Case 20-42719 Doc 1 Filed 05/26/20 Entered 05/26/20 16:30:03 Main Document Pg 1 of 64 21-BK-A

Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
EASTERN DISTRICT OF MISSOURI (State)	
Case number (If known):	Chapter you are filing under:
☐ Check if this is an amended filing	☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
THEODISA	
THEODISA	
First name ZORRANA Middle name CUNNINGHAM-PLAZA Last name	First name Middle name Last name
Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
THEODISA First name ZORRANA Middle name PLAZA Last name THEODISA First name ZORRANA Middle name CUNNINGHAM Last name	First name Middle name Last name First name Middle name Last name
	ZORRANA Middle name CUNNINGHAM-PLAZA Last name Suffix (Sr., Jr., II, III) THEODISA First name ZORRANA Middle name PLAZA Last name THEODISA First name ZORRANA Middle name CUNNINGHAM

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THEODISA ZORRANA **CUNNINGHAM-PLAZA** Debtor 1 Case number (if known)_ First Name Middle Name Last Name 3. Only the last 4 digits of xxx - xx - 6 1 9XXX - XX your Social Security number or federal Individual Taxpayer 9 xx - xx -_ 9 xx - xx -Identification number (ITIN) **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names ☐ I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in **EKLECTIK SOUL INC** the last 8 years Business name Business name Include trade names and doing business as names Business name Business name 843765472 EIN EIN 5. Where you live If Debtor 2 lives at a different address: 3922 NATURAL BRIDGE AVE Number Number Street Street SAINT LOUIS MO 63107 City State ZIP Code State ZIP Code ST. LOUIS CITY County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send above, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Number Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code

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Debt	or 1 THEODISA First Name	ZORRANA Middle Name	CUNNINGHAM-PLAZA Last Name	Case number (if known)
6.	Why you are choosing this district to file for		Check one:	Check one:
	bankruptcy		Over the last 180 days before filir I have lived in this district longer other district.	
			☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
		- A		
Pa	Tell the Co	ourt Abou	t Your Bankruptcy Case	nn.
7.	The chapter of th Bankruptcy Code are choosing to f	you •		each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing to to the top of page 1 and check the appropriate box.
	under	ne	☑ Chapter 7	
			☐ Chapter 11	
			☐ Chapter 12	
			☐ Chapter 13	
8.	How you will pay	the fee	local court for more details at yourself, you may pay with ca	or I file my petition. Please check with the clerk's office in your out how you may pay. Typically, if you are paying the fee sh, cashier's check, or money order. If your attorney is our behalf, your attorney may pay with a credit card or check
				allments. If you choose this option, sign and attach the Pay The Filing Fee in Installments (Official Form 103A).
			By law, a judge may, but is no less than 150% of the official pay the fee in installments). If	ved (You may request this option only if you are filing for Chapter 7. of required to, waive your fee, and may do so only if your income is poverty line that applies to your family size and you are unable to you choose this option, you must fill out the <i>Application to Have the</i> (Official Form 103B) and file it with your petition.
9.	Have you filed fo		☑ No	
	bankruptcy withi last 8 years?	n the	Yes. District	When Case number
			District	
			District	
				IVIIVI DO / I I I I

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ebto	THEODISA First Name	ZORRANA Middle Name		CUNNINGHAM-PLAZA Last Name		Case number (if know	n)
	Are any bankruptocases pending or filed by a spouse not filing this caseyou, or by a busing partner, or by an affiliate?	being who is e with	☑ No ☐ Yes.	Debtor	When	MM / DD / YYYY	Case number, if known
							Relationship to you Case number, if known
	Do you rent your residence?			Has your landlord obtained a No. Go to line 12.	nent About an l		Against You (Form 101A) and file it as
12.	Are you a sole pro of any full- or part	oprietor	☑ No. 0	Go to Part 4. Name and location of business			
; ;	business? A sole proprietorship business you operate individual, and is not separate legal entity s a corporation, partnel LLC.	e as an a such as		Name of business, if any Number Street	5		
:	If you have more than sole proprietorship, u separate sheet and a to this petition.	ıse a		City		State	ZIP Code
				Check the appropriate box to o	•		
				Health Care Business (as			
				Single Asset Real Estate (• ,	B))
				Stockbroker (as defined in	-	, ,,	
				Commodity Broker (as defi	ined in 11 U.S.	C. § 101(6))	
				None of the above	acust must know	b a th a s	
13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as			choosing are a sm most rec	g to proceed under Subchapter all business debtor or you are	V so that it ca choosing to pr of operations, c	n set appropriate o oceed under Subc ash-flow statemer	a small business debtor or a debtor deadlines. If you indicate that you shapter V, you must attach your nt, and federal income tax return or . § 1116(1)(B).
	defined by 11 U.S	6. C. §	☑ No.	I am not filing under Chapter 1	1.		
:	1182(1)? For a definition of <i>sm</i> business debtor, see		☐ No.	I am filing under Chapter 11, b the Bankruptcy Code.	out I am NOT a	small business de	ebtor according to the definition in
	11 U.S.C. § 101(51D))).		I am filing under Chapter 11, I Bankruptcy Code, and I do not			
			☐ Yes.	I am filing under Chapter 11, I Bankruptcy Code, and I choos	am a debtor a	ccording to the de	finition in § 1182(1) of the // of Chapter 11.

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Debtor 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA	Case number (if known)
	First Name	Middle Name	Last Name	

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	ĽН

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

2

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

	Where is the property?	Number	Street		
	If immediate attention is	s needed, wh	ny is it needed?		
es.	What is the hazard?				

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Debtor 1

THEODISA First Name

ZORRANA Middle Name

CUNNINGHAM-PLAZA

Last Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether vou have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Abou	ut D	ebtor	1
------	------	-------	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	bou
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

L	I received a briefing from an approved credit
	counseling agency within the 180 days before I
	filed this bankruptcy petition, and I received a
	certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to re-	ceive a	briefing	about
credit counseling beca			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 20-42719 Doc 1 Filed 05/26/20 Entered 05/26/20 16:30:03 Main Document Pg 7 of 64

Debtor 1

THEODISA First Name ZORRANA Middle Name CUNNINGHAM-PLAZA

Last Name

Case number (if known)_

16. What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
you have?	□ No. Go to line 16b.☑ Yes. Go to line 17.				
		rily business debts? Business debts and estimate or through the operation of the l			
	□ No. Go to line 16c.□ Yes. Go to line 17.				
	16c. State the type of debts yo	u owe that are not consumer debts or bus	iness debts.		
7. Are you filing under Chapter 7?	☐ No. I am not filing under C	hapter 7. Go to line 18.			
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expens M No	ter 7. Do you estimate that after any exemes are paid that funds will be available to o			
8. How many creditors do you estimate that you owe?	☑ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000		
9. How much do you estimate your assets to be worth?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	□ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	□ \$500,000,001-\$1 billion □ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion		
How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
Part 7: Sign Below		- -			
For you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and		
		hapter 7, I am aware that I may proceed, I understand the relief available under ea			
		nd I did not pay or agree to pay someone and read the notice required by 11 U.S.C			
	I request relief in accordance v	vith the chapter of title 11, United States C	code, specified in this petition.		
		atement, concealing property, or obtaining sult in fines up to \$250,000, or imprisonme and 3571.			
	* Theolise of	x	(2.11)		
	Signature of Debtor 1	Signature	e of Debtor 2		
	Executed on Ob /24	Executed Executed	d on		

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Debtor 1

THEODISA First Name

ZORRANA Middle Name CUNNINGHAM-PLAZA

Last Name

Case number (if known)_____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	
Signature of Attorney for Debtor		MM / DD /YYYY
Printed name		
Firm name		
Number Street		
City	State	ZIP Code
Contact phone	Email address	
Bar number	State	-

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Debtor 1

THEODISA First Name

ZORRANA

CUNNINGHAM-PLAZA

Middle Name

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also

be familiar with any state exemption laws that apply.	
Are you aware that filing for bankruptcy is a serious action consequences? No Yes	on with long-term financial and legal
Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprison No Yes	
Did you pay or agree to pay someone who is not an atto ✓ No ✓ Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Decl	
By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I	nat filing a bankruptcy case without an do not properly handle the case.
Signature of Debtor 1	Signature of Debtor 2
Date OS/26/2020	Date MM / DD / YYYY
Contact phone +13143791634	Contact phone
Cell phone	Cell phone
Email address THEOCUNNINGHAM86@YAHOO.COM	Email address

Email address

Email address

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		-			
Fill in this	information to identi	fy your case:			
Debtor 1	THEODISA First Name	ZORRANA Middle Name	CUNNINGHAM-PLAZA Last Name		
Debtor 2	riist Name	Middle Name	Last Name		
(Spouse, if fili	ng) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the	e: EASTERN DISTRICT O	F MISSOURI		
Case numb					Check if this is an
	(lf known)				amended filing
Official	Form 106Su	m			
Summa	ary of Your A	ssets and Li	abilities and Certa	in Statistical Info	rmation 12/15
information your origina	n. Fill out all of your s	chedules first; then co I out a new <i>Summary</i> a	d people are filing together, bor mplete the information on this f and check the box at the top of t	orm. If you are filing amended	
			······································		
					Your assets
4 Cabadul	- A/D- Dranati (Officia	L Farm 100A/D)			Value of what you own
	e <i>A/B: Property</i> (Officia / line 55. Total real esta	•			\$0
.a. 90p)	, 00, 1014.104.001.	,			
1ь. Сору	line 62, Total persona	l property, from Schedu	e A/B		\$ 11306.98
1с. Сору	line 63, Total of all pro	pperty on Schedule A/B			\$ 11306.98
Part 2:	Summarize Your Li	iabilities			
					Your liabilities
					Amount you owe
			roperty (Official Form 106D)		¢ 0
2a. Copy	the total you listed in (Column A, <i>Amount of cla</i>	aim, at the bottom of the last page	of Part 1 of Schedule D	\$
3. Schedule	e E/F: Creditors Who H	lave Unsecured Claims	(Official Form 106E/F)		1750.04
3а. Сору	the total claims from F	Part 1 (priority unsecured	d claims) from line 6e of Schedule	E/F	\$ 1758.24
3ь. Сору	the total claims from F	Part 2 (nonpriority unsec	ured claims) from line 6j of Sched	ule E/F	+ \$ 62575.47
				Your total liabilities	\$
Part 3:	Summarize Your Ir	come and Expense	s		
	· · · · · · · · · · · · · · · · · · ·				
	e I: Your Income (Offici	•	aha dula I		_{\$} 2366.47
Сору уо	iai combinea montniy li	icome from line 12 of St	chedule I		*
	e J: Your Expenses (O				s 2530.00
Сору уо	ur monthly expenses for	rom line 22c of Schedule	> J		\$2000.00

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Debtor 1

THEODISA

ZORRANA Middle Name

CUNNINGHAM-PLAZA

Case number (if known)

	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	□ No. ☑ Yes		
	and the second of the second o		and the second second
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a perso oses. 28 U.S.C. § 159.	nal,
	Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	rt of the form. Check this box ar	d submit
			en e
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official	\$3000.75
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:		
		Total claim	
	From Part 4 on <i>Schedule E/F</i> , copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$0.00	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	ş <u> </u>	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. Student loans. (Copy line 6f.)	\$20407.00	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	
	9g. Total. Add lines 9a through 9f.	\$ 22165.24	

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Fill in this information to identify your case and this	Fig 12.01 64 s filing:		
Debtor 1 THEODISA ZORRANA First Name Middle Name	CUNNINGHAM-PLAZA Last Name		
Debtor 2			
(Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: _ EASTERN DISTRIC	F OF MISSOURI		
Case number		_	
		_	Check if this is an
			amended filing
Official Form 106A/B			
Schedule A/B: Propert	y		12/15
In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If m write your name and case number (if known). Answers Part 1: Describe Each Residence, Building,	ete and accurate as possible. If two married peop ore space is needed, attach a separate sheet to tl	e are filing together, bo iis form. On the top of a	th are equally
Do you own or have any legal or equitable interest	st in any residence, building, land, or similar prop	erty?	
☑ No. Go to Part 2.		•	
Yes. Where is the property?			
Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.
	☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?
	☐ Investment property	\$	\$
City State ZIP Code	☐ Timeshare	Describe the nature of	
State 21 Gode	Other	interest (such as fee the entireties, or a life	
	Who has an interest in the property? Check one		
	☐ Debtor 1 only ☐ Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this i property identification number:	tem, such as local	
If you own or have more than one, list here:			
1.2. Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Street address, if available, or other description	☐ Condominium or cooperative ☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	☐ Land	\$	\$_
	Investment property	Describe the peture	f varr anna rabia
City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Check if this is co	
	— Jobioi - and Jobioi 2 only	- Uneck IT this is co	minunity property

Official Form 106A/B

lacksquare At least one of the debtors and another

property identification number: _

Other information you wish to add about this item, such as local

☐ Check if this is community property

(see instructions)

Filed 05/26/20 Entered 05/26/20 16:30:03 Main Document Pg 13 of 64 Debtor 1 Middle Name Last Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. 1.3. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? Manufactured or mobile home ☐ Land Investment property Describe the nature of your ownership City State ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ✓ Yes TOYOTA Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.1. the amount of any secured claims on Schedule D: CAMRY Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2007 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 143750 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 1781.00 0.00 ☐ Check if this is community property (see **FAIR CONDITION** instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. ☐ Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another

Other information:

instructions)

Check if this is community property (see

4.

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First Name Middle Name Last Name Last Name Last Name Case number (if known)

r1 THEODISA	

Middle Name

Last Name

3.3.	Make:	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property.
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make: Model: Year: Approximate mileage: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: ns Secured by Property.
	nples: Boats, trailers, motors, personal watercr	er recreational vehicles, other vehicles, and access aft, fishing vessels, snowmobiles, motorcycle accessor. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		d claims on Schedule D:
		☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	entire property?	portion you own?
If you	own or have more than one, list here: Make: Model: Year: Other information:	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	Do not deduct secured clathe amount of any securer Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D:
		all of your entries from Part 2, including any entries		\$0.00

5.

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Middle Name

Last Name

Describe Your Personal and Household Items

Do	you own or have any legal or equitable interest in any of the following items?	Current value portion you Do not deduct or exemptions.	own? secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	✓ Yes. Describe BED, BEDDING, CHAIRS, COOKING UTENSILS, COUCH, EATING UTENSILS, FRIDGE, MICROWAVE, PICTURE FRAMES, AND TOWELS	\$	800.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
		\neg	
	Yes. Describe PRINTER, SMARTPHONE, AND TV	\$	300.00
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No		
	Yes. Describe	\$	0.00
9.	Equipment for sports and hobbies	_	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	№ No	\neg	
	Yes. Describe	\$	0.00
10.	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment No		
	Yes. Describe9M	\$	200.00
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
	Yes. Describe ALL CLOTHES AND FOOTWEAR	\$	250.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	Yes. DescribeBRACELET, EARRINGS, NECKLACE, AND NON-WEDDING RING	\$	100.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses		
	□ No	_	
	☑ Yes. Describe DOG	\$	100.00
14.	Any other personal and household items you did not already list, including any health aids you did not list		
	☑ No		
	Yes. Give specific information	\$	0.00
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	1750.00

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First Name Middle Name Last Name Pg 16 of 64 Case number (if known)

Part 4:	Describe	Your	Financial	Assets

Oo you own or have any	legal or equitable interest in	any of the following?	Current va portion you Do not deduc or exemption	u own? ct secured claims
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hom	ne, in a safe deposit box, and on hand when you file your p	petition	
☐ No				
		Cash:	\$	50.00
		nts; certificates of deposit; shares in credit unions, brokera ultiple accounts with the same institution, list each.	age houses,	
☐ No ☑ Yes		Institution name:		
	17.1. Checking account:	USAA CHECKING ACCT	\$	50.00
	17.2. Checking account:	USAA	\$	75.00
	17.3. Savings account:			
	17.4. Savings account:		· ·	
	17.5. Certificates of deposit:		\$	
	17.6. Other financial account:	CAPITAL ONE		5.00
	17.7. Other financial account:	USAA	\$	100.00
	17.8. Other financial account:		-	
	17.9. Other financial account:		\$ <u></u>	
Examples: Bond funds No	, or publicly traded stocks , investment accounts with broke	erage firms, money market accounts		
☐ Yes	Institution or issuer name:			
			\$	
			\$	
			<u> </u>	
9. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, including an int	erest in	
☑ No	Name of entity:	% of own	nership:	
Yes. Give specific information about	EKLECTIK SOUL INC	100	% \$	0.00
them			% \$	
			% \$	

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First Name Middle Name Last Name PLAZA Pg 17 of 64 Case number (if known)

20.	Negotiable instruments	include personal chec	er negotiable and non-negotiable instruments ks, cashiers' checks, promissory notes, and money orders. anot transfer to someone by signing or delivering them.		
	☑ No				
	Yes. Give specific information about	Issuer name:			
	them			\$	
				\$	
				\$	
21.	Retirement or pension Examples: Interests in II		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
	□ No				
	Yes. List each				
	account separately.	Type of account:	Institution name:		
		401(k) or similar plan:	EXPRESS SCRIPTS	\$	9171.98
		Pension plan:		\$	
		IRA:		\$	
		Retirement account:		\$	
		Keogh:		\$	
		Additional account:		\$	
		Additional account:		\$	
	Examples: Agreements companies, or others No	with landlords, prepaid	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications		
	☐ Yes		titution name or individual:		
		Electric:		\$	
		Gas:		\$	
		Heating oil:		\$	
		Security deposit on ren	tal unit:	\$	
		Prepaid rent:		\$	
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
				Φ	
23.	Annuities (A contract fo	r a periodic payment o	of money to you, either for life or for a number of years)		
	☑ No				
	☐ Yes	Issuer name and des	cription:		
				\$	
				\$	
				\$	

Debtor 1

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Case Inumber (if known)

First Name Middle Name Last Name

Case number (if known)

24. Interests in an education iR 26 U.S.C. §§ 530(b)(1), 529A		a qualified ABLE program, or under a qualified state tuition program.		
☑ No				
☐ Yes	Institution name a	and description. Separately file the records of any interests.11 U.S.C. § 521(c)		
			\$	
			\$	
			\$	
25.Trusts. equitable or future i	nterests in propert	y (other than anything listed in line 1), and rights or powers		
exercisable for your benefit		, (c		
☑ No				
Yes. Give specific				0.00
information about them			\$	0.00
26. Patents, copyrights, tradem	arks, trade secrets	s, and other intellectual property		
		ceeds from royalties and licensing agreements		
☑ No				
☐ Yes. Give specific			1	
information about them			\$	0.00
			1	
27. Licenses, franchises, and o		gibles ooperative association holdings, liquor licenses, professional licenses		
	xclusive licenses, co	ooperative association holdings, liquor licenses, professional licenses		
No No			7	
Yes. Give specific information about them			\$	0.00
momadon about mom			Φ	
Money or property owed to you	J?		Current valu	o of the
			portion you	
			Do not deduct s claims or exem	
28. Tax refunds owed to you				•
No				
Yes. Give specific information about them, including		Federal:	\$	
you already filed the	returns	State:	\$	
and the tax years		Local:	\$	
29. Family support				
	sum alimony, spous:	al support, child support, maintenance, divorce settlement, property settlemer	ıt	
☑ No		, , , , , , , , , , , , , , , , , , , ,		
☐ Yes. Give specific informa	ation			
,		Alimony:	\$	
		Maintenance:	\$	
		Support:	\$	
		Divorce settlement:	\$	
		Property settlement:	\$	
30. Other amounts someone ov	ves vou			
Examples: Unpaid wages, dis	ability insurance pay	yments, disability benefits, sick pay, vacation pay, workers' compensation,		
	nefits; unpaid loans	you made to someone else		
No No			1	
Yes. Give specific information	ition		s	0.00

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Debtor 1	First Name	Middle Name	Last Name	Pg 19 of 64	Case number (if known)		
	Tustrame	made Name					
04 1-44	- i- i	n meliciac					
	s in insuranc es: Health, disa		ce;health savings ac	ccount (HSA);credit, ho	omeowner's, or renter's insurance		
□ No			_				
Yes.		urance company	Company name:		Beneficiary:	Surrender	or refund value:
	of each policy	and list its value	ANDREAS PL	AZA PRIMERICA		c	0.00
				S EXPRESS SCR	IPTS		0.00
			TILLENTIALE	3 LXI TILOG COTT	11 10		
						Ψ	
If you ar	e the beneficia		from someone who expect proceeds from		y, or are currently entitled to receive		
✓ No							
☐ Yes.	Give specific	information				\$	0.00
				l a lawsuit or made a	demand for payment		
_ '	es: Accidents,	employment dispute	es, insurance claims,	, or rights to sue			
✓ No	Danadha	h alain					
☐ Yes.	. Describe eac	h claim				\$	0.00
34. Other co	ontingent and	l unliquidated clain	ns of every nature.	including countercla	ims of the debtor and rights		
	ff claims		. .				
☑ No		г					
Yes.	. Describe eac	h claim					0.00
		l				\$	
	incial assets	you did not already	/ list				
☑ No							
∟ Yes.	. Give specific	information				\$	0.00
					the state of the s		
			es from Part 4, inclu	uding any entries for	pages you have attached		0550.00
for Part	4. Write that	number here				▶	9556.98
Part 5:	Describe	Any Business-	Related Proper	rty You Own or H	lave an Interest In. List an	y real estat	e in Part 1.
5							
_		any legal or equital	ole interest in any t	business-related prop	perty?		
	Go to Part 6. . Go to line 38.						
₩ Yes.	. Go to line 38.						
						Current va portion yo	
							ct secured claims
						or exemption	ıs.
38. Accoun	ts receivable	or commissions yo	ou already earned				
☐ No							
Yes.	. Describe			-	- · · · · · · · · · · · · · · · · · · ·		
						\$	
	• •	rnishings, and sup	plies	antina farran Itto	Asia-barra dada 1.1. Inc. 1.1.		

Yes. Describe.....

☐ No

Filed 05/26/20 Entered 05/26/20 16:30:03 Main Document Case 20-42719 Doc 1 ZORRANA CUNNINGHAM-PLAZA THEODISA Pg 20 of 64 Case number (if known) Debtor 1 Middle Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ No ☐ Yes. Describe..... 41. Inventory ☐ No ☐ Yes. Describe.. 42. Interests in partnerships or joint ventures ☐ No ☐ Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe...... 44. Any business-related property you did not already list ☐ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ☑ No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No

☐ Yes.....

Debtor 1	Case 20-4 THEODISA First Name	12719 D ZORRANA Middle Name	OC 1 Filed 05/ CUNNINGHAM-PLA			26/20 16:30: Case number (if known)_	03 Main	Docum	ent ———
18. Crops -	–either growin	g or harvested	i						
☐ No☐ Yes	s. Give specific							\$	
☐ No		ipment, imple	ments, machinery, fix	tures, and too	s of trade		<u> </u>	٦	
	nd fishing sup	nlies chemics	uls and food					\$	
☐ No		piles, chemica							
		ercial fishing-	related property you d	id not already	list				
	s. Give specific ormation							\$	
			entries from Part 6, inc					\$	0.00
Part 7:	Describe	All Propert	y You Own or Ha	ve an Inter	est in That	You Did Not I	ist Above	-	
Example	es: Season tickets		kind you did not alrea	dy list?					
	s. Give specific ormation							\$ \$	
54 Add th	e dollar value (of all of your e	ntries from Part 7. Wr	ite that numbe	ur horo			\$	0.00
		-							
Part 8:			ch Part of this Fo	. 		· ·			0.00
	Total vehicles			\$	0.00		7	\$	
			ld items, line 15	Ψ \$	1750.00	-			
	Total financial			\$	9556.98	-			
	Total business			\$	0	-			
			ed property, line 52	\$	0.00	-			
	Total other pro	_	. ,	+ \$	0	-			
62. Total p	ersonal proper	ty. Add lines 5	6 through 61	\$	11306.98	Copy personal pr	operty total 🗲	+\$	11306.98
63. Total o	f all property o	n Schedule A	/B. Add line 55 + line 62	2				\$	11306.98

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Fill in this in	formation to ident	ify your case:	
Debtor 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA
Debior	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
-		he: EASTERN DISTRICT	
Case number			
(If known)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:

Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	HOUSEHOLD BED, BEDDING, CHAIR	s \$800.00	\$800.00	Mo. Rev. Stat. § 513.430 1.(1)
Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value, up to any applicable statutory limit ☐ 100% of fair market value ☐ 100% of fair market ☐ 100% o	
Brief description:	ELECTRONICS PRINTER, SMARTPH	O \$300.00	\$	Mo. Rev. Stat. § 513.430 1.(1)
Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	FIREARMS 9M	\$200.00	200.00	Mo. Rev. Stat. § 513.430 1.(12)
Line from Schedule A/B:	10		☐ 100% of fair market value, up to any applicable statutory limit	

Are you claiming a homestead exemption of more than \$1	170.350?
---	----------

(Subject to adjustifient on 4/01/22 and every 5 years after that for cases filed on or after the date of adjustifi	(5	Subiect to adiustment on	4/01/22 and every 3	3 years after that for cases filed on or after the date of adjustr	nent \
--	----	--------------------------	---------------------	--	--------

✓ No

ĺ	_	Yes. Did you acquire the propert	v covered by the exemption within	n 1,215 days before you filed this case

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Debtor 1

THEODISA ZORRANA

Middle Name

CUNNINGHAM-PLAZA Pg 23 of 64

Last Name

Case number (if known)_

Additional Page

First Name

	ion of the property and line A/B that lists this property	Current value of portion you ow		Amount of the exemption you claim Specific laws that allow exemption
		Copy the value Schedule A/B	from	Check only one box for each exemption
Brief description:	CLOTHES ALL CLOTHES AND FOOTV	V \$	250.00	\$ \$ 513.430 1.(1)
Line from Schedule A/B:	11			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	JEWELRY BRACELET, EARRINGS, NE	\$	100.00	Mo. Rev. Stat. § 513.430 1.(2)
Line from Schedule A/B:	12			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	PERSONAL ANIMALS DOG	\$	100.00	Mo. Rev. Stat. § 513.430 1.(1)
Line from Schedule A/B:	13			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	CASH	\$	50.00	\$\$ 50.00 Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	16			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	CHECKING ACCOUNT USAA	\$	50.00	Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	<u>17</u>			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	CHECKING ACCOUNT USAA	\$	75.00	\$\$ Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	17			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	CHECKING ACCOUNT CAPITAL ONE	\$	5.00	\$ Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	<u>17</u>			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	CHECKING ACCOUNT USAA	\$	100.00	Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	<u>17</u>			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	UNINCORPORATED BUSINESS EKLE	⁽ \$	0.00	\$ Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	19.1			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	RETIREMENT 401K EXPRESS SCRIPT	\$	9171.98	\$9171.98 11 U.S.C. § 522(b)(3)(C)
Line from Schedule A/B:	21.ret			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	INSURANCE PLAN PRIMERICA	\$	0.00	Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	31.1			☐ 100% of fair market value, up to any applicable statutory limit
Brief description:	INSURANCE PLAN EXPRESS SCRIPT	^{\$} \$	0.00	S 0.00 Mo. Rev. Stat. § 513.430 1.(3)
Line from Schedule A/B:	31.2			☐ 100% of fair market value, up to any applicable statutory limit

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			Pg 24 of 64	4						
Fill in this inf	ormation to identify your c	ase:								
Deptor _		RRANA dle Name	CUNNINGHAM-PLAZA	-						
Debtor 2 (Spouse, if filing)	First Name Midd	dle Name	Last Name	-						
United States B	ankruptcy Court for the: EASTE	RN DISTRICT	OF MISSOURI							
Case number (If known)								l Check i	f this	is an
	orm 106D ule D: Credito	ors Who	o Have Claims	s Secure	ed by	Prop	erty	amende		ng 2/15
information. additional pa	ete and accurate as possib If more space is needed, co ges, write your name and o ditors have claims secured	opy the Addit	tional Page, fill it out, num (if known).							
☐ No. Che	eck this box and submit this formation below	form to the co	• -	. You have nothi	ng else to re	port on t	his form.			
Part 1: Lis	t All Secured Claims									
for each cla	ured claims. If a creditor had it is in the creditor had it. If more than one creditor is possible, list the claims in a	r has a partici	ular claim, list the other cred	tors in Part 2.	Column A Amount of Do not deduvalue of colla	ct the	Column B Value of c that supp claim			
2.1 UNITED	AUTO CREDIT CO	Describe	the property that secures the	e claim:	\$	3362	\$	1781	\$	1581
	AMELBACK ST STE 10	VEHIC	LE CAMRY TOYOTA							
		As of the	date you file, the claim is: 0	heck all that apply.						
NEWPC City	PRT BEACL CA 9266 State ZIP Code	Continuing	uidated							
Who owes th	ne debt? Check one.	Nature o	f lien. Check all that apply.							
Debtor 1 o		An ag	reement you made (such as mo	tgage or secured						
Debtor 2 o	only and Debtor 2 only	car lo	an) ory lien (such as tax lien, mecha	nic's lien)						
_	ne of the debtors and another		nent lien from a lawsuit	riio s iierij						
		_	(including a right to offset)		_					
☐ Check if commun	this claim relates to a ity debt									
	as incurred <u>4/20/19</u>	Last 4 di	gits of account number <u>00</u> 0	2						
2.2		Describe	the property that secures th	e claim:	\$		\$		\$	
Creditor's Nan	ne									
Number	Street	—								
		As of the	date you file, the claim is: (heck all that apply.	_					
		— 🔲 Conti								
City	State ZIP Code	Unliqu								
Who owes th	ne debt? Check one.	•	f lien. Check all that apply.							
Debtor 1 o	only	_	reement you made (such as mo	tgage or secured						
Debtor 2 o		car lo	an)	-						
_	and Debtor 2 only		ory lien (such as tax lien, mecha nent lien from a lawsuit	nic's lien)						
	ne of the debtors and another		(including a right to offset)		_					
commun	-				=					
Date debt wa	ollar value of your entries		gits of account number	mher here:	\$ 2	362.00	<u> </u>		-	
Aug tile u	onal falas of your citiles	ooiuiiiii A	on and payer trille mal lit	THE POPULATION OF THE POPULATI	1°————————————————————————————————————	لالدعد	I			

