

COURT

COUNTY OF

----- x Index No. 44-32323
 Harold J Jones : Assigned
 Plaintiff : Judge:
 - against - : I.A.S. Part
 :
 Marianne P Jones : STATEMENT OF NET WORTH
 Defendant : (DRL 236)
 ----- x Date of commencement of action . . . _____

(Complete all items, marking "none," "not applicable," or "unknown," if appropriate.)

STATE OF NEW YORK COUNTY OF SS:

HAROLD J JONES, the Plaintiff in this action, being duly sworn, deposes and says: the following is an accurate statement, as of 6/11/2005, of my net worth (assets minus liabilities), of my income from all sources and of assets transferred of every kind and wherever located.

I. FAMILY DATA

- (a) Husband's age, birth date, and place of birth. 35, 4/5/1970
- (b) Wife's age, birth date, and place of birth. 31, 11/20/1973
- (c) Date Married. 3/7/1995
- (d) Place married (City, County, State). _____
- (e) 1. Date Separated or Divorced. 4/17/2005
- 2. Date Action Commenced. _____
- 3. Date Summons Served. _____
- 4. Date Complaint Served. _____
- 5. Date Issued Joined. _____
- 6. Date Note of Issue Filed. _____
- (f) Number of Dependent Children under age 21. 2
- (g) Names, ages, birth dates, and SSN of Children:
 Tiffany A. Jones. age 7, 4/5/1998
 Amber B. Jones. age 4, 12/2/2000
- (h) Custody of Children in with. 0 Husband 2 Wife 0 Both
- (i) 1. Number of Husband's previous marriages. _____
 2. How Husband's previous marriages ended. _____
 3. Number of Wife's previous marriages. _____
 4. How Wife's previous marriages ended. _____
- (j) Minor Children of a prior marriage 0 0 Husband 0 Wife
- (k) No prior alimony (or maintenance) or child support in connection with prior marriage.
- (l) Children of prior marriage: [no children of prior marriage]

(m) Marital residence is occupied by. [] Husband [] Wife [] Both

(n) Husband's present address. 17 Merion Ln, Merion, NY 19333
 Wife's present address. 40 Winding Way, New Haven, NY 02903

(o) Occupation of Husband. Building Contractor
 Occupation of Wife. Marketing consultant

(p) Husband's Employer's Name. Merry Builders, Inc
 Address. 44 Latches Ln, Merion, NY 02903
 Wife's Employer's Name. Advertising Inc
 Address. 1 Sabin St, New Haven, NY 02903

(q) Education, training & skills (Include dates of attainment of degrees, etc):
 1. _____

(r) Husband's health. _____

(s) Wife's health. _____

(t) Children's health. _____

II. **EXPENSES:** (You may elect to list all expenses on a weekly basis or all expenses on a monthly basis, however you must be consistent. If any items are paid on a monthly basis, divide by 4.3 to obtain weekly payment; if any items are paid on a weekly basis, multiply by 4.3 to obtain monthly payment. Attach additional sheet(s) if needed. Items included under "Other" should be listed separately with separate dollar amounts.)

Expenses listed: Weekly Monthly

(a) HOUSING:

1. Rent.	0
2. Mortgage and Amortization.	200
3. Real Estate Taxes.	0
4. Condominium Charges.	0
5. Cooperative Apartment Maintenance.	0

TOTAL HOUSING 200

(b) UTILITIES:

1. Fuel oil.	0
2. Gas.	0
3. Electricity.	0
4. Telephone.	0
5. Water.	0
6. Cell Phone.	0
7. Internet.	0
8. Other <input type="text"/>	0

TOTAL UTILITIES 0

(c) FOOD:

1. Groceries.	0
2. School lunches.	0
3. Lunches at work.	0
4. Dining Out.	0
5. Liquor / alcohol.	0
6. Home Entertainment.	0
7. Other <input type="text"/>	0

TOTAL FOOD 0

(d) CLOTHING:

1. Husband.	0
2. Wife.	0
3. Children.	0
4. Other <input type="text"/>	0

TOTAL CLOTHING 0

(e) LAUNDRY:

1. Laundry at home.	0
2. Dry Cleaning.	0
3. Tailor.	0
4. Other <input type="text"/>	0

TOTAL LAUNDRY 0

(f) INSURANCE:

1. Life.	0
2. Homeowners / Tenant's.	0
3. Fire, Theft & Liability.	0
4. Automotive.	0
5. Umbrella Policy.	0
6. Medical Plan.	0
7. Dental Plan.	0
8. Optical Plan.	0
9. Disability.	0
10. Worker's Compensation.	0
11. Other <input type="text"/>	0

TOTAL INSURANCE 0

(g) UNREIMBURSED MEDICAL

1. Medical.	0
2. Dental.	0
3. Optical.	0
4. Pharmaceutical.	0
5. Surgical Nursing, Hospital.	0
6. Therapist	0
7. Dermatologist.	0
8. Health/Beauty.	0
9. Other <input type="text"/>	0
TOTAL UNREIMBURSED MEDICAL	
<u>0</u>	

(h) HOUSEHOLD MAINTENANCE:

1. Repairs.	0
2. Furniture, Furnishings, Housewares.	0
3. Cleaning Supplies.	0
4. Appliances including Maintenance.	0
5. Painting.	0
6. Sanitation/Carting.	0
7. Gardening, lawn and grounds care.	0
8. Snow Removal.	0
9. Exterminator.	0
10. Water Softener.	0
11. Carpeting/Draperies/Furniture cleaning.	0
12. Floor Waxing.	0
13. Window Cleaning.	0
14. Electrician.	0
15. Locksmith.	0
16. Flowers.	0
17. Framing.	0
18. Hardware.	0
19. Plumbing.	0
20. Security.	0
21. Other <input type="text"/>	0
TOTAL HOUSEHOLD MAINTENANCE	
<u>0</u>	

(i) HOUSEHOLD HELP:

1. Baby Sitter.	0
2. Domestic (housekeeper, maid, etc.).	0
3. Nurse.	0
4. Driver.	0
5. Personal Secretary.	0
6. Au Pair.	0
TOTAL HOUSEHOLD HELP	
<u>0</u>	

(j) AUTOMOTIVE: (list data for each car separately)

TOTAL AUTOMOTIVE 0

(k) EDUCATIONAL

1. Nursery / Pre-School.	0
2. Primary and Secondary.	0
3. College.	0
4. Post-Graduate.	0
5. Religious Instruction.	0
6. School Transportation.	0
7. School Supplies / Books.	0
8. Tutoring.	0
9. School Events.	0
10. Other <input type="text"/>	0
TOTAL EDUCATIONAL	
<u>0</u>	

(l) RECREATIONAL

1. Summer Camps.	0
2. Vacations.	0

3. Dinners and Entertainment.	0
4. a. Movies.	0
b. Video Club and Movie Rentals.	0
5. Theatre, Ballet, etc..	0
6. Tapes, CD's, etc..	0
7. Cable TV.	0
8. Team Sports.	0
9. Country club / Pool Club.	0
10. Health club / Personal. Trainer.	0
11. Sporting Goods.	0
12. Hobbies.	0
13. Music / Dance Lessons.	0
14. Sports Lessons.	0
15. Birthday Parties.	0
16. Extracurricular Events for Children.	0
17. Summer Home Rental.	0
18. Winter Home Rental.	0
19. Toys for Children.	0

TOTAL RECREATIONAL 0

(m) INCOME TAXES

1. Federal.	3,639
2. State.	951
3. City.	0
4. Social Security and Medicare.	676

TOTAL INCOME TAXES 5,266

(n) MISCELLANEOUS

1. Beauty Parlor / Barber.	0
2. Beauty Treatments.	0
3. Drug Store Items.	0
4. Cigarettes, Cigars, Tobacco.	0
5. a. Books, Magazines, Newspapers.	0
b. Computer Software, Hardware, Materials.	0
6. Children's Allowance.	0
7. Gifts.	0
8. Diaper Service.	0
9. Charitable Contributions.	0
10. Religious Organization Dues.	0
11. Union and organization dues.	0
12. Commutation and Transportation (incl. Taxes).	0
13. Veterinarian / Pet Expenses.	0
14. a. Payments for Child Support from a prior marriage.	0
b. Alimony or maintenance from a prior marriage (if payments under 11a. or b. are unallocated, so indicate: <input type="text"/>).	0
15. Loan Payments.	0
16. Unreimbursed Business Expenses.	0
17. Gratuities.	0
18. Postage and Stationary.	0
19. Safe Deposit Box.	0
20. Accounting Fees.	0
21. Legal Fees.	0
22. Photo development.	0
23. Other Major Expenses.	0
24. Other <input type="text"/>	0

