

FINANCIAL AFFIDAVIT

I, {full legal name} _____, make this Affidavit for the purpose of settlement of claims in the case *Securities and Exchange Commission v. Jack P. Utsick, Robert Yeager, Donna Yeager, Worldwide Entertainment, Inc., The Entertainment Group Fund Inc., American Enterprises, Inc., and Entertainment Funds, Inc.*, United States District Court, Southern District of Florida (Miami Division), Case No. 06-20975-CIV-HUCK.

Being sworn, certify that the following information is true:

My Occupation: _____ Employed by: _____

Business Address: _____

Current Employer's Telephone #: _____

Check here if unemployed and explain on a separate sheet your efforts to find employment.

SECTION I. PERSONAL INFORMATION:

A. Social Security Number: _____

B. Date of Birth: _____

C. Marital Status: _____

D. Minor Children's Names and Ages (*under the age of 18*):

SECTION II. PRESENTS MONTHLY GROSS INCOME:

All amounts must be MONTHLY. Items included under "other" should be listed separately with separate dollar amounts.

- 1. Monthly gross salary or wages 1. \$ _____
- 2. Monthly bonuses, commissions, allowances, overtime, tips, and similar payments 2. \$ _____
- 3. Monthly business income from sources such as self-employment, partnerships, close corporations, and/or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attached sheet itemizing such income and expenses) 3. \$ _____
- 4. Monthly Disability benefits 4. \$ _____
- 5. Monthly Workers' Compensation 5. \$ _____
- 6. Monthly Unemployment Compensation 6. \$ _____
- 7. Monthly pension, retirement, or annuity payments 7. \$ _____
- 8. Monthly Social Security benefits (not including disability benefits) 8. \$ _____
- 9. Monthly alimony actually received 9. \$ _____
- 10. Monthly interest and dividends 10. \$ _____

11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (<input type="checkbox"/> Attached sheet itemizing such income and expense items)	11	\$ _____
12. Monthly income from royalties, trusts, or estates	12	\$ _____
13. Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses	13	\$ _____
14. Monthly gains derived from dealing in property (not including nonrecurring gains) any other income of a recurring nature (list source)	14	\$ _____
15. _____	15	\$ _____
16. _____	16	\$ _____
17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL:	17	\$ _____
PRESENT MONTHLY DEDUCTIONS:		
18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities)		
a. Filing Status _____	18	\$ _____
Number of dependents claimed _____		
19. Monthly FICA or self-employment taxes	19	\$ _____
20. Monthly Medicare payments	20	\$ _____
21. Monthly mandatory union dues	21	\$ _____
22. Monthly mandatory retirement payments	22	\$ _____
23. Monthly health insurance payments (including dental insurance), excluding portion paid for any minor children of this relationship	23	\$ _____
24. Monthly court-ordered child support actually paid for children from another relationship	24	\$ _____
25. Monthly court-ordered alimony actually paid	25	\$ _____
26. PRESENT NET MONTHLY INCOME	26	\$ _____

SECTION III. AVERAGE MONTHLY EXPENSES:

A. MISCELLANEOUS EXPENSES:

Mortgage or rent	\$ _____
Property taxes	\$ _____
Homeowner's Insurance	\$ _____
Telephone	\$ _____
Food	\$ _____
Maintenance/Repairs	\$ _____
Other: _____	\$ _____
27. Sub-Total	\$ _____

B. AUTOMOBILE

Gasoline	\$ _____
Repairs	\$ _____
Insurance	\$ _____

28. TOTAL AVERAGE MONTHLY EXPENSES	28	\$ _____
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SUMMARY

29. TOTAL PRESENT MONTHLY NET INCOME (from line 17 of SECTION II. INCOME)	29	\$ _____
30. TOTAL MONTHLY EXPENSES (from line 28 above)	30	\$ _____
31. SURPLUS (If line 29 is more than line 30, subtract line 30 from line 29. This is the amount of your surplus. Enter that amount here.)	31	\$ _____
32. (DEFICIT) (If line 30 is more than line 29, subtract line 29 from line 30. This is the amount of your deficit. Enter that amount here.)	32	(\$ _____)

SECTION IV. REAL PROPERTY

For each parcel of real property listed, please provide its address, the date of purchase, the purchase price, the nature of your interest, the names of all persons owning the property as they appear on the deed, the estimated current market value of the property, the mortgagee's name, if any, and the balance owed on the mortgage. Attach Sheet for additional properties, if needed.