Entered 05/26/20 16:30:03 Main Document Filed 05/26/20 Case 20-42719 Doc 1 Fill in this information to identify your case: **CUNNINGHAM-PLAZA THEODISA ZORRANA** Debtor 1 Middle Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name **EASTERN DISTRICT OF MISSOURI** United States Bankruptcy Court for the: Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount OFFICE OF THE COLLECTOR OF REVENUE s 1758.24 s 1758.24 s Last 4 digits of account number UNKNOWN Priority Creditor's Name 1200 MARKET STREET 2019 When was the debt incurred? Number **ROOM 410** As of the date you file, the claim is: Check all that apply STIQUIS 63103 Contingent State ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ☑ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other. Specify ☐ No ☐ Yes

Case number (if known)

First Name

Case number (if known)

Last Name

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Middle Name

Case number (if known)

Middle Name

Middle Name

Right Name

Right Name

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art 2: 1	List All	of Your	NONPRIORITY	Unsecured	Claim

3	Do any creditors have nonpriority unsec	cured cla	ims against vou	>		
٠.	☐ No. You have nothing to report in this p		-			
	Yes	Jart. Subi	mit tins form to the	court with your other schedules.		
	163					
	List all of your nonpriority unsecured cla					
	nonpriority unsecured claim, list the credito					
	included in Part 1. If more than one credito		particular claim, lis	st the other creditors in Part 3.If yo	ou have more than three noi	priority unsecured
	claims fill out the Continuation Page of Par	t 2.				
						Total claim
	1					I Otal Claiiii
4.1	MIDWEST ACCEPTANCE COR			Last 4 digits of account number	4150	10775.00
	Nonpriority Creditor's Name					<u>\$ 10775.00</u>
	1257 DOUGHERTY FERRY RD			When was the debt incurred?	<u>11/21/15</u>	
	Number Street					
	VALLEY PARK M	0	63088			
	City Sta	ate	ZIP Code	As of the date you file, the claim	is: Check all that apply.	
				O Continued		
	Who incurred the debt? Check one.			Contingent		
				Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ired claim:	
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a community	, dobt		Obligations arising out of a sepa	ration agreement or divorce	
	a oneck if this claim is for a community	debt		that you did not report as priority		
	Is the claim subject to offset?			Debts to pension or profit-sharin		
	☑ No			☑ Other. Specify <u>AUTOMOB</u>	SILE	
	☐ Yes					
						7000.00
4.2	FEDLOAN SERVICING			Last 4 digits of account number	0003	\$ <u>7988.00</u>
	Nonpriority Creditor's Name			When was the debt incurred?	8/23/10	
	P.O. BOX 530210					
	Number Street					
	ATLANTA G	Α	30353-0210	As of the date you file, the claim	is: Check all that apply.	
	City Sta	ate	ZIP Code	☐ Contingent		
	W			☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			■ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecu	red claim:	
	Debtor 1 and Debtor 2 only			••	area ciaim.	
	At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a community	, debt		Obligations arising out of a sepa		
	- Oncok ii tiila olaini la loi a community	debt		that you did not report as priority		
	Is the claim subject to offset?			Debts to pension or profit-sharin	••	
	☑ No			Other. Specify		
	☐ Yes					
4.3	FEDLOAN SERVICING			I = A A Note .	0004	
	Nonpriority Creditor's Name			Last 4 digits of account number		s 7194.00
	P.O. BOX 530210			When was the debt incurred?	7/6/12	
	Number Street					
		iA	30353-0210			
		ate	ZIP Code	As of the date you file, the claim	is: Check all that apply.	
	Sity Site	a to	2.1. 0000	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	☑ Debtor 1 only			☐ Disputed		
	Debtor 2 only			■ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONDBRODITY	urod alaim:	
	At least one of the debtors and another			Type of NONPRIORITY unsect	ureu Cidiiii.	
	_	_		Student loans		
	Check if this claim is for a community	y debt		Obligations arising out of a sepa		
	Is the claim subject to offset?			that you did not report as priority		
	☑ No			Debts to pension or profit-shann	• .	
	Yes			Other. Specify		

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Part 2:

Afte	er listing any entries on this pag	e, number the	m beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
4.4	SANTANDER CONSUMER USA			Last 4 digits of account number 1000	s 3289.00
:	Nonpriority Creditor's Name 14101 MYFORD RD FL 2			When was the debt incurred? 4/18/10	Ψ
				When was the debt incurred? 4/18/10	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	TUSTIN City	CA State	92780 ZIP Code	□ Contingent	
	Who incurred the debt? Check on		Zii Gode	Unliquidated Disputed	
	Debtor 1 only			·	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and ar			☐ Student loans	
:	At least one of the debtors and ar	nother		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a co	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify AUTOMOBILE	
	☑ No				
	Yes				
4.5	FEDLOAN SERVICING			Last 4 digits of account number 0001	\$ 2894.00
	Nonpriority Creditor's Name			-	
:	P.O. BOX 530210 Number Street			When was the debt incurred? 2/22/11	
	ATLANTA	GA	30353-0210	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Miles in some of the 1,140 Ot 1			☐ Unliquidated	
	Who incurred the debt? Check on	ie.		☐ Disputed	
	Debtor 1 only Debtor 2 only			Turns of MONDRIODITY are sounded about	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and ar	nother		☑ Student loans	
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a co	mmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
:	Is the claim subject to offset?			Other. Specify	
	☑ No ☐ Yes				
4.6		7868mmm (2000mm), politicary		0002	_{\$} 2331.00
	FEDLOAN SERVICING Nonpriority Creditor's Name			Last 4 digits of account number 0002	
:	P.O. BOX 530210			When was the debt incurred? 2/23/11	
	Number Street ATLANTA	GA	30353-0210	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check on			Unliquidated	
	Debtor 1 only	ic.		☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☑ Student loans	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt			Obligations arising out of a separation agreement or divorce that	
				you did not report as priority claims	
	Is the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
:	☑ No			Unier, Specify	
:	☐ Yes				

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First Name	Middle Name

P	rt	2

listing any entries on this pag	e, number the	m beginning wit	h 4.4, followed by 4.5, and so forth.		Total claim
CAPITAL ONE BANK USA N			Last 4 digits of account number 55	598	s 729.00
Nonpriority Creditor's Name				/12/11	\$ <u> 120.00</u>
PO BOX 85520			When was the debt incurred?	<u>/ ८/ </u>	
Number Street			As of the date you file, the claim is:	Check all that apply.	
RICHMOND	VA State	23285 ZIP Code	Contingent		
olly	State	Zir Code	Unliquidated		
Who incurred the debt? Check on	e.		Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured	claim:	
Debtor 1 and Debtor 2 onlyAt least one of the debtors and ar	other		Student loans		
			 Obligations arising out of a separatio you did not report as priority claims 	n agreement or divorce that	
Check if this claim is for a co	mmunity debt		Debts to pension or profit-sharing pla		
s the claim subject to offset?			Other. Specify CREDIT CARE)	
☑ No					
☐ Yes					
FIRST PREMIER BANK		•	Last 4 digits of account number 62	299	\$ 475.00
Nonpriority Creditor's Name			_		·-
601 S MINNESOTA AVE			When was the debt incurred? 2	<u>/4/10 </u>	
Number Street	•••		— As of the date you file, the claim is:	Check all that annly	
SIOUX FALLS	SD	57104		oncox an triat appry.	
City	State	ZIP Code	☐ Contingent☐ Unliquidated		
Who incurred the debt? Check or	e.		Disputed		
Debtor 1 only			_ bisputed		
Debtor 2 only			Type of NONPRIORITY unsecured	claim:	
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and a	nother		Obligations arising out of a separation	on agreement or divorce that	
Check if this claim is for a co	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other. Specify CREDIT CARE		
☑ No			, "/		
☐ Yes					
CT LOUIS COMMUNITY OU			Last 4 digits of account number	001	\$ 406.00
ST LOUIS COMMUNITY CU Nonpriority Creditor's Name					
3651 FOREST PARK AVE			When was the debt incurred? 1	<u>0/30/1</u> 4	
Number Street SAINT LOUIS	МО	63108	As of the date you file, the claim is:	Check all that apply.	
City	State	ZIP Code	Contingent		
Mha inaugurad the deleta of the			Unliquidated		
Who incurred the debt? Check or	IE.		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured	claim.	
Debtor 1 and Debtor 2 only			☐ Student loans	w.w	
At least one of the debtors and a	nother		Student loansObligations arising out of a separation	on agreement or divorce that	
☐ Check if this claim is for a co	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing pla		
Is the claim subject to offset?			Other. Specify OTHER	ano, and other similar debts	
1 No			Colon Opening		
Yes					

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MISSOURI PAYDAY LOANS Nonpriority Creditor's Name 3715 S KINGSHIGHWAY BLVD Number Street SAINT LOUIS MO 63109 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	After listing any entries	s on this page, number ther	m beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
When was the debt incurred? 1/30/20				Last 4 digits of account number 3534	. 269 nn
Contingent Con		ne			\$ <u>203.00</u>
BLOOMNATION L. 8172 As of the date your file, the claim is: Check all that apply. Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Al least one of the debtor and another Check if this claim is for a community debt is the claim subject to offset? No Yes MISSOLRI PAYDAY LOANS Nonprinty Cestier's Name Obligations arising out of a separation agreement or divorce that you did not report as princhy claims Debtor 1 only Debtor 2 only Al teast one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Nonprinty Cestier's Name Debtor 1 only Debtor 2 only Al teast one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Nonprinty Cestier's Name Debtor 2 only Al teast one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? None Size Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 4 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1	PO BOX 3097			When was the debt incurred? $\frac{1/30/20}{}$	
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Debtor 1 and Debtor 2 only Student loans				Disputed	
Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profite-barding plans, and other similar debts				Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations a raining out of a separation agreement or divorce that you did not report as priority claims Debtor 2 conty Other. Specify COLLECTION		tor 2 only			
Check if this claim is for a community debt is the claim subject to offset? No					
Debts to person or profile-sharing plans, and other similar debts	Charle if this als	im in fau a annum initir dalit			
MISSOURI PAYDAY LOANS		-		Debts to pension or profit-sharing plans, and other similar debts	
Yes		to offset?		Other. Specify COLLECTION	
MISSOURI PAYDAY LOANS Nonpriority Creditor's Name STREET S					
When was the debt incurred? 6/3/16 As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt is the claim subject to offset? CREDIT COLLECTION SERV Nopporting Creditor's Name 725 CANTON ST Number Street Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify OTHER When was the debt incurred? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? Stade you file, the claim is: Check all that apply. Check if this claim is for a community debt Is the claim subject to offset? In you did not report as priority claims When was the debt incurred? As of the date you file, the claim is: Check all that apply. Check if this claim is for a community debt Is the claim subject to offset? In you did not report as priority claims Disputed Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? In you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION	4.11				
When was the debt incurred? 5/3/16		ANS		Last 4 digits of account number 5106	\$200.00
As of the date you file, the claim is: Check all that apply. Sant Louis	Nonpriority Creditor's Nam	ne			
As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated	3715 S KINGSHIGHWAY	Y BLVD		When was the debt incurred? $6/3/10$	
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Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only CREDIT COLLECTION SERV Nonpriority Creditor's Name 725 CANTON ST Number Street NORWOOD MA 02062 City State Zip Code Who incurred the debt? Check one. Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Men was the debt incurred? As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Student loans As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Disputed Other. Specity OTHER Type of NoNPRIORITY unsecured claim: Student loans Disputed Other. Specity other loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specity COLLECTION	City	State	ZIP Code	•	
□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 only □ Yes □ No □ Yes □ No □ Yes □ CREDIT COLLECTION SERV Nonpriority Creditor's Name 725 CANTON ST Number Street NORWOOD MA 02062 □ City State ZiP Code □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 only □ Debtor 2 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim subject to offset? □ No	Who incurred the d	ebt? Check one.			
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□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes Last 4 digits of account number 2763				Type of NONPRIORITY upsecured claim:	
At least one of the debtors and another		tor 2 only			
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Debts to pension or profit-sharing plans, and other similar debts	D 65 1 22 1			vou did not report as priority claims	
Is the claim subject to offset? Other. Specify OTHER State Other. Specify OTHER Other	Check if this cla	im is for a community debt			
CREDIT COLLECTION SERV Nonpriority Creditor's Name 725 CANTON ST Number Street NORWOOD MA 02062 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 2763 When was the debt incurred? 3/7/16 As of the date you file, the claim is: Check all that apply. Contingent Unfliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION	_	to offset?		Other, Specify OTHER	
CREDIT COLLECTION SERV Nonpriority Creditor's Name 725 CANTON ST Number Street NORWOOD MA 02062 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 2763 When was the debt incurred? 3/7/16 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION					
Nonpriority Creditor's Name 725 CANTON ST Number Street NORWOOD MA 02062 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 3/7/16 As of the date you file, the claim is: Check all that apply. Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION	Yes				
Nonpriority Creditor's Name 725 CANTON ST Number Street NORWOOD MA 02062 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? 3/7/16 As of the date you file, the claim is: Check all that apply. Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION	1.12	Market Committee of the			. 180 00
Number Street NORWOOD MA 02062 As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION	CREDIT COLLECTION S	BERV		Last 4 digits of account number 2763	\$ <u>100.00</u>
Number Street NORWOOD MA 02062 City State ZIP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? No	Nonpriority Creditor's Nam	ne			
As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION	725 CANTON ST			When was the debt incurred? 3/1/10	
City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION			00000	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION ☐ Other. Specify COLLECTION		······································			
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt ☐ Check if this claim subject to offset? ☐ No ☐ No ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION	City	State	ZIF Code	•	
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION	Who incurred the de	ebt? Check one.			
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify COLLECTION	Debtor 1 only			_ Disputed	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION				Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION ☐ Other. Specify COLLECTION		•		☐ Student loans	
Under this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify COLLECTION	At least one of the	debtors and another			
ls the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION	☐ Check if this cla	im is for a community debt		you did not report as priority claims	
2 No					
				otner. Specify OOLLEGITOR	
- 100					
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Afte	er listing any entries on this page, nur	mber them	n beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
4.13	ACCOUNT RESOLUTION COR			Last 4 digits of account number 4948	s 144.00
	Nonpriority Creditor's Name			<u> </u>	\$ 177.00
	700 GODDARD AVE			When was the debt incurred? $3/20/18$	
	Number Street	-		As of the date you file, the claim is: Check all that apply.	
	CHESTERFIELD	МО	63005		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only			- Sispated	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only			☐ Student loans	
	☐ At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims	
	Is the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify COLLECTION	
:	No			Other. Specify OCELECTION	
	Yes				
4.14				Last 4 digits of account number 9549	s 103.00
:	CAPITAL ONE BANK USA N Nonpriority Creditor's Name			<u> </u>	<u> </u>
	PO BOX 85520			When was the debt incurred? $\frac{12/19/1}{1}$	
	Number Street				
	RICHMOND	VA	23285	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			Unliquidated	
				☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that	
	D 05-1-15-15-15-15-15-15-15-15-15-15-15-15-	- *4		you did not report as priority claims	
	☐ Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other, Specify CREDIT CARD	
	Ø No				
	☐ Yes				
4.15			FAY THE THE THE STATE A COURT HOLD THE CONTRACT	LINKNOWN	_{\$} _4200.00
	BARNES JEWISH HOSPITAL			Last 4 digits of account number UNKNOWN	
	Nonpriority Creditor's Name			When was the debt incurred? 2019	
i i	4901 FOREST PARK Number Street				
	ST. LOUIS	мо	63108	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only			Type of NONDRIGHTY uppergrad claims	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:	
				☐ Student loans	
	_			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
:	☐ Check if this claim is for a commur	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify MEDICAL	
	☑ No				
	☐ Yes				

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Aft	er listing any entries on this page, nur	nber the	m beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim	
4.16	ccs			Last 4 digits of account number UNKNOWN	. 265.02	
	Nonpriority Creditor's Name			 0/44/40	<u>\$ 265.02</u>	
	725 CANTON STREET			When was the debt incurred? $8/11/16$		
	Number Street	144	00000	As of the date you file, the claim is: Check all that apply.		
	NORWOOD City	MA State	02062 ZIP Code	Contingent		
:	,			☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			☐ Student loans		
	At least one of the deptors and another			Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a communication	ity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify OTHER		
	☑ No					
į	☐ Yes					
4.17	CTUART LIDDWAN AND ACCOCUATES			Last 4 digits of account number UNKNOWN	s 19457.00	
	STUART-LIPPMAN AND ASSOCIATES Nonpriority Creditor's Name				Ψ	
	5447 E 5TH STREET			When was the debt incurred? 2020		
	Number Street					
	TUCSON	AZ	85711	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
į	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that		
				you did not report as priority claims		
:	☐ Check if this claim is for a commun	iity aebt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify OTHER		
!	☑ No					
	☐ Yes					
4.18				I ANACANATAL	s 585.45	
	CC SYSTEM			Last 4 digits of account number UNKNOWN		
	Nonpriority Creditor's Name			When was the debt incurred? 2018		
	P.O. BOX			<u></u>		
	Number Street ST. PAUL	MN	55164	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
				Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commun	ity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify OTHER		
	☑ No			Salot Opoliny - 1		
:	Yes					

Part 2:

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r listing any entries on this p	page, number them b	nning with 4.4, followed by 4.5, and so forth.	Total claim
SPIRE		Last 4 digits of account number UNKNOWN	s 684.0
Nonpriority Creditor's Name			\$ 001.0
700 MARKET		When was the debt incurred? <u>ZUID</u>	
Number Street		As of the date you file, the claim is: Check all that apply.	
ST. LOUIS		<u></u>	
City	State Z	Ode Contingent	
Who incurred the debt? Check	cone.	☐ Unliquidated☐ Disputed	
Debtor 1 only		a Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and	d another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt	you did not report as priority claims	
	•	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	•	Other. Specify UTILITIES	
☑ No			
Yes			
ALLIANT CAPITAL		Last 4 digits of account number 0720	\$ 407.00
Nonpriority Creditor's Name		7/00/40	
210 JOHN GLEN DR.		When was the debt incurred? $\frac{7/29/19}{}$	
Number Street		A of the date was file the electric to Ot 1 Hill to 1	
AMHERST	NY	As of the date you file, the claim is: Check all that apply.	
City	State Z	ode Contingent	
Who incurred the debt? Check	r one	Unliquidated	
_	cone.	☐ Disputed	
Debtor 1 only Debtor 2 only		Time of NONDDIODITY	
Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	d another	Student loans	
_		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	•	Other. Specify OTHER	
☑ No		a outer, opening a resident	
Yes			
			\$
Nonpriority Creditor's Name		Last 4 digits of account number	
		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City	State Z	ode Contingent	
Who incurred the debt? Check	one.	Unliquidated	
Debtor 1 only	: =: :== !	☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONDDIODITY upgogured alaims	
Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	d another	Student loans	
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a	community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other. Specify	
□ No □ Yes		. , , , , , , , , , , , , , , , , , , ,	

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	1758.24
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	1758.24
			Total claim	
Total claims	6f. Student loans	6f.	Total claim	20407.00
Total claims from Part 2	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		20407.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority		\$	
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 	6g.	\$ \$	0.00
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. 	6g. 6h.	\$ \$ \$	0.00

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				Fy 34 01 0	<u>+</u>	
Filli	in this in	formation to ide	entify your case:			
Debt	tor	THEODISA	ZORRANA	CUNNINGHAM-PLA	ZA	
Den	.ui	First Name	Middle Name	Last Name		
Debt (Spot	tor 2 use If filing)	First Name	Middle Name	Last Name	-	
Unite	ad States I	Bankruptcy Court fo	r the: EASTERN DISTRICT O	F MISSOURI		
		Dankruptoy Court ic	Ture.			
	e number nown)					Check if this is an
						amended filing
Sc Be as inforr additi	hediscomplemation. I ional page Do you h	te and accurate f more space is ges, write your reave any execute theck this box and Fill in all of the informately each pers, rent, vehicle lea	as possible. If two marrie needed, copy the additioname and case number (if ory contracts or unexpired file this form with the country formation below even if the conforcempany with who	ed people are filing toge nal page, fill it out, numl f known). In the leases? In the with your other schedule contracts or leases are listed you have the contracts.	ther, both are equally responsible for support the entries, and attach it to this page. es. You have nothing else to report on this footed on Schedule A/B: Property (Official Formation Lease. Then state what each contract the instruction booklet for more examples of	orm. m 106A/B). or lease is for (for
2.1		or company with	whom you have the conf		State what the contract or lease is	for
	Name		200			
	Number	NORTH FM 6	020			
	AUSTI	N	TX 78726			
2.2	City		State ZIP Code	and the second s	and the second second second	
: .	Name					
	Number	Street				
	City		State ZIP Code			
2.3				e kun saan en de se een se se ee		
	Name					
	Number	Street				
	City		State ZIP Code			
2.4	an that sure and the	reservo de la colonia de l	The second of th	and the second of the second s	nazan nazar mezar ningan n	agent of a constraint of the c
	Name					
	Number	Street				
	City		State ZIP Code			

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Fill in this information to identify your case:						
Debtor 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for	the: EASTERN DISTRICT O	F MISSOURI			
Case number (If known)						

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

. Do you have any codebtors? (If yo ☐ No ☐ Yes	u are filing a joint case, d	o not list either spouse	as a codebtor.)
 Within the last 8 years, have you I Arizona, California, Idaho, Louisiana No. Go to line 3. Yes. Did your spouse, former sp 	, Nevada, New Mexico, P	Puerto Rico, Texas, Wa	· ·
☐ No☐ Yes. In which community sta	ate or territory did you live	7	Fill in the name and current address of that person.
Tool in which community one	no or termory and you live	•	This is the hard can enter address of that person.
Name of your spouse, former spouse	e, or legal equivalent	,	
Number Street			_
City	State	ZIP Code	-
			or if your spouse is filing with you. List the person ner. Make sure you have listed the creditor on
	Schedule E/F (Official F		
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil	Schedule E/F (Official F		ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D,
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fill Column 1: Your codebtor ANDREAS PLAZA	Schedule E/F (Official F		ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply:
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor	Schedule E/F (Official F		ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND	Schedule E/F (Official Follows) Il out Column 2.	orm 106E/F), or Sched	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City	Schedule E/F (Official Fo	orm 106E/F), or S <i>ch</i> ed	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City	Schedule E/F (Official Follows) Il out Column 2.	orm 106E/F), or Sched	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City	Schedule E/F (Official Follows) Il out Column 2.	orm 106E/F), or Sched	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City	Schedule E/F (Official Follows) Il out Column 2.	orm 106E/F), or Sched	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City Name Number Street	Schedule E/F (Official Follows) Il out Column 2.	orm 106E/F), or Sched	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City Name Number Street City	Schedule E/F (Official Follows) Il out Column 2. VA State	23223 ZIP Code	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule E/F, line Schedule E/F, line Schedule G, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City Name Number Street City	Schedule E/F (Official Follows) Il out Column 2. VA State	23223 ZIP Code	ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the de Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fil Column 1: Your codebtor 1 ANDREAS PLAZA Name 3709 HARVIE RD Number Street RICHMOND City 2 Name Number Street City 3	Schedule E/F (Official Follows) Il out Column 2. VA State	23223 ZIP Code	rer. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the d Check all schedules that apply: Schedule D, line Schedule E/F, line 4.4 Schedule G, line Schedule E/F, line Schedule E/F, line

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Fill in this information to identify	your case:				
Debtor 1 THEODISA	ZORRANA	CUNNINGHAM-PLA	ZA		
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	EASTERN DISTRICT OF MIS	SSOURI			
Case number(If known)				Check if the	
					ended filing
					plement showing postpetition chapter 1 e as of the following date:
Official Form 106I				MM / D	DD / YYYY
Schedule I: Yo	ur Income				12/15
you are separated and your spo eparate sheet to this form. On the	use is not filing with you, e top of any additional pa	do not include info	ormation ab	out your spo	ou, include information about your spouuse. If more space is needed, attach a known). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status		ed.		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	CUSTOMER	SERVICE	:	
Occupation may include student or homemaker, if it applies.	Occupation				
	Employer's name	EXPRESS SO	CRIPTS		
	Employer's address	4600 N. HAN Number Street	LEY RD		Number Street
		ST.LOUIS	MO State ZIF	63134	City State ZIP Code
	How long employed th				
Part 2: Give Details About	ıt Monthly Income				
Estimate monthly income as a spouse unless you are separate if you or your non-filing spouse below. If you need more space,	d. have more than one employ	er, combine the info			rrite \$0 in the space. Include your non-filing for that person on the lines
22.5 you nood more opidoo,			Fo	or Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, so deductions). If not paid monthly			2. \$_	2681.58	\$
3. Estimate and list monthly ov	ertime pay.		3. +\$_	0.00	+ \$
4. Calculate gross income. Add	line 2 + line 3.		4. \$_	2681.58	\$

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Debtor 1

THEODISA First Name

ZORRANA Middle Name

Case number (if known)_

	For Debtor 1 For Debtor 2 ornon-filing spouse
Copy line 4 here	→ 4. \$ <u>2681.58</u> \$
5. Indicate whether you have the payroll deductions below:	
5a. Tax, Medicare, and Social Security deductions	_{5a. \$} 133.29 _{\$}
5b. Mandatory contributions for retirement plans	5b. \$ 189.15 \$
5c. Voluntary contributions for retirement plans	5c. \$ 0.00 \$
5d. Required repayments of retirement fund loans	5d. \$ 0.00 \$
5e. Insurance	5e. \$ 44.50 \$
5f. Domestic support obligations	5f. \$ 0.00 \$
5g. Union dues	5g. \$\$
5h. Other deductions. Specify:	5h. +\$ 248.17 + \$
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e + 5f	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4	· · · · · · · · · · · · · · · · · · ·
The contract that the contract	7. \$ <u>2000.47</u>
8. List all other income regularly received:	0.00
 Net income from rental property and from operating a busir profession, or farm 	ness, 8a. \$0.00_
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	and
8b. Interest and dividends	\$0.00\$
8c. Family support payments that you, a non-filing spouse, or a regularly receive	a dependent \$ 300.00 \$
Include alimony, spousal support, child support, maintenance, divorce settlement, an property settlement.	nd
8d. Unemployment compensation	\$
8e. Social Security	\$ 0.00 _{\$}
8f. Other government assistance that you regularly receive	· · · · · · · · · · · · · · · · · · ·
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps or housing subsidies.	ou .
Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):	
	\$ <u> </u>
8g. Pension or retirement income	s 0.00 s
8h. Other monthly income.	Ψ
Specify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):	
0	\$ 0.00 \$
	Ψ
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g -	+ 8h. \$
10. Calculate monthly income. Add line 7 + line 9.	\$ 2366.47 + \$ = \$ 2366.47
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	
11. State all other regular contributions to the expenses that you list Include contributions from an unmarried partner, members of your household, your depende relatives. Do not include any amounts already included in lines 2-10 or amounts that are not	ents, your roommates, and other friends or
Specify:	11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in lin	12 L CODD 47
Write that amount on the Summary of Your Assets and Liabilities and	d Certain Statistical Information, if it applies
 12. Do you expect an increase or decrease within the year after you ✓ No. ✓ Yes. Explain: 	I file this form?

