

FORM 79

Statement of Affairs (Non-Business Bankruptcy)
(Paragraph 158(d) of the Act)

(Title Form 1)

| ASSETS | | | | | | |
|---|--|------------------------|-----------------|----|--------------------------|---|
| Type of assets | Description (<i>Provide details</i>) | Estimated Dollar Value | Exempt Property | | Secured Amount/ Liens | Estimated net realizabl e dollar value* |
| | | | Yes | No | | |
| 1. Cash on hand | | | | | | |
| 2. Furniture | | | | | | |
| 3. Personal effects | | | | | | |
| 4. Cash-surrender value of life insurance policies, RRSPs, etc. | | | | | | |
| 5. Securities | | | | | | |
| 6. Real Property or Immovable | House | | | | | |
| | Cottage | | | | | |
| | Land | | | | | |
| 7. Motor vehicle | Automobile | | | | | |
| | Motorcycle | | | | | |
| | Snowmobile | | | | | |
| | Other | | | | | |
| 8. Recreational equipment | | | | | | |
| 9. Estimated Tax refund | | | | | | |
| 10. Other Assets | | | | | | |
| TOTAL | | | | | | |

Date

Bankrupt

*For a summary administration, indicate value net of the direct realization costs referred to in Rule 128(1) of the BIA.

FORM 79 -- *Continued*

| LIABILITIES | | | | | | |
|-------------|-------------------------------|-------------|--|---------|-----------|-----------|
| | | | Liabilities type code (LTC) 1 Real Property or Immovable Mortgage or Hypothec 2 Bank Loans (except real property mortgage) 3 Finance Company Loans 4 Credit Cards Bank/Trust Companies Issuers 5 Credit Cards Other Issuers 6 Taxes Federal/Provincial/Municipal 7 Student Loans 8 Loans from Individuals 9 Other | | | |
| Creditor | Address including postal code | Account No. | Amount of debt | | | Enter LTC |
| | | | Unsecured | Secured | Preferred | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| | TOTAL | Unsecured | | | | |
| | TOTAL | Secured | | | | |
| | TOTAL | Preferred | | | | |
| | | | | | TOTAL | |

Date

Bankrupt

FORM 79 -- Continued

| INFORMATION RELATING TO THE AFFAIRS OF THE BANKRUPT | | | |
|--|--|------|--|
| 1. Family name: | Given names: | | Date of birth: ____ / ____ / ____ |
| | Gender : F <input type="checkbox"/> M <input type="checkbox"/> | | YYYY / MM / DD |
| 2. Also known as: | | | |
| 3. Complete address, including postal code | | | |
| 4. Marital status: <i>(Specify month and year of event if it occurred in the last five years)</i> | ____ | ____ | Married |
| | ____ | ____ | Single |
| | ____ | ____ | Widowed |
| | ____ | ____ | Separated |
| | ____ | ____ | Divorced |
| | ____ | ____ | Common-law partner |
| 5. Full name of spouse or common-law partner: | | | |
| 6. Name of present employer: | | | Occupation (Bankrupt): |
| 7A. Number of persons in household family unit, including bankrupt: | | | |
| 7B. Number of persons 17 years of age or less: | | | |
| 8. Have you operated a business within the last five years? | Yes | No | (If yes) Name, type and period of operation: |
| B. WITHIN THE 12 MONTHS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE: | | | |
| 9A. Sold or disposed of any of your property? | Yes | No | |
| 9B. Made payments in excess of the regular payments to creditors? | Yes | No | |
| 9C. Had any property seized by a creditor? | Yes | No | |
| C- WITHIN FIVE YEARS PRIOR TO THE DATE OF THE INITIAL BANKRUPTCY EVENT, WHILE YOU KNEW YOURSELF TO BE INSOLVENT, HAVE YOU, EITHER IN CANADA OR ELSEWHERE: | | | |
| 10A. Sold or disposed of any property? | Yes | No | |
| 10B. Made any gifts to relatives or others in excess of \$500? | Yes | No | |

Date

Bankrupt

FORM 79 -- Continued

| |
|--|
| D. BUDGET INFORMATION: Attach Form 65 to this Form. |
| 11A. Have you ever made a proposal under the <i>Bankruptcy and Insolvency Act</i> ? Yes ___ No ___ |
| 11B. Have you been bankrupt before, either in Canada or elsewhere? Yes ___ No ___ |
| (If you answered Yes, provide the following details for all insolvency proceedings: (a) Filing date and location of the proceedings; (b) Name of trustee or administrator; (c) If applicable, was the proposal successful; (d) Date on which Certificate of Full Performance or Discharge was obtained.) |
| _____ |
| _____ |
| _____ |
| _____ |
| 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? Yes ___ No ___ |
| 13. If you answered Yes to any of questions 9, 10 and 12, provide details: |
| _____ |
| _____ |
| _____ |
| _____ |
| 14. Give reasons for your financial difficulties: |
| _____ |
| _____ |
| _____ |
| _____ |

I, _____, of the _____ of _____, in the Province of _____, 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 _____ day of _____ 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 section 67 of the *Bankruptcy and Insolvency Act*.

SWORN (or SOLEMNLY DECLARED)

before me at _____ (city, town or village)
the Province of _____,
on this _____ day of _____.

Commissioner of Oaths
for the Province of _____.

Bankrupt

NOTE: If a copy of this Form is sent electronically by means such as email, the name and contact information of the sender, prescribed in Form 1.1, must be added at the end of the document.