

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEBRASKA

In Re:)
)
) BK
)
 Debtor(s))

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)
 Debtor has a Social Security Number and it is: ____ - ____ - _____
(If more than one, state all.)
 Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____
(Check the appropriate box and, if applicable, provide the required information.)
 Joint Debtor has a Social Security Number and it is: ____ - ____ - _____
(If more than one, state all.)
 Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Debtor Date

Signature of Joint Debtor Date