Case 2:10-bk-57998-RN Doc 1 Filed 11/08/10 Entered 11/08/10 16:02:20 Desc Main Document Page 1 of 74

| B1 (Official )  | Form 1)(4/   | 10)   |  |   | .viaiii   | <b>5</b> 00 0 0 1  |   |   | . ago .  | 01 7 1  |   |  |  |   |
|---|--|---|--|---|---|--|---|---|--|---|---|--|--|---|
|   |  |   | United<br>Centra   |   | Banki   |  |   |   |  |   |   | Vol  | luntary                                  | Petition  |
|   | ebtor (if ind<br>n, John P   |   | er Last, First   | Middle):                                |   |  | N   | Name of Joint Debtor (Spouse) (Last, First, Middle):  Johnsen, Kimberlie Dyan   |  |   |   |  |  |   |
|   | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): |   |  |   |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |   |   |  |   |   |  |  |   |
| Last four dig   |  | Sec. or Indi                                    | vidual-Taxpa   | ayer I.D. (                             | ITIN) No./0                                     | Complete   | e EIN L   | f more  | than one, state                                | all)  | r Individual-   | Taxpayer I.  | D. (ITIN) N                              | o./Complete EIN                                     |
|   |  | nue   | Street, City,  | and State)                              | :   | ZIP Co   |   | treet<br>805  | N. Lucia                                       | Toint Debtor<br>A Avenue<br>Bach, CA              | (No. and St   | reet, City, a  | and State):                              | ZIP Code  |
| County of R   | esidence or  | of the Princ                                    | rinal Place o  | f Busines                               |   | 90277  | C   | Count   | v of Reside                                    | ence or of the                                    | Principal Pl  | ace of Busi  | ness:                                    | 90277   |
| Los Ang   |  | of the Time                                     | cipai i iacc o   | Dusines                                 |   |  |   |   | s Angele                                       |   | Timeipai Ti   | acc of Busi  | ness.                                    |   |
| Mailing Add   | lress of Deb   | otor (if diffe                                  | rent from str  | eet addres                              | ss):  |  | N   | /Iailin   | g Address                                      | of Joint Deb                                      | tor (if differe   | ent from stre  | eet address):                            |   |
|   |  |   |  |   | _   | ZIP Co   | ode   |   |  |   |   |  |  | ZIP Code  |
| Location of   | Dringing A   | esate of Rue                                    | inass Dahtor   |   |   |  |   |   |  |   |   |  |  |   |
| (if different   |  |   |  |   |   |  |   |   |  |   |   |  |  |   |
|   |  | Debtor  |  |   | Nature  | of Busin   |   |   |  |   | of Bankru<br>Petition is F                                      |  |  | ch  |
| (Form of Organization) (Check one box)  ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) |  |   | ☐ Health Care Business ☐ Single Asset Real Estate as def in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☐ Other ☐ Tax-Exempt Entity (Check box, if applicable) |   |   | tity   | ed  | ☐ Chapt☐ | er 9<br>er 11<br>er 12                         | Od<br>Od<br>Natur<br>(Chec                        | f a Foreign hapter 15 F f a Foreign  e of Debts k one box)      | Petition for R Main Procee Petition for R Nonmain Pr | eding<br>Recognition                     |   |
|   |  |   |  | und<br>Cod                              | tor is a tax-<br>er Title 26 of<br>e (the Inter | exempt of the Un   | organizati<br>nited State                               | es  | "incurr  | d in 11 U.S.C.<br>ed by an indiversal, family, or | idual primarily   |  | busin                                    | ess debts.  |
| Full Filing   |  | •   | heck one box   | κ)                                      |   |  | ck one bo   |   | nall business                                  | Chap<br>debtor as defi                            | oter 11 Debt  |  | O).                                      |   |
| Filing Fee attach sign debtor is u Form 3A.   | e to be paid in<br>ned application<br>unable to pay  | installments<br>on for the cou<br>fee except in | (applicable to<br>art's considerat<br>a installments.<br>able to chapter<br>art's considerat   | ion certifyi<br>Rule 1006<br>7 individu | ng that the (b). See Office als only). Mu       | Che Che  | Debtor : eck if: Debtor' are less eck all appl A plan i | s aggr<br>than S<br>licable<br>is bein  | a small businegate nonco \$2,343,300 (e boxes: | ness debtor as<br>ntingent liquid                 | defined in 11 defined in 11 defined debts (exist to adjustment) | U.S.C. § 101 cluding debts t on 4/01/13              | (51D).  s owed to inside and every three | ders or affiliates) ee years thereafter). reditors, |
| Statistical/A   | dusinistus   | ivo Inform                                      | ation  |   |   |  |   |   |  | S.C. § 1126(b).                                   |   |  |  | •   |
| ■ Debtor e □ Debtor e   | stimates tha   | t funds will<br>t, after any                    | be available<br>exempt prop<br>for distribut   | erty is ex                              | cluded and                                      | administ   |   |   | es paid,                                       |   | THIS  | SFACE IS   | FOR COURT                                | USE ONL I   |
| Estimated No.   | umber of C   | reditors  100- 199                              | □<br>200-<br>999   | 1,000-<br>5,000                         | 5,001-<br>10,000                                | 10,001-<br>25,000  | 25,00<br>50,00  |   | 50,001-<br>100,000                             | OVER 100,000                                      |   |  |  |   |
| Estimated A  So to \$50,000   | ssets<br>\$50,001 to<br>\$100,000  | \$100,001 to<br>\$500,000                       | to \$1   | \$1,000,001<br>to \$10<br>million       | \$10,000,001<br>to \$50<br>million              | \$50,000,0<br>to \$100<br>million  | 001 \$100,0<br>to \$500<br>millior                      | 0   | \$500,000,001<br>to \$1 billion                |   |   |  |  |   |
| Estimated Li  \$0 to \$50,000   | \$50,001 to<br>\$100,000   | \$100,001 to<br>\$500,000                       |  | \$1,000,001<br>to \$10<br>million       | \$10,000,001<br>to \$50<br>million              | \$50,000,0<br>to \$100<br>million  | 001 \$100,0<br>to \$500<br>millior                      | 0   | \$500,000,001 to \$1 billion                   |   |   |  |  |   |

Case 2:10-bk-57998-RN Doc 1 Filed 11/08/10 Entered 11/08/10 16:02:20 Desc

Main Document Page 2 of 74 B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Johnsen, John Peter (This page must be completed and filed in every case) Johnsen, Kimberlie Dyan All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission 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 pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Eric P. Israel, eisrael@dgdk.comNovember 8, 2010 Signature of Attorney for Debtor(s) (Date) Eric P. Israel, eisrael@dgdk.com Exhibit C 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 or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) 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. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal 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 interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) 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 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. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(4/10)

Page 3

#### **Voluntary Petition**

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

Name of Debtor(s):

Johnsen, John Peter Johnsen, Kimberlie Dyan

#### **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 11 U.S.C. §342(b).

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

#### X /s/ John Peter Johnsen

Signature of Debtor John Peter Johnsen

#### X /s/ Kimberlie Dyan Johnsen

Signature of Joint Debtor Kimberlie Dyan Johnsen

Telephone Number (If not represented by attorney)

#### **November 8, 2010**

Date

#### Signature of Attorney\*

#### X /s/ Eric P. Israel, eisrael@dgdk.com

Signature of Attorney for Debtor(s)

#### Eric P. Israel, eisrael@dgdk.com 132426

Printed Name of Attorney for Debtor(s)

#### Danning, Gill, Diamond & Kollitz, LLP

Firm Name

2029 Century Park East, Third Floor Los Angeles, CA 90067-2904

Address

#### (310) 277-0077 Fax: (310) 277-5735

Telephone Number

**November 8, 2010** 

132426

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### 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.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

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 documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, 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 main proceeding is attached.

| 7 | v |
|---|---|
| 2 | ١ |
|   |   |

Signature of Foreign Representative

Printed Name of Foreign Representative

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 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy 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.)