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Fill in this	information to iden	ntify your case:			
	THEODISA	ZORRANA CUNNINGH	AM-PLAZA		
Debtor 1	First Name	Middle Name Last Name	Check if the	nis is:	
Debtor 2 (Spouse, if filin	ng) First Name	Middle Name Last Name	———— 🔲 An am	ended filing	
United State	s Bankruptcy Court for	the: EASTERN DISTRICT OF MISSOURI		plement showing post ses as of the following	
Case numbe	er		MM / D	D / YYYY	
O.C ; - r	T 400 l				
	Form 106J	 our Expenses			12/15
Be as comp	lete and accurate a	is possible. If two married people are fili eeded, attach another sheet to this form			ing correct
Part 1:	Describe Your	Household			
1. Is this a jo	oint case?				
_	So to line 2. Does Debtor 2 live in	n a separate household?			
	☐ No ☐ Yes. Debtor 2 mu	st file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
-	ave dependents?	☐ No ☑ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.		each dependent			
Do not sta names.	ate the dependents'		CHILD		☑ Yes
			CHILD	6	☐ No Yes
					□ No
					Yes
					☐ No
					☐ Yes
					□ No
2 Do your s	vynanaa inaluda	· ·			Yes
expenses	expenses include s of people other th and your dependen				
Part 2:	Estimate Your O	ngoing Monthly Expenses			
_	s of a date after the	your bankruptcy filing date unless you a bankruptcy is filed. If this is a supplem			
=		n non-cash government assistance if you		Your expe	nnaa
		uded it on Schedule I: Your Income (Off			
	for the ground or lot	hip expenses for your residence. Include .	e first mortgage payments and	4. \$	600.00
	cluded in line 4:				0.00
	al estate taxes			4a. \$	0.00
4b. Pro	pperty, homeowner's	, or renter's insurance		4b. \$	0.00
4c. Ho	me maintenance, rep	pair, and upkeep expenses		4c. \$	0.00
4d. Ho	meowner's associati	on or condominium dues		4d. \$	0.00

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Debtor 1

THEODISA First Name Middle Name

ZORRANA

CUNNINGHAM-PLAZA

Case number (if known)

Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: Electricity, heat, natural gas 350.00 6a. 170.00 Water, sewer, garbage collection 6b. Telephone, cell phone, Internet, satellite, and cable services 6c. 160.00 0.00 Other. Specify: 6d. 300.00 Food and housekeeping supplies 7. Childcare and children's education costs 80.00 8. Clothing, laundry, and dry cleaning 40.00 9. Personal care products and services 40.00 10. Medical and dental expenses 11. _0.00 Transportation. Include gas, maintenance, bus or train fare. 80.00 Do not include car payments. 12. 60.00 Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. 40.00 Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. 60.00 15a. Life insurance 15a 0.00 15b. Health insurance 15b. 250.00 15c. Vehicle insurance 15c. 0.00 15d. Other insurance. Specify:_ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 Specify: _ 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17c. Other. Specify: CAR PAYMENTS FOR VEHICLE 1 250.00 17c 0.00 17d. Other. Specify: 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). 0.00 18 19. Other payments you make to support others who do not live with you. 0.00 Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a. Mortgages on other property 20a 0.00 20b. Real estate taxes 20b. 0.00 20c. Property, homeowner's, or renter's insurance 20c. 0.00 20d. Maintenance, repair, and upkeep expenses 20d. 0.00 20e. Homeowner's association or condominium dues 20e.

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Dahtar 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA	Coop number w			
Debtor 1	First Name	Middle Name	Last Name	Case number (if kno	wn)		
!1. Oth	er. Specify: <u>STI</u>	JDENT LOAN	IS		21.	+\$	50.00
2. Cal e	culate your mon	thly expenses.					
22a	. Add lines 4 thro	ugh 21.			22a.	\$	2530.00
22b	. Copy line 22 (m	onthly expenses	for Debtor 2), if any, from Official For	m 106J-2	22b.	\$	0.00
22c	. Add line 22a and	d 22b. The result	is your monthly expenses.		22c.	\$	2530.00
23. Calc	ulate your montl	hly net income.					0000 47
23a.	Copy line 12 (yo	our combined mo	nthly income) from Schedule I.		23a.	\$	2366.47
23b.	Copy your mon	thly expenses fro	m line 22c above.		23b.	-\$	2530.00
23c.	Subtract your m	nonthly expenses	from your monthly income.			6	-163.53
	The result is you	ur monthly net in	come.		23c.	\$	100.00
24. Do y	ou expect an inc	crease or decrea	use in your expenses within the yea	ar after you file this form?			
			aying for your car loan within the year ease because of a modification to the	• • •			
Ø N	lo						
☐ Y	es. Explain h	ere:					

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Debtor 1

THEODISA

ZORRANA

First Name

Middle Name

Last Name

Debtor 2
(Spouse, if filing)

First Name

Middle Name

Last Name

Last Name

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MISSOURI

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did.	
	OT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	. Attach Bankruptcy Potition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have re that they are true and correct.	ead the summary and schedules filed with this declaration and
that they are true and correct.	
	×
Theoly of	_ ^
Signature of Debtor 1	Signature of Debtor 2
25/2002	
Date 15 Joseph 2000	Date

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ebtor 1	THEODISA	ZORRANA	CUNNINGHA	M-PLAZA		
btor 2	First Name	Middle Name	Last Name			
use, if filing) First Name	Middle Name	Last Name			
d States	Bankruptcy Court fo	r the: EASTERN DISTRICT	OF MISSOURI			
e number lown)					☐ Check if thi amended fi	
			W-1-01		amended ii	mg
	Form 107 ent of Fi	_ nancial Affai	rs for Indiv	iduals Filing for Ba	ankruptcy	04/1
rmation. ber (if kn	If more space is nown). Answer e	needed, attach a separa	ate sheet to this for	g together, both are equally respo		
	your current mar			ou Lived Before		
☐ Marri						
Not n						
During th		ave you lived anywhere	other than where y	ou live now?		
☑ No ☐ Yes.	he last 3 years, h	ave you lived anywhere	_		Dates Det lived there	
☑ No ☐ Yes.	he last 3 years, h		years. Do not include Dates Debtor 1	where you live now.		1
☑ No □ Yes. Det	he last 3 years, h		years. Do not include Dates Debtor 1	where you live now. Debtor 2:	lived there	1
☑ No ☐ Yes. Det	the last 3 years, he List all of the place btor 1:		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	lived there ☐ Same as From _	1
No Yes. Del	the last 3 years, he List all of the place btor 1:	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	lived there Same as From To	Debtor 1
No Yes. Del Nu Cit	the last 3 years, he List all of the place btor 1:	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street City State	lived there □ Same as From _ To _ e ZIP Code	Debtor Debtor
No Yes. Det	the last 3 years, he List all of the place btor 1: The street st	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From To	Pettor 2: Same as Debtor 1 Number Street City State	lived there □ Same as From _ To _ e ZIP Code □ Same as From _ To _ To _	Debtor

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ebtor 1	First Name Middle Name Li	st Name	Sugo Hai	mber (if known)	
Fill in	rou have any income from employm the total amount of income you receiv are filing a joint case and you have in	ed from all jobs and all bus	inesses, including part-tir	ne activities.	endar years?
□ N ☑ Y	lo es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year unti the date you filed for bankruptcy:	bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
	ino dato you mod to builtingtoy.	Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	s 35398	☐ Wages, commissions, bonuses, tips	\$
((January 1 to December 31, 2019	_) 🗹 Operating a business	т	Operating a business	Ψ
F	For the calendar year before that:	☑ Wages, commissions,		☐ Wages, commissions,	
((January 1 to December 31, 2018	bonuses, tips _)	\$32616	bonuses, tips Operating a business	\$
List e	oling and lottery winnings. If you are fil each source and the gross income fror lo (es. Fill in the details.		·	,	e dilder Debter 1.
	os. I ili ili dio dotalis.	Debtor 1		Debtor 2	
	es. I il il die details.	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year unt	Sources of income Describe below.	each source (before deductions and	Sources of income Describe below.	each source (before deductions and exclusions)
		Sources of income Describe below.	each source (before deductions and exclusions) \$ 1200.00	Sources of income Describe below.	each source (before deductions and exclusions)
	From January 1 of current year unt	Sources of income Describe below.	each source (before deductions and exclusions)	Sources of income Describe below.	each source (before deductions and exclusions)
	From January 1 of current year unt	Sources of income Describe below.	each source (before deductions and exclusions) \$ 1200.00	Sources of income Describe below.	each source (before deductions and exclusions)
	From January 1 of current year unt the date you filed for bankruptcy:	Sources of income Describe below. ANDREAS PLAZA	s 3600.00	Sources of income Describe below.	each source (before deductions and exclusions) - \$
	From January 1 of current year unt the date you filed for bankruptcy: For last calendar year:	Sources of income Describe below. ANDREAS PLAZA	s 3600.00	Sources of income Describe below.	each source (before deductions and exclusions) - \$
	From January 1 of current year unt the date you filed for bankruptcy: For last calendar year:	Sources of income Describe below. ANDREAS PLAZA	s 3600.00	Sources of income Describe below.	each source (before deductions and exclusions) - \$

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Debtor 1

THEODISA First Name ZORRANA Middle Name CUNNINGHAM-PLAZA

Case number (if known)

Р	7	ri	-3	

List Certain Payments You Made Before You Filed for Bankruptcy

Last Name

■ No.	. Neither Debtor 1 nor Debtor 2 has prim "incurred by an individual primarily for a p	arily consumer de	ebts. Consumer debts ar	e defined in 11 U.S.C. § 101	(8) as
	During the 90 days before you filed for ba			\$6.825* or more?	
		initiapitay, ala you p	ay any discultor a total or	\$6,020 OF MOTO.	
	No. Go to line 7.				
	Yes. List below each creditor to whom total amount you paid that credit child support and alimony. Also,	or. Do not include p	ayments for domestic su	upport obligations, such as	
	* Subject to adjustment on 4/01/22 and ev	very 3 years after th	at for cases filed on or a	after the date of adjustment.	
☑ Yes	s. Debtor 1 or Debtor 2 or both have prim	arily consumer de	ebts.		
	During the 90 days before you filed for ba	-		\$600 or more?	
	☑ No. Go to line 7.				
	_		•••		
	Yes. List below each creditor to whom creditor. Do not include payment alimony. Also, do not include pay	s for domestic supp	oort obligations, such as	child support and	
	aminory. Also, do not include pa	yments to an attorn	by for this bankraptoy sa		
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$	☐ Mortgage
	Creditor's Name				☐ Car
	Number Street				☐ Credit card
	Number Sites				☐ Loan repayment
					☐ Suppliers or vendo
	City State ZIP C	ode			Other
			\$	\$	☐ Mortgage
			•		• •
	Creditor's Name				LII Car
					☐ Car
	Creditor's Name Number Street				Credit card
					☐ Credit card☐ Loan repayment
	Number Street				☐ Credit card ☐ Loan repayment ☐ Suppliers or vendo
		ode			☐ Credit card☐ Loan repayment
	Number Street City State ZIP Co	ode	\$	\$\$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendo
	Number Street	ode	\$	\$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendo ☐ Other
	Number Street City State ZIP Co	ode	\$	\$	☐ Credit card ☐ Loan repayment ☐ Suppliers or vendo ☐ Other ☐ Mortgage
	Number Street City State ZIP Co	ode	\$	\$	Credit card Loan repayment Suppliers or vendo Other Mortgage Car
	Number Street City State ZIP Co	ode	\$	\$	Credit card Loan repayment Suppliers or vendo Other Mortgage Car Credit card

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CUNNINGHAM-PLAZA

or 1	THEODISA	ZORRANA	CUNNINGHAM-I	PLAZA		Case number (if known)_	
	First Name	Middle Name	Last Name		-		
Inside corpo agent such a	ers include you orations of whic t, including one as child suppo o	r relatives; any g h you are an offi for a business y rt and alimony.	eneral partners; re cer, director, perso ou operate as a s	elatives of any on in control, o	general partners; p r owner of 20% or i	partnerships of whic more of their voting	who was an insider? h you are a general partner; securities; and any managing r domestic support obligations,
☐ Ye	es. List all payr	ments to an insid	er.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
ī	Insider's Name	····			\$	\$	
Ī	Number Street						
-							
Č	City	Sta	te ZIP Code		\$	\$	
ī	Insider's Name				Ψ		
1	Number Street						
ō	City	Sta	ite ZIP Code				
an ins Includ	sider? de payments or o		ed or cosigned by		payments or trans Total amount paid	fer any property o Amount you still owe	• •
,	1				\$	\$	Include creditor's name
_	Insider's Name						
-	Number Street						
ō	City	Sta	ite ZIP Code				
_					\$	\$	
l	Insider's Name						
7	Number Street						
-							
(City	Sta	ite ZIP Code				

THEODISA

ZORRANA

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Debtor

1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA	Case number (# known)	
	Et al Mile	5 C - C - C - C - C - C - C - C - C - C	1 444	, , ,	_

Part 4:	Identify L	egal Actions	Repossessions,	and	Foreclosures
	_	_	•		

t all such matters, including persona d contract disputes.		r in any lawsuit, court action actions, divorces, collection		roceeding? support or custody modificati
No Yes. Fill in the details.				
	Nature of the case	Court or a	gency	Status of the case
Case title				Pending
Case title		Court Name		☐ On appeal
		Number Str	eet	Concluded
Case number				
		City	State ZIP Code	
				Pending
Case title		Court Name	,	On appeal
		Number Str	reet	Concluded
Case number				
		City	State ZIP Code	
Yes. Fill in the information below.	Describ	the property	Data	Value of the property
Yes. Fill in the information below.		the property	Date	Value of the property
Yes. Fill in the information below. DEPARTMENT OF Creditor's Name	EXPRE	SS SCRIPTS EMPLO	YMENT	Value of the property 1/17 \$ 13185
DEPARTMENT OF D	DEFENSE CHECK	SS SCRIPTS EMPLO	YMENT <u>11/</u>	
DEPARTMENT OF DE	DEFENSE EXPRECHECT ON PLACE Explain	SS SCRIPTS EMPLO	YMENT <u>11/</u>	
DEPARTMENT OF DE	DEFENSE EXPRE	SS SCRIPTS EMPLO	YMENT <u>11/</u>	
DEPARTMENT OF DE	EXPRE CHECK ON PLACE Explain Pro Pro Representation of the property of the pro	SS SCRIPTS EMPLOT what happened perty was repossessed. perty was foreclosed. perty was garnished.	YMENT <u>11/</u>	
DEPARTMENT OF DE	EXPRECHECION PLACE Explain Pro Representation of the property of the proper	chat happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized,	YMENT 11/	1/17 _{\$} 13185
DEPARTMENT OF DE	EXPRECHECION PLACE Explain Pro Representation of the property of the proper	SS SCRIPTS EMPLOT what happened perty was repossessed. perty was foreclosed. perty was garnished.	YMENT <u>11/</u>	1/17 _{\$} 13185
DEPARTMENT OF DE	EXPRECHECION PLACE Explain Pro Representation of the property of the proper	ss scripts employ that happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized,	YMENT 11/	1/17 _{\$} 13185
DEPARTMENT OF DE	EXPRECHECION PLACE Explain Pro Representation of the property of the proper	ss scripts employ that happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized,	YMENT 11/	Value of the proper
DEPARTMENT OF DE	DEFENSE CHECK ON PLACE Explain Pro Pro ZIP Code Describe	ss scripts employ that happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized,	YMENT 11/	1/17 \$ 13185 Value of the proper
DEPARTMENT OF DE	DEFENSE CHECK ON PLACE Explain On 80279 ZIP Code Describe	chat happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized, the property	YMENT 11/	1/17 \$ 13185 Value of the proper
DEPARTMENT OF DE	DEFENSE CHECK ON PLACE Explain ON 80279 ZIP Code Describe Explain Describe	ss scripts emplor what happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized, the property	YMENT 11/	1/17 \$ 13185 Value of the proper
DEPARTMENT OF DE	DEFENSE EXPRECHECT DN PLACE Explain Pro ZIP Code Explain Pro Describe Explain Pro Describe	ss scripts employ that happened perty was repossessed. perty was foreclosed. perty was garnished. perty was attached, seized, the property that happened perty was repossessed.	YMENT 11/* or levied. Date	1/17 \$ 13185 Value of the proper

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THEODISA ZORRANA **CUNNINGHAM-PLAZA** Debtor 1 Case number (if known) First Name Middle Name Last Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☐ Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street Last 4 digits of account number: XXXX-____ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ✓ No ☐ Yes **List Certain Gifts and Contributions** Part 5: 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☑ No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Value Describe the gifts Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Describe the gifts Value Gifts with a total value of more than \$600 Dates you gave the gifts per person Person to Whom You Gave the Gift

Number

City

Street

Person's relationship to you _

State ZIP Code

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tor 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA	Case number (if known)		
.01	First Name	Middle Name	Last Name	Case Hamber (#Mann)		
Wit	hin 2 years befo	re you filed for	bankruptcy, did you give any gift	s or contributions with a total value	of more than \$60	00 to any charity?
Ø	No					
	Yes. Fill in the de	etails for each gi	t or contribution.			
		_				
	Gifts or contributhat total more t	itions to charities	Describe what you contril	buted	Date you contributed	Value
	that total more t	nan pooo			Contributed	
	Ob a that a Name					\$
	Charity's Name					
						\$
	Number Street					
	City State	ZIP Code	The second secon			
art (Lint Cont	ain Losses				
	Describe the pro how the loss oc	operty you lost an curred		surance has paid. List pending insurance	Date of your loss	Value of property lost
				uie A/B. Property. 		
						\$
irt i	List Certa	in Payments	or Transfers			
			pankruptcy, did you or anyone els kruptcy or preparing a bankruptc	se acting on your behalf pay or tran	sfer any property	to anyone
-		-		y pention? ng agencies for services required in yo	our bankruptev.	
		, -,	· · · · · · · · · · · · · · · · · · ·	·9 ·-9 · · · · · · · · · · · · · · · · ·		
	No Yes. Fill in the d					
_	res. Fill in the a	etaile				
		etails.				
		etails.	Description and value of	any property transferred	Date payment or	Amount of paymen
	Person Who Was P		Description and value of	•	Date payment or transfer was made	Amount of paymen
	Person Who Was F			•	transfer was	Amount of paymer
	Person Who Was F			•	transfer was	Amount of paymer
				•	transfer was	Amount of paymen
				•	transfer was	Amount of paymer \$ \$
	Number Street	°aid		•	transfer was	Amount of payments
		°aid		•	transfer was	Amount of paymen
	Number Street	Paid State ZII		•	transfer was	Amount of paymen \$ \$

Person Who Made the Payment, if Not You

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THEODISA ZORRANA **CUNNINGHAM-PLAZA** Debtor 1 Case number (if known) First Name Middle Name Last Name Description and value of any property transferred Amount of Date payment or transfer was made payment Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. ☑ No ☐ Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street ZIP Code State 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☑ No ☐ Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made Person Who Received Transfer Number Street State ZIP Code Person's relationship to you _ Person Who Received Transfer Number Street

City

Person's relationship to you _

State

ZIP Code

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Debtor 1 THEODISA ZORRANA CUNNINGHAM-PLAZA Case number (if known)_____

Yes. Fill in the de					
	tails.				
		Description and value of the prope	rty transferred		Date transfer was made
				· · · · · · · · · · · · · · · · · · ·	
Name of trust		· 			
3: List Certain	Financial Accour	ts, Instruments, Safe Deposit	Boxes, and Storag	e Units	
		ptcy, were any financial accounts o			benefit.
sed, sold, moved	l, or transferred?				
		et, or other financial accounts; cert		ares in banks, credit un	ions,
	pension funds, coope	eratives, associations, and other fire	nancial institutions.		
No Yes. Fill in the d	-4-11-				
Yes. Fill in the a	etaiis.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befo closing or transfe
Name of Financial I	ıstitution		☐ Checking	-	\$
Number Street		_	☐ Savings		
		_	Money market		
		_	☐ Brokerage		
City	State ZIP Code		☐ Other		
		_ xxxx	☐ Checking		\$
Name of Financial In	ıstitution		☐ Savings		
		_	☐ Money market		
Number Street		<u> </u>	☐ Brokerage		
Number Street					
Number Street			☐ Other		

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Debtor 1	THEODISA First Name	ZORRANA Middle Name		NNINGHAM-PLAZA	_	С	ase number (if known)	
			200					
	-	perty in a s	torage unit	or place other than yo	ur home	within 1 ye	ar before you filed for bankruptcy?	
	lo 'es. Fill in the d	_4_!!_						
-	es. Fili in the a	etalis.		Who else has or had a	access to	it?	Describe the contents	Do you still
								have it?
	Name of Storage F	acility		Name			_	☐ No ☐ Yes
		,						☐ fes
	Number Street			Number Street			_	
	•			CityState ZIP Code			_	
	City	State	ZIP Code					
Part 9				or Control for Some		-		
	you hold or con old in trust for		operty that s	someone else owns? I	nclude a	ny property	you borrowed from, are storing for,	
		someone.						
₽	Yes. Fill in the o	details.						
				Where is the property	?		Describe the property	Value
	HELEN CUN	ININGHA	М				I LIVE IN MY MOTHER'S	
	Owner's Name			3922 NATURAI	BRID	GE AVE	HOUSE AND MANAGE REPAIRS, UTILITIES, AND	<u>\$ 58377.</u> 52
	10910 NOR	TH FM 62	0	Number Street		<u> </u>	UPKEEP. I AM NOT ON THE	
	Number Street						DEED OR MORTGAGE PAPERWORK BUT WE HOLD	
	AUSTIN	TX	78726	SAINT LOUIS	MO State	63107 ZIP Code	A RENTAL CONTRACT	
	City	State	ZIP Code	•				-
Part 1	O: Give De	tails Abou	ut Environ	mental Information				
For the	purpose of Pa	rt 10, the fo	llowing defi	nitions apply:				
		-			_		ng pollution, contamination, releases of	
				or material into the air, ing the cleanup of thes		•	vater, groundwater, or other medium, es, or material.	
							w, whether you now own, operate, or	
				e it, including disposal			.,, operato, e.	
				nvironmental law defin contaminant, or simil		hazardous v	vaste, hazardous substance, toxic	
	•			s that you know about		ess of wher	they occurred	
Keport	an notices, ren	cases, and	proceeding.	s that you know about	, regardi	ess of when	Tilley occurred.	
24. Has	any governme	ntal unit no	tified you th	at you may be liable o	r potenti	ially liable u	nder or in violation of an environmental	law?
Ø	No							
	Yes. Fill in the	details.						
				Governmental unit		Enviro	nmental law, if you know it	Date of notice
	Name of site			Governmental unit				·
	Number Street			Number Street				

City

State

ZIP Code

State ZIP Code

City

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Debtor 1 THEODISA ZORRANA CUNNINGHAM-PLAZA
First Name Middle Name Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

No Yes. Fill in the details.				
		Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit	_	
Number Street		Number Street		
			_	
		City State ZIP Code		
City State	ZIP Code			
e you been a party in any	judicial or ad	ministrative proceeding under ar	ny environmental law? Include settleme	nts and orders.
No				
Yes. Fill in the details.		Court or agency	Nature of the case	Status of the
		Court or agency	Nature of the case	case
Case title		Court Name		☐ Pending
				On appea
		Number Street		☐ Conclude
Case number		City State 700 Cc		
Give Details Abo	ed for bankrup		y Business have any of the following connections to	o any business?
Give Details Abordin 4 years before you file A sole proprietor or se	ed for bankrup elf-employed I liability com	siness or Connections to An	y Business have any of the following connections to ctivity, either full-time or part-time	o any business?
five Details About thin 4 years before you file A sole proprietor or solution A member of a limited A partner in a partner.	ed for bankrup elf-employed I liability com ship	siness or Connections to Any otcy, did you own a business or h in a trade, profession, or other a pany (LLC) or limited liability par	y Business have any of the following connections to ctivity, either full-time or part-time	o any business?
dive Details Abording 4 years before you file. A sole proprietor or solution. A member of a limited. A partner in a partner. An officer, director, or	ed for bankrup elf-employed I liability com ship r managing ex	siness or Connections to Any otcy, did you own a business or h in a trade, profession, or other a pany (LLC) or limited liability par	y Business nave any of the following connections to ctivity, either full-time or part-time tnership (LLP)	o any business?
Give Details Abording 4 years before you file A sole proprietor or sole A member of a limited A partner in a partner An officer, director, or An owner of at least 5 No. None of the above ap	ed for bankrup elf-employed I liability com ship r managing ex % of the votin plies. Go to P	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability paracecutive of a corporationing or equity securities of a corporational of the corporation of	y Business nave any of the following connections to ctivity, either full-time or part-time tnership (LLP)	o any business?
fire Details Abording A years before you file A sole proprietor or sole A member of a limited A partner in a partner. An officer, director, or An owner of at least 5 No. None of the above ap	ed for bankrup elf-employed I liability com ship r managing ex % of the votin plies. Go to P	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability paracecutive of a corporationing or equity securities of a corporational trade of the details below for each business.	y Business have any of the following connections to ctivity, either full-time or part-time tnership (LLP) ration	
Give Details Abording A years before you file A sole proprietor or sole A member of a limited A partner in a partner. An officer, director, of An owner of at least 5. No. None of the above ap Yes. Check all that apply	ed for bankrupelf-employed I liability companies Ship r managing ex of the voting plies. Go to Pabove and fill	patrices or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability paracecutive of a corporation and or equity securities of a corporation. Part 12. In the details below for each businesses.	y Business nave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification	
hin 4 years before you file A sole proprietor or so A member of a limited A partner in a partner An officer, director, or An owner of at least 5 No. None of the above ap	ed for bankrup elf-employed I liability com ship r managing ex 6% of the votir plies. Go to P above and fill	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability paracecutive of a corporationing or equity securities of a corporational trade of the details below for each business.	y Business nave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification	on number I Security number or ITIN.
hin 4 years before you file A sole proprietor or so A member of a limited A partner in a partner An officer, director, of An owner of at least 5 No. None of the above ap Yes. Check all that apply EKLECTIK SOUL IN Business Name	ed for bankrup elf-employed I liability com ship r managing ex 6% of the votir plies. Go to P above and fill	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other appany (LLC) or limited liability particle of a corporation and or equity securities of a corporation of the details below for each business.	y Business lave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification Do not include Social EIN: 843765472	on number I Security number or ITIN.
Give Details Abording A sole proprietor or sole A member of a limited A partner in a partner. An officer, director, of An owner of at least 5. No. None of the above ap Yes. Check all that apply EKLECTIK SOUL IN Business Name 3922 NATURAL BR Number Street	ed for bankrup elf-employed I liability com ship r managing ex 6% of the votin plies. Go to P above and fill IC	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability particles of a corporation and or equity securities of a corporation of the details below for each businessessible the nature of the businessessible SERVICE BUSINESS	y Business lave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification Do not include Social EIN: 843765472	on number I Security number or ITIN.
Give Details Abording 4 years before you file A sole proprietor or sole A member of a limited A partner in a partner. An officer, director, of An owner of at least 5. No. None of the above ap Yes. Check all that apply EKLECTIK SOUL IN Business Name 3922 NATURAL BR	ed for bankrup elf-employed I liability com ship or managing en street of the votin plies. Go to P above and fill IC IDGE AVE	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability particles of a corporation and or equity securities of a corporation of the details below for each businessessible the nature of the businessessible SERVICE BUSINESS	y Business lave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification Do not include Social EIN: 843765472	on number I Security number or ITIN.
fin 4 years before you file A sole proprietor or so A member of a limited A partner in a partner An officer, director, of An owner of at least 5 No. None of the above ap Yes. Check all that apply EKLECTIK SOUL IN Business Name 3922 NATURAL BR Number Street	ed for bankrup elf-employed I liability com ship or managing en street of the votin plies. Go to P above and fill IC IDGE AVE	siness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability particles of a corporation and or equity securities of a corporation of the details below for each businessessible the nature of the businessessible SERVICE BUSINESS	y Business lave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification Do not include Social EIN: 843765472 er Dates business exist From 2019	on number I Security number or ITIN. ded fo on number
Give Details Abording A sole proprietor or sole A member of a limited A partner in a partner. An officer, director, of An owner of at least 5. No. None of the above ap Yes. Check all that apply EKLECTIK SOUL IN Business Name 3922 NATURAL BRINUMBER STREET	ed for bankrup elf-employed I liability com ship or managing en street of the votin plies. Go to P above and fill IC IDGE AVE	biness or Connections to Anyotcy, did you own a business or hin a trade, profession, or other acpany (LLC) or limited liability paracecutive of a corporation ag or equity securities of a corporation for the details below for each businesseribe the nature of the businesserVICE BUSINESS	y Business lave any of the following connections to ctivity, either full-time or part-time thership (LLP) ration siness. ss Employer Identification EIN: 843765472 er Dates business exist From 2019 To go not include Social	on number I Security number or ITIN.)ed
Give Details Abording A sole proprietor or sole A member of a limited A partner in a partner. An officer, director, of An owner of at least 5 No. None of the above ap Yes. Check all that apply EKLECTIK SOUL IN Business Name 3922 NATURAL BR Number Street SAINT LOUIS MCCity State	ed for bankrup elf-employed I liability com ship or managing en street of the votin plies. Go to P above and fill IC IDGE AVE	potcy, did you own a business or hin a trade, profession, or other appany (LLC) or limited liability particle of a corporation or equity securities of a corporation of the details below for each businesseribe the nature of the businesseribe of accountant or bookkeep. Describe the nature of the businesseribe the nature of the businesseribe of accountant or bookkeep.	ration Siness. Employer Identification Do not include Social Employer Identification Do not include Social Employer Identification Do not include Social	on number I Security number or ITIN. ded fo on number

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Debtor 1 THEODISA ZORRANA CUNNINGHAM-PLAZA Case number (if known)_______

		Describe the nature of the business	Employer Identification number
	N=-	· · · · · · · · · · · · · · · · · · ·	Do not include Social Security number or ITIN.
Busine	ess Name		EIN:
Numbe	er Street		
		Name of accountant or bookkeeper	Dates business existed
<u> </u>	State ZIP Code		From To
City	State ZIP Code		
	ears before you filed for bankrupt is, creditors, or other parties.	cy, did you give a financial statement to anyone al	bout your business? Include all financial
☑ No			
Yes. F	ill in the details below.		
		Date issued	
Name		MM / DD / YYYY	
Numbe	er Street		
Humbe	er oneet		
City	State ZIP Code		
Oity	State Zir Gode		
Part 12: S	ign Below		
l have re	ad the answers on this Statement	of Financial Affairs and any attachments, and I de	polare under penalty of periupy that the
answers	are true and correct. I understand	I that making a false statement, concealing prope	rty, or obtaining money or property by fraud
	ction with a bankruptcy case can . §§ 152, 1341, 1519, and 3571.	result in fines up to \$250,000, or imprisonment for	r up to 20 years, or both.
· //	1 /1/1/1	*	
Signa	WCLAST IST	Signature of Debtor 2	
Signal	ture of Debtor 1	Signature of Debtor 2	
Date <u>(</u>	25/26/2020	Date	
Did you	/ attach additional pages to Yo <i>ur St</i>	atement of Financial Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?
☑ No			
☐ Yes			
Did you	pay or agree to pay someone who	is not an attorney to help you fill out bankruptcy	forms?
☐ No			
Yes. I	Name of person		ch the Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119).
		Dec	raradon, and Signature (Official FUIII-119).

