

District of:
 Division No:
 Court No: 35-*****
 Estate No: 35-*****

FORM 79

Statement of Affairs (Non-Business Bankruptcy)

(Subsection 49(2) and 158(d) of the Act)

In the matter of the Bankruptcy of NAME OF CLIENT of the City of Windsor, in the County of Essex and Province of Ontario SUMMARY ADMINISTRATION

Original

Amended

ASSETS					
Type of assets	Description (Provide details)	Estimated dollar value	Exempt property	Secured Amount / Liens	Estimated net realizable dollar value
1. Cash on Hand		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
2. Furniture		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
3. Personal Effects		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
4. Cash-surrender values of life insurance policies, RRSPs, etc.		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
5. Securities		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
6. Real property - House		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Real property - Cottage		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Real property - Land		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Real property - Building		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Real property - Building And Land		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
7. Motor Vehicle - Automobile		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Motor Vehicle - Motorcycle		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Motor Vehicle - Snowmobile		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
Motor Vehicle - Other		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
8. Recreational Equipment		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
9. Estimated Tax Refund		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
10. Other Assets		\$0.00	<input type="checkbox"/>	\$0.00	\$0.00
TOTAL		\$0.00		\$0.00	\$0.00

XXth day of MONTH, 20XX

Date

Bankrupt

Liabilities							
No	Creditor	Address including postal code	Account No.	Unsecured	Secured	Preferred	LTC
1			xxx xxx xxx	\$0.00	\$0.00	\$0.00	*
2				\$0.00	\$0.00	\$0.00	*
3				\$0.00	\$0.00	\$0.00	*
4				\$0.00	\$0.00	\$0.00	*
Sub Totals:				\$0.00	\$0.00	\$0.00	
				Total:		\$0.00	

XXth day of MONTH, 20XX
Date

Bankrupt

INFORMATION RELATING TO THE AFFAIRS OF THE INSOLVENT

A. PERSONAL DATA

1. Family name:	Given names:	Marital Status:	Date of birth:
-----------------	--------------	-----------------	----------------

2. Also known as:

3. Address:

5. Full name of spouse or common-law partner:

6. Name of present employer (bankrupt):	Occupation (bankrupt):		
---	------------------------	--	--

7A. Number of persons in household family unit, including debtor:

7B. Number of persons 17 years of age or less:

8. Have you operated a business within the last five years?

Legal Name	Trade Name	Business Type	Operations Type	Address	Period of Operation

B. WITHIN THE 12 MONTHS PRIOR TO THE DATE OF THE INITIAL INSOLVENCY EVENT, HAVE YOU EITHER IN CANADA OR ELSEWHERE

9A. Sold or disposed of any of your property?

9B. Made payments in excess of the regular payments to creditors?

9C. Had any property seized by a creditor?

C. WITHIN FIVE YEARS PRIOR TO THE DATE OF THE INITIAL INSOLVENCY EVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE:

10A. Sold or disposed of any property?

10B. Made any gifts to relatives or others in excess of \$500?

D. BUDGET INFORMATION: Attach Form 65 to this Form.

11A. Have you ever made a proposal under the Bankruptcy and Insolvency Act?

11B. Have you ever been bankrupt before in Canada?

12. Do you expect to receive any sums of money which are not related to your normal income, or any other property within the next 12 months?

13. If you answered Yes to any of questions 9, 10 and 12, provide details:

14. Give reasons for your financial difficulties:

Reduction in income due to loss of employment.

 XXth day of MONTH, 20XX
 Date

 Bankrupt

I, NAME OF CLIENT, of the city of Windsor in the Province of Ontario, do swear (or solemnly declare) that this statement is, to the best of my knowledge, a full, true and complete statement of my affairs on the XXth day of MONTH, 20XX and fully discloses all property and transactions of every description that is or was in my possession or that may devolve on me in accordance with the Bankruptcy and Insolvency Act.

SWORN (or SOLEMNLY DECLARED)
before me at Windsor the city
in the Province of Ontario,
on this XXth day of MONTH, 20XX

Stephen Funtig 1
Commissioner of Oaths for the Province of Ontario

XXth day of MONTH, 20XX
Date

Bankrupt