

FILED
OCT 17 2024
TRACIA A. GANTS
LINCOLN COUNTY CLERK

Superior Court of Washington, County of Lincoln

In re:	
Petitioner/s (person/s who started this case): <u>JUDITH KUENNIGER-GUINN</u>	No. <u>24-3-00791-22</u>
And Respondent/s (other party/parties): <u>WILLIAM KUENNIGER</u>	Amended Financial Declaration of (name): <u>JUDITH KEUNNIGER-GUINN</u> (FNDCLR)

Financial Declaration

1. Your personal information

Name: Judith Kuenniger-Guinn

Highest year of education you completed: Some College Your job/profession is: Formerly Industrial Worker, Now retired.

Are you working now?

No. List the last date you worked (month / year): October 2022

What was your monthly pay before taxes: \$500.00

Why are you not working now? Retired.

2. Summary of your financial information

(Complete this section **after** filling out the rest of this form.)

1. Total Monthly Net Income (copy from section 3, line C. 3.)	\$665.00
2. Total Monthly Expenses After Separation (copy from section 7, line I.)	\$3,405
3. Total Monthly Payments for Other Debts (copy from section 9)	\$0
4. Total Monthly Expenses + Payments for Other Debts (add line 2 and line 3)	\$3,405
Gross Monthly Income of Other Party (copy from section 3. A.)	- \$2,740

3. Income

110
ORIGINAL

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

Tip: If you do not get paid once a month, calculate your *monthly* income like this:
 Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

A. Gross Monthly Income (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary	\$0	
Income from interest / dividends	\$0	
Income from business	\$0	
Spousal support / maintenance received (Paid by: _____)	\$0	
Other income (SOCIAL SECURITY)	\$620	
EBT	\$200	
Total Gross Monthly Income (add all lines above)	\$820	
Total gross income for this year before deductions (starting January 1 of this year until now)		

B. Monthly Deductions		
	You	Other Party
Income taxes (federal and state)	\$0	
FICA (Soc.Sec. + Medicare) or self-employment taxes	\$155.00	
State Industrial Insurance (Workers' Comp.)	\$0	
Mandatory union or professional dues	\$0	
Mandatory pension plan payments	\$0	
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))	\$0	
Spousal support / maintenance paid	\$0	
Normal business expenses	\$0	
Total Monthly Deductions (add all lines above)	\$155.00	

C. Net Monthly Income		
	You	Other Party
1. Total Gross Monthly Income (from A above)	\$820	
2. Total Monthly Deductions (from B above)	\$155	
3. Net Monthly Income (Line 1 minus Line 2)	\$665.00	

4. Other Income and Household Income

Tip: If this income is not once a month, calculate the *monthly* amount like this:
 Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

A. Other Income (Do not repeat income you already listed on page 2.)

	You	Other Party
Child support received from other relationships	N/A	
Other income (From: _____)		
Other income (From: _____)		
Total Other Income (add all lines above)	\$0	

B. Household Income (Monthly income of other adults living in the home)

	Your Home	Other Party's Home
Other adult's gross income (Name: _____)		
Other adult's gross income (Name: _____)		
Total Household Income of other adults in the home (add all lines above)		

5. Disputed Income – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct, and your statements are correct:

N/A at this time. Unsure what Respondent's income is.

6. Available Assets

List your liquid assets, like cash, stocks, bonds, that can be easily cashed.

Cash on hand and money in all checking & savings accounts	\$1000
Stocks, bonds, CDs and other liquid financial accounts	\$0
Cash value of life insurance	\$0
Other liquid assets	\$0
Total Available Assets (add all lines above)	\$1,000

