

9 JUNE 05

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT IN
AND FOR PALM BEACH COUNTY,
FLORIDA
Family Division
Case No. 501971 DR004137XXDIFD

In Re Marriage of
WILLIAM A. CABANA
Petitioner, Former Husband, pro se

and

SHARON ANN MAYO f/k/a
SHARON ANN CABANA
Respondent, Former Wife.

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FAMILY LAW FINANCIAL AFFIDAVIT
(\$50,000 or more Individual Gross Annual Income)

I, WILLIAM A. CABANA, being sworn, certify that the following information is true:

SECTION I. INCOME

- 1. Date of Birth: October 27, 1937
- 2. My occupation is: Retired
- 3. I am currently

[all that apply]

a. Unemployed

Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: N/A

b. Employed by: _____

Address: _____

City, State, Zip code: _____

Telephone Number: _____

Pay rate: \$ _____ () every week () every other week () twice a month

() monthly () other: _____

If you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income: _____

Check here if you currently have more than one job. List the information above for the second

job(s) on a separate sheet and attach it to this affidavit.

X c. Retired. Date of retirement: 1999

Employer from whom retired: N/A _____

Address: _____

City, State, Zip code: _____ Telephone Number: _____

LAST YEAR'S GROSS INCOME:	Your Income	Other Party's Income (if known)
YEAR <u>2004</u>	\$ <u>8,856/year</u>	\$ <u>Unknown</u>

PRESENT MONTHLY GROSS INCOME:

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.)
(Attach sheet itemizing such income and expenses.) 2005 statement 3. 9 _____
4. Monthly disability benefits/SSI 4. _____
5. Monthly Workers' Compensation 5. _____
6. Monthly Unemployment Compensation 6. _____
7. Monthly pension, retirement, or annuity payments 7. _____
8. Monthly Social Security benefits (\$717 for 2004) 8. 736 _____
9. Monthly alimony actually received 9. _____
 - 9a. From this case: \$ _____ 10. _____
 - 9b. From other case(s): _____ Add 9a and 9b
10. Monthly interest and dividends
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach 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 (Attach sheet itemizing each item and amount.) 13. _____
14. Monthly gains derived from dealing in property (not including nonrecurring gains) 14. _____
- Any other income of a recurring nature (identify source)
15. _____ 15. _____
16. _____ 16. _____

17. PRESENT MONTHLY GROSS INCOME (Add lines 1-16) TOTAL: 17. \$ 745

PRESENT MONTHLY DEDUCTIONS:

- 18. Monthly federal, state, and local income tax (corrected for filing status and allowable dependents and income tax liabilities) 18. \$ _____
 - a. Filing Status _____
 - b. 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
 - 25a. from this case: \$ _____
 - 25b. from other case(s): _____ Add 25a and 25b

26. **TOTAL DEDUCTIONS ALLOWABLE UNDER SECTION 61.30, FLORIDA STATUTES** (Add lines 18 through 25) **TOTAL:** 26. \$ _____

27. **PRESENT NET MONTHLY INCOME** (Subtract line 26 from line 17) 27. \$ 745

SECTION II. AVERAGE MONTHLY EXPENSES

HOUSEHOLD:

- 1. Monthly mortgage or rent payments 1. \$186 _____
- 2. Monthly property taxes (if not included in mortgage) 2. _____
- 3. Monthly insurance on residence (if not included in mortgage) 3. _____
- 4. Monthly condominium maintenance fees and homeowner's association fees 4. _____
- 5. Monthly electricity (bank auto withdrawal) 5. 38 _____
- 6. Monthly water, garbage, and sewer 6. _____
- 7. Monthly telephone (bank auto withdrawal) 7. 14 _____
- 8. Monthly fuel oil or natural gas 8. _____
- 9. Monthly repairs and maintenance 9. _____
- 10. Monthly lawn care 10. _____
- 11. Monthly pool maintenance 11. _____
- 12. Monthly pest control 12. _____
- 13. Monthly misc. household 13. _____
- 14. Monthly food and home supplies - \$15/day estimate (est.). 14. 450 _____
- 15. Monthly meals outside home – Once/mo. I take my Mother out to eat. - est. 15. 30 _____
- 16. Monthly cable t.v. (bank auto withdrawal) 16. 63 _____
- 17. Monthly alarm service contract 17. _____
- 18. Monthly service contracts on appliances 18. _____
- 19. Monthly maid service 19. _____
- Other:
 - 20. _____ 20. _____
 - 21. _____ 21. _____
 - 22. _____ 22. _____

23.	_____		23. _____
24.	_____		24. _____
25.	SUBTOTAL (add lines 1 through 24)		25. \$ 781

AUTOMOBILE:

26.	Monthly gasoline and oil – 50 gal. @ \$2.25/gal.- est.		26. \$113 _____
27.	Monthly repairs		27. 82 _____
28.	Monthly auto tags and emission testing + driver’s license (\$50)		28. 4 _____
29.	Monthly insurance (bank autowithdrawal) + AAA		29. 68 _____
30.	Monthly payments (lease or financing)		30. _____
31.	Monthly rental/replacements		31. _____
32.	Monthly alternative transportation (bus, rail, car pool, etc.)		32. _____
33.	Monthly tolls and parking - Courthouse parking \$8.00/trip		33. 8 _____
34.	Other: Gas for trips to WPB court hearings – 351 mi. @\$0.375/mi/IRS__		34. 132 _____
35.	SUBTOTAL (add lines 26 through 34)		35. \$407 _____

MONTHLY EXPENSES FOR CHILDREN COMMON TO BOTH PARTIES:

36.	Monthly nursery, babysitting, or day care		36. \$ _____
37.	Monthly school tuition		37. _____
38.	Monthly school supplies, books, and fees		38. _____
39.	Monthly after school activities		39. _____
40.	Monthly lunch money		40. _____
41.	Monthly private lessons or tutoring		41. _____
42.	Monthly allowances		42. _____
43.	Monthly clothing and uniforms		43. _____
44.	Monthly entertainment (movies, parties, etc.)		44. _____
45.	Monthly health insurance		45. _____
46.	Monthly medical, dental, prescriptions (nonreimbursed only)		46. _____
47.	Monthly psychiatric/psychological/counselor		47. _____
48.	Monthly orthodontic		48. _____
49.	Monthly vitamins		49. _____
50.	Monthly beauty parlor/barber shop		50. _____
51.	Monthly nonprescription medication		51. _____
52.	Monthly cosmetics, toiletries, and sundries		52. _____
53.	Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)		53. _____
54.	Monthly camp or summer activities		54. _____
55.	Monthly clubs (Boy/Girl Scouts, etc.)		55. _____
56.	Monthly access expenses (for nonresidential parent)		56. _____
57.	Monthly miscellaneous		57. _____
58.	SUBTOTAL (add lines 36 through 57)		58. \$0 _____

MONTHLY EXPENSES FOR CHILD(REN) FROM ANOTHER RELATIONSHIP: (other than court-ordered child support)

59. _____ 59. \$ _____
60. _____ 60. _____
61. _____ 61. _____
62. _____ 62. _____

63. **SUBTOTAL (add lines 59 through 62)** 63. \$0 _____

MONTHLY INSURANCE:

64. Health insurance, excluding portion paid for any minor child(ren) of this relationship 64. \$ _____
65. Life insurance 65. _____
66. Dental insurance 66. _____
Other:
67. _____ 67. _____
68. _____ 68. _____

69. **SUBTOTAL (add lines 64 through 68)** 69. \$0 _____

OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

70. Monthly dry cleaning and laundry 70. \$ _____
71. Monthly clothing - estimate 71. 20 _____
72. Monthly medical, dental, and prescription (unreimbursed only) 72. 65 _____
73. Monthly psychiatric, psychological, or counselor (unreimbursed only) 73. _____
74. Monthly non-prescription medications, cosmetics, toiletries, and sundries 74. 15 est. _____
75. Monthly grooming - Haircut 75. 12 _____
76. Monthly gifts 76. 15 _____
77. Monthly pet expenses 77. _____
78. Monthly club dues and membership – YMCA (bank auto withdrawal) 78. 17 _____
79. Monthly sports and hobbies 79. _____
80. Monthly entertainment – est. 80. 25 _____
81. Monthly periodicals/books/tapes/CD's 81. _____
82. Monthly vacations 82. _____
83. Monthly volunteer organizations – USCG Auxiliary, Flotilla 86 83. 29 _____
84. Monthly bank charges/credit card fees 84. _____
85. Monthly education expenses 85. _____
Other: (include any usual and customary expenses not otherwise mentioned in the items listed above)
86. Legal expenses: Mailings, paralegal, stamps, copying, records, etc. _____ 86. 42 _____
87. _____ 87. _____
88. _____ 88. _____
89. _____ 89. _____

90. **SUBTOTAL (add lines 70 through 89)** 90. \$240 _____

MONTHLY PAYMENTS TO CREDITORS: (only when payments are currently made by you on outstanding balances)

NAME OF CREDITOR(s):

91.	_____	91. \$	_____
92.	_____	92.	_____
93.	_____	93.	_____
94.	_____	94.	_____
95.	_____	95.	_____
96.	_____	96.	_____
97.	_____	97.	_____
98.	_____	98.	_____
	_____	99.	_____
100.	_____	100.	_____
101.	_____	101.	_____
102.	_____	102.	_____
103.	_____	103.	_____

104. **SUBTOTAL** (add lines 91 through 103) 104. \$0 _____

105. **TOTAL MONTHLY EXPENSES:**
 (add lines 25, 35, 58, 63, 69, 90, and 104 of Section II, Expenses) 105. \$ 1428

SUMMARY

106. **TOTAL PRESENT MONTHLY NET INCOME**
 (from line 27 of SECTION I. INCOME) 106. \$ 745

107. **TOTAL MONTHLY EXPENSES** (from line 105 above) 107. \$ 1428

108. **SURPLUS** (If line 106 is more than line 107, subtract line 107 from line 106. This is the amount of your surplus. Enter that amount here.) 108. \$ 0

109. **(DEFICIT)** (If line 107 is more than line 106, subtract line 106 from line 107. This is the amount of your deficit. Enter that amount here.) 109. (\$683)

SECTION III. ASSETS AND LIABILITIES

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. √ the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/> Cash (on hand)	\$ 36		
<input type="checkbox"/> Cash (in banks or credit unions) Colonial Bank (formerly Community Bank)	\$696		
<input type="checkbox"/>			
<input type="checkbox"/> Stocks/Bonds			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Notes (money owed to you in writing)			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Money owed to you (not evidenced by a note)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Real estate: (Home)			
<input type="checkbox"/> (Other)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Business interests			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Automobiles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Boats			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other vehicles			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Retirement plans (Profit Sharing, Pension, IRA, 401(k)s, etc.)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings in home purchased at garage sales & thrift stores	\$500 est.		
<input type="checkbox"/>			
<input type="checkbox"/> Furniture & furnishings elsewhere			

A ASSETS: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any asset(s) which you are requesting the judge award to you.	B Current Fair Market Value	C Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/>			
<input type="checkbox"/> Collectibles			
<input type="checkbox"/>			
<input type="checkbox"/> Jewelry			
<input type="checkbox"/>			
<input type="checkbox"/> Life insurance (cash surrender value)			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Sporting and entertainment (T.V., stereo, etc.) equipment	\$75 est.		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/> Other assets			
<input type="checkbox"/> Computer system built from donations to CG Auxilary	\$0		
<input type="checkbox"/> Scanner purchased used on ebay	\$15 est.		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Assets (add column B)	\$1,322		

B. LIABILITIES/DEBTS (This is where you list what you OWE.)

A LIABILITIES: DESCRIPTION OF ITEM(S) DO NOT LIST ACCOUNT NUMBERS. <input checked="" type="checkbox"/> the box next to any debt(s) for which you believe you should be responsible.	B Current Amount Owed	C Nonmarital (<input checked="" type="checkbox"/> correct column)	
		husband	wife
<input type="checkbox"/> Mortgages on real estate: First mortgage on home	\$		
<input type="checkbox"/> Second mortgage on home			
<input type="checkbox"/> Other mortgages			
<input type="checkbox"/>			
<input type="checkbox"/> Charge/credit card accounts			
<input type="checkbox"/>			

A Contingent Assets √the box next to any contingent asset(s) which you are requesting the judge award to you.	B Possible Value	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Assets	\$ 0		

A Contingent Liabilities √the box next to any contingent debt(s) for which you believe you should be responsible.	B Possible Amount Owed	C Nonmarital (√ correct column)	
		husband	wife
<input type="checkbox"/>	\$		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
Total Contingent Liabilities	\$ 0		

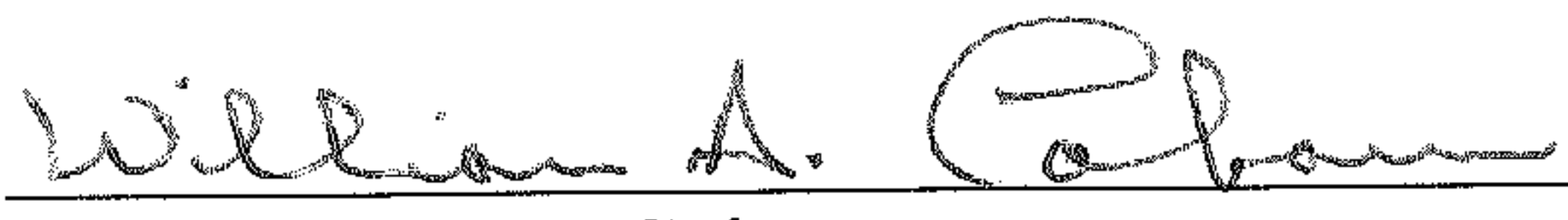
Note: No Federal Income Tax Return has been filed since my retirement. See letter from IRS dated Sep. 21, 2001.

I certify that a copy of this financial affidavit was hand delivered to the person listed below on June 9, 2005.

Other party or his/her attorney:
 Attorney For Sharon Ann Mayo:
 Cathy L. Camber, Esq.,
 1675 Palm Beach Lakes Blvd. Suite 700,
 West Palm Beach, FL 33401

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

Dated: June 8, 2005


 William A. Cabana, pro se
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