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Fill in this in	formation to iden	tify your case:	
Debtor 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	the: EASTERN DISTRICT	OF MISSOURI
Case number			<u>.</u>

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Lis

List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule Ca
Creditor's name: UNITED AUTO CREDIT CO	☐ Surrender the property.	☑ No
name,	Retain the property and redeem it.	☐ Yes
Description of VEHICLE FAIR CONDITION property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
v	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
•	Retain the property and [explain]:	

12/15

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Debtor 1

THEODISA First Name ZORRANA Middle Name CUNNINGHAM-PLAZA

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Case number (If known)_____

_	
	-

List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	□No
Description of leased property:	Yes
_essor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
_essor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
_essor's name:	□ No
Description of leased property:	☐ Yes
t 3: Sign Below	
nder penalty of perjury, I declare that I have indicated my intenticersonal property that is subject to an unexpired lease.	on about any property of my estate that secures a debt and any
heodisa / P/ ×	
Signature of Debto 1 Signature of	of Debtor 2
Date 05/20/2020 Date	DD / YYYY

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Fill in this in	nformation to ide	ntify your case:	Pg 56 of 64	Check one box only as directed in this form and in
Debtor 1	THEODISA	ZORRANA	CUNNINGHAM-PLAZA	Form 122A-1Supp:
Debtor 2	First Name	Middle Name	Last Name	1. There is no presumption of abuse.
(Spouse, if filing)	First Name Bankruptcy Court for	Middle Name the:	Last Name OF MISSOURI (State)	2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
Case number (If known)				3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part	1: Calculate Your Current Monthly Income		
2	That is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-1	1	
1	Married and your spouse is NOT filing with you. You and your spouse are:		
-	Living in the same household and are not legally separated. Fill out both Colu	mno A and D. linos	2.11
	Living separately or are legally separated. Fill out Column A, lines 2-11; do not under penalty of perjury that you and your spouse are legally separated under nor spouse are living apart for reasons that do not include evading the Means Test recommendation.	fill out Column B. E	By checking this box, you declare at applies or that you and your
b A F	ill in the average monthly income that you received from all sources, derived during ankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the august 31. If the amount of your monthly income varied during the 6 months, add the income ill in the result. Do not include any income amount more than once. For example, if both so income from that property in one column only. If you have nothing to report for any line, write	he 6-month period ne for all 6 months pouses own the sa	w o uld be March 1 through and divide the total by 6.
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
	our gross wages, salary, tips, bonuses, overtime, and commissions pefore all payroll deductions).	\$_2681.58	\$
	limony and maintenance payments. Do not include payments from a spouse if column B is filled in.	\$0.00	\$
o fr a	Il amounts from any source which are regularly paid for household expenses if you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not liled in. Do not include payments you listed on line 3.	\$ <u>300.00</u>	\$
0	let income from operating a business, profession, profession, farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$46.67 \$		
C	Ordinary and necessary operating expenses - \$27.50 - \$		
N	let monthly income from a business, profession, or farm $\frac{19.17}{\$}$	\$ <u>19.17</u>	\$
	let income from rental and other real property Bross receipts (before all deductions) Debtor 1 Debtor 2 \$\frac{0.00}{0.00} \\$		
C	Ordinary and necessary operating expenses -\$_0.00 - \$		
N	let monthly income from rental or other real property \$0.00 \$	\$ 0.00	\$
7. ir	nterest, dividends, and royalties	\$0.00	\$

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	THEODISA	ZORRANA	CUNNINGHAM-PLA	AZA	ase numbe	⊖r (if known)		
	First Name	Middle Name	Last Name					
					Colum Debtor		Column B Debtor 2 or non-filing spouse)
3. L	Jnemployment co	mpensation			\$	0.00	\$	_
			end that the amounted, list it here:	t received was a benefit				
	For you			. \$ <u>0.00</u>				
	For your spouse			\$				
1 ((penefit under the S not include any cor United States Gove disability, or death pay paid under cha does not exceed th	ocial Security Act inpensation, pense ernment in conner of a member of the opter 61 of title 10 e amount of retire	t. Also, except as s ion, pay, annuity, o ction with a disabili ne uniformed servic , then include that p	nount received that was a tated in the next sentence, do or allowance paid by the ty, combat-related injury or ses. If you received any retired pay only to the extent that it u would otherwise be entitled if r 61 of that title.	\$	0.00	\$	
[t (((((t	Do not include any under the Federal I under the National coronavirus diseas crime against huma pension, pay, annu with a disability, co	benefits received aw relating to the Emergencies Act e 2019 (COVID-1 anity, or internatio ity, or allowance mbat-related injui	I under the Social S national emergence (50 U.S.C. 1601 e 9); payments receional or domestic ter paid by the United ry or disability, or d	ecify the source and amount. Security Act; payments made by declared by the President at seq.) with respect to the eved as a victim of a war crime, a prorism; or compensation, States Government in connection eath of a member of the a separate page and put the total	n			
	below.				\$	0.00	\$	
					\$		\$	-
	Total amounts from	m senarate nage	e if any		+ \$		+ \$	-
	Total allicants no	m doparato pago.	s, 11 dily.		- Ψ		- Ψ	-
			n ly income. Add lir nn A to the total for	nes 2 through 10 for each r Column B.	\$_30	000.75	+ \$ 0.00	\$ 3000. Total current monthly incom
_								
ar	rt 2: Determin	e Whether the	Means Test Ap	oplies to You		_		
2. (Calculate your cui	rrent monthly in	come for the year	. Follow these steps:		_		0000 7
2. (Calculate your cui	rrent monthly in	come for the year			c	opy line 11 here→	T
2. (Calculate your cui	rrent monthly incotal current month	come for the year	. Follow these steps:		C	opy line 11 here→	x 12
2. (Calculate your cui 12a. Copy your to Multiply by 1	rrent monthly industrial current month 2 (the number of	come for the year.	Follow these steps:		C	opy line 11 here→	x 12
2. (Calculate your cul 12a. Copy your to Multiply by 1 12b. The result is	rrent monthly industrial current month (the number of your annual inco	come for the year ly income from line months in a year). me for this part of t	Follow these steps:		- c		x 12
2. (Calculate your cul 12a. Copy your to Multiply by 1 12b. The result is	rrent monthly indicated current month 2 (the number of your annual incontian family incontian family incontian family incontinuous properties.)	come for the year ly income from line months in a year). me for this part of t	. Follow these steps:		c		x 12
3. (Calculate your cui 12a. Copy your to Multiply by 1 12b. The result is Calculate the med	rrent monthly industal current month 2 (the number of your annual incodian family incorthich you live.	come for the year ly income from line months in a year). me for this part of the that applies to	he form. you. Follow these steps:		c		x 12 \$ 36009.0
3. (Calculate your cut 12a. Copy your to Multiply by 1 12b. The result is Calculate the med Fill in the state in w Fill in the number of	rrent monthly industal current month 2 (the number of your annual incominant family incominant family incominant family incominant for your family income for yolicable median in	come for the year ly income from line months in a year). me for this part of t ne that applies to household. your state and size come amounts, go	he form. you. Follow these steps: MO	the sepa		12b.	x 12 \$ 36009.0
3. (Calculate your cut 12a. Copy your to Multiply by 1 12b. The result is Calculate the med Fill in the state in w Fill in the number of	rrent monthly incotal current month 2 (the number of your annual incotain family incordich you live. of people in your hamily income for yolicable median inform. This list materials	come for the year ly income from line months in a year). me for this part of t ne that applies to household. your state and size come amounts, go	. Follow these steps: 11 the form. you. Follow these steps: MO 3 of household online using the link specified in	the sepa		12b.	x 12
3. (Calculate your cur 12a. Copy your to Multiply by 1 12b. The result is Calculate the med Fill in the state in w Fill in the number of Fill in the median for To find a list of apprinstructions for this How do the lines 14a. Line 12b i	rrent monthly incompared in the standard current month 2 (the number of your annual incompared in your annual incompared in your beautily income for your beautily income for your inform. This list maccompare?	come for the year ly income from line months in a year). me for this part of t ne that applies to household. your state and size come amounts, go ay also be available	. Follow these steps: 11	the sepa	rate	13.	x 12 \$ 36009.0

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Debtor 1	THEODISA First Name	ZORRANA	CUNNINGHAM-PLAZA	Case number (if known)
	_	Middle Name	Last Name	
Part 3	Sign Be	low		
	By signing	here, I declare ι	under penalty of perjury that the infor	mation on this statement and in any attachments is true and correct.
	* /	olise /	JL	×
	Signatu	re of Debtor 1	/	Signature of Debtor 2
	Date <u>C</u>	95 DU 202 M/DD /YYYY	<u> </u>	Date MM / DD / YYYY
	If you	checked line 14a	, do NOT fill out or file Form 122A-2	
	lf you	checked line 14b	, fill out Form 122A-2 and file it with	this form.

EASTERN DISTRICT OF MISSOURI IN THE UNITED STATES BANKRUPTCY COURT FOR THE

IN RE:										
THEODISA ZORRANA CUNNINGHAM-PLAZA) Debtor.)	Case No									
VERIFICATION OF MATRIX										
The above named debtor hereby verifies and correct to the best of his/her/their kno	that the attached List of Creditors is true wledge.									
Date: May 26,2020 5	Theodisa (J) Debtor Signature									

ACCOUNT RESOLUTION COR 700 GODDARD AVE CHESTERFIELD, MO 63005

AFNI, INC.

PO BOX 3097

BLOOMINGTON, IL 61702

ALLIANT CAPITAL 210 JOHN GLEN DR. AMHERST, NY 14228

ANDREAS PLAZA 3709 HARVIE RD RICHMOND, VA 23223

BARNES JEWISH HOSPITAL 4901 FOREST PARK ST. LOUIS, MO 63108

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND, VA 23285

CCS

725 CANTON STREET NORWOOD, MA 02062 CC SYSTEM
P.O. BOX
ST. PAUL, MN 55164

CREDIT COLLECTION SERV 725 CANTON ST NORWOOD, MA 02062

DEPARTMENT OF DEFENSE 6760 EAST IRVINGTON PLACE DENVER, CO 80279

FEDLOAN SERVICING
P.O. BOX 530210
ATLANTA, GA 30353-0210

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57104

HELEN HAYES 10910 NORTH FM 620 AUSTIN, TX 78726

MIDWEST ACCEPTANCE COR 1257 DOUGHERTY FERRY RD VALLEY PARK, MO 63088 MISSOURI PAYDAY LOANS 3715 S KINGSHIGHWAY BLVD SAINT LOUIS, MO 63109

OFFICE OF THE COLLECTOR OF REVENUE 1200 MARKET STREET ST.LOUIS, MO 63103

SANTANDER CONSUMER USA 14101 MYFORD RD FL 2 TUSTIN, CA 92780

SPIRE 700 MARKET

ST. LOUIS, MO 63171

ST LOUIS COMMUNITY CU 3651 FOREST PARK AVE SAINT LOUIS, MO 63108

STUART-LIPPMAN AND ASSOCIATES 5447 E 5TH STREET TUCSON, AZ 85711

UNITED AUTO CREDIT CO 1071 CAMELBACK ST STE 10 NEWPORT BEACH, CA 92660



Clerk of Court U.S. Bankruptcy Court

EASTERN DISTRICT OF MISSOURI

In re: THEODISA ZORRANA CUNNINGHAM-PLAZA

Dear Clerk of Court,

I am the Managing Attorney of Upsolve.org. Upsolve is a nonprofit self-service web application funded by the Legal Services Corporation and leading philanthropic foundations. Our web application helps low-income debtors who cannot afford counsel generate their bankruptcy forms on their own.

We are writing to notify the Court that the Upsolve web application has assisted the above-captioned debtor in preparing their Chapter 7 forms. Upsolve does not provide legal advice and Upsolve is not the debtor's attorney. And because we have provided our services at no cost, Upsolve is not a petition preparer under section 110 of the Bankruptcy Code. As a result, Official Form 119 is not required of the debtor and has not been provided.

If you have any additional questions, please do not hesitate to contact me at tina@upsolve.org. Please docket this letter.

Respectfully Submitted,

Tina Tran

January Land

2020 MAY 26 PM 3: 31

EASTERA LISTING

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Case Number 20-42719

		043C 114111DC1 20 -421 13									
Information to identify the case:											
Debtor 1	Theodisa Zorrana Cunningham-Plaza	Social Security number or ITIN xxx-xx-6129									
	First Name Middle Name Last Name	EIN 84-3765472									
Debtor 2	First Name Middle Name Last Name	Social Security number or ITIN									
(Spouse, if filing)	The Name Made Name Last Name	EIN									
United States E	Bankruptcy Court Eastern District of Missouri	Date chapter 7 filed May 26, 2020									
Case number:	20–42719										

Official Form 309A (For Individuals or Joint Debtors)

Order and Notice of Chapter 7 Bankruptcy Case

01/19

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read all pages carefully.

The filing of the case imposed an automatic stay against most collection activities (see Bankruptcy Code §362 for prohibited collection actions). This means that creditors generally may not take action to collect debts from the debtors, from the debtors' property, or from certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, telephone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the Court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the Bankruptcy Clerk's Office within the deadlines specified in this notice. (See section number 9 for more information.)

To protect your rights, consult an attorney.

The staff of the Bankruptcy Clerk's Office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the Court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the Court.

	About Debtor 1:	About Debtor 2:
1. Debtor's full name	Theodisa Zorrana Cunningham-Plaza	
2. All other names used in the last 8 years	aka Theodisa Zorrana Plaza, aka Theodisa Zorrana Cunningham, dba Eklectik Soul Inc	
3. Address	3922 Natural Bridge Ave Saint Louis, MO 63107	
4. Debtor's attorney Name and address	Theodisa Zorrana Cunningham-Plaza 3922 Natural Bridge Ave Saint Louis, MO 63107	Contact phone: <u>None</u> Email: <u>None</u>
5. Bankruptcy trustee Name and address	Fredrich J. Cruse Fredrich J. Cruse, Trustee P.O. Box 914 718 Broadway Hannibal, MO 63401	Contact phone: <u>573–221–1333</u> Email: <u>trustee@cruselaw.com</u>

For more information, see page 2 >

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Debtor Theodisa Zorrana Cunningham-Plaza

Case number 20-42719

Bankruptcy Clerk's Office

Documents in this case may be filed St. Louis, MO 63102 at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.

111 South Tenth Street Fourth Floor

Telephone number: (314) 244-4500 McVCIS: 1-866-222-8029, #87

Electronic Case Information/PACER: https://ecf.moeb.uscourts.gov

Office Hours: Monday – Friday 8:30 a.m. – 4:30 p.m.

Meeting of creditors

Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.

July 23, 2020 at 10:30 AM

The meeting may be continued or adjourned to a later date. If so, the date will be on the Court docket.

Location:

Call 1-877-711-9738. Once prompted, enter 9779860. For more details see, www.moeb.uscourts.gov/341meetings

Presumption of abuse

If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances

The presumption of abuse does not arise.

9. Important Deadlines

The Bankruptcy Clerk's Office must receive these documents and any required filing fee by the following deadlines

File by the deadline to object to discharge or to challenge whether certain debts are dischargeable:

You must file a complaint:

- if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. §727(a)(2) through (7),
- · if you want to have a debt excepted from discharge under 11 U.S.C §523(a)(2), (4), or (6).

You must file a motion:

· if you assert that the discharge should be denied under §727(a)(8) or (9).

Filing deadline: September 21, 2020

The deadline to file such complaints for any creditor added to this case after the date of the initial Notice and Order of Commencement shall be the later of the original deadline or 60 days after the date on the certificate of service of the notice given pursuant to L.R. 1009.

Deadline to object to exemptions:

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

Filing deadline: 30 days after the conclusion of the meeting of creditors unless otherwise provided under Bankruptcy Rule 1019(2)(B) for converted cases.

10. Proof of claim

Deadline for holder(s) of a claim secured by a security interest in the principal residence (Rule 3002(c)(7)(A)): Filing Deadline: August 4, 2020

No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the Clerk will send you another notice telling you that you may file a proof of claim and stating the deadline.

11. Foreign Creditors

If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the Court to extend the deadlines in this notice. Consult an attorney familiar with United States Bankruptcy Law if you have any questions about your rights in this case.

12. Exempt property

The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the Bankruptcy Clerk's Office or online at www.pacer.gov. If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection by the deadline to object to exemptions.

For more information, see page 3 >

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days after the conclusion of the meeting of creditors.

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Debtor Theodisa Zorrana Cunningham-Plaza Case number 20-42719 13. Abandonment of Property At the meeting of creditors, the Trustee may announce the abandonment of specific property of the estate that is burdensome or of inconsequential value. Any objection to this abandonment must be filed in writing with the Clerk's Office and the Trustee within 14

- Child Support

14. Domestic Support Obligation The holder of any claim for unpaid pre-petition child support is entitled to have the trustee provide such creditor with notice of the creditor's right to use the services of the state child support enforcement agency and supply such creditor with the address and telephone number of the state child support enforcement agency and an explanation of the creditor's rights to payment in the Bankruptcy case. Any creditor may request such notice and information by writing the trustee. Such creditor is further entitled to have the trustee provide the creditor with (i) notice of the granting of the discharge, (ii) any last known address of the debtor,(iii) debtor's most recent employer, and (iv) information concerning other claims on which the debtor may be liable following a discharge. Failure to request such information from the trustee shall be a waiver of the right to receive such notice from the trustee.

So Ordered:

United States Bankruptcy Court Judge

Kathy-U Surrolf-States

Date: May 26, 2020

Any paper that you file in this bankruptcy case should be filed at the Bankruptcy Clerk's Office at the address listed in section number 6 of this Order and Notice. Registered electronic users should file through our Case Management/Electronic Case Files (CM/ECF) system at https://ecf.moeb.uscourts.gov. This Court requires all attorneys to file electronically through CM/ECF. You may inspect all papers filed, including the list of the debtor's property and debts and the list of the property claimed as exempt, at the Bankruptcy Clerk's Office or via the Internet if you have a PACER subscription. You may register for PACER at www.pacer.gov. Case status information is available 24 hours a day by contacting McVCIS (Multi-Court Voice Case Information System) or via the Internet using PACER. Information about the meeting of creditors, certain forms, and other matters can be obtained from the Court's website: http://www.moeb.uscourts.gov.

Debtor information needed prior to the meeting of creditors:

- Most recently filed federal and state tax returns (must be provided to trustee at least 7 days before 341 meeting)
- W-2(or W-4) forms
- Deeds to any real estate in which the debtor has any interest
- Savings, checking and investment account statements
- Personal property tax statements
- Life insurance policies on debtor's life or lives of debtor's spouse or children
- Divorce decree or separation agreement
- Documentation supporting the appropriate Statement of Current Monthly Income/Means Test/Form(s)
- Pay stubs or other earnings statements covering the 6-month period prior to the petition date

Debtor Identification:

All individual debtors must provide picture identification and proof of social security number (if any) to the trustee prior to the start of the meeting of creditors. Copies may be provided through debtor's counsel or directly to the presiding trustee if unrepresented. Failure to do so may result in your case being dismissed or denial of your discharge, and/or criminal referral. Acceptable forms of picture identification (ID) include an original: 1)driver's license, 2)federal or state government ID, 3)student id, 4)U.S. passport, 5)military ID, or 6)resident alien card. Acceptable forms of proof of social security number include an original: 1)social security card, 2)medical insurance card, 3)pay stub, 4)W–2 form, 5)Internal Revenue Service Form 1099, 6)Social Security Administration report, or 7)statement that such documentation does not exist.

For more information from the Office of the U.S. Trustee regarding verification of debtor identification and telephone guidelines, please visit the Bankruptcy Court's website at: https://www.moeb.uscourts.gov/341meetings

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Fill in this information to identify your case:	Returned	•
United States Bankruptcy Court for the:	NECEIVED + K A	
Eastern District of Missouri	17.10	NOON
Case number (# known):	Chapter you are filing under: Chapter 7 Chapter 7 Chapter 11 Chap	
	Chapter 7 Chapter 11 Chapter 12 Chapter 13	
Official Form 101	SEP 2 1 2020	

Voluntary Petition for Individuals Filing for Ba

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself About Debtor 2 (Spouse Only in a Joint Case): **About Debtor 1:** 1. Your full name Write the name that is on your Robert government-issued picture First name First name identification (for example. Lamar your driver's license or passport). Middle name Middle name Smith Bring your picture Last name Last name identification to your meeting ۶L with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Include your married or Middle name Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 5 9 5 3your Social Security number or federal OR Individual Taxpayer 9 xx - xx -Identification number (ITIN)

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Smith

Debtor 1 Case number (if known)_ Middle Name Last Nam **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in Robs Tires LLC the last 8 years Business name Business name Include trade names and doing business as names Business name Business name 1_0 8 3 1 5 1 1 EIN EIN 5. Where you live If Debtor 2 lives at a different address: 12041 LA Padera LN Number Street Number Florissant MO 63033 State ZIP Code State ZIP Code St Louis County County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send above, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Number Street Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. ☐ I have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

Robert

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De	btor 1 Robert First Name Middle Nam	Smi			Case number (if kn	iown)									
	rust Hame Middle Ham	e Last (value												
P	art 2: Tell the Court Abou	t Your Bank	ruptcy Case												
7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.													
	are choosing to file under	☑ Chapter	7												
		☐ Chapter	11												
		☐ Chapter	12												
o n nomentube		☐ Chapter	13		······································										
8.	How you will pay the fee	local couyourself, submitting with a property of the submitting with a property of the submitted of the subm	art for more details abo you may pay with cas ng your payment on yo re-printed address. To pay the fee in install ion for Individuals to Part that my fee be waived a judge may, but is not in 150% of the official po	In thow you may h, cashier's cur behalf, you liments. If you ay The Filing arequired to, wo overty line that you choose the	ay pay. Typicall heck, or money ir attorney may pure choose this op Fee in Installme request this optivative your fee, at applies to you is option, you m	eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the nts (Official Form 103A). ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the with your petition.									
9.	Have you filed for bankruptcy within the last 8 years?	☑ No □ Yes. Dist	irict	When	MM / DD / YYYY	Case number									
		Dist	irict	When		Case number									
10	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?		otor			Relationship to you Case number, if known									
			otor			Relationship to you Case number, if known									
11.	Do you rent your residence?	Yes. Has	to line 12. s your landlord obtained a No. Go to line 12. Yes. Fill out <i>Initial Staten</i> part of this bankruptcy pe	ment About an L		? Against You (Form 101A) and file it as									

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De	Robert Robert		Smith		Case ni	umber (if known)							
	First Name Mid	ddle Name	Last Name										
P:	art 3: Report About A	Anv Business	ses You Own as a So	le Proprie	tor								
12	. Are you a sole proprie	stor 71.											
12	of any full- or part-tim		Go to Part 4.										
	business?	☐ Yes.	Name and location of bu	ısiness									
	A sole proprietorship is a												
	business you operate as a	ın	Name of business, if any										
	individual, and is not a separate legal entity such	as	riamo di Baomodo, il any										
	a corporation, partnership,		N										
	LLC.		Number Street										
	If you have more than one sole proprietorship, use a	•											
	separate sheet and attach	it											
	to this petition.		City			State Z	IP Code						
			Oity			State 2	ir code						
			Check the appropriate b	ox to descrit	oe vour business:								
			☐ Health Care Busines		•	01(27A))							
			☐ Single Asset Real Es										
			☐ Stockbroker (as defi	ned in 11 U.	S.C. § 101(53A))								
			☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))										
			☐ None of the above										
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small busine debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	can set most red any of the sess	are filing under Chapter 11, the court must know whether you are a small business debtor so that it set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if it these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). D. I am not filing under Chapter 11. D. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Description: Description:										
Pa	art 4: Report if You O	wn or Have	Any Hazardous Prop	ertv or An	v Property Tha	ıt Needs Imr	nediate <i>l</i>	Attention					
	•		,		, ,								
14.	Do you own or have a												
	property that poses or		What is the hazard?										
	alleged to pose a threa	at — res.	vviiat is the nazaru!										
	identifiable hazard to												
	public health or safety	?											
	Or do you own any												
	property that needs immediate attention?		If immediate attention is	s needed, wt	ny is it needed?_								
	For example, do you own												
	perishable goods, or livesto that must be fed, or a build that needs urgent repairs?								and the second sections of				
			Where is the property?										
				Number	Street								
				City			State	ZIP Code					

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Debtor 1	Robert		Smith	Case number (if known)
	First Name	Middle Name	Last Name	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

					1														

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing at	ou
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

ty. I am currently on active military

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only In a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing	about
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case number (if known)_