TOTAL MISCELLANEOUS 0

TOTAL EXPENSES 5,466

III. GROSS INCOME: (State source of income and annual amount. Attach additional sheet if necessary.)

(a) State whether income has changed during the year preceding the date of this affidavit: _____
 If so, set forth name and address of all employers during preceding year and average weekly wage paid by each.
 Indicate overtime earning separately. Attach current and representative payroll stub and most recently filed
 federal and New York State income tax returns.
 Wages, Self-employment Income, per year. 175,000

(b) Deductions: [] Weekly [] Monthly

1. Federal Tax.	<u>0</u>
2. New York State Tax.	<u>0</u>
3. Local Tax.	<u>0</u>
4. Social Security.	<u>0</u>
5. Medicare.	<u>0</u>
6. Other Payroll Deductions: (describe below)	
_____	_____
_____	_____

(c) Social Security Number 444-55-3333

(d) Number of Dependents Claimed 0

Names of Dependents:

(e) Bonus, Commissions, Fringe Benefits (Use of Auto, Memberships, etc.), per year.	<u>8,000</u>
(f) Partnership, Royalties, Sale of Assets (Income and Installment Payments), per year.	<u>0</u>
(g) Dividends and Interest, per year.	<u>2,500</u>
(h) Real Estate (Income only), per year.	<u>4,000</u>
(i) Trust, Profit Sharing & Annuities (Principal distribution and income), per year.	<u>0</u>
(j) Pension (Income only), per year.	<u>0</u>
(k) Awards, Prizes, Grants, per year.	<u>0</u>
(l) Income from Bequests, Legacies & Gifts, per year.	<u>0</u>
(m) Income from all other sources (Including alimony, maintenance or child support from prior marriage), per year.	<u>0</u>

(n) Tax Preference Items

1. Long term Capital Gain Deduction.	<u>0</u>
2. Depreciation, Amortization or Depletion.	<u>0</u>
3. Stock Options: excess of fair market value over amount paid.	<u>0</u>

(o) If any child or other member of your household is employed state name and that
 person's annual income. [No additional income]

(p) Social Security Income, per year.	<u>0</u>
(q) Disability Benefits, per year.	<u>0</u>
(r) Public Assistance, per year.	<u>0</u>
(s) Other Income [No additional income]	

TOTAL INCOME 189,500

IV. **ASSETS:** (If any asset is held jointly with spouse or another, so state and set forth your respective shares.)

A. Cash Accounts

1.0 [No Assets] TOTAL CASH \$ 0

Checking Accounts

2.1 a. Financial Institution.
Description. First Union
b. Account number. 1234567
c. Title holder.
d. Date opened.
e. Source of funds.
f. Balance. \$ 1,875
TOTAL CHECKING \$ 1,875

Savings (including individual, joint, totten trusts, certificates of deposit, treasury notes)

3.0 [No Assets] TOTAL SAVINGS \$ 0

Security Deposits, Earnest Money, Etc

4.0 [No Assets] TOTAL SECURITY DEPOSITS, ETC. \$ 0

Other

5.1 a. Description. Florida Condo
b. Title owner.
c. Date of acquisition.
d. Original price. 0
e. Source of funds.
f. Mortgage/Lien unpaid. 0
g. Est. current mrkt value. \$ 45,000
TOTAL OTHER \$ 45,000

B. Securities:

Bonds, Notes, Mortgages

1.0 [No Assets] TOTAL BONDS, NOTES, MORTGAGES \$ 0

Stocks, Options and Commodity Contracts

2.1 a. Description. Vanguard Index 500
Account number.
b. Title holder.
c. Location.
d. Date of acquisition.
e. Original price or value. 4,000
f. Source of funds.
g. Current value. \$ 12,755

2.2 a. Description. ibm stock
Account number.
b. Title holder.
c. Location.
d. Date of acquisition.
e. Original price or value. 0
f. Source of funds.
g. Current value. \$ 40,000

TOTAL STOCKS, OPTIONS, ETC. \$ 52,755

Brokerage Accounts

3.0 [No Assets]

TOTAL BROKERAGE ACCOUNTS \$ 0

C. Loans to others and Accounts Receivable from Others

1.0 [No Assets]

TOTAL LOANS AND ACCOUNTS RECEIVABLE \$ 0

D. Value of interest in Any Business (Describe investment, giving name and address of company whether it is a corporation, partnership, sole proprietorship or trust; your capital contribution, net worth of the business, percent of your interest and any other information bearing upon valuation, including measure of value used for determination.)