Date

Address

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; 18 U.S.C. §156.

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| Attorney or Party Name, Address, Telephone & FAX Numbers; and California State Bar Number  Eric P. Israel, eisrael@dgdk.com  | FOR COURT USE ONLY   |
|--|--|
| Danning, Gill, Diamond & Kollitz, LLP  |  |
| 2029 Century Park East, Third Floor  |  |
| Los Angeles, CA 90067-2904   |  |
| (310) 277-0077 Fax: (310) 277-5735   |  |
| 132426<br>X Attomey for: Debtors   |  |
| UNITED STATES BANKRUPTCY COURT<br>CENTRAL DISTRICT OF CALIFORNIA-L.A.  |  |
| CENTRAL DISTRICT OF GALIFORNIA-LA.   |  |
| In re:   | CASE NO.:  |
| John Peter Johnson   | CHAPTER: 11  |
| Kimberlie Dyan Johnsen   | ADV. No.:  |
| Debtor(s).   |  |
| ELECTRONIC FILING<br>(INDIVIDU   |  |
| PART I - DECLARATION OF DEBTOR(S) OR OTHER PARTY   | au,  |
| Petition, statement of affairs, schedules or lists   | Date Filed: 11/8/10  |
| Amendments to the petition, statement of affairs, schedules or lists   | Date Filed:  |
| Other:   | Date Filed:  |
|  |  |
| I (We), the undersigned Debtor(s) or other party on whose behalf the above-refere  |  |
| of perjury that: (1) I have read and understand the above-referenced document being<br>Filed Document is true, correct and complete; (3) the "/s/," followed by my name, on      |  |
| my signature and denotes the making of such declarations, requests, statements, veril  |  |
| signature on such signature line(s); (4) I have actually signed a true and correct hard  |  |
| copy of the Filed Document to my attorney; and (5) I have authorized my attorney to  |  |
| with the United States Bankruptcy Court for the Central District of California. If the   |  |
| that I have completed and signed a Stalement of Social Security Number(s) (Form B2   | 21) and provided the executed original to my attorney.   |
| 11-8-  | -10  |
| Signature of Signing Party Date  | The state of the s |
| John Peter Johnsen   |  |
| Printed Name of Signing Pakty  | 10   |
|  | 10   |
| Signature of Joint Debtor Date   |  |
| Kimberlie Dyan Johnsen   |  |
| Printed Name of Joint Debtor   |  |
| PART II - DECLARATION OF ATTORNEY FOR SIGNING PARTY  |  |
|  | Library Control of the Control of th |
| I, the undersigned Attorney for the Signing Party, hereby declare under penalty for the Attorney for the Signing Party in the Filed Document serves as my signature:             |  |
| verifications and certifications to the same extent and effect as my actual signature of   |  |
| Debtor(s) or Other Party before I electronically submitted the Filed Document for fil  |  |
| California; (3) I have actually signed a true and correct hard copy of the Filed Docum   | nent in the locations that are indicated by "/s/," followed by my name, and  |
| have obtained the signature(s) of the Signing Party in the locations that are indicated  | by "/s/," followed by the Signing Party's name, on the true and correct  |
| hard copy of the Filed Document; (4) I shall maintain the executed originals of this L   |  |
| Document for a period of five years after the closing of the case in which they are file   |  |
| Declaration of Debtor(s) or Other Party, and the Filed Document available for revie  |  |
| petition, I further declare under penalty of perjury that: (1) the Signing Party complet   |  |
| before I electronically submitted the Filed Document for filing with the United States   |  |
| maintain the executed original of the Statement of Social Security Number(s) (Form I<br>are filed) and (3) I shall make the executed original of the Statement of Social Securit | by Marchards (Form 201) available for various upon request of the Court  |
|  | y vitamoer (s) (Folial 1521) available for review apolitic question the court.   |
| illy Will  | )U   |
| Signature of Attorney for Signing Party Date   |  |
| Eric P. Israel, elsrael@dgdk.com   |  |
| Printed Name of Attorney for Signing Party   |  |
|  |  |
| •  | •  |
|  |  |

#### Case 2:10-bk-57998-RN Doc 1 Filed 11/08/10 Entered 11/08/10 16:02:20 Desc Main Document Page 5 of 74

B 1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court Central District of California-L.A.

| In re | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |    |
|-------|--|-----------|----------|----|
|       |  | Debtor(s) | Chapter  | 11 |

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| 3 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | Page 2   |
|--|--|
| ☐ 4. I am not required to receive a credit cour  | nseling briefing because of: [Check the applicable                     |
| statement.] [Must be accompanied by a motion for d   | etermination by the court.]  |
| ☐ Incapacity. (Defined in 11 U.S.C. §  | 109(h)(4) as impaired by reason of mental illness or                   |
| mental deficiency so as to be incapable of rea   | lizing and making rational decisions with respect to                   |
| financial responsibilities.);  |  |
| ☐ Disability. (Defined in 11 U.S.C. §  | 109(h)(4) as physically impaired to the extent of being                |
| unable, after reasonable effort, to participate i  | n a credit counseling briefing in person, by telephone, or             |
| through the Internet.);  |  |
| ☐ Active military duty in a military co  | ombat zone.  |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in | administrator has determined that the credit counseling this district. |
| I certify under penalty of perjury that the  | information provided above is true and correct.                        |
| Signature of Debtor:   | /s/ John Peter Johnsen   |
|  | John Peter Johnsen   |
| Date: November 8, 20   | 10   |
|  |  |

Certificate Number: 05375-CAC-CC-012472252



#### **CERTIFICATE OF COUNSELING**

I CERTIFY that on September 27, 2010, at 12:47 o'clock PM PDT, John P Johnsen received from 1st Choice Credit Counseling & Financial Education a/k/a DBSM, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Central District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: September 27, 2010 By: /s/Adela Camarena

Name: Adela Camarena

Title: Credit Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

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B 1D (Official Form 1, Exhibit D) (12/09)

#### United States Bankruptcy Court Central District of California-L.A.

| In re | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |    |
|-------|--|-----------|----------|----|
|       |  | Debtor(s) | Chapter  | 11 |