7. Monthly Expenses After Separation

Tell the court what your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

A. Housing Expenses		F. Transportation Expenses	
Rent / Mortgage Payment	\$0	Automobile payment (<i>loan or lease</i>)	\$0
Property Tax (if not in monthly payment)	\$0	Auto insurance, license, registration	\$0
Homeowner's or Rental Insurance	\$0	Gas and auto maintenance	\$500
Other mortgage, contract, or debt payments based on equity in your home	\$0	Parking, tolls, public transportation	\$0
Homeowner's Association dues or fees	\$0	Other transportation expenses	\$0
Total Housing Expenses	\$0	Total Transportation Expenses	\$500
B. Utilities Expenses		G. Personal Expenses (not children's)	
Electricity and heating (gas and oil)	\$0	Clothes/Shoes (Diabetic Specific)	\$400
Water, sewer, garbage	\$0	Hair care, personal care	\$50
Telephone(s)	\$0	Recreation, clubs, gifts	\$0
Cable, Internet	\$0	Education, books, magazines	\$0
Other (<i>specify</i>):	\$0	Other Personal Expenses	\$650
Total Utilities Expenses	\$0	Total Personal Expenses	\$1,000
C. Food and Household Expenses		H. Other Expenses	
Groceries for (<i>number of people</i>): 1	\$250	Life insurance (not deducted from pay)	\$0
Household supplies (cleaning, paper, pets)	\$0	Other (<i>specify</i>):	
Eating out	\$0	Other (<i>specify</i>):	
Other (<i>specify</i>):		Other (<i>specify</i>):	
Total Food and Household Expenses	\$250	Total Other Expenses	
D. Children's Expenses		List all Total Expenses from above:	
Childcare, babysitting	N/A	A. Total Housing Expenses	
Clothes, diapers		B. Total Utilities Expenses	
Tuition, after-school programs, lessons		C. Total Food and Household Expenses	
Other expenses for children		D. Total Children's Expenses	
Total Children's Expenses	\$0	E. Total Health Care Expenses	
E. Health Care Expenses		F. Total Transportation Expenses	
Insurance premium (health, vision, dental)	\$155	G. Total Personal Expenses	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance		H. Total Other Expenses	
Other health expenses not covered by insurance (<i>Insulin/Insulin equipment, prescription co-pays, deductibles, etc.</i>)	\$1,500	I. All Total Expenses (add A - H above)	\$3,405
Total Health Care Expenses	\$1,655	<i>Use section 10 below to explain any unusual expenses, or attach additional pages.</i>	

8. Debts included in Monthly Expenses listed in section 7 above

Debt for what expense (mortgage, car loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
N/A		\$	Date:

9. Monthly payments for other debts (not included in expenses listed in section 7)

Describe Debt (credit card, loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment (Date and Amount)	
N/A		\$	Date:	\$
		\$	Date:	\$
Total Monthly Payments for Debts				\$

10. Explanation of expenses or debts (if any needed):

I am unsure what debts currently are being paid by William. We have not spoken, and I am not on the accounts for access. I recall him having a credit card but am unsure if vehicles still need to be paid off. He does pay car insurance, but I do not know the amount. There may be other debts I am unaware of.

My expenses are minimal at this time as I am currently unable to afford a place to live independently.

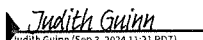
11. Lawyer Fees

List your total lawyer fees and costs for this case as of today.

Amount paid	\$6000	Source of the money you used to pay these fees and costs: My daughter paid on my behalf.
Amount still owed	\$0	Describe your agreement with your lawyer to pay your fees and costs:
Total Fees/Costs	\$6000	My daughter paid the retainer in full.

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (city and state): Murrieta Ca Date: SEPTEMBER 3, 2024


Judith Guinn (Sep 3, 2024 11:21 PDT)
 Sign here

Judith Guinn
 Print name

Financial Records – You must provide financial records as required by statute and state and local court rules. These records may include:

- Personal Income Tax Returns
- Partnership or Corporate Income Tax Returns
- Pay stubs
- Other financial records

Important! Do not attach financial records to this form. Financial records should be served on the other party and filed with the court separately using the *Sealed Financial Source Documents* cover sheet (FL All Family 011). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties and lawyers in this case, court personnel and certain state agencies and boards.) See GR 22(c)(2).

Financial Declaration (Amended)

Final Audit Report

2024-09-03

Created:	2024-09-03
By:	Ricci K (riccik@maxeylaw.com)
Status:	Signed
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"Financial Declaration (Amended)" History

-  Document created by Ricci K (riccik@maxeylaw.com)
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-  Document emailed to Judith Guinn (judyguinn55@gmail.com) for signature
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