Smith

	The Name Wilder Name	C Last Numb						
Pa	art 6: Answer These Ques	stions for Reporting Purposes						
16.	What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
	you have?	□ No. Go to line 16b.☑ Yes. Go to line 17.						
		16b. Are your debts primarily l money for a business or invest						
		□ No. Go to line 16c.□ Yes. Go to line 17.						
		16c. State the type of debts you own	e that are not consumer debts	or business debts.				
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Chapte	er 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	Yes. I am filing under Chapter 7. administrative expenses and No	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?							
18.	How many creditors do you estimate that you	☑ 1-49 ☑ 50-99	☐ 1,000-5,000 ☐ 5,001-10,000		,001-50,000 ,001-100,000			
	owe?	☐ 100-199 ☐ 200-999	10,001-25,000	□ мс	ore than 100,000			
19.	How much do you estimate your assets to	☑ \$0-\$50,000	\$1,000,001-\$10 million \$10,000,001-\$50 million		00,000,001-\$1 billion ,000,000,001-\$10 billion			
~~~~	be worth?	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million		0,000,000,001-\$50 billion ore than \$50 billion			
20.	How much do you estimate your liabilities	□ \$0-\$50,000 ☑ \$50,001-\$100,000	\$1,000,001-\$10 million \$10,000,001-\$50 million		00,000,001-\$1 billion ,000,000,001-\$10 billion			
	to be?	\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million \$100,000,001-\$500 million	•	0,000,000,001-\$50 billion ore than \$50 billion			
Pa	rt 7: Sign Below							
Fo	r you	I have examined this petition, and I correct.	declare under penalty of perju	ry that the informat	ion provided is true and			
		If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7.	er 7, I am aware that I may pro derstand the relief available un	ceed, if eligible, un der each chapter, a	der Chapter 7, 11,12, or 13 and I choose to proceed			
		If no attorney represents me and I di this document, I have obtained and			n attorney to help me fill out			
		I request relief in accordance with th	e chapter of title 11, United St	ates Code, specifie	ed in this petition.			
		I understand making a false stateme with a bankruptcy case can result in 18 U.S. \$152, 1341, 1519, and 3	fines up to \$250,000, or impri	taining money or p sonment for up to 2	roperty by fraud in connection 20 years, or both.			
		Signature of Debtor 1	Sic Sic	nature of Debtor 2	,			
		Executed on 09/21/202	^	ecuted on	•			
		MM / DB /YYY	<u> </u>		DD /YYYY			

Robert

Debtor 1

Case 20-44558 I		Entered 09/24/20 09:10:32 Main Document 7 of 71			
Debtor 1 First Name Middle Name	Last Name	Case number (if known)			
For you if you are filing this bankruptcy without an attorney	should understand that m themselves successfully.	ndividual, to represent yourself in bankruptcy court, but you nany people find it extremely difficult to represent  Because bankruptcy has long-term financial and legal trongly urged to hire a qualified attorney.			
If you are represented by an attorney, you do not need to file this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.				
	court. Even if you plan to pay in your schedules. If you do n property or properly claim it a also deny you a discharge of case, such as destroying or h cases are randomly audited t	y and debts in the schedules that you are required to file with the raparticular debt outside of your bankruptcy, you must list that debt not list a debt, the debt may not be discharged. If you do not list as exempt, you may not be able to keep the property. The judge can all your debts if you do something dishonest in your bankruptcy niding property, falsifying records, or lying. Individual bankruptcy to determine if debtors have been accurate, truthful, and complete.			
	hired an attorney. The court v successful, you must be fami	n attorney, the court expects you to follow the rules as if you had will not treat you differently because you are filing for yourself. To be liar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also mption laws that apply.			
	Are you aware that filing for be consequences?  □/No	pankruptcy is a serious action with long-term financial and legal			
		by fraud is a serious crime and that if your bankruptcy forms are a could be fined or imprisoned?			
	☐ No ☐ Yes	could be lifted of imprisoried:			
	No Yes. Name of Person	someone who is not an attorney to help you fill out your bankruptcy forms?			
		tition Preparer's Notice, Declaration, and Signature (Official Form 119).  ge that I understand the risks involved in filing without an attorney. I			
	have read and understood thi	is notice, and I am aware that filing a bankruptcy case without an se my rights or property if I do not properly handle the case.			
	<b>x</b>	<u> </u>			
	Signature of Debtor 1	Signature of Debtor 2			
	Date 09 21 2024	Date MM / DD / YYYY			
	Contact phone	Contact phone			

Official Form 101

Print

Voluntary Petition for Individuals Filing for Bankruptcy

Cell phone

Email address

page 9 Reset

Save As...

Contact phone

Email address

Cell phone

**Add Attachment** 

Fill in this information to identify your case:							
Debtor 1	Robert First Name	Lamax Middle Name	Smith Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	ssouri					
Case number	(If known)						

☐ Check if this is an amended filing

12/15

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your ass Value of v	ets what you own
Schedule A/B: Property (Official Form 106A/B)	\$	0.00
1a. Copy line 55, Total real estate, from Schedule A/B	<b>~</b>	
1b. Copy line 62, Total personal property, from Schedule A/B	\$	650.00
1c. Copy line 63, Total of all property on Schedule A/B	\$	650.00
art 2: Summarize Your Liabilities		
	Your lial	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	40,982.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$	24,117.00
Your total liabilities	\$	65,099.00
art 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,700.00
•		

Case number (if known)

Smith

Robert

Debtor 1

**Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 3,700.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 40,982.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0.00 priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 0.00 40,982.00 9g. Total. Add lines 9a through 9f.

Fill in this in	formation to ide	entify your case and this	filing:
Debtor 1	Robert First Name	Lamar Middle Name	Smith Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court fo	or the: Eastern District of M	lissouri
Case number			
	_		
Official	Form 106	SA/B	

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only	Do not deduct secured class the amount of any secured Creditors Who Have Claim Current value of the entire property?  S  Describe the nature of interest (such as fees the entireties, or a life.	d claims on Schedule Ens Secured by Property  Current value of t portion you own?  \$
Timeshare ☐ Other  Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only	interest (such as fee the entireties, or a life	simple, tenancy by e estate), if known.
Debtor 1 only Debtor 2 only		
		mmunity property
What is the property? Check all that apply. ☐ Single-family home	Do not deduct secured cla the amount of any secured Creditors Who Have Clain	d claims on <i>Schedule D</i>
☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land	Current value of the entire property?	Current value of the portion you own?
☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fees the entireties, or a life	simple, tenancy by
Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is con (see instructions)	mmunity property
	Other information you wish to add about this it property Identification number:  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this ite	Other information you wish to add about this item, such as local property identification number:  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Investment property Timeshare Other Who has an interest in the property? Check one.  Denot deduct secured date the amount of any secure Creditors Who Have Claim Current value of the entire property?  Describe the nature of interest (such as fee the entireties, or a life the entireties, or a life the entireties of this is co

Official Form 106A/B

Robert First Name

Lamae

Debtor 1

Case number (if known)

Cour  2. Add the do you have a Do you own, I you own that s	ollar value of the portion you own for a attached for Part 1. Write that number escribe Your Vehicles	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:  all of your entries from Part 1, including any entries there.  there.	entire property?  \$	simple, tenancy by e estate), if known.
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2. Add the do you have a Do you own, I you own that s 3. Cars, vans  2 No  1 Yes	ollar value of the portion you own for a attached for Part 1. Write that number escribe Your Vehicles	Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:  all of your entries from Part 1, including any entries there.  there.  est in any vehicles, whether they are registered or cle, also report it on Schedule G: Executory Contracts.	interest (such as fee the entireties, or a life  Check if this is co (see instructions)  em, such as local  es for pages  not? Include any vehicles	simple, tenancy by e estate), if known.
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Part 2: De  Do you own, I you own that s  3. Cars, vans  1 No 1 Yes	escribe Your Vehicles  lease, or have legal or equitable interesomeone else drives. If you lease a vehic	all of your entries from Part 1, including any entries here.	es for pages	\$
Part 2: De  Do you own, I you own that s  3. Cars, vans  1 No 1 Yes	escribe Your Vehicles  lease, or have legal or equitable interesomeone else drives. If you lease a vehic	est in any vehicles, whether they are registered or cle, also report it on Schedule G: Executory Contracts	not? Include any vehicles	\$
Part 2: De  Do you own, I you own that s  3. Cars, vans  1/2 No 1/2 Yes	escribe Your Vehicles  lease, or have legal or equitable interesomeone else drives. If you lease a vehic	est in any vehicles, whether they are registered or cle, also report it on Schedule G: Executory Contracts	not? Include any vehicles	\$S
Do you own, I you own that s  3. Cars, vans  12 No  13 Yes	lease, or have legal or equitable interesomeone else drives. If you lease a vehic	cle, also report it on Schedule G: Executory Contracts	<del>-</del>	
Do you own, I you own that s  3. Cars, vans  12 No  13 Yes	lease, or have legal or equitable interesomeone else drives. If you lease a vehic	cle, also report it on Schedule G: Executory Contracts	<del>-</del>	<b>S</b>
		Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D:
		☐ Check if this is community property (see instructions)	\$	Φ
If you own	or have more than one, describe here:			
3.2. Make	e:	Who has an interest in the property? Check one.	Do not deduct secured cla	
Mode		Debtor 1 only	the amount of any secured Creditors Who Have Clain	
Year	<u></u>	Debtor 2 only		
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
• •	roximate mileage:	At least one of the debtors and another	FF	,,
Othe				
	er information:	Dobash Makis Is a second to	\$	\$
-	er information:	☐ Check if this is community property (see instructions)	\$	\$

***************************************				
3.3.	Make:	Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured cla the amount of any secure	d claims on Schedule D.
	Model:	Debtor 2 only	Creditors Who Have Clair	ns Secured by Property.
	Year:	— ☐ Debtor 1 and Debtor 2 only	Current value of the	Current value of th
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:		_	_
		Check if this is community property (see instructions)	\$	\$
.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	Year:	Debtor 2 only	and the second of the second o	Control of the Contro
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	At least one of the debtors and another		,
	Other information:	Check if this is community property (see instructions)	\$	\$
	<i>nples:</i> Boats, trailers, motors, persona lo	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accesso		
xan <b>1</b> N	<i>nples:</i> Boats, trailers, motors, persona lo	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.	Do not deduct secured cla	
xan <b>1</b> N <b>1</b> Y	nples: Boats, trailers, motors, persona lo 'es	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.	ories	d claims on Schedule D:
xan <b>1</b> N <b>1</b> Y	nples: Boats, trailers, motors, persona lo res Make:	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	Do not deduct secured cla	d claims on Schedule D:
xan <b>1</b> N <b>1</b> Y	nples: Boats, trailers, motors, persona lo res Make: Model:	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	d claims on Schedule D: ns Secured by Property.
xan <b>1</b> N <b>1</b> Y	nples: Boats, trailers, motors, persona lo res Make: Model:	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accessor.  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured class the amount of any secure Greditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property. Current value of th
ixam 1 Ν 1 Υ	mples: Boats, trailers, motors, personal of es  Make:  Model:  Year:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Greditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?
ixam 1 Ν 1 Υ	mples: Boats, trailers, motors, personal forces  Make: Model: Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
iyou	mples: Boats, trailers, motors, personal forces  Make: Model: Year: Other information:  u own or have more than one, list here Make:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtors and another  At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
iyou	mples: Boats, trailers, motors, personal formation:  Make:  Model:  Other information:  Jown or have more than one, list here Make:  Model:	who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another  Check if this is community property (see instructions)  Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 and Another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule D: his Secured by Property.  Current value of the portion you own?  \$
iyou	mples: Boats, trailers, motors, personal forces  Make: Model: Other information:  I own or have more than one, list here Make: Model: Model: Year: Year:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class amount of any secure Creditors Who Have Clair  Current value of the	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
iyou	mples: Boats, trailers, motors, personal formation:  Make:  Model:  Other information:  Jown or have more than one, list here Make:  Model:	who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another  Check if this is community property (see instructions)  Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 and Another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule Dins Secured by Property.  Current value of the portion you own?  \$  aims or exemptions. Put of claims on Schedule Dins Secured by Property.  Current value of the secured by Property.

Official Form 106A/B Schedule A/B: Property page 3

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Debtor 1

Robert

Lamar

Pg 13 of 71

Case number (if known)

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe...... 200.00 Furniture, linens, kitchenware. 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe...... 300.00 Televisions, computer, cell phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe...... \$ 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe...... 150.00 Everyday clothes, shoes, accessories. 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe...... 13. Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe...... \$ 14. Any other personal and household items you did not already list, including any health aids you did not list ✓ No Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached 650.00

for Part 3. Write that number here

Debtor 1

Robert

Lamar

Smith

Case number (if known)_____

Do you own or have a	ny legal or equitable interest in	any of the following?		Current value of the portion you own?  Do not deduct secured claims
The state of the s				or exemptions.
16. <b>Cash</b> <i>Examples:</i> Money yo	ou have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file	your petition	
No				
☐ Yes		(	cash:	\$
		ounts; certificates of deposit; shares in credit unions, multiple accounts with the same institution, list each.	brokerage houses	,
☑ No				
☐ Yes		Institution name:		
	17.1. Checking account:			\$
	17.2. Checking account:			\$
	17.3. Savings account:			\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
Examples: Bond fund  No		kerage firms, money market accounts		
	Institution or issuer name:			
				_ \$
				\$
19. Non-publicly tradeo an LLC, partnership		orated and unincorporated businesses, including	an interest in	\$
an LLC, partnershi∣ ☑ No	p, and joint venture  Name of entity:		an interest in	\$
an LLC, partnership  ✓ No  ✓ Yes. Give specifi	p, and joint venture  Name of entity: c	9	of ownership:	\$
an LLC, partnershi∣ ☑ No	p, and joint venture  Name of entity: C t	9	of ownership:	- \$

Debtor 1

Robert

amak

Last Name

Case number (if known)_

	and the second s		HARIO CONTROL	
20	Government and corne	orate honds and oth	er negotiable and non-negotiable instruments	
	•		cks, cashiers' checks, promissory notes, and money orders.	
			nnot transfer to someone by signing or delivering them.	
	<b>☑</b> No			
	Yes. Give specific	Issuer name:		
	information about			•
	them			\$
				\$
				\$
	Retirement or pension		04// 100// 15//	
	•	RA, ERISA, Keogn, 4	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	☑ No			
	Yes. List each account separately.	Type of account:	Institution name:	
	assount copulation,			¢
		401(k) or similar plan:		\$
		Pension plan:		\$
		IRA:		\$
		Retirement account:		\$
		Keogh:		\$
		Additional account:		\$
		Additional account:		\$
	Security deposits and Your share of all unuser		nade so that you may continue service or use from a company	
	Examples: Agreements		d rent, public utilities (electric, gas, water), telecommunications	
	companies, or others			
	☑ No			
	☐ Yes	ln:	stitution name or individual:	
		Electric:		\$
		Gas:		•
		Heating oil:		Ψ
		_	atal unit	\$
			ntal unit:	\$
		Prepaid rent:		\$
		Telephone:		\$
		Water:		\$
		Rented furniture:		\$
		Other:		\$
22	Annuities (A contract to	r a periodic naument	of money to you, either for life or for a number of years)	
		a periodic payment	of money to you, either for file of for a number of years)	
	<b>☑</b> No			
	☐ Yes	Issuer name and des	cription:	
				\$
				\$
				\$

Debtor 1

Robert

Lamak Middle Name

Case number (if known)

24. Interests in an education IRA, in ar 26 U.S.C. §§ 530(b)(1), 529A(b), and	n account in a qualified ABLE program, or under a qualified state tuition program.	
✓ No	1 020(0)(1).	
Пу		
Institu	ution name and description. Separately file the records of any interests.11 U.S.C. § 521	c):
		\$
		\$
		Φ
<del></del>		\$
25. Trusts, equitable or future interest: exercisable for your benefit	s in property (other than anything listed in line 1), and rights or powers	
✓ No		
Yes. Give specific		Management of the state of the
information about them		\$
26. Patents, copyrights, trademarks, to	rade secrets, and other intellectual property	
Examples: Internet domain names, w	rebsites, proceeds from royalties and licensing agreements	
☑ No		
☐ Yes. Give specific		
information about them		\$
and the second s		ones ran. F
27. Licenses, franchises, and other ge		
	e licenses, cooperative association holdings, liquor licenses, professional licenses	
☑ No		owneg
Yes. Give specific		•
information about them		\$
Money or property owed to you?		Current value of the portion you own?
		Do not deduct secured
		claims or exemptions.
28. Tax refunds owed to you		
☑ No		
☐ Yes. Give specific information	Federal:	\$
about them, including wheth you already filed the returns	er State:	\$
and the tax years		\$
	Local:	Φ
29. Family support		
	nony, spousal support, child support, maintenance, divorce settlement, property settlement	ent
☑ No		
Yes. Give specific information	Alimony:	¢
	Maintenance:	\$
	Support:	\$
	Divorce settlement:	\$ \$
	Property settlement:	<b></b>
30. Other amounts someone owes you		
Examples: Unpaid wages, disability in	nsurance payments, disability benefits, sick pay, vacation pay, workers' compensation, inpaid loans you made to someone else	
No Social Security benefits, u	mpaid toding you made to someone disc	
Yes. Give specific information		***************************************
Tes. Give specific information		\$
		Ψ

Robert

Debtor 1

lumar

Last Name

Case number (if known)

31	Interests in insurance policies  Examples: Health, disability, or life insurance	re: health savings account (F	ISA); credit, homeowner's, or renter's insurance	
	No	c, neath savings account (i	iony, dealt, noncowner s, or reflect s insurance	
	☐ Vac Name the incurence company	Company name:	Beneficiary:	Surrender or refund value:
				\$
				\$
				\$
20	. Any interest in property that is due you t			
32			urance policy, or are currently entitled to receive	
	☑ No			
	☐ Yes. Give specific information			s
	L			3
33	Claims against third parties, whether or Examples: Accidents, employment disputes			
	No F			***************************************
	Yes. Describe each claim			\$
34	Other contingent and unliquidated claims to set off claims	s of every nature, including	g counterclaims of the debtor and rights	
	No			no action to read a
	Yes. Describe each claim.			\$
				-
35	Any financial assets you did not already	list		
	✓ No ☐ Yes. Give specific information			
	Tes. Give specific information			\$
				Γ
36	Add the dollar value of all of your entries for Part 4. Write that number here		entries for pages you have attached	s
			-	
erve nur	ARPANIS (STREET) BUT STREET S	gurrenteresteres terrest de transcolor (t. 17 f.) (17		\$- 48,300,000,000,000,000,000,000,000,000,00
Pε	ort 5: Describe Any Business-R	elated Property You	Own or Have an Interest In. List any I	eal estate in Part 1.
27	De veu eur er heve enviseel er envitebl	- interest in any business		
31.	Do you own or have any legal or equitable No. Go to Part 6.	e interest in any business-	related property?	
	Yes. Go to line 38.			
	_ 163. 33 to line 33.			
				Current value of the portion you own?
				Do not deduct secured claims
				or exemptions.
38.	Accounts receivable or commissions you	already earned		
	☑ No			7
	Yes. Describe			\$
39	Office equipment, furnishings, and suppl	ies		
			achines, rugs, telephones, desks, chairs, electronic devices	3
	☑ No			***************************************
	☐ Yes. Describe			\$
	**************************************			

Debtor 1

Robert

Lamar

Pg 18 of 71

Case number (if known)__

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade		
☑ No ☐ Yes. Describe	***************************************	
		<u></u>
41. Inventory  No	·····	my
Yes. Describe	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$
42. Interests in partnerships or joint ventures		
☑ No ☐ Yes. Describe Name of entity:	% of ownership:	
Manie of entity.		\$
	% %	\$ \$
43. Customer lists, mailing lists, or other compilations	~	¥
☑ No		
Yes. <b>Do your lists include personally identifiable information</b> (as defined in 11 U.S.C. § 101(41A No	.))?	
Yes. Describe	minuminan managaman managaman managaman managaman m	\$
44. Any business-related property you did not already list	·····	
<b>☑</b> No		
Yes. Give specific information		\$
		\$ \$
		\$ \$
		\$
		\$
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have att for Part 5. Write that number here		\$
	Magazaninin Anni Anni Anni Anni Anni Anni Ann	
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Half you own or have an interest in farmland, list it in Part 1.	ve an Interest In	
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related prop  Mo. Go to Part 7.	perty?	
☐ Yes. Go to line 47.		
		Current value of the portion you own?  Do not deduct secured claims or exemptions.
47. Farm animals  Examples: Livestock, poultry, farm-raised fish		
□ No		···
☐ Yes		
	***************************************	] \$

Debtor 1 Robert Lamak Smith Case number (# known)

48. Crops—either growing or harvested  ✓ No		
Yes. Give specific information		<b>\$</b>
49. Farm and fishing equipment, implements, machinery, fixtur		
Yes		\$
50. Farm and fishing supplies, chemicals, and feed  No		
Yes		\$
51. Any farm- and commercial fishing-related property you did		J
Yes. Give specific information		\$
52. Add the dollar value of all of your entries from Part 6, include for Part 6. Write that number here		\$
Part 7: Describe All Property You Own or Have	an Interest in That You Did Not List Above	
53. Do you have other property of any kind you did not already Examples: Season tickets, country club membership	r list?	
☑ No ☐ Yes. Give specific		\$
information		\$ \$
54. Add the dollar value of all of your entries from Part 7. Write	that number here	<b>\$</b>
Part 8: List the Totals of Each Part of this Form	n	
55. Part 1: Total real estate, line 2	<b>→</b>	\$0.00
56. Part 2: Total vehicles, line 5	\$8	E principalisma de la companio de l
57. Part 3: Total personal and household items, line 15	\$650.00	
58. Part 4: Total financial assets, line 36	\$0.00	
59. Part 5: Total business-related property, line 45	\$	
60. Part 6: Total farm- and fishing-related property, line 52	\$	
61. Part 7: Total other property not listed, line 54	+ \$	guineres manno minimo menero mando m
62. <b>Total personal property.</b> Add lines 56 through 61	\$Copy personal property total →	+ \$ 650.00
63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62		\$650.00

Fill in this in	formation to ide	ntify your case:	
Debtor 1	Robert	Lamak	Smith
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for	r the: Eastern District of	Missouri
Case number (If known)			

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identi	fy the Property You Claim	as Exempt		
1.	☑ You are cla	xemptions are you claiming? iming state and federal nonban iming federal exemptions. 11 U	kruptcy exemptions. 11		
2.	For any proper	rty you list on S <i>chedule A/B</i> t	hat you claim as exem	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	The Property of the Control of the C		Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	Household goods	\$ 200.00	<b>2</b> \$ 200.00	513.430.1 (1).(5).(11)
	Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	44
	Brief description:	Televisions	\$ <u>300.00</u>	<b>☑</b> \$ 300.00	513.430.1(1).(5).(11)
	Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	
	Brief description:	Clothes	\$ <u>150.00</u>	<b>☑</b> \$ 150.00	513.430.1(1).(5).(11)
	Line from Schedule A/B:	_11		☐ 100% of fair market value, up to any applicable statutory limit	
3.	•	ng a homestead exemption o			
	(Subject to adju	istment on 4/01/22 and every 3	years after that for case	s filed on or after the date of adjustment.	)
		u acquire the property covered	by the exemption within	1,215 days before you filed this case?	
	☐ No☐ Yes				

Debtor 1

Robert	L
t Mama	Middle Na

mme Smith

nith

Case number (if known)_____

#### Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	\$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	. 🛄 \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	_ 🖳 \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	. 🖳 \$	
Line from Schedule A/B:	***************************************	☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B: ————		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this in	nformation to i	dentify your case:		
Debtor 1	Robert First Name	Luna L Middle Name	Smith Last Name	+
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Cour	t for the: Eastern District of	Missouri	
Case number (If known)				

☐ Check if this is an amended filing

#### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1.	Do a	anv	creditors	have	claims	secured	bν	vour	property	?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

for each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. chabetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column 8 Value of collateral that supports this claim	Column C Unsecured portion If any
1	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street		_		
	As of the date you file, the claim is: Check all that apply.			
	<ul><li>☐ Contingent</li><li>☐ Unliquidated</li></ul>			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
	Other (including a right to offset)	_		
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
2	Describe the property that secures the claim:	\$	_ \$	\$
Creditor's Name				
Number Street	——————————————————————————————————————			
Name of the state	As of the date you file, the claim is: Check all that apply.	J		
	Contingent			
	Unliquidated			
City State ZIP Code				
City State ZIP Code  Who owes the debt? Check one.	Unliquidated			
Who owes the debt? Check one.  Debtor 1 only	□ Unliquidated □ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured)			
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	□ Unliquidated □ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan)			
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	□ Unliquidated □ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien)			
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	□ Unliquidated □ Disputed  Nature of lien. Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien)	_		
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Unliquidated Disputed  Nature of lien. Check all that apply.  □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit	-		

Debtor 1

Robert

1ML Smith

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Case number (if known)_____

Part 1: Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		1		
Number Street				
	As of the date you file, the claim is: Check all that apply.	J		
	☐ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
At least one of the debtors and another	Other (including a right to offset)			
☐ Check if this claim relates to a community debt	— Outer (moduling a right to onset)	•		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		1		
Number Street				
Number Sugge	As of the date you file, the claim is: Check all that apply.	j		
	Contingent			
	☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	s
Creditor's Name	property that accorded the claim.	1	<u> </u>	Ψ
Number Street				
	As of the date you file, the claim is: Check all that apply.	1		
	☐ Contingent			
City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit     Other (including a right to offset)			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
	BANGO DE SERVICIO DE LA LICENTA ESPERANTE DE LA CONTREDENTA DEL CONTREDENTA DE LA CONTREDENTA DEL CONTREDENTA DE LA CONTREDENTA DE			
. Triver first for the reading and the self-self-self-self-self-self-self-self-	in Column A on this page. Write that number here: add the dollar value totals from all pages.	\$ \$		

Debtor 1

Robert

63
_

Pa	rt 2: L	ist Others to Be Notif	ied for a Debt	That You Aiready	/ Listed
age you	ıncy is tryi ı have mor	ng to collect from you for a	debt you owe to of the debts that	someone else, list th you listed in Part 1, I	a debt that you already listed in Part 1. For example, if a collection le creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
	attivit di vijat			285, @3725 BRIS\$28,\$384471340; 119 46621	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Numbor	Street			- -
	Number	Sueet			
					-
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
					_
		·			_
•	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
			***************************************		-
	City		State	ZIP Code	- vi
<b>1</b> ***	,				On which line in Part 1 did you enter the creditor?
	Name		<del></del>		Last 4 digits of account number
	Number	Street			
			<del></del>		- 1 4
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	Trumper	Outet			
			· · · · · · · · · · · · · · · · · · ·		-
	City		State	ZIP Code	-
				***************************************	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			- !
					-
					7 7 - 3
	City		State	ZIP Code	

Fill in this in	nformation to ide	entify your case:	
Debtor 1	Robert	Lamax	Smith
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	) First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	or the: Eastern District of	Missouri
Case number			
(II KIIOWII)			

### Official Form 106E/F

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pa	rt 1: List All of Your PRIORITY Unsecur	red Claims			
1.	Do any creditors have priority unsecured claim	s against you?			
	No. Go to Part 2.				
	☐ Yes.				
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the	reditor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's not part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.)	at claim here a ame. If you hay	nd show both pe more than to	oriority and vo priority
		1970 - Arwan (S. 1987) - 1935 Annuari II. II. II. II. III. III. III. III. I	Total claim	Priority	Nonpriority
<u> </u>	1			amount	amount
2.1			•	\$	\$
<u> </u>	Priority Creditor's Name	Last 4 digits of account number	\$	_ \$	\$
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply	<i>1</i> .		
		☐ Contingent			
***************************************	City State ZIP Code	☐ Unliquidated			
,	Who incurred the debt? Check one.	☐ Disputed			
***************************************	☐ Debtor 1 only	·			
	Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Domestic support obligations			
		☐ Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated			
	□ No	Other. Specify	•		
<del> </del>	Yes			***************************************	
2.2	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of DDIODITY are a sured alabase			
	Debtor 2 only	Type of PRIORITY unsecured claim:  Domestic support obligations			
•	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	☐ At least one of the debtors and another	<u> </u>			
***************************************	Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
•	Is the claim subject to offset?	Other. Specify			
	□ No				
	☐ Yes				

Debtor 1

Robert

Lamar

Smith Pg 26 of 71

Case number (if known)_

Part 1: Your PRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code ■ Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government ☐ At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ☐ Unliquidated ■ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent City State ZIP Code Unfiquidated □ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt ☐ Other. Specify Is the claim subject to offset? ☐ No Yes

First Name

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Robert Smith Pg 27 of 71

Case number (if Known) Debtor 1 Case number (if known)_ Middle Name

Pa	rt 2: List All of Your NONPRIO	RITY Uns	secured Claim	IS		
3.	Do any creditors have nonpriority un ☐ No. You have nothing to report in th ☐ Yes		bmit this form to	the court with your other schedules.		
	nonpriority unsecured claim, list the cre-	ditor sepai ditor holds	the alphabeticately for each cla	al order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not n, list the other creditors in Part 3.If you have more than three no	list cla	ims already
				是是中国工程,中国特別的企業的需要的企業的研究。而自己的企業的企業的可能的企業。	Tot	al claim
1.1	Capital One Bank			Last 4 digits of account number	¢	5,000.00
	Nonpriority Creditor's Name P O Box 85015 Number Street			When was the debt incurred?	Φ	
	Richmond	VA	23285			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only			☐ Contingent☐ Unliquidated☐ Disputed☐		
	☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☐ No			Debts to pension or profit-sharing plans, and other similar debts	•	
	☐ Yes			Other. Specify		
1.2	Credit One Bank	RHANDHININ BARDAN BAR		Last 4 digits of account number	¢	600.00
-	Nonpriority Creditor's Name			When was the debt incurred?	Ψ	
	P O Box 98873					
	Number Street Las Vegas	NV	89193	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		
	⊔ No □ Yes			- Outer, Opecary		
.3	Sunrise LA	anaarraayayayayayayaya		Last 4 digits of account number		
	Nonpriority Creditor's Name			When was the debt incurred?	\$	525.00
	5105 S Crossing PI					
	Number Street Sioux Falls	SD	57108			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		***************************************
	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		***************************************
	<ul> <li>□ Debtor 1 only</li> <li>□ Debtor 2 only</li> <li>□ Debtor 1 and Debtor 2 only</li> </ul>			☐ Disputed		
	☐ At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		na vana constitutada
	☐ Check if this claim is for a commun	nity debt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		Advances
		-		that you did not report as priority claims		
	Is the claim subject to offset?					
	Is the claim subject to offset?  No Yes			<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify</li> </ul>		Attended

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1 Robert Smith Pg 28 of 71
First Name Middle Name Last Name

Case number (if known)

Debtor 1

Robert
First Name

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

	ani begiining wit	h 4.4, followed by 4.5, and so forth.	Total	i claim
		Last 4 digits of account number	_{\$1,0}	000.0
		When was the debt incurred?		
SC	20607	As of the date you file, the claim is: Check all that apply.		
State	ZIP Code	Contingent Unliquidated		
ne.		☐ Disputed		
		Type of NONPRIORITY unsecured claim:		
		☐ Student loans		
ommunity debt		Debts to pension or profit-sharing plans, and other similar debts		
		U Other. Specify		
		Last 4 digits of account number	\$1	150.0
		When was the debt incurred?		
		As of the date you file the claim is: Check all that apply		
		_		
-		☐ Unliquidated		
ne.		☐ Disputed		
		Type of NONPRIORITY unsecured claim:		
		☐ Student loans		
		Obligations arising out of a separation agreement or divorce that		
mmunity debt				
		Other. Specify		
	<del>and the second </del>	Last 4 digits of account number	\$3	350.0
		When was the debt incurred?		
		_		
PA	19422			
State	ZIP Code			
ne.		☐ Disputed		
		Time of NONDDIODITY and a second later		
nother				
mmunity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
minumity debt				
	WI State ne.  PA State ne. nother	State ZIP Code  ne.  WI 54220 State ZIP Code  ne.  PA 19422 State ZIP Code  ne.	When was the debt incurred?	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.    Contingent   Unliquidated   Disputed

Debtor 1

Robert

Lunal Smith Pg 29 of 71

Case number (if known)_

Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		<del></del>	Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City	······································	State	ZIP Code	Last 4 digits of account number
	en e	enement in de service de la companya	BURA DI BURANISMA BU	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		· · · · · · · · ·	Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
***************************************			energen general per	On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
<u>.</u>				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
ity		State	ZIP Code	Last 4 digits of account number
xexxxxxxxxxxxx				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
1				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
			· · · · · · · · · · · · · · · · · · ·	Claims
City	•	State	ZIP Code	Last 4 digits of account number
Jama			· · · · · · · · · · · · · · · · · · ·	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		<del></del>	Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number

Debtor 1

Robert Luma & Smith Pg 30 of 71
First Name Middle Name Last Name

Case number (if known)

Part 4: A	dd the Amounts for Each Type of Unsecured Claim	
6. Total the a	amounts of certain types of unsecured claims. This information mounts for each type of unsecured claim.	nation is for statistical reporting purposes only. 28 U.S.C. § 159.
		Total claim
Total claims	6a. Domestic support obligations	6a. _{\$}
from Part 1	6b. Taxes and certain other debts you owe the government	6b. _{\$}
	6c. Claims for death or personal injury while you were intoxicated	6c
	6d. <b>Other</b> . Add all other priority unsecured claims. Write that amount here.	6d. + _{\$}
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$
		Total claim
Total claims	6f. Student loans	6f. \$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _{\$}
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. + _{\$}
	Si Total Add lines of through 6i	61

Fill in this in	First Name Middle Name Last Name btor 2 ouse, if filing) First Name Middle Name Last Name ited States Bankruptcy Court for the: Eastern District of Missouri se number			
Debtor 1	Robert	Smith	#	
Debtor 1  Debtor 2 (Spouse, if filing)	First Name		Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	Eastern District of N	<i>d</i> issouri	
Case number				

Schedule E/F: Creditors Who Have Unsecured Claims

Official Form 106E/F

12/15

Check if this is an amended filing

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pai	t 1: List All of Your PRIORITY Unsecure	ed Claims			
1.	Do any creditors have priority unsecured claims	s against you?			
1	No. Go to Part 2.	o against you.			
3	Yes.				
\$ to to	PARAMETER SENTENCE (* 1990) - 1986 - 1986 E. Grant Sarden et Large Calebrata de Calebrata de Calebrata (1986)	editor has more than one priority unsecured claim, list the			alaim Far
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c	a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's na Part 1, If more than one creditor holds a particular claim	at claim here an ame. If you have	d show both p more than tw	oriority and vo priority t 3.  Nonpriority
2.1			2007		
[2.]		Last 4 digits of account number	\$	\$	_ \$
	Priority Creditor's Name				
-		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply			
	City State ZIP Code	☐ Contingent			
	·	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only				
*	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	☐ Domestic support obligations			
		☐ Taxes and certain other debts you owe the government			
	☐ Check if this claim is for a community debt	Claims for death or personal injury while you were			
	Is the claim subject to offset?	intoxicated			
	□ No	Other. Specify			
ļ	Yes				
2.2		Last 4 digits of account number	¢	œ.	¢
	Priority Creditor's Name	When was the debt incurred?	Ψ	. Ψ	_ Ψ
		when was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	•	Disputed			
	Who incurred the debt? Check one.	■ Disputed			
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
	At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
	_	☐ Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated			
	ls the claim subject to offset?	Other. Specify			
	□ No				
L	Yes				

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Robert Land Smith g 32 of 7 Case number (If known)

Debtor 1

r listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpr amout
iliNaladiand. 1. lini and Ballady a mad Definescensis of other transfer period 1 of the Tenesco Linear Gent Catalog	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	Lust 4 digits of account number	·		·
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
— one of a time claim is for a community dept	Other. Specify			
ls the claim subject to offset?				
□ No				
☐ Yes				
			eraka a saka di kalangan kangan k	***************************************
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
a the state of the state of	Other. Specify			
s the claim subject to offset?				
No No				
Yes			Pedicauman purantum sunon un deservice	***************************************
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
Charles	When was the debt incurred?			
umber Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Vho incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated		erreconstant and security of the second of t	DESIGNATION OF THE PROPERTY OF
- energy in this claim is for a community dept	Other. Specify			
the claim subject to offset?				
⊇ No				
Yes				

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1 Robert Smith 33 of 71 Case number (if known)

Debtor 1

Robert	

Pai	rt 2: List All of Your NONPRIOR	ITY Uns	ecured Claims			
	Do any creditors have nonpriority unso No. You have nothing to report in this Yes					
	nonpriority unsecured claim, list the credit	itor separa Itor holds a	itely for each claim.	order of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	list claims	s already
	ı				Total c	laim
l.1	Liberty Career Finance Nonpriority Creditor's Name			Last 4 digits of account number	\$	900.00
	P O Box 8099			When was the debt incurred?		
	Number Street	DE	10714			
		State	19714 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only			☐ Contingent☐ Unliquidated☐ Disputed☐		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a communi	ity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	;	
	□ No □ Yes			Other. Specify		
_		7274 <b>78847</b> 87874787477470				60.00
1.2	Cerberus Nonpriority Creditor's Name			Last 4 digits of account number	\$	60.00
	P O Box 6969  Number Street			when was the debt incurred?		
	Marietta	GA	30065	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only			- Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a communi	ity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?			□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify	į.	
	☐ No ☐ Yes			Other. Specify		
.3	Mitchell Bluhm & Associates/Bri	idaton F	mergency		***************************************	***************************************
	Nonpriority Creditor's Name		mergency	Last 4 digits of account number	\$	350.00
	3400 Texoma Parkway Suite 10	)0				
		TX	75090	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	_		
	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 only ☐ Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a communit	ty debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	☐ No ☐ Yes			Other. Specify		

Debtor 1

Ro	bert
First Name	Mid

Lamak

Smith g 34 of 71 Case number (# known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

			1 4.4, followed by 4.5, and so forth.	Total ela
Gamache & Myers/LVNV Funding LLC Nonpriority Creditor's Name			Last 4 digits of account number	\$ <u>950</u>
1000 Camera Ave Suite A			When was the debt incurred?	
Number Street Crestwood	MO	63126	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	one		☐ Unliquidated ☐ Disputed	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and	another		Student loans	
_			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a c	community dept		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	
☐ Yes				
Consumer Collection Ma	ınagement		Last 4 digits of account number	\$ <u>100</u>
Nonpriority Creditor's Name			When was the debt incurred?	
2333 Grissom Dr			_	
Saint Louis	MO	63146	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check	one.		☐ Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a c	community debt		you did not report as priority claims	
Is the claim subject to offset?	, , , , , , , , , , , , , , , , , , ,		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
□ No			Grief. Specify	
Yes				
National Credit Systems			Last 4 digits of account number	_{\$_} 2,700
Nonpriority Creditor's Name			— When was the debt incurred?	
P O Box 312125 Number Street				
Atlanta	GA	31131	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	one.		☐ Unliquidated☐ Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans	
☐ Check if this claim is for a c			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	ommunity dept		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  ☐ No			Other. Specify	
Yes				

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Robert Smith 35 of 7 Case number (# known)

Last Name Middle Name Last Name

Debtor 1

Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
lame				, , ,
lumber	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
iumber	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
ity		State	ZIP Code	
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
ity		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
ame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street	,		☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
ity		State	ZIP Code	Last 4 digits of account number
ame				On which entry in Part 1 or Part 2 did you list the original creditor?
amo				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
ity	**************************************	State	ZIP Code	
ame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
ity	***************************************	State	ZIP Code	
ame				On which entry in Part 1 or Part 2 did you list the original creditor?
umber	Street			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
	Groot			Part 2: Creditors with Nonpriority Unsecured Claims
itu		Chris	ZID Cod	Last 4 digits of account number
ity		State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
ame				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
umber	Street	Physics		Part 2: Creditors with Priority Unsecured
				Claims
				Last 4 digits of account number

Debtor 1

Case number (if known)_

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+ \$
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	\$ 40,982.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$24,117.00
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$ 65,099.00

Fill in this i	nformation to id	lentify your case:		
Debtor 1	Robert First Name	LMM M Middle Name	Smith Last Name	Ħ
Debtor 2 (Spouse, if filing	j) First Name	Middle Name	Last Name	
United States	Bankruptcy Court t	for the: Eastern District of N	Missouri	
Case number (If known)			<u></u>	

#### Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Pa	Int 1: List All of Your PRIORITY Unsecur	ed Claims			
1.	Do any creditors have priority unsecured claim No. Go to Part 2. Yes.  List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the unsecured claims, fill out the Continuation Page of	s against you?  reditor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim.	at claim here and ame. If you have	d show both more than to	priority and wo priority
	(For an explanation of each type of claim, see the i	instructions for this form in the instruction bookiet.)	Total claim	Priority amount	Nonpriority amount
2.1	Fed Loan Services Priority Creditor's Name P O Box 60610 Number Street	Last 4 digits of account number	\$ <u>40,982.00</u>	\$	_ \$
	Harrisburg PA 17106  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
2.2	Priority Creditor's Name  Number Street	Last 4 digits of account number	\$	\$	\$
	City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			

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Robert Smith Pg 38 of 71 Case number (if known) Debtor 1

Your PRIORITY Unsecured Claims	s — Continuation Page	7/2010	***	version alle
r listing any entries on this page, number then	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonp amou
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
M/ho incorred the debt? Check are	☐ Disputed			
Who incurred the debt? Check one.	Torre of BDIODITY and a later			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify			
In the plates publicate . # . 10	Gulei, Specify			
Is the claim subject to offset?				
□ No				
Yes			······································	
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	Last 4 digits of account number	Ψ	Ψ	Ψ
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Oity State Zir Gode	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated			
and of the ordinal to for a community description	Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				
	Lock A digital of account womber	\$	\$	\$
Priority Creditor's Name	Last 4 digits of account number	·	<del></del>	•——
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	Disputed			
Who incurred the debt? Check one.	·			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated  Other. Specify	>*************************************		
Is the claim subject to offset?				
□ No				
☐ Yes				

Debtor 1

Robert	

Robert	Law	1ak
First Name	Middle Name	Last Name

SmittPg 39 of 71 Case number (if known)

Pa	art 2:	List All of Your NONPRIOR	RITY Uns	ecured Claims			
3.	_	y creditors have nonpriority un . You have nothing to report in the s		• •	? e court with your other schedules.		
4.	nonprio included	prity unsecured claim, list the cred	ditor separa titor holds a	ately for each claim	order of the creditor who holds each claim. If a creditor ha i. For each claim fisted, identify what type of claim it is. Do no ist the other creditors in Part 3.If you have more than three no	t list cla	aims already
84 Y					· 日本的 · · · · · · · · · · · · · · · · · · ·	Tol	lal claim
.1		k of America ority Creditor's Name			Last 4 digits of account number	\$	300.00
	РО	Box 982238			When was the debt incurred?	<b>-</b>	
	El Pa		TX State	79998 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who in De De De At I	incurred the debt? Check one.  betor 1 only  betor 2 only  betor 1 and Debtor 2 only  least one of the debtors and another  neck if this claim is for a commun			☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
		claim subject to offset?	nty aebt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify		
.2		ortunity Financial			Last 4 digits of account number	\$	4,432.00
		ority Creditor's Name  East Randolph Street r Street	*		When was the debt incurred?		
	Chica	ago	IL .	60601	As of the date you file, the claim is: Check all that apply.		
	Who ir ☑ Det	ncurred the debt? Check one. btor 1 only btor 2 only	State	ZIP Code	□ Contingent □ Unliquidated □ Disputed		
	☐ Det	btor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
		least one of the debtors and another neck if this claim is for a commun	ity debt		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the one of the original of				☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify		
3		/ Federal rity Creditor's Name			Last 4 digits of account number	æ	300.00
		Box 3700			When was the debt incurred?	<b>\$</b>	
	Merri _{City}	rifield	VA State	22119 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	<b>∡</b> Deb	ncurred the debt? Check one. btor 1 only btor 2 only			☐ Contingent ☐ Unliquidated ☐ Disputed		
	Deb	btor 1 and Debtor 2 only least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
		east one of the deptors and another eck if this claim is for a commun	ity dobt		Student loans		
		claim subject to offset?	ny uebt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ No☐ Yes				□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify		

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Robert Smith 9 40 of 71 Case number (if known)

Debtor 1

First Name

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	or listing any entries on this page, n	umber the	m beginning w	ith 4.4, followed by 4.5, and so forth.	Total c	laim
	Portfolio Recovery			Last 4 digits of account number	_{\$_1,00}	0.00
	Nonpriority Creditor's Name 120 Corporate Blvd			When was the debt incurred?		
	Number Street Norfolk	VA	23502	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commits the claim subject to offset?  No Yes	State	ZIP Code	<ul> <li>☐ Contingent</li> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☐ Other. Specify</li> </ul>		
	Majr Financial Corp			Last 4 digits of account number	\$ <u>5,00</u>	0.00
	7951 W Mississippi Ave			When was the debt incurred?		
	Number Street  Denver	СО	80226	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	Debtor 1 only			·		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	r		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>		
	☐ Check if this claim is for a comme	unity debt		you did not report as priority claims		
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify		
	□ No □ Yes					
	Kay Jewelers			Last 4 digits of account number	_{\$} 50	0.00
	Nonpriority Creditor's Name 375 Ghent RD			When was the debt incurred?		
	Number Street Fairlawn	ОН	44333	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	<ul><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and anothe</li></ul>	г		☐ Student loans		
	☐ Check if this claim is for a commu			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?	y dept		Debts to pension or profit-sharing plans, and other similar debts		
	No Yes			Other. Specify		

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Debtor 1

Robert
F' 1 M

ב טטען
10000
Lamar

SmithPg 41 of 71 Case number (if known)

Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

xample, i	f a collection age the collection a	ency is trying to o gency here. Simil	collect from yo arly, if you have	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ins to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Priority Unsecured Claims
				, ,
				Last 4 digits of account number
City	THE PERSON NAMED IN COLUMN TO THE PE	State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
TVGITIC				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
	***************************************			Claims
City		State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
vaino				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
-1				Last 4 digits of account number
City	**************************************	State	ZIP Code	
Name	,			On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
***************************************	00000-000-00-00-00-00-00-00-00-00-00-00	##************************************		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which entry in Fart 1 or Fart 2 did you list the original cleditor?
				Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
				Cidillis
City		State	ZIP Code	Last 4 digits of account number
	······			On which entry in Part 1 or Part 2 did you list the original creditor?
Name				, ,
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
· · · · · · · · · · · · · · · · · · ·	Ollogi			Part 2: Creditors with Nonpriority Unsecured Claims
City	***************************************	State	ZIP Code	Last 4 digits of account number
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		C4-1-	7(0,0-4-	Last 4 digits of account number
City		State	ZIP Code	

Debtor 1

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

6.	Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
	Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+\$
	6e. <b>Total.</b> Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	\$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<b>6</b> i.	+ \$
	6j. <b>Total.</b> Add lines 6f through 6i.	6j.	\$

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Fill in this in	formation to ide	entify your case:		
Debtor	Robert	lamak	Smith	#
-	First Name	Middle Name	Last Name	
Debtor 2		<u> </u>		
(Spouse If filing)	First Name	Middle Name	Last Name	
United States E	3ankruptcy Court fo	r the: Eastern District of M	<i>f</i> lissouri	
Case number (If known)				

☐ Check if this is an amended filing

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - \(\begin{align*} \text{Yes. Fill in all of the information below even if the contracts or leases are listed on \(\text{Schedule A/B: Property}\) (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person o	r company witl	n whom you	have the contract or lease	State what the contract or lease is for
2.1	Principle (129.80), 53	1 = 1 > 3 3 % 1. 11 17 8 8 8 8 8 2 %	S200700-974000-000-000-000		in (1986-1986) 1996 (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996) (1996-1996
	Name				
***************************************	Number	Street			<del></del>
	City	***************************************	State	ZIP Code	
2.2					
***************************************	Name				
***************************************	Number	Street			<del></del>
	City		State	ZIP Code	
2.3					
***************************************	Name				<del></del>
***************************************	Number	Street			
	City	***	State	ZIP Code	
2.4					
	Name				<del></del>
***************************************	Number	Street			<del></del>
	City		State	ZIP Code	
2.5					
***************************************	Name				
***************************************	Number	Street			**************************************
	City		State	ZIP Code	

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Debtor 1

Robert First Name Lamak

Smith

+

Case number (if known)_____

	A	dditional Pa	age if You Ha	ave More Co	ntracts or Leases	
	Person o	r company w	ith whom you	have the cont	ract or lease	What the contract or lease is for
2 <u>2</u>	og pfilikapiting po 11 km.	is Employee Station (Station (			i kalinging na malik sa Maria katalah kaling mendi	engalendari a zian-ha. Ti tina (Caratti ara sengalangan garapa katapadan) kahun tina in anti-baharan kahan apa Tina kaharan
	Name					-
	Number	Street				-
	City	<u> </u>	State	ZIP Code		-
2	encontrario anticamento antica	necessation in contraction in the contraction in th				
	Name					-
	Number	Street				-
***************************************	City		State	ZIP Code		-
2	***************************************	#11.000.0000000000000000000000000000000		tioner som variation i en		
	Name					-
***************************************	Number	Street				-
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	City		State	ZIP Code		-
2	NEW DE MANNEN CONTRACTOR (NO.		**************************************			
	Name					-
***************************************	Number	Street				-
	City		State	ZIP Code		-
2		and de training of the section of th	00000000000000000000000000000000000000	04004000000000000000000000000000000000	MALANTANIA ARTIMININA MALATTANIA TARATANIA MALATANIA TARATANIA TARATANIA TARATANIA TARATANIA TARATANIA TARATAN	
,	Name					-
***************************************	Number	Street				-
*	City		State	ZIP Code		-
2	<i></i>	***************************************	**************************************		eta en esta esta esta en esta e	
	Name		····	·- ·- · · · · · · · · · · · · · · · · ·		-
***************************************	Number	Street				-
***************************************	City		State	ZIP Code		_
2			el ateide des la s encionario de la constitución de la constitución de la constitución de la constitución de la c	ethioreniae kineronenenen (4 4 kontanen era		
	Name			.,		-
	Number	Street				-
	City		State	ZIP Code		-
2	***************************************		······			
	Name					-
34444444444444444444444444444444444444	Number	Street				-
***************************************	City		State	ZIP Code		-

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			Pg 45 (of 71	
Fill in this i	nformation to ide	ntify your case:			
Debtor 1	Robert	Lamar	Smith	#	
ebtor 2	First Name	Middle Name	Last Name		
eblor 2 spouse, if filing	g) First Name	Middle Name	Last Name		
Inited States	Bankruptcy Court fo	r the: Eastern District of	Missouri		
Case number	r				D
					☐ Check if this is amended filing
official.	Form 106H	ı			
					
iched	ule H: Yo	our Codebto	ors		12/15
	•	ave you lived in a com Louisiana, Nevada, Nev			ommunity property states and territories include ton, and Wisconsin.)
	Go to line 3.				
Yes.		former spouse, or legal	equivalent live with you	at the time?	
		munity state or territory o	did you live?	Fill	in the name and current address of that person.
	Name of your spouse, fo	ormer spouse, or legal equivaler	nt		
	Number Street				
	City	State		ZIP Code	
	City	Cidio	_	-11 0000	
	·				our spouse is filing with you. List the person
. In Colum	nn 1, list all of yo in line 2 again as	ur codebtors. Do not in a codebtor only if that	nclude your spouse as person is a guaranto	s a codebtor if y r or cosigner. Ma	rour spouse is filing with you. List the person take sure you have listed the creditor on G (Official Form 106G). Use Schedule D,

Official Form 106H

Column 1: Your codebtor

Street

Street

Street

3.1

3.2

3.3

Name

Number

City

Name

Number

City

Name

Number

State

State

ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☐ Schedule D, line ____

☐ Schedule E/F, line ____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule G, line _____

☐ Schedule D, line _____

☐ Schedule E/F, line ____

☐ Schedule G, line _____

☐ Schedule E/F, line _____

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Debtor 1 Robert Law Smith

Eight Name Last Name

Last Name Last Name

Case number (if known)

	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
3					Check all schedules that apply:
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					_ ☐ Schedule D, line
	Name				Schedule E/F, line
	Number	Street			Schedule G, line
	City	distribution and the first state of the stat	State	ZIP Code	
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City	4-1	State	ZIP Code	-
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
3	City	······································	State	ZIP Code	
<u></u> J	Name				Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City	NECTRONOLOGICA PROPERTY AND	State	ZIP Code	
3	N				Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
					_
}	City		State	ZIP Code	

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Dobort	lamal si	:41-				
Debtor 1 Robert First Name	Middle Name	mith Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	Eastern District of Missou	ıri				
Case number				Check if the	nis is:	
(If known)		_			ended filing	
				A supp	element showing pos	
0.00				income	e as of the following	date:
Official Form 106I				MM / D	D/ YYYY	
Schedule I: You	ir Income					12/15
Be as complete and accurate as posupplying correct information. If you fi you are separated and your spouseparate sheet to this form. On the	ou are married and not fine is not filing with you top of any additional p	filing jointly, and you	our spouse formation a	is living with y bout your spo	ou, include informationse. If more space is	on about your spouse. needed, attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-	iling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☑ Not employ	yed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.	Occupation					
Occupation may include student or homemaker, if it applies.	Occupation					
· ·	Employer's name					
Was a second	Employer's address					
		Number Street	:		Number Street	
		City	State Z	P Code	City	State ZIP Code
	Hamilana amadanad th	·	State Zi	r Coue	Oity	State Zii Godd
***************************************	How long employed th	nere?	_			
Part 2: Give Details About	Monthly Income					
	· · · · · · · · · · · · · · · · · · ·	em If you have noth	ning to ronor	for any line w	rito \$0 in the engage. Inc	tude your pen filing
Estimate monthly income as of spouse unless you are separated		rm. II you nave nou	ing to repon	l for an y line , wi	nte so in the space. Inc	lude your non-ming
If you or your non-filing spouse had below. If you need more space, a			formation for	all employers fo	or that person on the lir	es
			F	or Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sale deductions). If not paid monthly,			2.	0.00	\$	
3. Estimate and list monthly over	time pay.		3. +\$_	0.00	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$_	0.00	\$]

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

Robert L

Lamer

Smith

Case number (if known)____

		Fø	r Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$_	0.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
5b. Mandatory contributions for retirement plans	5b.	Ψ_ \$	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	Ψ \$	0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$_ \$	0.00	\$	
5e. Insurance	5e.	\$_ \$	0.00	\$	
5f. Domestic support obligations	5f.	\$_ \$	0.00	\$	
0		\$_ \$	0.00	\$	
5g. Union dues	5g.	-	0.00	-	
5h. Other deductions. Specify:		+ \$_		+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$_	0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			0.00	_	
monthly net income.	8a.	\$	0.00	\$	
8b. Interest and dividends	8b.	\$_	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	ent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8e.	\$_	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	0.00	\$	
		_	0.00		
8g. Pension or retirement income	8g.	\$		\$	
8h. Other monthly income. Specify: Workers Compensation	8h.	+ \$_	3,700.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_		\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	3,700.00	+ \$ 0.00	= \$
11. State all other regular contributions to the expenses that you list in Sche	dule .	 J.			
Include contributions from an unmarried partner, members of your household, friends or relatives.	your o	lepend	lents, your roo	ommates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailabl	e to pay expe	_	0.00
Specify:				11. 1	\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain				•	\$3,700.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this No.	form?	<u> </u>			
☐ Yes. Explain:					

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Fill in	this information to identify	your case:					
Debto		Lumax	Smith		Check if this is:		
Debto	First Name	Middle Name	Last Name			Et.	
	ee, if filing) First Name	Middle Name	Last Name		☐ A supplemen	-	petition chapter 13
United	d States Bankruptcy Court for the:	Eastern District of N	<i>f</i> lissouri			of the following	
	number				MM / DD / YYY	Y	
(If kno							
Offic	cial Form 106J						
Scl	hedule J: Yo	ur Expe	ises				12/15
Be as of inform (if know	complete and accurate as po ation. If more space is need wn). Answer every question.	ossible. If two mari ed, attach another	ried people are fili				
Part 1	Describe Your Hou	sehold					
	is a joint case?						
_	No. Go to line 2. Yes. <mark>Does Debtor 2 live in a s</mark>	separate househol	d?				
	☐ No						
	☐ Yes. Debtor 2 must file	e Official Form 106.	J-2, Expenses for S	Separate Househo	old of Debtor 2.		
Do n	ou have dependents? not list Debtor 1 and		his information for	Dependent's rela Debtor 1 or Debt		Dependent's age	Does dependent live with you?
	tor 2. not state the dependents'	each depende	ent	2 Daughters	5	12 m	☐ No ☐ Yes
	•••			2 Sons		<u>13&18</u>	☐ No ☑ Yes
				Son		15	☐ No ☑ Yes
				Daughter		<u>12 m</u>	☐ No ☑ Yes
				Daughter		.12	□ No ☑ Yes
expe	our expenses include enses of people other than rself and your dependents?	☑ No ☐ Yes					

Part 2:	<u> </u>						
expens	ate your expenses as of your ses as of a date after the ban able date.						
• •	e expenses paid for with nor	ı-cash governmen	t assistance if you	u know the value	of		
such a	ssistance and have included	i it on Schedule I:	Your Income (Offi	icial Form 106l.)		Your expe	m ses
	e rental or home ownership or rent for the ground or lot.	expenses for your	residence. Include	e first mortgage pa	ayments and 4.	\$	1,500.00
lf n	ot included in line 4:						0.00
4a.	Real estate taxes				4a.	\$	0.00
4b.	Property, homeowner's, or re	enter's insurance			4b.	\$	0.00
4c.	Home maintenance, repair,	and upkeep expens	es		4c.	\$	0.00
4d	Homeowner's association or	condominium dues	2		4d.	\$	0.00

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Debtor 1

Robert First Name Lamar

Smith

Last Name

Case number (if known)_

24000000 OFFICE OFFICE OFFI			»xpenses
5. Additional mortgage paym	ents for your residence, such as home equity loans	5.	\$ 0.00
6. Utilities:			
6a. Electricity, heat, natura	ıl gas	6a.	\$ 375.00
6b. Water, sewer, garbage		6b.	\$ 65.00
	Internet, satellite, and cable services	6c.	\$ 400.00
		6d.	\$ 0.00
7. Food and housekeeping s		7.	\$ 1,000.00
8. Childcare and children's e	ducation costs	8.	\$ 0.00
9. Clothing, laundry, and dry	cleaning	9.	\$ 250.00
0. Personal care products ar	d services	10.	\$ 125.00
11. Medical and dental expens	ses	11.	\$ 120.00
 Transportation. Include gas Do not include car payments 	s, maintenance, bus or train fare. s.	12.	\$ 125.00
3. Entertainment, clubs, reci	reation, newspapers, magazines, and books	13.	\$ 150.00
4. Charitable contributions a	and religious donations	14.	\$ 0.00
5. Insurance. Do not include insurance de	ducted from your pay or included in lines 4 or 20.		
15a. Life insurance		15a.	\$ 0.00
15b. Health insurance		15b.	\$ 0.00
15c. Vehicle insurance		15c .	\$ 0.00
15d. Other insurance. Speci	ify:	15d.	\$ 0.00
	deducted from your pay or included in lines 4 or 20.	16.	\$ 0.00
7. Installment or lease payme	ents:		
17a. Car payments for Vehi	cle 1	17 a .	\$ 0.00
17b. Car payments for Vehi	cle 2	17b.	\$ 0.00
17c. Other. Specify: Credit	Card Payments	17c.	\$ 300.00
17d. Other. Specify:		17d.	\$ 0.00
	r, maintenance, and support that you did not report as dedu ule <i>I, Your Incom</i> e (Official Form 106I).	ucted from	\$ 0.00
9. Other payments you make	to support others who do not live with you.		
		19.	\$ 0.00
o. Other real property expens	ses not included in lines 4 or 5 of this form or on Schedule	I: Your Income.	
20a. Mortgages on other pro		20a.	\$ 0.00
20b. Real estate taxes		20b.	\$ 0.00
20c. Property, homeowner's	s, or renter's insurance	20 c.	\$ 0.00
20d. Maintenance, repair, a		20d.	0.00
20e. Homeowner's associat	• • •	20e.	\$ 0.00

Official Form 106J Schedule J: Your Expenses page 2

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Debtor		Robert First Name	La Mul	Sm Last Name	ith	Ð	Case number (if kn	own)		
21. Ot	her . Sp	ecify:	k kaan daa siiga kaanaan ah		00000000000000000000000000000000000000			21.	+\$	0.00
22. Ca	lculate	your mon	thly expenses.							
22	a. Add I	ines 4 thro	ugh 21.					22a.	\$	4,535.00
22	b. Copy	line 22 (m	onthly expenses for	Debtor 2), if any,	from Official F	orm 106J-2		22b.	\$	0.00
22	c. Add I	ine 22a an	d 22b. The result is	your monthly expe	enses.			22c.	\$	4,535.00
									L	
23. Cal	culate y	our mont	hly net income.							3,700.00
23a.	Copy	y line 12 (y	our combined month	nly income) from S	chedule I.			23a.	\$	3,700.00
23b.	Copy	your mon	thly expenses from	line 22c above.				23b.	- \$	4,535.00
23c.	Subt	ract your m	nonthly expenses fro	om your monthly in	icome.					-835.00
	The	result is yo	ur <i>monthly net incor</i>	ne.				23c.	\$	
24. Do	you ex	pect an in	crease or decrease	in your expense	s within the y	ear after you	file this form?			
		-	expect to finish payi			-				
		ayment to	increase or decreas	se because of a m	odification to th	ne terms of yo	our mortgage?			
1									······	
	Yes.	Explain h	ere:							
					••••			,		

Official Form 106J Schedule J: Your Expenses page 3

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Fill in this inf	formation to ider	ntify your case:		
Debtor 1	Robert First Name	LMM ML Middle Name	Smith Last Name	+
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for	the: Eastern District of M	Missouri	
Case number				
(If known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	OT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury, I declare that I have re	ead the summary and schedules filed with this declaration and
that they are true and correct.	
×	x
Signature of Debtor 1	Signature of Debtor 2
Date 01/21/2020	Date
MM/IDD / YYYY	MM / DD / YYYY

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Fill in this in	formation to identi	ify your case:		
Debtor 1	Robert	Lamak	Smith	
-	First Name	Middle Name	Last Name	ne
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	ne
United States E	Bankruptcy Court for th	e: Eastern District of	Missouri	
Case number (If known)				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

. Wha	it is your current marital status?			
_	Married Not married			
1	ng the last 3 years, have you lived a No Yes. List all of the places you lived in t	•		
3	Debtor 1:	Dates Debtor lived there	1 Debtor 2:	Dates Debtor 2 lived there
			☐ Same as Debtor 1	Same as Debtor 1
	Number Street	From To	Number Street	From To
	City State ZIF	' Code	City State ZIP Code	
		From	☐ Same as Debtor 1	Same as Debtor 1
	Number Street	To	Number Street	To
	City State ZIF	Code	City State ZIP Code	3
state	e <i>s and territories</i> include Arizona, Calif	fornia, Idaho, Louisiana, Ne	uivalent in a community property state or territo vada, New Mexico, Puerto Rico, Texas, Washingtor form 106H).	ry? (Community property a, and Wisconsin.)

Part 2: Explain the Sources of Your Income

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otor 1	Robert First Name Mid	Idle Name Last I	Smith	Case nu	mber (if known)		
	, not trained						
Fill i	n the total amount of	income you received	d from all jobs and all bus	inesses, including part-ti	me activities.	dar years?	
2							
	res. I ill ill the details		Debtor 1		Detror 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)	
			Wages, commissions bonuses, tips	\$	Wages, commissions, bonuses, tips	\$	
4			Operating a business		☐ Operating a business		
	From January 1 of current year of the date you filed for bankruptcy For last calendar year: (January 1 to December 31, YYYY) For the calendar year before that (January 1 to December 31, YYYY) you receive any other income dualed income regardless of whether the ployment, and other public benefit bling and lottery winnings. If you are each source and the gross income		Wages, commissions bonuses, tips	, \$	Wages, commissions, bonuses, tips	\$	
		nber 31,)	Operating a business		Operating a business		
**	rom January 1 of current year urne date you filed for bankruptcy: or last calendar year: January 1 to December 31, YYYYY or the calendar year before that: January 1 to December 31, YYYYY ou receive any other income durie income regardless of whether that ployment, and other public benefit ping and lottery winnings. If you are ach source and the gross income from		Wages, commissions bonuses, tips	,	Wages, commissions, bonuses, tips		
	(January 1 to Decem	nber 31,)	Operating a business	\$	Operating a business	\$	
Did Inclu	you receive any oth ude income regardles mployment, and other	er income during the soft whether that income public benefit paym	ome is taxable. Example nents; pensions; rental inc	s of <i>other income</i> are alincome; interest; dividends;	money collected from lawsu	uits; royalties; and	
Did Incluuner gam List	you receive any othude income regardles imployment, and other ibling and lottery winneach source and the	er income during the sof whether that income public benefit paymanings. If you are filing gross income from e	ome is taxable. Example nents; pensions; rental ind a joint case and you have	s of other income are alincome; interest; dividends; ve income that you receive	money collected from lawsured together, list it only once	uits; royalties; and	
Did Incluuner gam List	you receive any othude income regardles imployment, and other ibling and lottery winneach source and the	er income during the sof whether that income public benefit paymanings. If you are filing gross income from e	ome is taxable. Example nents; pensions; rental ind a joint case and you have	s of other income are alincome; interest; dividends; ve income that you receive	money collected from lawsured together, list it only once	uits; royalties; and	
Did Incluuner gam List	you receive any othude income regardles imployment, and other ibling and lottery winneach source and the	er income during the sof whether that income public benefit paymaings. If you are filing gross income from e	come is taxable. Example tents; pensions; rental incomers; pensions; rental incomers; pensions; rental incomers; pensions and you have ach source separately. I	s of other income are alincome; interest; dividends; ve income that you receive	money collected from lawsured together, list it only once at you listed in line 4.	uits; royalties; and	
Did Incluuner gam List	you receive any oth ude income regardles income regardles included income regardles included income regardles included income and lottery winneach source and the No Yes. Fill in the details	er income during the sof whether that income public benefit paymings. If you are filing gross income from e	come is taxable. Example tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive on not include income that Gross income from each source (before deductions and	money collected from lawsured together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross Income from each source (before deductions and exclusions)	
Did Incluuner gam List	you receive any oth ude income regardles income regardles included income regardles included income regardles included income and lottery winneach source and the No Yes. Fill in the details	er income during the sof whether that income public benefit paymings. If you are filing gross income from e	come is taxable. Example tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive no not include income that Gross income from each source (before deductions and exclusions)	money collected from lawsured together, list it only once at you listed in line 4. Debtor 2 Sources of income Describe below.	uits; royalties; and under Debtor 1. Gross Income from each source (before deductions and exclusions)	
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Did Incluurer gam List	you receive any oth ude income regardles income regardles included income regardles included income regardles included income and the income	er income during the sof whether that income public benefit paymings. If you are filing gross income from each current year until for bankruptcy:	come is taxable. Example tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive on not include income that Gross income from each source (before deductions and exclusions) \$	money collected from lawsured together, list it only once at you listed in line 4. Course of income Describe below.	Gross Income from each source (before deductions and exclusions)	
Did Incluuner gam List	you receive any oth ude income regardles income regardles included income regardles included income and other including and lottery winneach source and the No included income included included income included income included income included income income income included income income included income income included income income income included income income included income in	er income during the sof whether that income public benefit paymings. If you are filing gross income from each current year until for bankruptcy:	come is taxable. Example tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive income that you receive on not include income that Gross income from each source (before deductions and exclusions) \$	money collected from lawsured together, list it only once at you listed in line 4. Debto: 2 Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	
Did Incluuner gam List	you receive any oth ude income regardles income regardles included income regardles included income regardles included income and lottery winneach source and the No Yes. Fill in the details From January 1 of the date you filed for last calendar y (January 1 to Decement income income income income income included income in	er income during the soft whether that income public benefit paymings. If you are filing gross income from each of the soft was a second of the so	come is taxable. Example tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive income that you receive on not include income that Gross income from each source (before deductions and exclusions) \$	money collected from lawsured together, list it only once at you listed in line 4. Paper Sources of income Describe below.	Gross Income from each source (before deductions) \$\frac{1}{3} \text{ (before deductions and exclusions)}	
Did Incluuner gam List	you receive any oth ude income regardles income regardles included income regardles included income regardles included income and the income	er income during the soft whether that income public benefit paymings. If you are filing gross income from each current year until for bankruptcy: The ear: The ear before that:	come is taxable. Example tents; pensions; rental including a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	s of other income are alincome; interest; dividends; ve income that you receive income that you receive on not include income that Gross income from each source (before deductions and exclusions) \$	money collected from lawsured together, list it only once at you listed in line 4. Politor 7 Sources of Income Describe below.	Gross Income from each source (before deductions) \$\frac{1}{3} \text{ (before deductions and exclusions)}	

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Smith Robert Debtor 1 Case number (if known)_ Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. ☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. ☐ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Tyes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Amount you still owe Was this payment for... Total amount paid payment ■ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code ☐ Mortgage Creditor's Name ☐ Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other ____ City State ZIP Code ☐ Mortgage Creditor's Name Car ☐ Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code

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Smith

Robert

Debtor 1

or 1	Robert First Name Mid	I LAME Last Name	Smith	C	Case number (if known)	
	гиздиалие МІО	ldle Name Last Name				
<i>insid</i> corpo agen	<i>lers</i> include your rela orations of which you	u are an officer, director, p business you operate as	ers; relatives of any ge person in control, or c	eneral partners; pa owner of 20% or m	artnerships of whic nore of their voting	who was an insider? In you are a general partner; securities; and any managing r domestic support obligations,
ZÍ N	lo					
	es. List all payments	s to an insider.				
			Dates of payment	Total amount paid	Amount you still ows	Reason for this payment
				\$	\$	
	Insider's Name					
	Number Street					
40.00	City	State ZIP Code				
				\$	C	
	Insider's Name			Ψ	Ψ	
	Number Street					
	•		<u> </u>			
	City	State ZIP Code	nd-anarodnus			
in clud	sider? de payments on deb	ts guaranteed or cosigne	ed by an insider.	Total amount paid	Amount you still owe	n account of a debt that benefited Reason for this payment Include creditor's name
	Insider's Name			\$	\$	
	Number Street	<u></u>				
20000	City	State ZIP Code				anto antioni manala da
				\$	\$	
	Insider's Name			Ψ	*	
	Number Street					

	City	State ZIP Code				
	Out.	SIGIE ZIF CUUG				

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Smith Robert Debtor 1 Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☑ No ☐ Yes. Fill in the details. Status of the case Pending Case title_ Court Name On appeal ☐ Concluded Number Street Case number ____ ZIP Code Pending Case title Court Name On appeal ☐ Concluded Number Street Case number City ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. State ZIP Code Property was attached, seized, or levied. Describe the property Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. City State ZIP Code ☐ Property was attached, seized, or levied.

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Case number (if known)

Smith

	ptcy, did any creditor, including a bank or financial institu	ition, set off any amounts from your
accounts or refuse to make a payment be		
☑ No		
Yes. Fill in the details.		
	Describe the action the creditor took	Date action Amount was taken
Creditor's Name		
	***************************************	S
Number Street		
	_	
City State ZIP Code	Last 4 digits of account number: XXXX	-
. Within 1 year before you filed for bankrup	tcy, was any of your property in the possession of an assi	gnee for the benefit of
creditors, a court-appointed receiver, a cu		•
Mo No		
☐ Yes		
art 5: List Certain Gifts and Contribu	itions	
Within 2 years before you filed for bankrur	otcy, did you give any gifts with a total value of more than	\$600 per person?
M No	noy, and you give any gives with a total value of more than	4000 per person.
Yes. Fill in the details for each gift.		
- res. I in the details for each gift.		
Gifts with a total value of more than \$600	AN ARCHITECTURE CONTROL TO A STATE OF THE PROPERTY OF THE PROP	
23/2022/2021/2028/88/88/88/2022 27/26/88/2023/26/2021/2021/2021/2021/2021/2021/2021/2	Describe the gifts	Dates you gave Value
per person	Describe the gifts	Dates you gave Value the gifts
per person	Describe the gifts	
是是是1614年1月15日 2015年1月15日 1915日 1	Describe the gifts	
Person to Whom You Gave the Gift	Describe the gifts	
是是是1614年1月15日 2015年1月15日 1915日 1	Describe the gifts	
是是是1614年1月15日 2015年1月15日 1915日 1	Describe the gifts	the gifts with the state of the
Person to Whom You Gave the Gift	Describe the gifts	the gifts with the state of the
Person to Whom You Gave the Gift	Describe the gifts	the gifts with the state of the
Person to Whom You Gave the Gift Number Street	Describe the gifts	the gifts with the state of the
Person to Whom You Gave the Gift Number Street City State ZIP Code	Describe the gifts	the gifts state of the state of
Person to Whom You Gave the Gift Number Street	Describe the gifts	the gifts.
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you		s s
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600	Describe the gifts Describe the gifts	the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you		s s
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		the gifts \$ S S Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		the gifts \$ S Dates you gave Value

Robert

Debtor 1

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	Robert First Name	Middle Name La	Smith st Name	Case number (if known)_		
thin 2	years before	e you filed for bankru	uptcy, did you give any gifts or	contributions with a total valu	ue of more than \$60	00 to any charity?
No						
Yes.	Fill in the de	tails for each gift or cor	ntribution.	PORT		: Popurcio Alegani, Alcopala il Espesa
	or contribut	ions to charities	Describe what you contributed		Date you contributed	Value
			The second of th	The property of the control of the c		
						\$
Charity	's Name					
			-			\$
			_			
Numbe	er Street					
City	State	ZIP Code	-			
City	State	ZIP Code		MATERIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE		
6:	List Certa	in Losses				
Des how	cribe the prop the loss occ	perty you lost and urred	Describe any insurance cover include the amount that insurance claims on line 33 of Schedule A/	ce has paid. List pending insurance	Date of your loss	Value of property lost
		and the second s				
						\$
7: L	ist Certaiı	n Payments or Trai	nsfers		·	
			ptcy, did you or anyone else ac		nsfer any property	to anyone
			or preparing a bankruptcy pet reparers, or credit counseling ago		our bankruptcy.	
No						
Yes.	Fill in the det	tails.	SHANGGERAKAN MERANGENTAN DI SEMBAKAN MEN	errende er en	e diffició Calabolicado establ	- Recognition of the Control of the
			Description and value of any p	property transferred	Date payment or transfer was	Amount of payme
Perso	on Who Was Pai	d			made	
Numb	per Street					\$
						•
						\$
City		State ZIP Code				
Email	or website addr	ass.				
	or tropolic addi	~~~				
		e Payment if Not You				

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Robert First Name	Middle Name Las	Smith t Name	Case number (if known)		
ristivaine i	Middle Name Las	Lidding			
VALUE AND THE PROPERTY OF THE				Karasan Neuropean Markanasa	
		Description and value of any property t	ransterred	Date payment or transfer was made	Amount of payment
			X 0.22	SELECT TEXTS OF SELECTION	275. 1,000 (110-1 * 4114 *
Person Who Was Paid					\$
Number Street	***************************************	-			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					\$
		- 1			
City	State ZIP Code	-			
City	State ZIF Code				

Email or website address	;S				
Person Who Made the F	Payment, if Not You				
		etcy, did you or anyone else acting on		:	
No Yes. Fill in the detai	ils.				
		Description and value of any property t	ransferred	Date payment or	Amount of payn
				transfer was made	
Person Who Was Paid					SACED TREES, PT ET VERBER
Number Street		-			\$
Number Street					
		-			\$
City	State ZIP Code	_			
		ptcy, did you sell, trade, or otherwise	transfer any property t	o anyone, other tha	n property
		business or financial affairs? made as security (such as the granting of	f a security interest or m	ortgage on your pro	pertv).
not include gifts and		ave already listed on this statement.	,	, , , , , , , , , , , , , , , , , , , ,	, , ,
No					
Yes. Fill in the detai	ils			€KESSW1. / CSTRWN Nothalia	
					MR WARLES L.N. L.N. L.N. L.N. L.N. L.N. L.N. L.N
		Description and value of property transferred	Describe any property or debts paid in excha		Date transfe was made
Person Who Received T			Describe any property or debts paid in excha		
Person Who Received T					
Person Who Received T Number Street	Transfer				
Person Who Received T					
Person Who Received T Number Street	Transfer State ZIP Code				
Person Who Received T Number Street City Person's relationship	State ZIP Code				
Person Who Received T Number Street City	State ZIP Code				
Person Who Received T Number Street City Person's relationship	State ZIP Code				
Person Who Received To Number Street City Person's relationship	State ZIP Code				
Person Who Received To Number Street City Person's relationship	State ZIP Code				

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10 years before you filed for bankro peneficiary? (These are often called a s. Fill in the details. The of trust 1 year before you filed for bankrup l, sold, moved, or transferred? te checking, savings, money market age houses, pension funds, cooper	Description and value of the property of the p	ny vansferred Boxes, and Storag	je Units	Date transfer was made
s. Fill in the details. me of trust List Certain Financial Account 1 year before you filed for bankrup I, sold, moved, or transferred? e checking, savings, money market	Description and value of the property of the p	Boxes, and Storag		was made
List Certain Financial Account 1 year before you filed for bankrup 1, sold, moved, or transferred? 1 checking, savings, money market	tcy, were any financial accounts of	Boxes, and Storag		was made
List Certain Financial Account 1 year before you filed for bankrup 1, sold, moved, or transferred? 1 checking, savings, money market	tcy, were any financial accounts of	Boxes, and Storag		was made
List Certain Financial Account 1 year before you filed for bankrup l, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts of	Boxes, and Storag		was made
List Certain Financial Account 1 year before you filed for bankrup l, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			
List Certain Financial Account 1 year before you filed for bankrup l, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			henefit.
List Certain Financial Account 1 year before you filed for bankrup l, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			henefit.
1 year before you filed for bankrup I, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			henefit.
1 year before you filed for bankrup I, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			henefit.
1 year before you filed for bankrup I, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			henefit.
1 year before you filed for bankrup I, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			benefit.
1 year before you filed for bankrup I, sold, moved, or transferred? e checking, savings, money market	tcy, were any financial accounts o			henefit.
l, sold, moved, or transferred? e checking, savings, money market		r instruments neid in	your name, or for your	penerit.
e checking, savings, money market	or other financial accounts; cort			20110114
	or other financial accounts, corti			
age houses, pension funds, cooper			ares in banks, credit un	nions,
	ratives, associations, and other fir	ancial institutions.		
s. Fill in the details.		GERTLE CALIFORNIA EXIMANDE	KSE SERRETERENSE STERFELLES DE LEVA MANG	: SECOLORORIO ASSARSA BELLECA
	Last 4 digits of account number	Type of account or	Date account was	Last balance befo
			or transferred	closing or transfer
	in the authorized property of the Virial American in the contraction of the Virial American in the contraction of the Contracti	The state of the s	278 Thirties and the control of the	11, 27,777
ne of Financial Institution	XXXX–	Checking		\$
		☐ Savings		
mber Street				
	-	_		
ty State ZIP Code	-	-		
		Other		
		-		
me of Financial Institution	. xxxx	Checking		\$
me of Financial Institution	. xxxx	☐ Savings		\$
ume of Financial Institution	. xxxx			\$
	. xxxx	☐ Savings		\$
	. xxxx	☐ Savings ☐ Money market ☐ Brokerage		\$
	. xxxx	☐ Savings ☐ Money market		\$
S	mber Street	me of Financial Institution XXXX—————————————————————————————————	Last 4 digits of account number Type of account or instrument Type of account or instrument XXXX	Last 4 digits of account number Type of account or instrument Type of account or instrument Closed, sold, moved, or transferred XXXX

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	Robert First Name	Middle Name La	Smith	Case number (if known)	
		perty in a storage uni	t or place other than your ho	me within 1 year before you filed for bankruptcy?	
☑ No ☐ Yes	s. Fill in the de	tails.	Who else has or had access	to it? Describe the contents.	Do you still have it?
ī	Name of Storage Fac	cility	Name		□ No □ Yes
<u> </u>	Number Street		Number Street		
- 7	Dity	State ZIP Code	CityState ZIP Code		
art 9:	***************************************		or Control for Someone	else	encontra encolare en
or hol	ld in trust for s	omeone.	someone else owns? Include Where is the property?	e any property you borrowed from, are storing for, Describe the property	Value
7	Owner's Name		-		\$
Ī	Number Street		Number Street		
	City	State ZIP Code	- City Sta	ie ZIP Code	
	Give Det	ails About Enviro	nmental Information		
or the p Environthal	ourpose of Part conmental law n	substances, wastes,	ate, or local statute or regula	tion concerning pollution, contamination, releases of soil, surface water, groundwater, or other medium, stances, wastes, or material.	
or the p Enviro hazard includ	ourpose of Part conmental law n dous or toxic s ding statutes on neans any loca	neans any federal, si substances, wastes, r regulations control tion, facility, or prop	ate, or local statute or regula or material into the air, land, ling the cleanup of these sub	soil, surface water, groundwater, or other medium, stances, wastes, or material. vironmental law, whether you now own, operate, or	
Environthe programme to the programme to	ourpose of Part conmental law n dous or toxic s ding statutes o neans any loca e it or used to o	neans any federal, si substances, wastes, r regulations control tion, facility, or prop wn, operate, or utilia means anything an e	ate, or local statute or regula or material into the air, land, ling the cleanup of these sub erty as defined under any env ce it, including disposal sites environmental law defines as	soil, surface water, groundwater, or other medium, stances, wastes, or material. vironmental law, whether you now own, operate, or a hazardous waste, hazardous substance, toxic	
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or the p Enviro hazar includ Site m utilize Hazar subst eport al	ourpose of Part conmental law in dous or toxic s ding statutes of neans any loca e it or used to o rdous material rance, hazardou il notices, relean	neans any federal, si substances, wastes, r regulations control tion, facility, or prop wn, operate, or utiliz means anything an e us material, pollutan uses, and proceeding al unit notified you t	ate, or local statute or regula or material into the air, land, ling the cleanup of these sub erty as defined under any en- ce it, including disposal sites environmental law defines as t, contaminant, or similar terr is that you know about, regain	soil, surface water, groundwater, or other medium, stances, wastes, or material. vironmental law, whether you now own, operate, or a hazardous waste, hazardous substance, toxic n. dless of when they occurred.	
for the particular includes Site mutilized Hazar substance at the control of the	ourpose of Part conmental law in dous or toxic s ding statutes of neans any loca e it or used to condens material cance, hazardous ill notices, releating government	neans any federal, si substances, wastes, r regulations control tion, facility, or prop wn, operate, or utiliz means anything an e us material, pollutan uses, and proceeding al unit notified you t	ate, or local statute or regula or material into the air, land, ling the cleanup of these sub erty as defined under any en- ce it, including disposal sites environmental law defines as t, contaminant, or similar terr is that you know about, regain	soil, surface water, groundwater, or other medium, stances, wastes, or material. vironmental law, whether you now own, operate, or a hazardous waste, hazardous substance, toxic n. dless of when they occurred.	
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Smith

Robert

	t Name Middle Na	alije La	st Name								
ave you n											
	otified any gove	rnmental unit	of any release of h	azardous materi	al?						
Í No											
Yes. Fil	ll in the details.									Vanna on den synn a Vanggan	
			Governmental un	iit	Environmental lav	w, if you know	it		Dat	e of no	tic
Name of	f site		Governmental unit		100 100				-		
Number	r Street		Number Street				·····	*****			
		·	City	State ZIP Code							
City	St	ate ZIP Code	_								
											A 808000
-	een a party in ar	ny judicial or a	dministrative proc	eeding under an	y environmental la	aw? include	settieme	nts and	oraer	rs.	
No Yes. Fil	II in the details.										
163.111	ii iii tiie uetalis.		Court or agency		Nature of the	a case			St	atus of	th
							ad dannin ir abi		Ca	18e	
Case titl	le		Court Name							Pend	ing
			Court Name							On a	pp.
			Number Street							Conc	luc
											
Case nu	Imber		City	State ZIP Cod	le			and the second second second			
ithin 4 ye	ears before you f	iled for bankrı	isiness or Conne	a business or h	ave any of the foll			any bu	sines	ss?	
/ithin 4 ye A so A m A pa An o An o No. Nor	ears before you fole proprietor or nember of a limite artner in a partne officer, director, owner of at least ne of the above aneck all that applealer.	iled for bankru self-employed ed liability con ership or managing of 5% of the vot applies. Go to	uptcy, did you own I in a trade, profess npany (LLC) or limi executive of a corp ing or equity secur Part 12. Ill in the details bel	a business or hision, or other actited liability partition rities of a corpor	ave any of the foll tivity, either full-ti nership (LLP) ation	me or part-ti	me entificatio	n numbe	r		
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otor 1	Robert	lamak	Smith	Case number	(if known)
	First Name	Middle Name Last	Name		
**	······································		Describe the nature of the b	usiness	Employer Identification number Do not include Social Security number or ITIN.
	Business Name				EIN:
	Number Street		Name of accountant or book	kkeeper	Dates business existed
	City	State ZIP Code			From To
	-			NOT MAKEN THE	
2		ors, or other parties. letails below.	Date issued		
	Name		MM / DD / YYYY		
	Number Street				
	 				
	City	State ZIP Code			
rt. 12	2: Sign Belo	ow .			
ans in c	swers are true a connection with	and correct. I understan	t of Financial Affairs and and that making a false statem result in fines up to \$250,00	nent, concealing propert	clare under penalty of perjury that the ty, or obtaining money or property by fraud up to 20 years, or both.
	Signature of Debi	tor 1	Signature o	of Debtor 2	
		2020	Date		
Did	No	ditional pages to Your S	Statement of Financial Affairs	s for Individuals Filing f	o <i>r Bankruptcy</i> (Official Form 107)?
ā	Yes				
		ee to pay someone who	o is not an attorney to help y	ou fill out bankruptcy fo	orms?
	No Ves Name of no	Preop		٧	n the Bankruptcy Petition Preparer's Notice,
_	res. Maine of pe	ciouli		Decla	n the Bankruptcy Petition Preparer's Notice, aration, and Signature (Official Form 119).

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Fill in this in	formation to id	entify your case:				
Debtor 1	Robert First Name	Lema & Middle Name	Smith Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States F	Bankruptcy Court	for the: Eastern District of M	lissouri			
Case number (If known)						

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

t 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's name:	☐ Surrender the property.	☐ No
	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
·	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
·	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
-	☐ Retain the property and [explain]:	

12/15

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Debtor 1

Robert	Lamas	,	Smith	Case number (If known)
First Name	Middle Name	Last Name		

Describe your unexpired personal property leases	Will the lease be assumed?
er de de de la composition della composition del	California Son C. And Myllothicani - 246 th 1995 this finishes excellent distriction and period described according to the control of the con
escription of leased operty:	Yes
essor's name:	□ No
escription of leased operty:	☐ Yes
essor's name:	□ No
escription of leased operty:	Yes
essor's name:	□ No
escription of leased operty:	☐ Yes
essor's name:	□ No
escription of leased operty:	Yes
essor's name:	□ No
escription of leased operty:	Yes
essor's name:	□ No
escription of leased operty:	Yes
3: Sign Below der penalty of perjury, I declare that I have indicate sonal property that is subject to an unexpired learning.	I my intention about any property of my estate that secures a debt and any

Cas	se 20-44558	Doc 1 Filed ()9/24/20 Entere	d 09/24/20 09:10:	32 Main Document	
Fill in this	s information to id		Pg 67 of 71		c only as directed in this form and	lin
Debtor 1 Debtor 2	Robert First Name	Middle Name	Smith Last Name	1. There is r	no presumption of abuse.	
	ng) First Name es Bankruptcy Court fo	Middle Name r the: Eastern District of M	Last Name lissouri	abuse ap	lation to determine if a presumption plies will be made under <i>Chapter</i> 7 est <i>Calculation</i> (Official Form 122A–2	
Case numbe (If known)	er				ns Test does not apply now because military service but it could apply late	
				Check if th	is is an amended filing	
space is ne additional p do not have Abuse Und	eded, attach a sep pages, write your r e primarily consun ler § 707(b)(2) (Offi Calculate Your	arate sheet to this form ame and case number (Include the line number if known). If you believe to qualifying military service with this form.	to which the additional inf hat you are exempted fron	onsible for being accurate. If more ormation applies. On the top of an a presumption of abuse because tent of Exemption from Presumption	ny ∍ you
☑ Not	t married. Fill out C	olumn A, lines 2-11.	Il out both Columns A and	B, lines 2-11.		
			ou. You and your spouse			
	Living in the san	ne household and are no	ot legally separated. Fill or	ut both Columns A and B, lin	es 2-11.	
	under penalty of p	erjury that you and your s	pouse are legally separate		. By checking this box, you declare hat applies or that you and your .S.C. § 707(b)(7)(B).	
bankru August Fill in th	iptcy case. 11 U.S. 31. If the amount one result. Do not inc	Č. § 101(10A). For example f your monthly income value any income amount.	ole, if you are filing on Sept ried during the 6 months, a more than once. For exam	dd the income for all 6 month	d would be March 1 through as and divide the total by 6. same rental property, put the	
	3777000-029			Column A Debtor 1	Column B Debtor 2 or	

or farm

2. Your gross wages, salary, tips, bonuses, overtime, and commissions

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession,

Net monthly income from a business, profession, or farm

Net monthly income from rental or other real property

6. Net income from rental and other real property

3. Alimony and maintenance payments. Do not include payments from a spouse if

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

(before all payroll deductions).

Gross receipts (before all deductions)
Ordinary and necessary operating expenses

Gross receipts (before all deductions)
Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Column B is filled in.

0.00

Debtor 1

0.00

0.00

Debtor 1 \$ 0.00

0.00-\$

0.00 -\$

Debtor 2

Debtor 2

Copy here

Copy

here 👈

0.00

0.00

0.00

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Debtor 1	1	Robert First Name	Lama Middle Name Last Na	ame	Smith		Case number (if known)		
							Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. U r	emp	loyment com	pensation				\$0.00	\$	
			unt if you contend that the						
			urity Act. Instead, list it he			.00			
	•	· -				.00			
9. P e	ensio	n or retireme	nt income. Do not include		Ψ			•	
			ial Security Act.	Consider	i the course	and amount	\$	\$	
Do as	o not s a vic	include any be ctim of a war ci	er sources not listed aborenefits received under the rime, a crime against hum by, list other sources on a second	e Social Sec nanity, or in	curity Act or ternational c	payments receive or domestic	ed		
'	Wor	kers Comp					\$ <u>3,700.0</u> 0	\$	
_							\$0.00	\$	
Т	Γotal :	amounts from	separate pages, if any.				+ \$0.00	+ \$	
			current monthly income total for Column A to the			0 for each	\$ <u>3,700.0</u> 0	\$	\$ 3,700.00 Total current monthly income
Part	2:	Determine	Whether the Means	Test Appl	ies to You	<u>.</u>			
12. Ca	alcula	ite your curre	nt monthly income for t	the year. Fo	ollow these s	steps:		g	······································
12	2a. (Copy your total	current monthly income	from line 11			Сор	oy line 11 here 🗕	\$ <u>3,700.00</u>
	N	Multiply by 12 (the number of months in	a year).					x 12
12	2b. 1	he result is yo	ur annual income for this	part of the	form.			12b.	\$ <u>44,400.00</u>
13. C a	alcul	ate the media	n family income that ap	plies to yo	u. Follow the	ese steps:			
Fil	ll in th	ne state in whic	ch you live.	[MO				
Fil	ll in th	ne number of p	eople in your household.	. [7				
Fil	ll in th	ne median fam	ily income for your state a	and size of	household.			13.	\$ <u>119,129.0</u> (
			able median income amo rm. This list ma y also be					_	
14. Ho	ow d	the lines co	mpare?						
14	a. 🗖	Line 12 b is le Go to Part 3.	ess than or equal to line 1	13. On the to	op of page 1	, check box 1, <i>Th</i>	nere is no presumption	of abuse.	
14	ь. 🗖		nore than line 13. On the and fill out Form 122A-2.		1, check bo	x 2, The presum	ption of abuse is deter	mined by Form 122A	-2.
Part	3:	Sign Belov	v						
		By significa he	re, I declare under penalt	ty of perjury	that the info	rmation on this s	tatement and in any a	tachments is true an	d correct.
		×	,	, , , ,		×	•		
	-	Signature o	f Debtor 1			Si	gnature of Debtor 2		
		Date 09	121/2020			רי	ate		
		MM/	DD /YYYY			Di	MM / DD / YYYY	-	
		If you ched	cked line 14a, do NOT fill	l out or file F	Form 122A-2	2.			
		•	cked line 14b, fill out Forn						

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

h re DEBTOR NAME,)		
Robert Smith)	Case No Chapter 7	_
Debtor(s).	Ś	<u>-</u>	

Verification of Creditor Matrix

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of page(s) and is true, correct and complete.

Debtor

Joint Debtor

Dated: 9/21/2020

Gamache & Myers, P. C. 1000 Camera Ave Suite A St. Louis, MO 63126

Mitchell D Bluhm & Associates P O Box 3269 Sherman, TX 75091

Cerberus SFR Holdings P O Box 6969 Marietta, GA 30065

Liberty Career Finance P O Box 8099 Newark, DE 19714

Navy Federal Credit Union P O Box 3502 Merrifield, VA 22119

National Credit Systems P O Box 312125 Atlanta, GA 31131

Consumer Collection Mngt 2333 Grissom Dr St. Louis, MO 63146

Ameri Collect Inc 1851 S Alverno Rd Manitowoc WI 54220

AR Resources Inc. 1777 Sentry Pkwy W Blue Bell, PA 19422 World Finance CO 108 Frederick St Greenville, SC 29607

Sunrise LA 5105 S Crossing PL Sioux Falls, SD 57108

Credit One Bank P O Box 98873 Las Vegas, NV 89193

Kay Jewelers 375 Ghent Rd Fairlawn, OH 44333

Majr Financial Corp 7951 W Mississippi Ave Denver, CO 80226

Opportunity Financial 130 East Randolph St Chicago, Il 60601

Portfolio Recovery Ass 120 Corporate Blvd Norfolk, VA 23502

Bank of America P O Box 982238 El Paso, TX 79998

Case 20-44558 Doc 2 Filed 09/24/20 Entered 09/24/20 09:12:17 CH 7 341 Teleconference Pg 1 of 3

Case Number 20-44558

		Case Number 20-44330
Information	to identify the case:	
Debtor 1	Robert Lamar Smith Sr	Social Security number or ITIN xxx-xx-5953
	First Name Middle Name Last Name	EIN 81-0831511
Debtor 2	First Name Middle Name Last Name	Social Security number or ITIN
(Spouse, if filing)	First Name Wildle Name Last Name	EIN
United States E	Bankruptcy Court Eastern District of Missouri	Date chapter 7 filed September 24, 2020
Case number:	20-44558	

Official Form 309A (For Individuals or Joint Debtors)

Order and Notice of Chapter 7 Bankruptcy Case

01/19

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read all pages carefully.

The filing of the case imposed an automatic stay against most collection activities (see Bankruptcy Code §362 for prohibited collection actions). This means that creditors generally may not take action to collect debts from the debtors, from the debtors' property, or from certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, telephone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the Court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the Bankruptcy Clerk's Office within the deadlines specified in this notice. (See section number 9 for more information.)

To protect your rights, consult an attorney.

The staff of the Bankruptcy Clerk's Office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the Court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the Court.

1. Debtor's full name	About Debtor 1: Robert Lamar Smith Sr	About Debtor 2:
1. Debtor 3 run manie	Nobelt Lamai Omiti O	
2. All other names used in the last 8 years	dba Robs Tires LLC	
3. Address	12041 La Padera Ln Florissant, MO 63033	
4. Debtor's attorney	Robert Lamar Smith Sr 12041 La Padera Ln	Contact phone: None
Name and address	Florissant, MO 63033	Email: None
5. Bankruptcy trustee	Fredrich J. Cruse Fredrich J. Cruse, Trustee	Contact phone: <u>573–221–1333</u>
Name and address	P.O. Box 914 718 Broadway Hannibal, MO 63401	Email: trustee@cruselaw.com

For more information, see page 2 >

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Debtor Robert Lamar Smith Sr Case number 20–44558

6. Bankruptcy Clerk's Office

Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.

111 South Tenth Street Fourth Floor St. Louis, MO 63102

Telephone number: (314) 244–4500 McVCIS: 1–866–222–8029, #87

Electronic Case Information/PACER: https://ecf.moeb.uscourts.gov

Office Hours: Monday - Friday 8:30 a.m. - 4:30 p.m.

7. Meeting of creditors

Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.

October 27, 2020 at 10:30 AM

The meeting may be continued or adjourned to a later date. If so, the date will be on the Court docket.

Location:

Call 1-877-711-9738. Once prompted, enter 9779860. For more details see, www.moeb.uscourts.gov/341meetings

8. Presumption of abuse

If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances

The presumption of abuse does not arise.

9. Important Deadlines

The Bankruptcy Clerk's Office must receive these documents and any required filing fee by the following deadlines.

File by the deadline to object to discharge or to challenge whether certain debts are dischargeable:

You must file a complaint:

- if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. §727(a)(2) through (7), or
- if you want to have a debt excepted from discharge under 11 U.S.C §523(a)(2), (4), or (6).

You must file a motion:

• if you assert that the discharge should be denied under §727(a)(8) or (9).

Filing deadline: December 28, 2020

The deadline to file such complaints for any creditor added to this case after the date of the initial Notice and Order of Commencement shall be the later of the original deadline or 60 days after the date on the certificate of service of the notice given pursuant to L.R. 1009.

Deadline to object to exemptions:

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

Filing deadline: 30 days after the conclusion of the meeting of creditors unless otherwise provided under Bankruptcy Rule 1019(2)(B) for converted cases.

10. Proof of claim

Deadline for holder(s) of a claim secured by a security interest in the principal residence (Rule 3002(c)(7)(A)): Filing Deadline: December 3, 2020

No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the Clerk will send you another notice telling you that you may file a proof of claim and stating the deadline.

11. Foreign Creditors

If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the Court to extend the deadlines in this notice. Consult an attorney familiar with United States Bankruptcy Law if you have any questions about your rights in this case.

12. Exempt property

The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the Bankruptcy Clerk's Office or online at www.pacer.gov. If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection by the deadline to object to exemptions.

For more information, see page 3 >

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1	Debtor Robert Lamar Smith Sr	Teleconicience T g o or o	Case number 20-44558
-	13. Abandonment of Property	At the meeting of creditors, the Trustee may announce the aband property of the estate that is burdensome or of inconsequential within abandonment must be filed in writing with the Clerk's Office days after the conclusion of the meeting of creditors.	alue. Any objection to
•	14. Domestic Support Obligation – Child Support	The holder of any claim for unpaid pre-petition child support is e provide such creditor with notice of the creditor's right to use the child support enforcement agency and supply such creditor with telephone number of the state child support enforcement agency the creditor's rights to payment in the Bankruptcy case. Any creditor and information by writing the trustee. Such creditor is furth trustee provide the creditor with (i) notice of the granting of the denown address of the debtor, (iii) debtor's most recent employer, concerning other claims on which the debtor may be liable follow to request such information from the trustee shall be a waiver of notice from the trustee.	services of the state the address and and an explanation of litor may request such ther entitled to have the ischarge, (ii) any last and (iv) information ving a discharge. Failure

So Ordered:

United States Bankruptcy Judge **Date:** September 24, 2020

Any paper that you file in this bankruptcy case should be filed at the Bankruptcy Clerk's Office at the address listed in section number 6 of this Order and Notice. Registered electronic users should file through our Case Management/Electronic Case Files (CM/ECF) system at https://ecf.moeb.uscourts.gov. **This Court requires all attorneys to file electronically through CM/ECF.** You may inspect all papers filed, including the list of the debtor's property and debts and the list of the property claimed as exempt, at the Bankruptcy Clerk's Office or via the Internet if you have a PACER subscription. You may register for PACER at www.pacer.gov. Case status information is available 24 hours a day by contacting **McVCIS (Multi-Court Voice Case Information System)** or via the Internet using PACER. Information about the meeting of creditors, certain forms, and other matters can be obtained from the Court's website: http://www.moeb.uscourts.gov.

Debtor information needed prior to the meeting of creditors:

- Most recently filed federal and state tax returns (must be provided to trustee at least 7 days before 341 meeting)
- W-2(or W-4) forms
- Deeds to any real estate in which the debtor has any interest
- Savings, checking and investment account statements
- Personal property tax statements
- Life insurance policies on debtor's life or lives of debtor's spouse or children
- Divorce decree or separation agreement
- Documentation supporting the appropriate Statement of Current Monthly Income/Means Test/Form(s)
- Pay stubs or other earnings statements covering the 6-month period prior to the petition date

Debtor Identification:

All individual debtors must provide picture identification and proof of social security number (if any) to the trustee prior to the start of the meeting of creditors. Copies may be provided through debtor's counsel or directly to the presiding trustee if unrepresented. Failure to do so may result in your case being dismissed or denial of your discharge, and/or criminal referral. Acceptable forms of picture identification (ID) include an original: 1)driver's license, 2)federal or state government ID, 3)student id, 4)U.S. passport, 5)military ID, or 6)resident alien card. Acceptable forms of proof of social security number include an original: 1)social security card, 2)medical insurance card, 3)pay stub, 4)W–2 form, 5)Internal Revenue Service Form 1099, 6)Social Security Administration report, or 7)statement that such documentation does not exist.

For more information from the Office of the U.S. Trustee regarding verification of debtor identification and telephone guidelines, please visit the Bankruptcy Court's website at: https://www.moeb.uscourts.gov/341meetings

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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MISSOURI		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Ebony First name Elaine		First name
	license or passport).	Middle name		Middle name
	Bring your picture identification to your meeting with the trustee.	Beattle-Benson Last name and Suffix (Sr., Jr., II, III)	-	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Ebony Benson FKA Ebony Beattle		
	Include your married or maiden names.	Ebony Battle		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4829		

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Case number (if known)

Debtor 1 **Ebony Elaine Beattle-Benson**

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	□ I have not used any business name or EINs. FDBA Better Days Entertainment, LLC dba Ceutopia II Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	16716 North Fork Ridge Drive	If Debtor 2 lives at a different address:
		Florissant, MO 63034 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Saint Louis	
		County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 **Ebony Elaine Beattle-Benson**

Case number (if known)

	The chapter of the Bankruptcy Code you are			escription of each, see <i>Notice Required by</i> the top of page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankrupto e box.			
	choosing to file under	☐ Chapter 7						
		□ Chapter 11						
		□ cı	hapter 12					
		■ CI	hapter 13					
8.	How you will pay the fee		about how you ma	pay. Typically, if you are paying the fee yo ey is submitting your payment on your beha	with the clerk's office in your local court for more de urself, you may pay with cash, cashier's check, or mo alf, your attorney may pay with a credit card or check			
			I need to pay the	ee in installments. If you choose this optic	n, sign and attach the Application for Individuals to F			
			I request that my	estallments (Official Form 103A). The be waived (You may request this option waive your fee, and may do so only if you waive your fee.	only if you are filing for Chapter 7. By law, a judge nur income is less than 150% of the official poverty line			
			applies to your far		installments). If you choose this option, you must fill			
9.	Have you filed for							
,	bankruptcy within the	■ No	•					
	last 8 years?	☐ Ye	S.					
			District		Case number			
			District	When	Case number			
			District	When	Case number			
10.	Are any bankruptcy cases pending or being	■ No)					
	filed by a spouse who is not filing this case with you, or by a business	☐ Ye	S.					
	partner, or by an affiliate?				Relationship to you			
			Debtor					
			Debtor	When	Case number, if known			
				When	Case number, if known Relationship to you			
			District	When				
11.	affiliate? Do you rent your	■ No	District Debtor District	When	Relationship to you			
111.	affiliate?	■ No	District Debtor District Go to line 1	When	Relationship to you Case number, if known			
11.	affiliate? Do you rent your	_	District Debtor District Go to line 1 Has your la	When	Relationship to you Case number, if known			

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Debtor 1 **Ebony Elaine Beattle-Benson**

Case number (if known)

	· · · · · · · · · · · · · · · · · · ·			as a Sole Proprietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of business	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State & ZIP Code	
	it to this petition.		Chec	k the appropriate box to describe your business:	
				Health Care Business (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defined in 11 U.S.C. § 101(53A))	
				Commodity Broker (as defined in 11 U.S.C. § 101(6))	
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline	s. If you in is, cash-f i.C. 1116		of
	For a definition of small	No.	Iam	not filing under Chapter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am t Code	iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupto	;у
		☐ Yes.	I am	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Co	de.
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?	
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
					-

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Debtor 1 **Ebony Elaine Beattle-Benson**

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor	2	(Spouse	Only	in	а	Joint	Case)
--------------	---	---------	------	----	---	-------	-------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Ebony Elaine Beattle-Benson Pg 6 of 80

Case number (if known)

Part	6: Answer These Questi	ions for Re	porting Purposes				
16.	What kind of debts do you have?	16a.		consumer debts? Consumer ersonal, family, or household pu		.S.C. § 101(8) as "incurred by an	
		401	Yes. Go to line 17.	decelerate debte 0.0 %			
		16b.		business debts? Business de nvestment or through the operat			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you	u owe that are not consumer de	bts or business debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	ter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	☐ Yes.		7. Do you estimate that after any available to distribute to unsecu		uded and administrative expenses	
	administrative expenses are paid that funds will be available for		□ No				
			□Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do you estimate that you owe?	□ 1-49		1 ,000-5,000		5,001-50,000	
		50-99		□ 5001-10,000 □ 40,001,35,000		0,001-100,000	
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	□ IVI	ore than100,000	
19.	How much do you	□ \$0 - \$ <u>\$</u>	•	□ \$1,000,001 - \$10 n		500,000,001 - \$1 billion	
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 □ \$50,000,001 - \$10		1,000,000,001 - \$10 billion 10,000,000,001 - \$50 billion	
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$50		ore than \$50 billion	
20.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 - \$10 n	nillion 🔲 \$5	500,000,001 - \$1 billion	
	estimate your liabilities to be?		01 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$50 □ \$50,000,001 - \$10		1,000,000,001 - \$10 billion 10,000,000,001 - \$50 billion	
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 □ \$100,000,001 - \$50		fore than \$50 billion	
Part	: 7: Sign Below						
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
				r 7, I am aware that I may proce e relief available under each cha			
				d not pay or agree to pay some the notice required by 11 U.S.C		ey to help me fill out this	
		I request	relief in accordance with the	e chapter of title 11, United Stat	es Code, specified in this	s petition.	
		bankrupto and 3571	cy case can result in fines u			oy fraud in connection with a th. 18 U.S.C. §§ 152, 1341, 1519,	
		Ebony E	y Elaine Beattle-Benson Elaine Beattle-Benson of Debtor 1		ature of Debtor 2		
		Executed	on November 7, 201	9 Exec	uted on		
			MM / DD / YYYY		MM / DD / YYY	Ϋ́	

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Debtor 1 Ebony Elaine Beattle-Benson

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Kimber H. Baro	Date	November 7, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Kimber H. Baro		
Printed name		
Baro Law Firm		
Firm name		
1605 N. Lindbergh Blvd		
Florissant, MO 63031		
Number, Street, City, State & ZIP Code		
Contact phone 314-896-1999	Email address	kbaro@barolawfirm.com
33690 MO		
Bar number & State		

Case 19-46996 Doc 7 Filed 11/08/19 Entered 11/08/19 13:53:51 341 Mtg of Creditors Chap 13 Pg 1 of 3

Case Number 19-46996

Information	Information to identify the case:						
Debtor 1	Ebony Elaine Beattle-Benson	Social Security number or ITIN xxx-xx-4829					
	First Name Middle Name Last Name	EIN					
Debtor 2	First Name Middle Name Last Name	Social Security number or ITIN					
(Spouse, if filing)		EIN					
United States E	United States Bankruptcy Court						
Case number:	19–46996						

Official Form 309I

Order and Notice of Chapter 13 Bankruptcy Case

12/17

For the debtors listed above, a case has been filed under chapter 13 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read all pages carefully.

The filing of the case imposed an automatic stay against most collection activities (see Bankruptcy Code §362 and §1301 for prohibited collection actions). This means that creditors generally may not take action to collect debts from the debtors, the debtors' property, and certain codebtors. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, telephone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the Court to extend or impose a stay.

Confirmation of a chapter 13 plan may result in a discharge. Creditors who assert that the debtors are not entitled to a discharge under 11 U.S.C. § 1328(f) must file a motion objecting to discharge in the Bankruptcy Clerk's Office within the deadline specified in this notice. Creditors who want to have their debt excepted from discharge may be required to file a complaint in the Bankruptcy Clerk's Office by the same deadline. (See section number 13 below for more information.)

To protect your rights, consult an attorney.

The staff of the Bankruptcy Clerk's Office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the Court.

Do not file this notice with any Proof of Claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the Court.

	Debtor's full name	About Debtor 1:	About Debtor 2:
		Ebony Elaine Beattle–Benson	
2.	All other names used in the last 8 years	aka Ebony Battle, aka Ebony Benson, fdba Better Days Entertainment, LLC dba Ceutopia II, fka Ebony Beattle	
3.	Address	16716 North Fork Ridge Drive Florissant, MO 63034	
4.	Debtor's attorney Name and address	Kimber Houpt Baro Baro Law Firm 1605 N. Lindbergh Blvd Florissant, MO 63031	Contact phone: (314)896–1999 Email: kbaro@barolawfirm.com
5.	Bankruptcy trustee Name and address	Diana S. Daugherty Chapter 13 Trustee P. O. Box 430908 St. Louis, MO 63143	Contact phone: <u>314–781–8100</u>
6.	Bankruptcy Clerk's Office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov .	McVCIS: 1–866–222–8029, #87 Electronic Case Information/PACER: https://ecf.mc	peb.uscourts.gov
		Office Hours: Monday – Friday 8:30 a.m. – 4:30 p.m.	

For more information, see page 2 >

Debtor Ebony Elaine Beattle-Benson

Case number 19-46996

7. Meeting of creditors and Order to Appear

joint case) are ordered to appear at the meeting to be questioned under oath by the trustee and by creditors. Creditors may attend, but are not required to do so.

December 2, 2019 at 09:00 AM

The debtor (both spouses in a The meeting may be continued or adjourned to a later date. If so, the date will be on the Court docket.

Location:

111 South Tenth Street, First Floor, Room 1.310, St. Louis, MO 63102

8. Important Deadlines The Bankruptcy Clerk's Office must receive these

documents and any required filing fee by the following deadlines.

Deadline to file a complaint to challenge dischargeability of certain debts:

You must file:

- a motion if you assert that the debtors are not entitled to receive a discharge under U.S.C. § 1328(f) or
- a complaint if you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4).

Filing deadline: January 31, 2020 The deadline to file such complaints for any creditor added to this case after the date of the initial Notice and Order of Commencement shall be the later of the original deadline or 60 days after the date on the certificate of service of the notice given pursuant to L.R. 1009.

- Deadline for holder(s) of a claim secured by a security interest in the debtor(s)' principal residence Filing deadline: January 16, 2020 (Rule 3002(c)(7)(A)):
- · Deadline for all creditors to file a Proof of Claim (except governmental units and holder(s) of a claim that is secured by a security interest in the debtor(s)' principal residence):
- Deadline for governmental units to file a Proof of Claim (except as otherwise provided in Fed. R. Bankr. P. 3002(c)(1)):

Filing deadline: January 16, 2020

Filing deadline: May 5, 2020

Proof of Claims:

A Proof of Claim is a signed statement describing a creditor's claim. A Proof of Claim form is not included with this notice. You can obtain one at any Bankruptcy Clerk's Office, or by visiting www.uscourts.gov. If you do not file a Proof of Claim by the deadline, you might not be paid on your claim. To be paid, you must file a Proof of Claim even if your claim is listed in the schedules that the debtor filed.

Secured creditors retain rights in their collateral regardless of whether they file a Proof of Claim. Filing a Proof of Claim submits the creditor to the jurisdiction of the Bankruptcy Court, with consequences a lawyer can explain. For example, a secured creditor who files a Proof of Claim may surrender important nonmonetary rights, including the right to a jury trial.

Proofs of Claims can be filed via the Court's Electronic Proof of Claim system (ePOC) found on the Court's web site at www.moeb.uscourts.gov. Do not include this notice with any filing you make with the Court.

Deadline to object to exemptions:

The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.

Filing deadline: 30 days after the conclusion of the meeting of creditors unless otherwise provided under Bankruptcy Rule 1019(2)(B) for converted cases.

9. Filing of plan

The debtor has filed a plan. A copy of the plan, if not enclosed, will be sent to you later. The hearing on confirmation will be held on:

January 16, 2020 at 10:00 AM, Location: Thomas F. Eagleton U.S. Courthouse, 111 South Tenth Street, Courtroom 7 North - Seventh Floor, St. Louis, MO 63102

PLEASE BE ADVISED that at any hearing concerning confirmation of your plan, your case may be dismissed if you have not made any plan payments or if you have failed to make all payments due as of the date of the hearing.

Deadline to Object to Confirmation of the Plan:

Twenty-one (21) days after the conclusion of the meeting of creditors or at the confirmation hearing, whichever is earlier.

Debtor Ebony Elaine Beattle-B	nson Case number 19–46996
10. Foreign Creditors	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the Court to extend the deadline in this notice. Consult an attorney familiar with United States Bankruptcy Law if you have any questions about your rights in this case.
11. Filing a chapter 13 bankruptcy case	Chapter 13 allows an individual with regular income and debts below a specified amount to adjust debts according to a plan. A plan is not effective unless the Court confirms it. You may object to confirmation of the plan and appear at the confirmation hearing. The debtor will remain in possession of the property and may continue to operate the business, if any, unless the Court orders otherwise.
12. Exempt property	The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors, even if the case is converted to chapter 7. Debtors must file a list of property claimed as exempt. You may inspect that list at the Bankruptcy Clerk's Office or online at www.pacer.gov . If you believe that the law does not authorize an exemption that debtors claimed, you may file an objection by the deadline.
13. Discharge of debts	Confirmation of a chapter 13 plan may result in a discharge of debts, which may include all or part of a debt. However, unless the Court orders otherwise, the debts will not be discharged until all payments under the plan are made. A discharge means that creditors may never try to collect the debt from the debtors personally except as provided in the plan. If you want to have a particular debt excepted from discharge under 11 U.S.C. § 523(a)(2) or (4), you must file a complaint and pay the filing fee by the deadline. If you believe that the debtor is not entitled to a discharge under Bankruptcy Code §1328(f), you must file a motion objecting to discharge by the deadline.
14. Domestic Support Obligation – Child Support	The holder of any claim for unpaid pre—petition child support is entitled to have the trustee provide such creditor with notice of the creditor's right to use the services of the state child support enforcement agency and supply such creditor with the address and telephone number of the state child support enforcement agency and an explanation of the creditor's rights to payment in the Bankruptcy case. Any creditor may request such notice and information by writing the trustee. Such creditor is further entitled to have the trustee provide the creditor with (i) notice of the granting of the discharge, (ii) any last known address of the debtor,(iii) debtor's most recent employer, and (iv) information concerning other claims on which the debtor may be liable following a discharge. Failure to request such information from the trustee shall be a waiver of the right to receive such notice from the trustee.

So Ordered: Kathy-a Surrait - States

United States Bankruptcy Court Judge

Date: November 8, 2019

Any paper that you file in this bankruptcy case should be filed at the Bankruptcy Clerk's Office at the address listed in section number 6 of this Order and Notice. Registered electronic users should file through our Case Management/Electronic Case Files (CM/ECF) system at https://ecf.moeb.uscourts.gov. This Court requires all attorneys to file electronically through CM/ECF. You may inspect all papers filed, including the list of the debtor's property and debts and the list of the property claimed as exempt, at the Bankruptcy Clerk's Office or via the Internet if you have a PACER subscription. You may register for PACER at www.pacer.gov. Case status information is available 24 hours a day by contacting McVCIS (Multi-Court Voice Case Information System) or via the Internet using PACER. Information about the meeting of creditors, certain forms, and other matters can be obtained from the Court's website: http://www.moeb.uscourts.gov.

Debtor information needed at the meeting of creditors:

- Most recently filed federal and state tax returns (must be provided to trustee at least 7 days before 341 meeting)
- W-2(or W-4) forms
- Deeds to any real estate in which the debtor has any interest
- Savings, checking and investment account statements
- Personal property tax statements
- Life insurance policies on debtor's life or lives of debtor's spouse or children
- Divorce decree or separation agreement
- Documentation supporting the appropriate Statement of Current Monthly Income/Means Test/Form(s)
- Pay stubs or other earnings statements covering the 6-month period prior to the petition date

Debtor Identification:

All individual debtors must provide picture identification and proof of social security number (if any) to the trustee at the meeting of creditors. Failure to do so may result in your case being dismissed or denial of your discharge, and/or criminal referral. Acceptable forms of picture identification (ID) include an original: 1)driver's license, 2)federal or state government ID, 3)student id, 4)U.S. passport, 5)military ID, or 6)resident alien card. Acceptable forms of proof of social security number include an original: 1)social security card, 2)medical insurance card, 3)pay stub, 4)W–2 form, 5)Internal Revenue Service Form 1099, 6)Social Security Administration report, or 7)statement that such documentation does not exist.