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

### 

| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.   | Page 2  |
|---|---|
| ☐ 4. I am not required to receive a credit cou      | nseling briefing because of: [Check the applicable          |
| statement.] [Must be accompanied by a motion for a  | letermination by the court.]                                |
|   | 109(h)(4) as impaired by reason of mental illness or        |
| ± • ·   | alizing and making rational decisions with respect to       |
| financial responsibilities.);                       |   |
| •   | 109(h)(4) as physically impaired to the extent of being     |
| · · · · · · · · · · · · · · · · · · ·               | in a credit counseling briefing in person, by telephone, or |
| through the Internet.);                             | in a crount counseling one in person, of tereprione, or     |
| ☐ Active military duty in a military c              | omhat zone  |
| 2 receive initiary daty in a initiary e             | omout Zone.   |
| ± •   | administrator has determined that the credit counseling     |
| requirement of 11 U.S.C. § 109(h) does not apply in | this district.  |
| I certify under penalty of perjury that the         | information provided above is true and correct.             |
| Signature of Debtor:                                | /s/ Kimberlie Dyan Johnsen                                  |
| <u> </u>  | Kimberlie Dyan Johnsen                                      |
| Date: November 8, 20                                | 010   |
|   |   |

Certificate Number: 05375-CAC-CC-012472263



#### **CERTIFICATE OF COUNSELING**

I CERTIFY that on September 27, 2010, at 12:48 o'clock PM PDT, Kimberlie D Johnsen received from 1st Choice Credit Counseling & Financial Education a/k/a DBSM, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Central District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: September 27, 2010 By: /s/Adela Camarena

Title: Credit Counselor

Name: Adela Camarena

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

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**B4** (Official Form 4) (12/07)

#### **United States Bankruptcy Court** Central District of California-L.A.

| _ | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |    |
|---|--|-----------|----------|----|
| _ |  | Debtor(s) | Chapter  | 11 |

#### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1)   | (2)   | (3)   | (4)   | (5)  |
|---|---|---|---|--|
| Name of creditor and complete<br>mailing address including zip<br>code              | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade debt, bank loan, government contract, etc.)    | Indicate if claim is contingent, unliquidated, disputed, or subject to setoff | Amount of claim [if secured, also state value of security]             |
| Globe Tire<br>c/o Arnie Sperling<br>2450 S. LaCienega Blvd<br>Los Angeles, CA 90034 | Arnie Sperling<br>Globe Tire<br>2450 S. LaCienega Blvd<br>Los Angeles, CA 90034<br>(310) 836-0804   | Primary residence,<br>805 Lucia Avenue,<br>Redondo Beach,<br>CA 90277 |   | 148,000.00<br>(950,000.00<br>secured)<br>(1,020,000.00<br>senior lien) |
| Joe Alflen<br>1700 S. Catalina Ave<br>Redondo Beach, CA<br>90277-5500               | Joe Alflen<br>1700 S. Catalina Ave<br>Redondo Beach, CA 90277-5500<br>(310) 543-4889  | personal loan   |   | 123,000.00   |
| AAA Financial Services (thru<br>Bof A)<br>PO Box 15726<br>Wilmington, DE 19886-5726 | AAA Financial Services (thru Bof A)<br>P O Box 15726<br>Wilmington, DE 19886-5726<br>(800) 807-3068   | credit account  |   | 112,651.71   |
| Bank of America<br>PO Box 851001<br>Dallas, TX 75825-1001                           | Bank of America<br>PO Box 851001<br>Dallas, TX 75825-1001<br>(800) 478-6030   | credit account  |   | 104,530.84   |
| Chase Financial<br>PO Box 78035<br>Phoenix, AZ 85062-8035                           | Chase Financial<br>P O Box 78035<br>Phoenix, AZ 85062-8035<br>(800)219-6659   | credit line   |   | 98,669.02  |
| Bank of America<br>PO Box 851001<br>Dallas, TX 75285-1001                           | Brian N. Winn Bank of America c/o Winn Law Group, APC 110 E Wilshire Ave, Ste 212 Fullerton, CA 92832 (714) 446-6686  | credit account  |   | 87,981.94  |
| Bank of America<br>PO Box 30750<br>Los Angeles, CA 90030-0750                       | Bank of America<br>PO Box 30750<br>Los Angeles, CA 90030-0750<br>(800) 621-1044   | Primary residence,<br>805 Lucia Avenue,<br>Redondo Beach,<br>CA 90277 |   | 308,000.00<br>(950,000.00<br>secured)<br>(712,000.00<br>senior lien)   |
| Citibank<br>PO Box 6401<br>The Lakes, NV 88901-6401                                 | Citibank<br>PO Box 6401<br>The Lakes, NV 88901-6401<br>(800) 568-5000   | credit account  |   | 67,973.46  |

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| B4 (OIII) | cial Form 4) (12/07) - Cont.                 |          |  |
|-----------|--|----------|--|
| In re     | John Peter Johnsen<br>Kimberlie Dyan Johnsen | Case No. |  |
|           | Debtor(s)                                    | -        |  |

#### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

| (1)  | (2)   | (3)   | (4)   | (5)  |
|--|---|---|---|--|
| Name of creditor and complete<br>mailing address including zip<br>code | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade<br>debt, bank loan,<br>government contract,<br>etc.) | Indicate if claim is<br>contingent,<br>unliquidated,<br>disputed, or subject<br>to setoff | Amount of claim [if secured, also state value of security] |
| MGM Grand Casino<br>PO Box 93777<br>Las Vegas, NV 89195-0169           | Thomas A. Determan<br>MGM Grand Casino<br>c/o Thomas A. Determan<br>3799 Las Vegas Blvd<br>Las Vegas, NV 89109<br>(702) 891-7014                                | gambling debt   | Disputed  | 52,743.38  |
| AT&T Universal Card<br>PO Box 183037<br>Columbus, OH 43218-3037        | AT&T Universal Card<br>PO Box 183037<br>Columbus, OH 43218-3037<br>(866) 890-1644   | credit account  |   | 40,842.13  |
| Chase<br>PO Box 94014<br>Palatine, IL 60094-4014                       | Chase<br>PO Box 94014<br>Palatine, IL 60094-4014<br>(888) 792-7547  | credit account  |   | 39,993.47  |
| Venetian<br>PO Box 94678<br>Las Vegas, NV 89195-0027                   | Venetian<br>PO Box 94678<br>Las Vegas, NV 89195-0027<br>(702) 414-4565  | gambling debt   |   | 30,000.00  |
| Caesars Casino<br>3570 Las Vegas Blvd S<br>Las Vegas, NV 89109         | Caesars Casino<br>3570 Las Vegas Blvd S<br>Las Vegas, NV 89109<br>(866) 234-0943  | gambling debt   |   | 30,000.00  |
| Internal Revenue Service<br>Cincinnati, OH 45999                       | Internal Revenue Service<br>Cincinnati, OH 45999  | income tax debt   |   | 28,676.87  |
| Key Bank<br>PO Box 6401<br>The Lakes, NV 88901-6401                    | Key Bank<br>PO Box 6401<br>The Lakes, NV 88901-6401<br>(800) 539-2968   | credit account  |   | 23,179.27  |
| Bank of America<br>PO Box 15726<br>Wilmington, DE 19886-5726           | Brian N. Winn Bank of America c/o Winn Law Group, APC 110 E Wilshire Ave, Ste 212 Fullerton, CA 92832 (714) 446-6686  | credit account  |   | 22,024.63  |
| Capital One<br>PO Box 60599<br>City of Industry, CA<br>91716-0599      | Capital One<br>PO Box 60599<br>City of Industry, CA 91716-0599<br>(800) 955-7070  | credit account  |   | 21,216.44  |
| Rio Casino<br>3570 Las Vegas Blvd S<br>Las Vegas, NV 89109             | Rio Casino<br>3570 Las Vegas Blvd S<br>Las Vegas, NV 89109<br>(866) 234-0943  | gambling debt   |   | 20,000.00  |
| Pechanga Casino<br>PO Box 9041<br>Temecula, CA 92589-9041              | Pechanga Casino PO Box 9041 Temecula, CA 92589-9041 (877)711-2946 or (951) 693-1819   | gambling debt   |   | 20,000.00  |

