

**United States Bankruptcy Court**  
**NORTHERN District of ALABAMA**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Camp, Benjamin Frank</b>	Name of Joint Debtor (Spouse)(Last, First, Middle): <b>Camp, Susan S.</b>
---	--

All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>aka Frank Camp</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>
---	---

Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>2696</b>	Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>2147</b>
---	---

Street Address of Debtor (No. & Street, City, and State): <b>2433 Barnes Drive Gadsden AL</b>	Street Address of Joint Debtor (No. & Street, City, and State): <b>2433 Barnes Drive Gadsden AL</b>
ZIPCODE <b>35903</b>	ZIPCODE <b>35903</b>

County of Residence or of the Principal Place of Business: <b>Etowah</b>	County of Residence or of the Principal Place of Business: <b>Etowah</b>
--	--

Mailing Address of Debtor (if different from street address): <b>SAME</b>	Mailing Address of Joint Debtor (if different from street address): <b>SAME</b>
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (If different from street address above): <b>NOT APPLICABLE</b>	ZIPCODE
---	---------

<b>Type of Debtor</b> (Form of organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and provide the information requested below.)  State type of entity: _____	<b>Nature of Business</b> (Check all applicable boxes.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Nonprofit Organization qualified under 11 U.S.C. § 501(3)(c).	<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13  <b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business
---	--	--

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official form No. 3A. <input type="checkbox"/> Filing fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors:</b> Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.
--	---

<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
--	----------------------------------

Estimated Number of Creditors	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	OVER 100,000
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Assets	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Estimated Debts	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Benjamin Frank Camp and Susan S. Camp</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than one, attach additional sheet)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy code. <b>X Robert D. McWhorter</b> 6/15/06 <small>Signature of Attorney for Debtor(s) Date</small>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		<b>Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</b> <input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing)	
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>			
<b>Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principle assets in the United States in this District, or has no principle place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interest of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> <i>Check all applicable boxes.</i>			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align:center;">           _____            (Name of landlord that obtained judgment)         </div> <div style="text-align:center;">           _____            (Address of landlord)         </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Benjamin Frank Camp and Susan S. Camp**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X *Benjamin Frank Camp*  
Signature of Debtor

X *Susan S. Camp*  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

6/15/06  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documentation required by § 1515 of title 11 are attached.

Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed name of Foreign Representative)

\_\_\_\_\_  
(Date)

**Signature of Attorney**

X *Robert D. McWhorter, Jr.*  
Signature of Attorney for Debtor(s)

**Robert D. McWhorter, Jr. ASB0261M68R**  
Printed Name of Attorney for Debtor(s)

**Inzer, Haney & McWhorter, P.A.**  
Firm Name

**P. O. Drawer 287**  
Address

**Gadsden AL 35902-0287**

**256-546-1656**  
Telephone Number

6/15/06  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.

\_\_\_\_\_  
Printed Name and title, if any, of bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

X \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; Required by 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

X \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; Required by 18 U.S.C. § 156.*

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ALABAMA  
EASTERN DIVISION**

In re *Benjamin Frank Camp and Susan S. Camp*Case No.  
Chapter 11

\_\_\_\_\_/ Debtor

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages on each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	AMOUNTS SCHEDULED		
			ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 160,353.00		
B-Personal Property	Yes	4	\$ 42,242.60		
C-Property Claimed as Exempt	Yes	1			
D-Creditors Holding Secured Claims	Yes	2		\$ 162,768.79	
E-Creditors Holding Unsecured Priority Claims	Yes	2		\$ 212,672.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 79,844.23	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	1			\$ 17,806.00
J-Current Expenditures of Individual Debtor(s)	Yes	1			\$ 8,341.25
<b>TOTAL</b>			\$ 202,595.60	\$ 455,285.02	

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ALABAMA  
EASTERN DIVISION**

In re *Benjamin Frank Camp and Susan S. Camp*

Case No.  
Chapter 11

\_\_\_\_\_/ Debtor

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C § 159)  
[Individual Debtors Only]**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

<b>Type of Liability</b>	<b>Amount</b>
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 212,672.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 212,672.00</b>

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

In re Benjamin Frank Camp and Susan S. Camp / Debtor Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

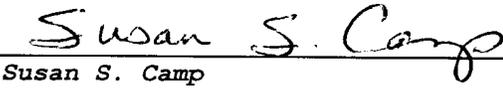
### DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 6/15/06

Signature   
Benjamin Frank Camp

Date: 6/15/06

Signature   
Susan S. Camp

In re Benjamin Frank Camp and Susan S. Camp / DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE A-REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C-Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
<i>residence at 2433 Barnes Drive</i>	<i>Fee Simple</i>	<i>J</i>	<i>\$ 82,443.00</i>	<i>\$ 82,443.00</i>
<i>rental house - Slusser Ave &amp; Tenn. Ave</i>	<i>Fee Simple</i>	<i>J</i>	<i>\$ 24,500.00</i>	<i>\$ 20,568.00</i>
<i>office building</i>	<i>Fee Simple</i>	<i>J</i>	<i>\$ 25,636.00</i>	<i>\$ 15,000.00</i>
<i>vacant lots, Roxbury Ave.</i>	<i>Fee Simple</i>	<i>J</i>	<i>\$ 8,274.00</i>	<i>\$ 1,200.00</i>
<i>vacant lot - 927 Agricola Drive</i>	<i>Fee Simple</i>	<i>J</i>	<i>\$ 1,500.00</i>	<i>\$ 0.00</i>
<i>Rental house - 922 Agricola Drive</i>	<i>Fee Simple</i>	<i>J</i>	<i>\$ 18,000.00</i>	<i>\$ 0.00</i>
<b>TOTAL \$</b>			<b>160,353.00</b>	

No continuation sheets attached

(Report also on Summary of Schedules.)

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C-Property Claimed as Exempt. Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases. If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		<i>cash</i> <i>Location: In debtor's possession</i>	J		\$ 100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>checking account</i> <i>Location: AmSouth Bank, Gadsden, AL</i>	J		\$ 1,000.00
		<i>checking account</i> <i>Location: State Farm So. Fed. C.U., Duluth, GA</i>	J		\$ 600.00
		<i>checking account</i> <i>Location: State Farm So. Fed. C.U., Duluth, GA</i>	J		\$ 1,000.00
		<i>checking account</i> <i>Location: Regions Bank, Gadsden, AL</i>	J		\$ 393.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X				
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Appliances, furniture &amp; goods</i> <i>Location: In debtor's possession</i>	J		\$ 1,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X				
6. Wearing apparel.		<i>wearing apparel</i> <i>Location: In debtor's possession</i>	J		\$ 500.00
7. Furs and jewelry.	X				
8. Firearms and sports, photographic, and other hobby equipment.	X				

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<i>insurance policy - State Farm Location: In debtor's possession</i>	J	\$ 2,172.60
		<i>insurance policy - State Farm Location: In debtor's possession</i>	J	\$ 2,385.00
		<i>Insurance policy- State Farm Location: In debtor's possession</i>	J	\$ 1,598.00
		<i>Insurance policy - State Farm Location: In debtor's possession</i>	J	\$ 2,694.00
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		<i>State Farm retirement Location: In debtor's possession</i>	J	\$ 4,300.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit	X			

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C		Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
plan, life insurance policy, or trust.					
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X				
22. Patents, copyrights, and other intellectual property. Give particulars.	X				
23. Licenses, franchises, and other general intangibles. Give particulars.	X				
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X				
25. Automobiles, trucks, trailers and other vehicles.		1977 Ford PU Location: In debtor's possession	J		\$ 500.00
		1993 Lexus Location: In debtor's possession	J		\$ 3,500.00
		1994 Mercedes Location: In debtor's possession	J		\$ 13,000.00
		1997 Ford Van Location: In debtor's possession	J		\$ 5,000.00
26. Boats, motors, and accessories.	X				
27. Aircraft and accessories.	X				
28. Office equipment, furnishings, and supplies.	X				
29. Machinery, fixtures, equipment and supplies used in business.	X				
30. Inventory.	X				
31. Animals.	X				

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		<i>John Deere Lawnmower Location: In debtor's possession</i>	J	\$ 2,000.00

**Total** → \$ 42,242.60

(Report total also on Summary of Schedules.)  
Include amounts from any continuation sheets attached.

In re Benjamin Frank Camp and Susan S. Camp / DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE C-PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

 Check if debtor claims a homestead exemption that exceeds \$125,000.

(Check one box)

 11 U.S.C. § 522(b) (2): 11 U.S.C. § 522(b) (3):

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
<i>residence at 2433 Barnes Drive</i>	<i>Ala. Code Title 6-10-2, 6-10-4</i>	<i>\$ 10,000.00</i>	<i>\$ 82,443.00</i>
<i>cash</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 100.00</i>	<i>\$ 100.00</i>
<i>AmSouth Bank</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 1,000.00</i>	<i>\$ 1,000.00</i>
<i>checking account</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 600.00</i>	<i>\$ 600.00</i>
<i>checking account</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 1,000.00</i>	<i>\$ 1,000.00</i>
<i>Regions Bank</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 393.00</i>	<i>\$ 393.00</i>
<i>Appliances, furniture &amp; goods</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 1,500.00</i>	<i>\$ 1,500.00</i>
<i>wearing apparel</i>	<i>Ala. Code Tit. 6-10-6, 6-10-126</i>	<i>\$ 500.00</i>	<i>\$ 500.00</i>
<i>State Farm retirement</i>	<i>Ala. Code Title 19-3-1</i>	<i>\$ 4,300.00</i>	<i>\$ 4,300.00</i>
<i>1977 Ford PU</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 500.00</i>	<i>\$ 500.00</i>
<i>1993 Lexus</i>	<i>Ala. Code Title 6-10-6, 6-10-126</i>	<i>\$ 907.00</i>	<i>\$ 3,500.00</i>

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See U.S.C. § 112; Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above)</i>	C	o	d	e	b	t	o	r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C	o	n	t	i	n	g	e	n	t	U	n	l	i	q	u	i	t	e	d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any	
									H--Husband W--Wife J--Joint C--Community																							
Account No: <b>Creditor # : 1</b> <b>AmSouth Bank</b> <b>200 Broad Street</b> <b>Gadsden AL 35901</b>									J Mortgage vacant lots, Roxbury Ave.  Value: \$ 8,274.00																						\$ 1,200.00	\$ 0.00
Account No: <b>Creditor # : 2</b> <b>Bob Powell</b> <b>916 Roxbury Avenue</b> <b>Gadsden AL 35903</b>									J Mortgage office building  Value: \$ 25,636.00																						\$ 15,000.00	\$ 0.00
Account No: <b>Creditor # : 3</b> <b>HomeEq Servicing</b> <b>P. O. Box 70830</b> <b>Charlotte NC 28272</b>									J Mortgage residence at 2433 Barnes Drive  Value: \$ 82,443.00																						\$ 105,549.00	\$ 23,106.00
Account No: 4048 <b>Creditor # : 4</b> <b>John Deere Credit</b> <b>P. O. Box 5327</b> <b>Madison WI 53705</b>									J Purchase Money Security John Deere Lawnmower  Value: \$ 2,000.00																						\$ 2,262.79	\$ 262.79

1 continuation sheets attached

<b>Subtotal \$</b>	<b>124,011.79</b>
(Total of this page)	
<b>Total \$</b>	
(Use only on last page)	

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above)</i>	c o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t	U n l i q u i t e d	D i s p u t e d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
Account No: <b>9003</b> Creditor # : 5 Regions Bank Dept. 2521 P. O. Box 2153 Birmingham AL 35287-0201	J	<b>Mortgage</b> rental house - Slusser Ave & Tenn. Ave  Value: \$ 24,500.00				\$ 20,568.00	\$ 0.00
Account No: <b>0611</b> Creditor # : 6 State Farm So. Fed. C.U. 11350 Johns Creek Pkwy Duluth GA 30098	J	<b>Purchase Money Security</b> 1994 Mercedes  Value: \$ 13,000.00				\$ 13,141.00	\$ 141.00
Account No: <b>0611</b> Creditor # : 7 State Farm So. Fed. C.U. 11350 Johns Creek Pkwy Duluth GA 30098	J	<b>Purchase Money Security</b> 1997 Ford Van  Value: \$ 5,000.00				\$ 5,048.00	\$ 48.00
Account No:		   Value:					
Account No:		   Value:					
Account No:		   Value:					

Sheet No. 1 of 1 continuation sheets attached to Schedule of Creditors  
Holding Secured Claims

<b>Subtotal \$</b> <small>(Total of this page)</small>	<b>38,757.00</b>
<b>Total \$</b> <small>(Use only on last page)</small>	<b>162,768.79</b>

In re Benjamin Frank Camp and Susan S. Camp / DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. If applicable, also report this total on the Means Test form.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

TYPE OF PRIORITY *Taxes and Certain Other Debts Owed to Governmental Units*

Creditor's Name, Mailing Address including Zip Code, and Account Number	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim	Amount Entitled to Priority
Account No: 2696 Creditor # : 1 Internal Revenue Service Centralized Insolvency Operati P. O. Box 21126 Philadelphia PA 19114-0326	J	unpaid income taxes				\$ 211,091.00	\$ 211,091.00
Account No: 2696 Creditor # : 2 State of Alabama Dept. of Revenue P. O. Box 327820 Montgomery AL 36132	J	unpaid income taxes				\$ 1,581.00	\$ 1,581.00
Account No:							
Account No:							
Account No:							
Account No:							
Account No:							

Sheet No. 1 of 1 sheets attached to Schedule of Creditors  
Holding Priority Claims

<b>Subtotal \$</b>	<b>212,672.00</b>
(Total of this page)	
<b>Total \$</b>	<b>212,672.00</b>

(Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. 112; Fed.R.Bankr.P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim without deducting value of collateral
	H--Husband W--Wife J--Joint C--Community					
Account No: <b>2005</b> Creditor # : 1 <b>American Express</b> P.O. Box 360001 Ft.Lauderdale FL 33336	J	Credit card account				\$ 7,786.89
Account No: <b>8941</b> Creditor # : 2 <b>AmSouth Bank</b> BankCard Services P.O. Box 15137 Wilmington DE 19886	J	Credit card account				\$ 5,442.95
Account No: <b>6077</b> Creditor # : 3 <b>AT&amp;T Universal Card</b> P.O. Box 6419 The Lakes NV 88901	J	Credit card account				\$ 483.28
Account No: <b>5835</b> Creditor # : 4 <b>Capital One</b> P.O. Box 650007 Dallas TX 75265-0007	J	Credit card account				\$ 2,245.87
<b>Subtotal \$</b> (Total of this page)						<b>15,958.99</b>
<b>Total \$</b> (Report total also on Summary of Schedules)						

3 continuation sheets attached

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address Including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim without deducting value of collateral
		H--Husband W--Wife J--Joint C--Community				
Account No: <b>2495</b> Creditor # : <b>5</b> Capitol One Bank P. O. Box 650007 Dallas TX 75265-0007	J	Credit card account				\$ 732.05
Account No: <b>9242</b> Creditor # : <b>6</b> Chase Cardmember Service P.O. Box 94014 Palatine IL 60094	J	Credit card account				\$ 2,800.51
Account No: <b>0183</b> Creditor # : <b>7</b> Chase Cardmember Service P.O. Box 94014 Palatine IL 60094	J	Credit card account				\$ 2,396.46
Account No: <b>8506</b> Creditor # : <b>8</b> Citicorp Credit Services c/o The CBE Group Box 3136 Milwaukee WI 53201-3136	J	Credit card account				\$ 3,567.52
Account No: <b>4514</b> Creditor # : <b>9</b> CitiFinancial P.O. Box 6931 The Lakes NV 88901	J	Credit card account				\$ 4,626.45
Account No: <b>7447</b> Creditor # : <b>10</b> Compass Bank P.O. Box 2210 Decatur AL 35699-0001	J	Credit card account				\$ 3,345.21

Sheet No. 1 of 3 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b> (Total of this page)	<b>17,468.20</b>
<b>Total \$</b> (Report total also on Summary of Schedules)	

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i t a t e d	D i s p u t e d	Amount of Claim without deducting value of collateral
		H--Husband W--Wife J--Joint C--Community				
Account No: 3132 Creditor # : 11 Discover Card P.O. Box 15251 Wilmington DE 19886	J	Credit card account				\$ 7,228.51
Account No: 5763 Creditor # : 12 FirstUSA Cardmember Service P.O. Box 94014 Palatine IL 60094	J	Credit card account				\$ 1,794.29
Account No: -001 Creditor # : 13 Gadsden Regional Medical Cente 1007 Goodyear Avenue Gadsden AL 35903-1195	J	Medical Bills				\$ 10.00
Account No: -001 Representing: Gadsden Regional Medical Cente		Computer Credit, Inc. P. O. Box 5238 Winston-Salem NC 27113-5328				
Account No: 0015 Creditor # : 14 MBNA America P. O. Box 15137 Wilmington DE 19886-5137	J	Credit card account				\$ 3,870.12
Account No: 7768 Creditor # : 15 Medical Revenue Services P. O. Box 938 Vero Beach FL 32960	J	Medical Bills				\$ 859.21