- 1.1** a. Name & address. Mary Kay franchise
- b. Type of business. _____
- d. Your capital contribution. 0
- e. Your % of interest. 0
- f. Date of acquisition. 2/3/1980
- g. Original price or value. 1,500
- f. Source of funds. _____
- g. Method of valuation. _____
- h. Other information. _____
- i. Current net worth. \$ 1,000

TOTAL VALUE OF BUSINESS INTEREST \$ 1,000

E. Cash Surrender Value of Life Insurance

1.0 [No Assets]

TOTAL VALUE OF LIFE INSURANCE \$ 0

F. Vehicles (automobile, boat, plane, truck, camper, etc.)

1.0 [No Assets]

TOTAL VALUE OF VEHICLES \$ 0

G. Real Estate (including real property, leaseholds, life estates, etc. at market value. Do not deduct any mortgage.)

- 1.1** a. Description. 40 Winding Way
 - b. Title owner. _____
 - c. Date of acquisition. 1/1/1970
 - d. Original price. 0
 - e. Source of funds. _____
 - f. Amt. mortgage/lien unpaid. 320,000
 - 2nd mortgage/lien unpaid. 0
 - g. Est. current mrkt. value. \$ 450,000
- Marianne will remain in the marital home.

- 1.2** a. Description. Vacation Home
- b. Title owner. _____
- c. Date of acquisition. 5/3/2003
- d. Original price. 0
- e. Source of funds. _____
- f. Amt. mortgage/lien unpaid. 18,750
- 2nd mortgage/lien unpaid. 0
- g. Est. current mrkt. value. \$ 100,000

TOTAL VALUE OF REAL ESTATE \$ 550,000

H. Vested Interest in Trusts (pension, profit sharing, legacies, deferred compensation and others)

- 1.1** a. Description of trust. AMFAC Teacher's Assn
- b. Location of assets. _____
- c. Title owner. Marianne
- d. Date of acquisition. 4/5/1998
- e. Original investment. 0
- f. Source of funds. _____

g. Unpaid lien amount. 0
 h. Current Value. \$ 23,207

1.2 a. Description of trust. Vanguard IRA
 b. Location of assets.
 c. Title owner. Harold
 d. Date of acquisition.
 e. Original investment. 0
 f. Source of funds.
 g. Unpaid lien amount. 0
 h. Current Value. \$ 12,555

TOTAL VESTED INTEREST IN TRUSTS \$ 35,762

I. Contingent Interests (stock options, interest subject to life estates, prospective inheritances, etc)

1.0 [No Assets] TOTAL CONTINGENT INTERESTS \$ 0

J. Household Furnishing, Furniture and Art

1.1 a. Description. Paintings
 b. Location.
 c. Title owner.
 d. Original price. 1,200
 e. Source of funds.
 f. Unpaid lien amount. 0
 g. Current value. \$ 700

Paintings have sentimental value to Marianne

TOTAL HOUSEHOLD FURNISHINGS \$ 700

J. Jewelry, Paintings, Prints, Antiques, Precious Objects, Gold and Precious Metals

1.1 a. Description. Jewelry
 b. Location.
 c. Title owner.
 d. Original price. 0
 e. Source of funds.
 f. Unpaid lien amount. 0
 g. Current value. \$ 1,500

TOTAL JEWELRY, ART ETC. \$ 1,500

L. Other Assets (e.g. tax shelter investments, collections, hobbies, judgements, causes of action, patents, trademarks, copyrights, and any other assets not specified above.)