1. Primary Residence

Address _____
Date of purchase: _____
Purchase price _____
The nature of your interest _____
Names of all persons owning the property as they appear on the deed _____

Estimated current market value of the property _____
Mortgagee's name, if any _____
Balance owed _____

2. Secondary Home(s)

Address _____
Date of purchase: _____
Purchase price _____
The nature of your interest _____
Names of all persons owning the property as they appear on the deed _____

Estimated current market value of the property _____
Mortgagee's name, if any _____

Balance owed _____

3. Investment and/or Commercial Properties

Address _____

Date of purchase: _____

Purchase price _____

The nature of your interest _____

Names of all persons owning the property as they appear on the deed _____

Estimated current market value of the property _____

Mortgagee's name, if any _____

Balance owed _____

SECTION V: ASSETS AND LIABILITIES

A. Please list all asset(s) that have been sold or otherwise transferred to any person or entity (including any trust or trustee but excluding the professionals representing you in this matter and related matters) within the last four years where the value of the assets transferred is currently, or was at the time of transfer, greater than \$5,000. Please provide the transferee's name, address, a description of the value given by the transferee, if any, in exchange for the transfer and date of the transfer.

B. Please list any asset(s) that is currently for sale, including a description of the asset, the asking price for such asset, any offers received for the asset(s) and the identity of any broker retained to sell the asset.

Cash, Financial Accounts and Investments. (For any financial accounts, please list the institution which holds the account, the account number, the title on the account including all legal and beneficial interests in the account, the value of the account. ALSO, attach copies of the 2 most recent statements from your bank and any other financial institution. Also, include copies of the 2 most recent statements for all other accounts, including retirement accounts or benefits held with any other entity, including your employer)

A. ASSETS:	
DESCRIPTION OF ITEMS(S). List a description of each separate item owned by you.	Current Fair Market Value
<input type="checkbox"/> Cash (on hand)	\$ _____
<input type="checkbox"/> Cash (in banks or credit unions)	\$ _____
<input type="checkbox"/> Checking Account	\$ _____
<input type="checkbox"/> Savings Account	\$ _____
<input type="checkbox"/> Stocks, Bonds, Notes or interests in privately held companies, partnerships, joint ventures or other entities.	\$ _____
<input type="checkbox"/> Brokerage Accounts	
<input type="checkbox"/> Interest in trusts (for each trust, please provide a copy of the trust, a list of the assets held in trust, describe your interest in the trust i.e....trustee, settlor or beneficiary, list all beneficiaries of the trust, the date of creation of the trust, and whether any transfers have been made in or out of the trust within the last year)	\$ _____
<input type="checkbox"/> Securities, annuities, corporate, municipal or government bonds not included in any of the above.	
<input type="checkbox"/> Do you have any interest whatsoever, whether legal, equitable, beneficial, in any offshore or foreign, account, entity or trust? If so, please provide a description of the entity or trust, any assets owned thereby, the identity and contact information for any officer, trustee, nominee or the like which operates or controls such trust, entity or account.	
<input type="checkbox"/> Accounts receivable or money owed to you by any person or entity.	
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.) Include the institution holding the account(s).	\$ _____
<input type="checkbox"/> Interest in Insurance Policies (<i>please list the insuring institution, the policy number, the cash surrender value, if any, the insured and all beneficiaries</i>)	
<input type="checkbox"/> all licenses, patents, copyrights, trademarks or any other general intangible of value.	
<input type="checkbox"/> Automobiles (Owned) – What is it worth?	
<input type="checkbox"/> Boats and/or aircraft	
<input type="checkbox"/> Antiques, art work and other collectibles	
<input type="checkbox"/> Jewelry (greater than \$1,000.00 value)	
<input type="checkbox"/> Any other personal property valued at more than \$1,000.00	
<input type="checkbox"/> List the location and contents of any safe deposit box(es).	\$ _____
<input type="checkbox"/> Any other financial assets not previously mentioned.	
<input type="checkbox"/> Check here if additional pages are attached	
Total Assets (add column A)	\$ _____

B. LIABILITIES:

DESCRIPTION OF ITEMS(S). List a description of each separate debt owed by you	
<input type="checkbox"/> Mortgages on real estate	\$ _____
<input type="checkbox"/> Auto loans	\$ _____
<input type="checkbox"/> Charge/credit card accounts	\$ _____
<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Check here if additional pages are attached	
Total Debts (add column B)	\$ _____

C. CONTINGENT ASSETS AND LIABILITIES

INSTRUCTIONS: If you have **POSSIBLE assets** (income potential, accrued vacation or sick leave, bonus, inheritance, etc.) or **POSSIBLE liabilities** (possible lawsuits, future unpaid taxes, debts assumed by another), you must list them here.

Contingent Assets	Possible Value
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	
Total Contingent Assets	\$ _____
Contingent Liabilities	Possible Amount Owed
<input type="checkbox"/>	\$ _____
<input type="checkbox"/>	
Total Contingent Liabilities	\$ _____
D. TAX RETURNS	

INSTRUCTIONS: Please provide fully signed copies of your individual tax returns for the past two years. If you own or control any entity, please also provide signed copies (if any) of your entity's tax returns for the past two years.

Please state how the funds you received from the receivership entities were spent or utilized:

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF _____
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC - STATE OF _____

[Print, type, or stamp commissioned name of notary]

____ Personally known
____ Produced identification
Type of identification produced _____