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| B4 (Office | cial Form 4) (12/07) - Cont.                 |          |  |
|------------|--|----------|--|
| In re      | John Peter Johnsen<br>Kimberlie Dyan Johnsen | Case No. |  |
|            | Debtor(s)                                    |          |  |

#### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

| (1)  | (2)  | (3)  | (4)   | (5)  |
|--|--|--|---|--|
| Name of creditor and complete<br>mailing address including zip<br>code | Name, telephone number and complete<br>mailing address, including zip code, of<br>employee, agent, or department of creditor<br>familiar with claim who may be contacted | Nature of claim (trade debt, bank loan, government contract, etc.) | Indicate if claim is contingent, unliquidated, disputed, or subject to setoff | Amount of claim [if secured, also state value of security] |
| Citibank<br>PO Box 183051<br>Columbus, OH 43218-3051                   | Citibank PO Box 183051 Columbus, OH 43218-3051 (800) 950-5114  | credit account   |   | 16,082.52  |

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

We, **John Peter Johnsen** and **Kimberlie Dyan Johnsen**, the debtors in this case, declare under penalty of perjury that we have read the foregoing list and that it is true and correct to the best of our information and belief.

| Date | November 8, 2010 | Signature | /s/ John Peter Johnsen     |
|------|------------------|-----------|----------------------------|
|      |                  | _         | John Peter Johnsen         |
|      |                  |           | Debtor                     |
| Date | November 8, 2010 | Signature | /s/ Kimberlie Dyan Johnsen |
|      |                  | -         | Kimberlie Dyan Johnsen     |
|      |                  |           | Joint Debtor               |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

## STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LOCAL BANKRUPTCY RULE 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None.

- 2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)
  None.
- 3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

  None.

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None.

|       | Redondo Beach, CA | . California.        | /s/ John Peter Johnsen     |  |
|-------|-------------------|----------------------|----------------------------|--|
|       |                   | , <del>Camonia</del> | John Peter Johnsen         |  |
| Dated | November 8, 2010  |                      | Debtor                     |  |
|       |                   |                      | /s/ Kimberlie Dyan Johnsen |  |
|       |                   |                      | Kimberlie Dyan Johnsen     |  |
|       |                   |                      | Joint Debtor               |  |

I declare, under penalty of periury, that the foregoing is true and correct.

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B201 - Notice of Available Chapters (Rev. 12/08)

USBC. Central District of California

Name: Eric P. Israel, eisrael@dgdk.com
Address: 2029 Century Park East, Third Floor

Los Angeles, CA 90067-2904

Telephone: (310) 277-0077 Fax: (310) 277-5735

Attorney for DebtorDebtor in Pro Per

| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA-L.A.           |  |  |  |
|--|--|--|--|
| List all names including trade names, used by Debtor(s) within last 8 years: | Case No.:  |  |  |
| John Peter Johnsen<br>Kimberlie Dyan Johnsen                                 | NOTICE OF AVAILABLE<br>CHAPTERS  |  |  |
|  | (Notice to Individual Consumer Debtor Under § 342(b) of the Bankruptcy Code) |  |  |

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

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B201 - Notice of Available Chapters (Rev. 12/08)

USBC, Central District of California

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

| John Peter Johnsen<br>Kimberlie Dyan Johnsen | X /s/ John Peter Johnsen           | November 8, 2010 |
|--|------------------------------------|------------------|
| Printed Name of Debtor                       | Signature of Debtor                | Date             |
| Case No. (if known)                          | X /s/ Kimberlie Dyan Johnsen       | November 8, 2010 |
|  | Signature of Joint Debtor (if any) | Date             |

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B6 Summary (Official Form 6 - Summary) (12/07)

#### United States Bankruptcy Court Central District of California-L.A.

| In re | John Peter Johnsen,    |         | Case No. |    |
|-------|------------------------|---------|----------|----|
|       | Kimberlie Dyan Johnsen |         |          |    |
| _     |                        | Debtors | Chapter  | 11 |
|       |                        |         | -        |    |

#### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in 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 of all claims 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 and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES  | OTHER     |
|---|----------------------|------------------|-------------------|--------------|-----------|
| A - Real Property   | Yes                  | 1                | 950,000.00        |              |           |
| B - Personal Property   | Yes                  | 3                | 232,512.00        |              |           |
| C - Property Claimed as Exempt  | Yes                  | 2                |                   |              |           |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 1,168,000.00 |           |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 4                |                   | 35,128.02    |           |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 7                |                   | 975,333.84   |           |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |              |           |
| H - Codebtors   | Yes                  | 1                |                   |              |           |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |              | 15,478.24 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 1                |                   |              | 14,824.69 |
| Total Number of Sheets of ALL Schedules   |                      | 23               |                   |              |           |
|   | To                   | otal Assets      | 1,182,512.00      |              |           |
|   |                      |                  | Total Liabilities | 2,178,461.86 |           |

Form 6 - Statistical Summary (12/07)

#### United States Bankruptcy Court Central District of California-L.A.

| In re | John Peter Johnsen,    |         | Case No. |    |
|-------|------------------------|---------|----------|----|
|       | Kimberlie Dyan Johnsen |         |          |    |
| _     |                        | Debtors | Chapter  | 11 |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

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

| Type of Liability   | Amount    |
|---|-----------|
| Domestic Support Obligations (from Schedule E)  | 1,694.92  |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 33,433.10 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00      |
| Student Loan Obligations (from Schedule F)  | 8,813.22  |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00      |
| TOTAL   | 43,941.24 |

#### State the following:

| Average Income (from Schedule I, Line 16)  | 15,478.24 |
|--|-----------|
| Average Expenses (from Schedule J, Line 18)  | 14,824.69 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 29,230.16 |

