To be used with Question 23 FORM 4 / RECORD OF BANKRUPTCY OR INSOLVENCY

Name						
First	Middle	Last	Suffix	Social Securi	ity Number	
Date bankruptcy filed						
Complete title of action						
Court file number						
Name and complete addr	ress of court involved:					
Name of court						
Address						
City		St	<u>State</u>		Zip	
Country		Province				
Debts discharged:						
Credit Grantor		Account Number		Amount Discharged		
Date of final disposition_						
Disposition						
Were any adversary proce	eedings instituted?			□ Yes	□ No	
Were there any allegations of fraud?				□ Yes	□ No	
Were any debts not discharged?				\Box Yes	\Box No	
Detailed description of ci	ircumstances surroundin	ng filing petition for b	ankruptcy:			
Attach schedule of inde	ebtedness, petition for	bankruptcy, and di	ischarge from b	ankruptcy orde	er.	

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