Sheet No. 2 of 3 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b>	<b>13,762.13</b>
(Total of this page)	
<b>Total \$</b>	
(Report total also on Summary of Schedules)	

In re Benjamin Frank Camp and Susan S. Camp / Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code And Account Number (See instructions above.)	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim without deducting value of collateral
Account No: 8506 Creditor # : 16 Sears P.O. Box 182149 Columbus OH 43218	J	Credit card account				\$ 3,691.39
Account No: 6501 Creditor # : 17 State Farm Bank P.O. Box 23025 Columbus GA 31902	J	Credit card account				\$ 4,324.26
Account No: 0611 Creditor # : 18 State Farm So. Fed. C.U. 11350 Johns Creek Parkway Duluth GA 30098	J	Revolving credit				\$ 15,321.00
Account No: 3225 Creditor # : 19 Wells Fargo Payment Remittance Center P. O. Box 54349 Los Angeles CA 90054-0349	J	Credit card account				\$ 9,318.26
Account No:						
Account No:						

Sheet No. 3 of 3 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

<b>Subtotal \$</b> (Total of this page)	32,654.91
<b>Total \$</b> (Report total also on Summary of Schedules)	79,844.23

In re Benjamin Frank Camp and Susan S. Camp / Debtor Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "minor child" and do not disclose the child's name. See 11 U.S.C 112 Fed.R.Bankr.P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Benjamin Frank Camp and Susan S. Camp / Debtor Case No. \_\_\_\_\_  
 (if known)

### SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California Idaho, Louisiana, Nevada, New Mexico, Puerto Rico Texas, Washington, or Wisconsin) within the eight year period immediately preeceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the childs name. See 11 U.S.C 112 ; Fed.Bankr.P. 1007(m).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re Benjamin Frank Camp and Susan S. Camp / Debtor Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12, or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP	AGE
<b>EMPLOYMENT:</b>	DEBTOR	SPOUSE
Occupation	<i>Disabled</i>	<i>Clerical</i>
Name of Employer	<i>n/a</i>	<i>Blaise Jerecki</i>
How Long Employed	<i>n/a</i>	<i>5 years</i>
Address of Employer	<i>n/a</i> <i>n/a N/a n/a</i>	<i>Roxbury Avenue</i> <i>Gadsden AL 35903</i>
Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
1. Current Monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ 0.00	\$ 3,400.00
2. Estimated Monthly Overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 0.00	\$ 3,400.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll Taxes and Social Security	\$ 0.00	\$ 600.00
b. Insurance	\$ 0.00	\$ 0.00
c. Union Dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 0.00	\$ 600.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 0.00	\$ 2,800.00
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from Real Property	\$ 1,900.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social Security or other government assistance Specify:	\$ 1,522.00	\$ 0.00
12. Pension or retirement income	\$ 4,375.00	\$ 0.00
13. Other monthly income Specify: <i>Disability insurance</i>	\$ 7,209.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 15,006.00	\$ 0.00
15. TOTAL MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 15,006.00	\$ 2,800.00
16. TOTAL COMBINED MONTHLY INCOME:	\$ <u>17,806.00</u>	(Report also on Summary of Schedules)
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		
<i>Disability benefits will end August 2006</i>		

In re Benjamin Frank Camp and Susan S. Camp / DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR**

Complete this schedule by estimating the average expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	806.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	250.00
b. Water and sewer	\$	45.00
c. Telephone	\$	200.00
d. Other <b>gas</b>	\$	52.00
Other <b>Direct TV</b>	\$	100.00
Other	\$	0.00
3. Home maintenance (Repairs and upkeep)	\$	100.00
4. Food	\$	685.00
5. Clothing	\$	25.00
6. Laundry and dry cleaning	\$	20.00
7. Medical and dental expenses	\$	200.00
8. Transportation (not including car payments)	\$	600.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	100.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	179.00
b. Life	\$	985.00
c. Health	\$	724.00
d. Auto	\$	95.25
e. Other	\$	0.00
Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage)		
(Specify) <b>Income taxes</b>	\$	1,551.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	670.00
b. Other: <b>Rental Property Mtg. Payments</b>	\$	925.00
c. Other:	\$	0.00
d. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other: <b>Property taxes</b>	\$	29.00
Other:	\$	0.00
Other:	\$	0.00
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	8,341.25
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Total monthly income from Line 16 of Schedule I	\$	17,806.00
b. Total monthly expenses from Line 18 above	\$	8,341.25
c. Monthly net income (a. minus b.)	\$	9,464.75