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# JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING DECEMBER 31, 20 09

## GENERAL INFORMATION

1. Name LEON ABERASTURI
2. Title DISTRICT COURT JUDGE, THIRD JUDICIAL DIST, DEPT 2
3. Mailing address 31 S. MAIN ST, YERINGTON NV 89447
4. Length of residence in Nevada 16 yrs
5. County in which you are registered to vote Lyon County
6. Length of residence in the county in which you are registered to vote 9 yrs

## COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. *See* Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

| *Date* | *Nature and Place of Activity* | *Name of Payor* | *Amount* |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
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## INCOME

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." *See* Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

| *Source of Income* | *Recipient* |
|---|---|
| STATE of NEVADA - SALARY | LEON ABERASTURI |
| SUZANNE M. ABERASTURI PHD, LLC PROFESSIONAL SERVICES | SUZANNE ABERASTURI |
| STATE of NEVADA - SALARY | SUZANNE ABERASTURI |
| WESTSIDE Center Counseling | SUZANNE ABERASTURI |

## REAL PROPERTY

9. Disclose the specific location, nature, and particular use of any real estate which has a fair market value of $2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. *See* Canon 4I(2)(a)(iv). Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

| *Specific Location* | *Nature/Particular Use* | *Interest Holder* |
|---|---|---|
| No other Real Property | | |
| Other than Personal | | |
| Residence | | |
| | | |
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## CREDITORS

10. Disclose the name of each creditor to whom you or a member of your household owes $5,000 or more unless: (a) the debit is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. *See* Canon 4I(2)(a)(v). Attach additional sheets if necessary.

| *Name of Creditor* | *Name of Debtor* |
|---|---|
| Wells Fargo MTG | Leon + Suzanne Aberasturi |
| Capitol One | Leon + Suzanne Aberasturi |
| American Education Services | Leon + Suzanne Aberasturi |
| Wells Fargo Educational Loan Services | Suzanne Aberasturi |
| MOHELA - Student Loans | Suzanne Aberasturi |
| Chase Cards Services | Leon + Suzanne Aberasturi |

## BUSINESS ENTITIES

11. List each business entity in which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner (in whole or in part), limited or general partner, or holder of any class of stock or security representing one percent or more of the total outstanding stock or securities issued by the business entity. *See* Canon 4I(2)(a)(vi). Attach additional sheets if necessary.

| *Business Entity* | *Nature of Involvement* | *Person Involved* |
|---|---|---|
| Suzanne M. Aberasturi PHD LLC | Professional Corporation | Suzanne Aberasturi |
| | | |
| | | |
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## GIFTS, BEQUESTS, FAVORS, OR LOANS

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded $200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. *See especially* Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.

| *Date* | *Name and Place of Gift* | *Name of Donor* | *Amount* |
|---|---|---|---|
| None | | | |
| | | | |
| | | | |
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| | | | |

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

1-6-10
Date

Signature

File this form with the State Court Administrator.

Deliver or mail to:

**State Court Administrator**
**Administrative Office of the Courts**
**201 S. Carson Street, Suite 250**
**Carson City, Nevada 89701-4702**

**Telephone: (775) 684-1700**