses

Smoking	_____
Alcohol	_____
Dining/Lunches/Restaurants	_____
Entertainment/Sports	_____
Gifts/Charitable Donations	_____

Non-recoverable Medical

Expenses	_____
Prescriptions	_____
Dental	_____
Other	_____

TOTAL MONTHLY DISCRETIONARY EXPENSES (D) _____

Living Expenses

Food/Grocery	_____
Laundry/Dry Cleaning	_____
Grooming/Toiletries	_____
Clothing	_____
Other	_____

Transportation Expenses

Car Lease/Payments	_____
Repairs/Maintenance/Gas	_____
Public Transportation	_____
Other	_____

Insurance Expenses

Vehicle	_____
House	_____
Furniture/Contents	_____
Life Insurance	_____
Other	_____

Payments

To Trustee	_____
To Secured Creditor	_____
Other	_____

TOTAL - SURPLUS / (SHORTFALL) (C) - (D) _____

GENERAL QUESTIONS

a) Do you have a safety deposit box? If so, _____ Yes _____ No
which bank? _____
Provide details of contents _____

b) Were or are you involved in civil litigation from _____ Yes _____ No
which you may receive monies or property?
Who are you suing? _____
For what amount? _____
Who is the lawyer? _____

c) Do you expect to receive any inheritance in the _____ Yes _____ No
near future?
Estate of _____
Amount expected _____
Name and Address of executor _____

d) Are there any writs, judgments, garnishments, _____ Yes _____ No
or wage assignments outstanding against you?

e) Have you ever applied for or been under an _____ Yes _____ No
Orderly Payment of Debt (OPD) Order?
Date of Order _____
Monthly payments _____
Date of default _____

f) Have you spoken to another Trustee? _____ Yes _____ No

g) Have you debts arising from:

- | | | | |
|------|---|-----------|----------|
| i) | Fine or penalty imposed by Court | _____ Yes | _____ No |
| ii) | Recognizance or Bail Bond | _____ Yes | _____ No |
| iii) | Fraud, embezzlement, misappropriation | _____ Yes | _____ No |
| iv) | Defalcation while acting in a trust capacity | _____ Yes | _____ No |
| v) | Obtaining property by false pretenses or fraudulent misrepresentation | _____ Yes | _____ No |
| vi) | Have you been served with a garnishee Order? (if so please provide copy of Order) | _____ Yes | _____ No |

Please describe briefly the circumstances which have caused your financial problems and tell how bankruptcy will help you:

INCOME TAX INFORMATION - Attach 2 years Income Tax Returns

Do you have any outstanding income tax returns to be filed? _____ Yes _____ No

If yes indicate year(s)

Do you owe any income taxes? _____ Yes _____ No

Amount owing

Do you have any refunds due to you? _____ Yes _____ No

Amount of refund expected

Employers since last tax return filed:
(include periods when EI benefits were received)

Name of Employer	Address	Period Employed	Occupation
------------------	---------	-----------------	------------

Spouses Employer	Address	Period Employed	Occupation
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Are you required to make alimony, maintenance or support payments? _____ Yes _____ No

If yes, Please indicate amount payable per year \$ _____

Do you pay the required amount? _____ Yes _____ No

Are the payments made voluntarily or by Court Order? _____

Name and Address of recipient _____

Since your last income tax return was filed have you:

- i) Cashed an R.R.S.P. Yes No
- ii) Received proceeds from a company pension Yes No
- iii) Sold Shares Yes No
- iv) incurred expenses to earn income from employment (ex. Commission, salesman expenses) Yes No

If yes, please provide a summary and documents related

I, the undersigned, declare that the information that I have provided on all pages of this Questionnaire provides, to the best of my knowledge, full, true and complete answers to each of the questions asked.

_____ Date _____ Signature

FOR OFFICE USE ONLY

Referred by _____
Date Interviewed _____ Interviewed by _____
Quoted Fee \$ _____ Signed Fee Agreement _____
Third Party Deposit \$ _____
Name and Address of Third Party Guarantor _____

- Documents Non-business bankrupt ()
- Summary ()
- Ordinary ()
- Long Form ()
- Short Form ()