1.0 [No Assets] TOTAL OTHER ASSETS \$ 0

TOTAL MARITAL ASSETS \$ 688,592

v. **LIABILITIES:** (If jointly with spouse or another, so state, and state your share)

A. Accounts Payable

1.0 [No Liabilites]

TOTAL ACCOUNTS PAYABLE \$ 0

B. Notes Payable

1.0 [No Liabilites]

TOTAL NOTES PAYABLE \$ 0

C. Installment Accounts Payable (security agreements, chattel mortgages.)

1.0 [No Liabilites]

TOTAL INSTALLMENT ACCOUNTS \$ 0

D. Brokers' Margin Accounts

1.0 [No Liabilites]

TOTAL BROKERS' MARGIN ACCOUNTS \$ 0

E. Mortgages Payable on Real Estate

1.1

- a. Mortgagee. _____
- b. Address of property. _____ 40 Winding Way
- c. Mortgagor(s). _____
- d. Original amount _____ 0
- e. Date of incurring debt. _____
- f. Monthly payment. _____ 3750.00
- g. Maturity date. _____
- h. Amount of current debt \$ _____ 320,000

1.2

- a. Mortgagee. _____ Lowdown Mortgage Co.
- b. Address of property. _____ Vacation Home
- c. Mortgagor(s). _____
- d. Original amount _____ 0
- e. Date of incurring debt. _____
- f. Monthly payment. _____ 200.00
- g. Maturity date. _____
- h. Amount of current debt \$ _____ 18,750

TOTAL MORTGAGES PAYABLE \$ 338,750

F. Taxes Payable

1.0 [No Liabilites]

TOTAL TAXES PAYABLE \$ 0

G. Loans on Life Insurance Policies

1.0 [No Liabilites]

TOTAL LIFE INSURANCE LOANS \$ 0

H. Other Liabilities

1.1

- a. Description. _____ MasterCard Bank Two
- b. Creditor name & address. _____
- c. Debtor. _____
- d. Original amount of debt. _____ 5,000
- e. Date incurred. _____ 1/2/2000
- f. Purpose. _____
- f. Monthly payment. _____ 75.00
- g. Amount of current debt. \$ _____ 3,456

1.2

- a. Description. _____ VISA Country Card
- b. Creditor name & address. _____
- c. Debtor. _____
- d. Original amount of debt. _____ 1,000
- e. Date incurred. _____ 3/23/2001
- f. Purpose. _____
- f. Monthly payment. _____ 120.00
- g. Amount of current debt. \$ _____ 775

TOTAL OTHER LIABILITIES \$ 4,231

TOTAL MARITAL LIABILITIES \$ 342,981

NET WORTH

TOTAL MARITAL ASSETS \$ 688,592

TOTAL MARITAL LIABILITIES (minus) \$ 342,981

MARITAL NET WORTH \$ 345,611

VI. **ASSETS TRANSFERRED:** (List all assets transferred in any manner during the three preceding years, or for the length of the marriage, whichever is shorter. Note: Transfers in the routine course of business which resulted in an exchange of assets of substantially equivalent value need not be specifically disclosed where such assets are otherwise identified in the statement of net worth.)

[No Assets Transferred]

VII. SUPPORT REQUIREMENTS:

- (a) Deponent is at present _____ \$ _____ per _____,
and prior to separation _____ \$ _____ per _____
to cover expenses for: _____
These payments are being made _____,
There is no arrears outstanding.
- (b) Deponent requests for support of each child \$ _____ per _____
Total for children \$ _____
- (c) Deponent requests for support of self \$ _____ per _____.
- (d) The day of the _____ on which payment should be made is _____.

VIII. COUNSEL FEE REQUIREMENTS

- (a) Deponent requests for counsel fee and disbursements the sum of \$ _____
- (b) Deponent requests for counsel fee and disbursements the sum of \$ _____ and has agreed with counsel concerning fees as follows:

- (c) There is not a retainer agreement or written agreement relating to payment of legal fees.
(A copy of any such agreement must be annexed.)

IX. ACCOUNTANT AND APPRAISAL FEE REQUIREMENTS

- (a) Deponent requests for accountants' fees and disbursements the sum of \$ _____
(Include basis for fee, e.g., hourly rate, flat rate) _____
- (b) Deponent requests for appraisal fees and disbursements the sum of \$ _____
(Include basis for fee, e.g., hourly rate, flat rate) _____
- (c) Deponent requires the services of an accountant for the following reasons:

X. OTHER DATA concerning the financial circumstance of the parties that should be brought to the attention of the Court are:

