

WHEN RECORDED RETURN TO:

Edward A. Ebeling

3700 'X' St Space 49

Vancouver, WA.

98663

DOCUMENT TITLE(S)

Lien on Property

REFERENCE NUMBER(S) of Documents assigned or released:

Case No. 09-D-3622

☐ Additional numbers on page _____ of document.

GRANTOR(S):

CLEOTA BRENDA EBELING
JOHN HENRY EBELING III

☐ Additional names on page _____ of document.

GRANTEE(S):

Edward Allen Ebeling
~~Benita~~ Benita Ebeling
L.

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Lot 9 BLK 6 - Relocated North Bonneville
BK B/PG 12 & 28

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

02072043260000

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

Bethany J. Roberts #21240
Kansas Legal Services
712 S. Kansas Ave., Suite 201
Topeka, Kansas 66603
(785) 354-8531
Attorneys for Petitioner
kj

FILED BY CLERK
K.S. DISTRICT COURT
THIRD JUDICIAL DIST.
TOPEKA, KS.

2009 DEC 29 P 4:16

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS
DIVISION 6

In the Matter of the Marriage of

CLEOTA BRENDA EBELING, - Petitioner,

and

Case No. 09-D- 3622

JOHN HENRY EBELING III, - Respondent.

PETITION FOR SEPARATE MAINTENANCE

Pursuant to K.S.A. Chapter 60

Petitioner, for her cause of action against Respondent, alleges and states:

1. Petitioner is now, and has been for more than 60 days preceding the filing of this petition, a bona fide resident of the State of Kansas, and presently resides in Shawnee County, Kansas.
2. Respondent is a resident of Clatsop County, Oregon, currently residing at 90971 Hwy 101 Apt 33, Seaside, Oregon, 07146, and may be personally served at that location.
3. Petitioner and Respondent were married the 1st day of May 1982, and they are now and since that time husband and wife.
4. The parties are incompatible and by reason thereof can no longer live together as husband and wife.
5. There are no minor children of this marriage.

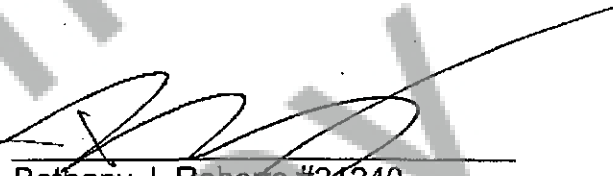
6. The parties have accumulated certain real and personal property and debts during their married life and the Court should make an equitable division of said property and debts.

7. Respondent is not now in the military service of the United States, as defined by the Service Member's Civil Relief Act, as amended.

8. Petitioner does not desire an award of maintenance to her against Respondent.

9. Petitioner does not desire restoration of her maiden name.

WHEREFORE, Petitioner prays the Court for an Order for Separate Maintenance from Respondent, an equitable division of real and personal property and payment of debts, as well as any other legal and equitable relief which this Court may deem just and proper in the premises.



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Attorneys for Petitioner

STATE OF KANSAS)
) ss.
COUNTY OF SHAWNEE)

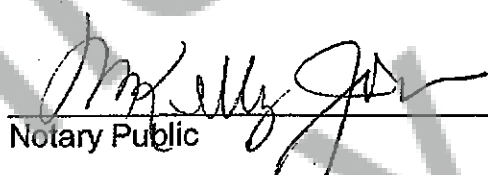
In the District Court of said County:

I do solemnly swear that the claims set forth in the petition herein are just and true.


Brenda Ebeling

Subscribed and sworn to before me this 16th day of December 2009.




Notary Public

Bethany J. Roberts #21240
 Kansas Legal Services
 712 S. Kansas Ave., Suite 201
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 Attorneys for Petitioner
 kj

FILED BY CLERK
 K.S. DISTRICT COURT
 THIRD JUDICIAL DIST.
 TOPEKA, KS.

2009 DEC 29 4:17

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS
 DIVISION 6**

In the Matter of the Marriage of

CLEOTA BRENDA EBELING,

Petitioner,

and

Case No. 09-D- 3622
 Date Prepared:

JOHN HENRY EBELING III,

Respondent.

Pursuant to K.S.A. Chapter 60

**PETITIONER'S
 DOMESTIC RELATIONS AFFIDAVIT**

1. Petitioner's: XX-XX-63 XXX-XX-5248
 Date of Birth Social Security Number
 5308 SE 4th Terrace Tecumseh KS 66542
 Address
2. Respondent's: XX-XX-54 XXX-XX-
 Date of Birth Social Security Number
 90971 Hwy 101 Apt 33 Seaside OR 97146
 Address
3. Date of Marriage: 5/1/82
4. Number of Marriages: 1 1
 Petitioner Respondent
5. Number of Minor Children of Marriage: 0
6. Names, Social Security numbers, birthdates and ages of minor children of the marriage or relationship:

<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Age</u>
	XXX-XX-	xx-xx-	

7. Names, Social Security numbers, and ages of minor children of previous marriages or relationships and facts as to residential custody and support payments paid or received, if any:

<u>Name/s of Child/ren</u>	<u>Name of Custodian</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Support Paid or Received</u>
		xxxxxxx	xxxxxxx	

8. If this is a post divorce matter, please list any names, social security numbers, and ages of minor children from your present marriage or relationship.

<u>Name/s of Child/ren</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Age</u>
	xxxxxxx	xxxxxxx	

9. Petitioner is employed by: United Way of Greater Topeka
(Name and address of employer) Topeka KS

Respondent is employed by: Costco
(Name and address of employer)

with monthly income as follows:

A. Wage Earner	Petitioner	Respondent
1. Gross Income	<u>\$1733</u>	<u>Unknown</u>
2. Other Income	<u></u>	<u></u>
3. Subtotal Gross Income	<u></u>	<u></u>
4. Federal Withholding: (Claiming ___ exemptions)	<u></u>	<u></u>
5. Federal Income Tax	<u></u>	<u></u>
6. IST.	<u></u>	<u></u>
7. Kansas Withholding	<u></u>	<u></u>
8. Subtotal Deductions	<u></u>	<u></u>
9. Net Income (Line A.3. minus Line A.8.)	<u></u>	<u></u>

B. Self-Employed	Petitioner	Respondent
1. Gross Income from Self-Employment	_____	_____
2. Other Income	_____	_____
3. Subtotal Gross Income	_____	_____
4. Reasonable Business Expenses (Itemize on attached exhibit)	_____	_____
5. Self Employment Tax	_____	_____
6. Estimated Tax Payments Claim ____ exemptions	_____	_____
7. Federal Income Tax	_____	_____
8. Kansas Withholding	_____	_____
9. Subtotal Deductions	_____	_____
10. Net Income (Line B.3. minus Line B.9.)	_____	_____

Pay Period: _____

10. Work Related Child Care Expenses:

Weekly Expense

Name and address of Provider

11. Health Insurance Expenses: Family Coverage ☐ Yes ☐ No

Name of health insurance plan, name and address of administrator and the right, pursuant to ERISA §601-608, 29 U.S.C. §1161-1168 (1986) to continued coverage by the spouse who is not a member of the covered employee group.

Monthly cost for family coverage to ☐ Petitioner ☐ Respondent

Health \$

Dental \$

Persons insured on family plan: _____

What is the increased cost for providing family plan over the parties' cost of single plan coverage? \$_____; Any additional cost for number of dependents? If so, how much?

\$_____; Amount of annual deductible.

_____%; coinsurance.

12. Child Support adjustments requested.

	<u>Petitioner</u>	<u>Respondent</u>
Long Distance Visitation Costs	_____	_____
Visitation Adjustment	_____	_____
Income Tax Considerations	_____	_____
Special Needs	_____	_____
Agreement Past Minority	_____	_____
Overall Financial Condition	_____	_____

13. The assets of the parties are:

<u>Asset and Ownership</u>	<u>Ownership Joint or Individual</u>	<u>Date Acquired</u>	<u>Fair Market Value</u>	<u>Date of Valuation</u>
A. Checking Accounts:				
<u>LaCamas CCU</u>	<u>Petitioner</u>	<u>4/09</u>	<u>\$</u>	_____
<u>Credit Union 1</u>	<u>Petitioner</u>	<u>12/09</u>	<u>\$</u>	_____
B. Savings Accounts and Certificates of Deposit:				
<u>LaCamas CCU</u>	<u>Petitioner</u>	<u>4/09</u>	<u>\$</u>	_____
C. Cash on Hand:				
Petitioner:	<u>\$</u>			
Respondent:	<u>\$ Unknown</u>			
*** PARAGRAPHS 12D. THROUGH 12 K., 13, 14, 15 and 16 NEED NOT BE ANSWERED IN POST JUDGMENT PROCEEDINGS.***				
D. Employer Retirement/Savings/Pension Plans (401K, Pensions, Profit Sharing, etc.):				
<u>None</u>	_____	_____	<u>\$</u>	_____
E. Real Estate:				
			<u>Mortgage Balance</u>	<u>County Appraiser Value</u>
<u>609 Shahala, N Bonneville WA-Joint</u>		<u>1988</u>	<u>\$119228</u>	<u>\$218600</u>
F. Stocks, Bonds, Mutual Funds, and Other Marketable Securities:				
<u>None</u>	_____	_____	<u>\$</u>	_____
G. Money Owed to You:				
<u>None</u>	_____	_____	<u>\$</u>	_____
H. Life Insurance:				
			<u>Cash Value</u>	
<u>None</u>	_____	_____	<u>\$</u>	_____

I. Automobiles and Motorcycles:

Make/Model/VIN#			Fair Market Value	
97 Ford	Respondent	2000	\$	
01 Honda Civic	Petitioner		\$	

J. Miscellaneous Personal Property:

Boats, Trailers or Campers:

None \$

Hand or Power Tools:

None \$

Jewelry:

Mexican Silver Petitioner \$300

Guns:

None \$

Camera Equipment:

None \$

Antiques:

None \$

Personal Injury or Worker's Comp. Claims:

None \$

K. All other Assets not Included Above:

Banjo	Respondent		\$800	
Bass & Amp	Respondent		\$150	
Taylor 12 string guitar	Petitioner		\$1200	
TOTAL:			\$	

14. List all liabilities of the parties: Including mortgages and indebtedness to banks, individuals, loan companies or on credit accounts. Indicate actual balance due as of the date this document is prepared. If secured, state the property which secures the loan.

<u>Creditor</u>	<u>Balance</u>	<u>Amount of Monthly Payment</u>	<u>Responsible Party</u>
CitiAdvantage Mastercard	\$17542.65	\$263	Joint
Frontier Airlines	\$656.04	\$15	Petitioner
Ed & Benita Ebeling	\$8580.66	\$	Joint
Ed & Benita Ebeling	\$242	10,522 ⁶⁶ / ₁₀₀ \$	Respondent
Ed & Benita Ebeling	\$1700	\$	Petitioner
Bank of America-Alaskan Airlines	\$7,000		Respondent

TOTAL: \$ _____ \$ _____

15. Recapitulation:

Assets

A. Checking Accounts \$ _____
 B. Savings Accounts \$ _____
 C. Cash \$ _____
 D. Retirement Plans \$ _____
 E. Real Estate \$ _____
 F. Marketable Securities \$ _____
 G. Accounts Receivable \$ _____
 H. Life Insurance \$ _____
 I. Misc. Personal Property \$ _____

Total Value of Assets \$ _____

Liabilities

A. Real Estate Mortgages \$ _____
 B. Auto Loans \$ _____
 C. Total Other Debts \$ _____

Total Liabilities \$ _____

Parties Net Worth (Assets - Liabilities) \$ _____

16. Identify the property, if any, owned by each of the parties prior to marriage or acquired during marriage by family gift, will or inheritance.

<u>Source</u>	<u>Petitioner</u>	<u>Respondent</u>
_____	_____	_____

17. List any payments or contributions received or paid, by the parties: (Specify source or payee and the amount denoting (+) if income and (-) if payment.)

<u>Source</u>	<u>Petitioner</u>	<u>Respondent</u>
	\$	\$

18. Income and financial resources of children.

<u>Income/Resources</u>	<u>Amount</u>
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The monthly expenses of each party are:

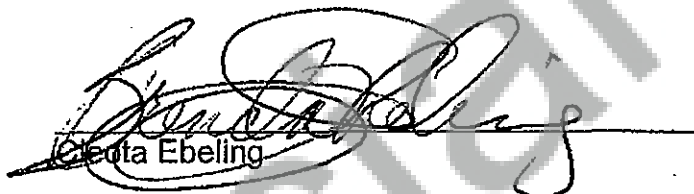
I. Item	<u>Petitioner</u>	<u>Respondent</u>
A. House payment, rent or mortgage.....	\$0	\$
B. Food.....	\$200.00	\$
C. Utilities:		
Trash	\$	\$
Service.....		
Newspaper.....	\$	\$
Telephone.....	\$51.00	\$
Gas and Lights.....	\$	\$
Water.....	\$	\$
Cable	\$	\$
D. Insurance:		
Life.....	\$	\$
Health	\$	\$
Car.....	\$66.00	\$
House.....	\$73.99	\$
Other.....	\$40.00	\$
E. Uninsured Health	\$	\$
F. Child Care (babysitting).....	\$	\$
G. Clothing.....	\$	\$
H. School Expenses	\$	\$
I. Hair Cuts and Beauty.....	\$	\$
J. Car Repair.....	\$	\$
K. Gas and Oil.....	\$100.00	\$
L. Personal Property Tax.....	\$	\$
M. Miscellaneous (Laundry).....	\$	
Misc. Household Items & Toiletries.....	\$	\$
Living with brother's family.....	\$200.00	\$
TOTAL		
EXPENSES.....	\$	\$

(Please indicate with an asterisk all figures which are estimates rather than actual figures taken from records.)

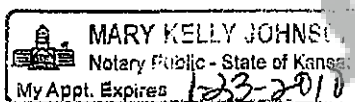
VERIFICATION

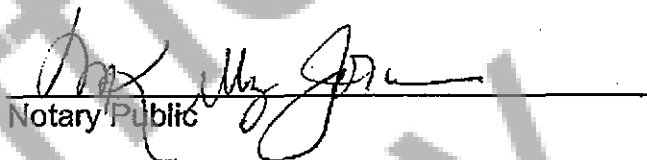
STATE OF KANSAS)
) ss.
COUNTY OF SHAWNEE)

I swear or affirm under penalty of perjury that this affidavit is true and complete to the best of my knowledge.



Cleota Ebeling

Subscribed and sworn this 16th day of December 2009.




Notary Public

Prepared by:


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