#### State the following:

| State the lone wing.   |           |              |
|--|-----------|--------------|
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |           | 218,000.00   |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 35,128.02 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |           | 0.00         |
| 4. Total from Schedule F   |           | 975,333.84   |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |           | 1,193,333.84 |

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B6A (Official Form 6A) (12/07)

| In re | John Peter Johnsen,    | Case No. |
|-------|------------------------|----------|
|       | Kimberlie Dvan Johnsen |          |

Debtors

#### **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 husband, wife, both, or the marital community 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.

| Primary residence, 805 Lucia Avenue, Redondo<br>Beach, CA 90277 | Fee  | J   | 950,000.00   | 1,168,000.00               |  |
|---|--|---|--|----------------------------|--|
| Description and Location of Property                            | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |  |

Sub-Total > **950,000.00** (Total of this page)

Total > **950,000.00** 

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B6B (Official Form 6B) (12/07)

| In re | John Peter Johnsen,    | Case No. |
|-------|------------------------|----------|
|       | Kimberlie Dyan Johnsen |          |

Debtors

#### 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, both, or the marital community own the 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." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property   | N<br>D<br>Description and Location of P  | Joint, or    | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|--|--|--------------|---|
| 1.  | Cash on hand   | On Person  | J            | 100.00  |
| 2.  | Checking, savings or other financial   | Savings - ING  | J            | 200.00  |
|     | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and                    | Savings - Dean Witter  | J            | 489.00  |
|     | homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.   | Savings - Bank of America  | J            | 148.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.   | Security deposit for elder care rental of Johnsen's mother (Palm Island)   | John Peter H | 1,575.00  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.   | TVs, furniture, appliances, stereo & con   | nputer J     | 8,000.00  |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | •  |              |   |
| 6.  | Wearing apparel.   | Standard clothing, shoes & acccessorie   | es J         | 2,000.00  |
| 7.  | Furs and jewelry.  | Diamond wedding rings  | J            | 2,000.00  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.  | Firearms and exercise equipment  | J            | 2,500.00  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.   | Lincoln Life Insurance Policy - Cash su<br>value of Whole Life - court-ordered poli-<br>Johnsen's former spouse, Patricia John | cy for John  | 4,500.00  |
| 10. | Annuities. Itemize and name each issuer.   | •  |              |   |

| Sub-Total >          | 21,512.00 |
|----------------------|-----------|
| (Total of this page) |           |

<sup>2</sup> continuation sheets attached to the Schedule of Personal Property

| In re | John Peter Johnsen,    |
|-------|------------------------|
|       | Kimberlie Dvan Johnser |

Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     |   |                  | (Continuation Sheet)   |   |  |
|-----|---|------------------|--|---|--|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests 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).) | х                |  |   |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | John Peter Johnsen - Globe Tire Company 401K<br>Plan, c/o Guardian, PO Box 26280, Lehigh Valley,<br>PA 18002-6280 (not property of the estate) | Н   | 30,000.00  |
|     |   |                  | Kimberlie Dyan Johnsen, Honeywell 401K Savings<br>Program, c/o ING, P O Box 5162, Boston, MA<br>02206-5162 (not property of the estate)        | W   | 175,000.00   |
| 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 nonnegotiable 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 owed to debtor including tax refunds. Give particulars.  |                  |  |   |  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |  |
|     |   |                  |  |   |  |
|     |   |                  | /T1  | Sub-Tot                                     | al > <b>205,000.00</b>   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

(Total of this page)

| In re | John Peter Johnsen,    |
|-------|------------------------|
|       | Kimberlie Dyan Johnsen |

| Case No. |
|----------|
|----------|

#### Debtors

#### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 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 defined 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 and accessories.  | 2000 Jaquar      | sk8                                  | J   | 6,000.00  |
| 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                |                                      |   |   |
| 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.  | X                |                                      |   |   |
|     |   |                  |                                      | Sub-Tota                                    | al > 6,000.00   |
|     |   |                  | (1)                                  | otal of this page)<br>Tot                   | al > <b>232,512.00</b>  |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (04/10)

In re

John Peter Johnsen Kimberlie Dyan Johnsen

| Case | No |
|------|----|
| ~~~  |    |

Debtor(s)

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| SCHEDUL  | E C - I ROI ERTI CLAIMED AS              | EXEMIT                           |   |
|--|--|----------------------------------|---|
| Debtor claims the exemptions to which debtor is en (Check one box)  11 U.S.C. §522(b)(2) | titled under: Check if debto \$146,450.* | or claims a homestead exe        | mption that exceeds   |
| Description of Property  | Specify Law Providing Each Exemption     | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
| Real Property  |  |                                  |   |
| Primary residence, 805 Lucia Avenue,<br>Redondo Beach, CA 90277                          | C.C.P. § 703.140(b)(1)                   | 0.00                             | 950,000.00  |
| Cash on Hand   |  |                                  |   |
| On Person  | C.C.P. § 703.140(b)(5)                   | 100.00                           | 100.00  |
| Checking, Savings, or Other Financial Acc  | ounts, Certificates of Deposit           |                                  |   |
| Savings - ING  | C.C.P. § 703.140(b)(5)                   | 200.00                           | 200.00  |
| Savings - Dean Witter  | C.C.P. § 703.140(b)(5)                   | 489.00                           | 489.00  |
| -  |  |                                  |   |
| Savings - Bank of America  | C.C.P. § 703.140(b)(5)                   | 148.00                           | 148.00  |
| Security Deposits with Utilities, Landlords,   | and Others                               |                                  |   |
| Security deposit for elder care rental of John Peter Johnsen's mother (Palm              |  |                                  |   |
| Island)  | C.C.P. § 703.140(b)(5)                   | 1,000.00                         | 1,575.00  |
|  | C.C.P. § 703.140(b)(5)                   | 575.00                           |   |
| Household Goods and Furnishings  |  |                                  |   |
| TVs, furniture, appliances, stereo & computer  | C.C.P. § 703.140(b)(3)                   | 8,000.00                         | 8,000.00  |
| Wearing Apparel  |  |                                  |   |
| Standard clothing, shoes & acccessories  | C.C.P. § 703.140(b)(3)                   | 2,000.00                         | 2,000.00  |
| Furs and Jewelry   |  |                                  |   |
| Diamond wedding rings  | C.C.P. § 703.140(b)(4)                   | 1,425.00                         | 2,000.00  |
| - <b>-</b>   | C.C.P. § 703.140(b)(5)                   | 575.00                           |   |
| Firearms and Sports, Photographic and Ot   | her Hobby Equipment                      |                                  |   |
| Firearms and exercise equipment  | C.C.P. § 703.140(b)(5)                   | 2,500.00                         | 2,500.00  |

<sup>\*</sup>Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment. Schedule of Property Claimed as Exempt consists of 2 total page(s)

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B6C (Official Form 6C) (04/10) -- Cont

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

| Description of Property   | ion of Property Specify Law Providing Each Exemption                                 |            | Current Value of<br>Property Without<br>Deducting Exemption |  |
|---|--|------------|---|--|
| Interests in Insurance Policies   |  |            |   |  |
| Lincoln Life Insurance Policy - Cash<br>surrender value of Whole Life -<br>court-ordered policy for John Johnsen's<br>former spouse, Patricia Johnsen | C.C.P. § 703.140(b)(7) and C.C.P.<br>§703.140(b)(8)                                  | 4,500.00   | 4,500.00  |  |
| Interests in IRA, ERISA, Keogh, or Other Po   | ension or Profit Sharing Plans   |            |   |  |
| John Peter Johnsen - Globe Tire<br>Company 401K Plan, c/o Guardian, PO<br>Box 26280, Lehigh Valley, PA 18002-6280<br>(not property of the estate)     | C.C.P. § 703.140(b)(10)(E)   | 30,000.00  | 30,000.00   |  |
| Kimberlie Dyan Johnsen, Honeywell 401K<br>Savings Program, c/o ING, P O Box 5162,<br>Boston, MA 02206-5162 (not property of<br>the estate)            | C.C.P. § 703.140(b)(10)(E)   | 175,000.00 | 175,000.00  |  |
| Automobiles, Trucks, Trailers, and Other V  | /ehicles   |            |   |  |
| 2000 Jaquar sk8   | C.C.P. § 703.140(b)(2)   | 3,525.00   | 6,000.00  |  |
| ·   | C.C.P. § 703.140(b)(5)   | 2,475.00   | ŕ   |  |
| Other Property  |  |            |   |  |
| Gross monthly post petition earnings -<br>Kimberlie Dyan Johnsen  | 15 U.S.C. § 1673 and postpetition earnings exemption per CCP 706.050 and CCP 706.051 | 100%       | 6,337.24  |  |
| Gross monthly post petition income -<br>John Peter Johnsen  | 15 U.S.C. § 1673 and postpetition earnings exemption per CCP 706.050 and CCP 706.051 | 100%       | 22,892.92   |  |
|   |  |            |   |  |
|   | Total:   | 261,742.16 | 1,211,742.16  |  |

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B6D (Official Form 6D) (12/07)

| In re | John Peter Johnsen,    |
|-------|------------------------|
|       | Kimberlie Dyan Johnsen |

|--|

Debtors

#### 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.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and 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 labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the 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 "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

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

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

|  | 10       | 1        |  | 1.0       | 11             | ы        | A A CATALITIC CO.  |                                 |
|--|----------|----------|--|-----------|----------------|----------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H   | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN | L-QU-DA        | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No. <b>5999</b>  |          |          | Oct - 2008   | ٦т        | E              |          |  |                                 |
| Bank of America<br>PO Box 30750<br>Los Angeles, CA 90030-0750  |          | -        | Second Trust Deed  Primary residence, 805 Lucia Avenue, Redondo Beach, CA 90277  Value \$ 950,000.00                                 |           |                |          | 308,000.00   | 70,000.00                       |
| Account No. <b>John</b>  | T        |          | June - 2008  |           |                |          |  | 1 3,0 5 5 5 5                   |
| Globe Tire<br>c/o Arnie Sperling<br>2450 S. LaCienega Blvd<br>Los Angeles, CA 90034                  |          | -        | Third Trust Deed Primary residence, 805 Lucia Avenue, Redondo Beach, CA 90277  |           |                |          |  |                                 |
|  |          |          | Value \$ 950,000.00  |           |                |          | 148,000.00   | 148,000.00                      |
| Account No. 4515  HSBC Suite 0241 Buffalo, NY 14270-0241   |          | -        | Oct - 2004  First Trust Deed  Primary residence, 805 Lucia Avenue, Redondo Beach, CA 90277   |           |                |          | 740.000.00   |                                 |
| Account No.  | +        | $\vdash$ | Value \$ 950,000.00  | +         |                | 4        | 712,000.00   | 0.00                            |
| Tecount 140.   |          |          | Value \$   |           |                |          |  |                                 |
| continuation sheets attached   |          |          | (Total of  |           | total<br>page  |          | 1,168,000.00   | 218,000.00                      |
|  |          |          | (Report on Summary of S  |           | Total<br>dules |          | 1,168,000.00   | 218,000.00                      |

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B6E (Official Form 6E) (4/10)

| •     |                        |           |
|-------|------------------------|-----------|
| In re | John Peter Johnsen,    | Case No   |
|       | Kimberlie Dyan Johnsen |           |
| _     |                        | Debtors , |

#### 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, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and 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 the 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 "Subtotals" 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 "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ 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 \$11,725\* 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 \$5,775\* 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 \$2,600\* 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, customs 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 the 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).

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| In re | John Peter Johnsen,    | Case No. |
|-------|------------------------|----------|
|       | Kimberlie Dyan Johnsen |          |
|       | Ι                      | ebtors   |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

#### **Domestic Support Obligations**

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, NL I QUI DATED ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) 6/1995 Account No. Monthly Spousal Support (wage Patricia Kay Johnsen garnishment) 0.00 **#7 Shubert Ct** Irvine, CA 92612 Н 1,694.92 1,694.92 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet 1 of 3 continuation sheets attached to

(Total of this page)

Schedule of Creditors Holding Unsecured Priority Claims

1,694.92

1,694.92

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B6E (Official Form 6E) (4/10) - Cont.

| In re | John Peter Johnsen,    |         | Case No. |  |
|-------|------------------------|---------|----------|--|
|       | Kimberlie Dyan Johnsen |         |          |  |
| -     |                        | Debtors |          |  |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

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

TYPE OF PRIORITY

Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NLIQUIDATED SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED AMOUNT W INCLUDING ZIP CODE, INGENT AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) for notification purposes Account No. **Employment Development Dept.** 0.00 **Bankruptcy Group MIC 92E** P.O. Box 82680 J Sacramento, CA 94280-0001 0.00 0.00 for notification purposes Account No. Franchise Tax Board 0.00 **Bankruptcy Unit** P.O. Box 2952 J Sacramento, CA 95812-2952 0.00 0.00 Account No. 4040 2002-2003 income tax debt **Internal Revenue Service** 0.00 Cincinnati, OH 45999 J 28,676.87 28,676.87 Account No. xxx-xx-4040 2002, 2003 For notification purposes Internal Revenue Service 0.00 PO Box 21126 Philadelphia, PA 19114 J 0.00 0.00 First installment 2010-2011 property Account No. taxes due 11/1/10. Delinquent on 12/10/10 **LA County Treasurer and** 0.00 **Tax Collector** Attn: Man-Ling Kuo, Tax Svs Clerk J PO Box 54110 Los Angeles, CA 90054-0110 4,756.23 4,756.23 Subtotal 0.00 Sheet **2** of **3** continuation sheets attached to (Total of this page)

Schedule of Creditors Holding Unsecured Priority Claims

33,433.10

33,433.10

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B6E (Official Form 6E) (4/10) - Cont.

| In re | John Peter Johnsen,    |         | Case No. |  |
|-------|------------------------|---------|----------|--|
|       | Kimberlie Dyan Johnsen |         |          |  |
| _     |                        | Debtors | -,       |  |

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NL I QU I DATED ONTINGENT SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** W INCLUDING ZIP CODE, AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) for notification purposes Account No. State of California 0.00 State Board of Equalization P.O. Box 942879 J Sacramento, CA 94279-7072 0.00 0.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet 3 of 3 continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 0.00 0.00 0.00 (Report on Summary of Schedules) 35,128.02 35,128.02

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B6F (Official Form 6F) (12/07)

| In re | John Peter Johnsen,<br>Kimberlie Dyan Johnsen | Case No. |
|-------|---|----------|
|       | I   | Debtors  |

#### 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, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and 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 the 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 schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER | C O D E B T O | H<br>W<br>J | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTING       | UNLIQUIDATED     | DISPUTED | AMOUNT OF CLAIM |
|--|---------------|-------------|---|---------------|------------------|----------|-----------------|
| (See instructions above.) Account No. <b>7117</b>                                | R             | С           | 2007-2008   | <br>N G E N T | D<br>A<br>T<br>E | D        |                 |
| AAA Financial Services (thru Bof A)<br>PO Box 15726<br>Wilmington, DE 19886-5726 |               | Н           | credit account  |               | D                |          |                 |
| Account No. 2731   |               |             | 2007-2008<br>credit account   | 1             |                  |          | 112,651.71      |
| AT&T Universal Card<br>PO Box 183037<br>Columbus, OH 43218-3037                  |               | w           |   |               |                  |          |                 |
|  |               |             |   |               |                  |          | 40,842.13       |
| Account No. 2917  Bank of America PO Box 851001  Dallas, TX 75285-1001           |               | w           | 2007-2008<br>credit account   |               |                  |          |                 |
|  |               |             | 2007 2000   |               |                  |          | 5,058.81        |
| Account No. 1079  Bank of America PO Box 851001 Dallas, TX 75825-1001            |               | w           | 2007-2008 credit account  |               |                  |          | 104,530.84      |
| 6 continuation sheets attached   |               | ·           | (Total  |               | otal             |          | 263,083.49      |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | John Peter Johnsen,    | Case No. |
|-------|------------------------|----------|
| _     | Kimberlie Dyan Johnsen |          |

| CREDITOR'S NAME,   | C        | Ηι          | sband, Wife, Joint, or Community  | C         | U           | Ţ         | ЭΤ        |                 |
|--|----------|-------------|---|-----------|-------------|-----------|-----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN |             |           |           | AMOUNT OF CLAIM |
| Account No. 0125   |          |             | 2007-2008   | T         | T<br>E<br>D |           |           |                 |
| Bank of America<br>PO Box 15726<br>Wilmington, DE 19886-5726                     |          | н           | credit account  |           | D           |           |           | 22,024.63       |
| Account No. 9216   |          |             | 2007-2008   |           |             | Τ         | T         |                 |
| Bank of America<br>PO Box 851001<br>Dallas, TX 75285-1001                        |          | Н           | credit account  |           |             |           |           | 87,981.94       |
| Account No. 8559   |          | t           | 2007-2008   | $\dagger$ | T           | t         | $\dagger$ |                 |
| Beneficial Finance<br>PO Box 60101<br>City of Industry, CA 91716-0101            |          | н           | credit account  |           |             |           |           | 10,498.74       |
| Account No. xxxxxx6610   |          |             | for notification purposes   | T         | T           | T         | 7         |                 |
| CA Water<br>2632 W 237th St<br>Torrance, CA 90505-5230                           |          | J           |   |           |             |           |           | 0.00            |
| Account No. xxx3337  | t        | H           | 2007-2008   | +         | +           | $\dagger$ | $\dagger$ |                 |
| Caesars Casino<br>3570 Las Vegas Blvd S<br>Las Vegas, NV 89109                   |          | Н           | gambling debt   |           |             |           |           | 30,000.00       |
| Sheet no. 1 of 6 sheets attached to Schedule of                                  | -        | _           |   | Sub       | tota        | al        | 7         | 450 505 0 1     |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of   | this      | pa          | ge`       | ) [       | 150,505.31      |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | John Peter Johnsen,    | Case No |
|-------|------------------------|---------|
| _     | Kimberlie Dyan Johnsen |         |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. 0689  Capital One PO Box 60599 City of Industry, CA 91716-0599 | CODEBTOR | Hw<br>J<br>C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  2007-2008 credit account | CONT I NGENT | )<br> <br> - | P<br>U<br>T<br>E | AMOUNT OF CLAIM 21,216.44 |
|---|----------|--------------|---|--------------|--------------|------------------|---------------------------|
| Account No. 6231  Chase PO Box 94014 Palatine, IL 60094-4014  |          | W            | 2007-2008<br>credit account   |              |              |                  | 39,993.47                 |
| Account No. 0763  Chase PO Box 78036 Phoenix, AZ 85062-8036   |          | J            | 2007-2008<br>credit account   |              |              |                  | 10,498.74                 |
| Account No. 0763  Chase Financial PO Box 78035 Phoenix, AZ 85062-8035   |          | J            | credit line   |              |              |                  | 98,669.02                 |
| Account No. 1131  Citibank PO Box 6401 The Lakes, NV 88901-6401   |          | Н            | 2007-2008<br>credit account   |              |              |                  | 67,973.46                 |
| Sheet no. <b>2</b> of <b>6</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  | -        | •            | (Total of   | Sub<br>this  |              |                  | 238,351.13                |

B6F (Official Form 6F) (12/07) - Cont.

| In re | John Peter Johnsen,    | Case No |
|-------|------------------------|---------|
| _     | Kimberlie Dyan Johnsen |         |

| CREDITOR'S NAME,  | C        | Ηι      | usband, Wife, Joint, or Community |           | U           | P               | ) |                 |
|---|----------|---------|-----------------------------------|-----------|-------------|-----------------|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                                | CODEBTOR | H W J C | CONSIDERATION FOR CLAIM. IF CLAIM | CONTINGEN |             | D I S P U T E D |   | AMOUNT OF CLAIM |
| Account No. 6739  |          |         | 2007-2008                         | ٦т        | T<br>E<br>D |                 | Γ |                 |
| Citibank<br>PO Box 183051<br>Columbus, OH 43218-3051  |          | W       | credit account                    |           | D           |                 |   | 16,082.52       |
| Account No. <b>N/A</b>  |          |         | as of aproximately 10/27/10       |           |             |                 |   |                 |
| Globe Tire<br>c/o Arnie Sperling<br>2450 S. LaCienega Blvd<br>Los Angeles, CA 90034                             |          | J       | employee purchases                |           |             |                 |   | 2,500.00        |
| Account No. xx0226  |          |         | May 2008                          |           | T           | T               | T |                 |
| Guardian Insurance & Annuity Co<br>Globe Tire Company 401K Plan<br>PO Box 26280<br>Lehigh Valley, PA 18002-6280 |          | Н       | 401K loan                         |           |             |                 |   | 7,153.33        |
| Account No.   |          |         | 2007-2008                         |           | T           | T               | T |                 |
| ING<br>Attn: Honeywell Savings Program<br>PO Box 5162<br>Boston, MA 02206-5162                                  |          | W       | 401K loan                         |           |             |                 |   | 13,644.32       |
| Account No. N/A   | t        | T       | 2007-2008                         |           | T           | t               | † |                 |
| Joe Alflen<br>1700 S. Catalina Ave<br>Redondo Beach, CA 90277-5500  |          | н       | personal loan                     |           |             |                 |   | 123,000.00      |
| Sheet no. <b>3</b> of <b>6</b> sheets attached to Schedule of   |          |         |                                   | Sub       | tota        | al              | T | 162 200 47      |
| Creditors Holding Unsecured Nonpriority Claims  |          |         | (Total of                         | this      | pas         | ge)             | ) | 162,380.17      |

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| In re | John Peter Johnsen,    | Case No |
|-------|------------------------|---------|
| _     | Kimberlie Dyan Johnsen |         |

| CREDITOR'S NAME,   | C        | Нι         | sband, Wife, Joint, or Community   | C          | U            | D   | •               |
|--|----------|------------|--|------------|--------------|-----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                             | CODEBTOR | C<br>H W H | IS SUBJECT TO SETOFF, SO STATE.  | CONTINGENT | UNLIQUIDATED |     | AMOUNT OF CLAIM |
| Account No. 0927   |          |            | 2007-2008  | Т          | Ţ            |     |                 |
| Key Bank<br>PO Box 6401<br>The Lakes, NV 88901-6401  |          | Н          | credit account   |            | D            |     | _               |
|  |          |            |  |            |              |     | 23,179.27       |
| Account No. xxx4291  MGM Grand Casino PO Box 93777 Las Vegas, NV 89195-0169                                  |          | н          | 2007-2008<br>gambling debt   |            |              | x   |                 |
|  |          |            |  |            |              |     | 52,743.38       |
| Account No.  Michael L Slutzger, Dr. 4201 Torrance Blvd Torrance, CA 90503                                   |          | J          | 3/3/2010<br>medical expenses   |            |              |     | 247.87          |
| Account No. xx xxxx 5605  Mohela PO Box 1022 Chesterfield, MO 63006-1022                                     |          | J          | 6/2004<br>student loan   |            |              |     | 8,813.22        |
| Account No.  Palm Isand 11300 Warner Avenue Fountain Valley, CA 92708  |          | J          | For notification purposes. Elder care rental for John Peter Johnsen's mother |            |              |     | 0.00            |
| Sheet no. <u>4</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |            | (Total of  |            | tota         |     | 84,983.74       |
| realing character it on priority claims  |          |            | (1044) 01  |            | r " &        | ラーノ | 1               |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | John Peter Johnsen,    | Case No |
|-------|------------------------|---------|
|       | Kimberlie Dyan Johnsen | ,       |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xx0507  Pechanga Casino PO Box 9041 Temecula, CA 92589-9041 | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  2007-2008 gambling debt | - 1         | T I N G E N T | UNLIQUIDATED | DISPUTED | 3<br>J | AMOUNT OF CLAIM  20,000.00 |
|--|-----------------|------------------------|--|-------------|---------------|--------------|----------|--------|----------------------------|
| Account No.  Physioworks David Fadale, PT 604 N Sepulveda Blvd Manhattan Beach, CA 90266   |                 | J                      | medical expenses   |             |               |              |          |        | Unknown                    |
| Account No. xxx4290  Rio Casino 3570 Las Vegas Blvd S Las Vegas, NV 89109  |                 | н                      | 2007-2008<br>gambling debt   |             |               |              |          |        | 20,000.00                  |
| Account No. x5795  Robert Lee Daily, APC 2020 Del Amo Blvd. #100 Torrance, CA 90501  |                 | J                      | 2007-2008<br>attorneys' fees for IRS negotiations  |             |               |              |          |        | 5,310.00                   |
| Account No. xxxxxx7690  SoCal Edison PO Box 600 Rosemead, CA 91771-0001  |                 | J                      | for notification purposes  |             |               |              |          |        | 0.00                       |
| Sheet no. <u>5</u> of <u>6</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims   |                 |                        | (Total of  | Sul<br>this |               |              |          | )      | 45,310.00                  |

| In re | John Peter Johnsen,    | Case No |
|-------|------------------------|---------|
|       | Kimberlie Dyan Johnsen |         |

|  |                 |                        |  |             | _              | _  | _   |                 |
|--|-----------------|------------------------|--|-------------|----------------|----|-----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)              | C O D E B T O R | Hu<br>H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  | CONTINGENT  | UNL   QU   DAT | 15 | - 1 | AMOUNT OF CLAIM |
| Account No. xxxxxxx6078  The Gas Company PO Box C Monterey Park, CA 91756                                      |                 | J                      | for notification purposes  | _           | E<br>D         |    |     |                 |
|  |                 |                        |  |             |                |    |     | 0.00            |
| Account No.  Torrance Surgical Center 23560 Crenshaw Blvd  |                 | J                      | medical expenses   |             |                |    |     |                 |
| Torrance, CA 90505   |                 |                        | 2007 2000  |             |                |    |     | 720.00          |
| Venetian PO Box 94678 Las Vegas, NV 89195-0027   |                 | н                      | 2007-2008<br>gambling debt   |             |                |    |     |                 |
| Account No. xxxxxxxxxxxxxx3207   | <u> </u>        |                        | for notification purposes  | _           | _              |    |     | 30,000.00       |
| Verizon<br>PO Box 920041<br>Dallas, TX 75392-0041  |                 | J                      |  |             |                |    |     | 0.00            |
| Account No.  William A. Orzel Stark & D'Ambrosio, LLP  |                 | C                      | Sister State Judgment for MGM Grand Hotel<br>vs. John P. Johnsen, et al.,<br>Case No. BS128578 |             |                |    |     | 0.00            |
| 501 W. Broadway, Suite 770<br>San Diego, CA 92101  |                 |                        |  |             |                |    |     | 0.00            |
| Sheet no. <b>_6</b> of <b>_6</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |                 | •                      | (Total of t  | Subt<br>his |                |    | )   | 30,720.00       |
|  |                 |                        | (Report on Summary of So   |             | Γota<br>dule   |    | - 1 | 975,333.84      |

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B6G (Official Form 6G) (12/07)

| In re | John Peter Johnsen,    | Case No |
|-------|------------------------|---------|
|       | Kimberlie Dyan Johnsen |         |

Debtors

# 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 nature of debtor's interest 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, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if 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.

Palm Island 11300 Warner Avenue Fountain Valley, CA 92708 Lessee on lease for rental of apartment entered into on or about February 1, 2008 for elder care rental for John Peter Johnsen's mother

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B6H (Official Form 6H) (12/07)

| In re | John Peter Johnsen,    | Case No. |
|-------|------------------------|----------|
|       | Kimherlie Dyan Johnsen |          |

Debtors

# **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 preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. 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, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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**B6I (Official Form 6I) (12/07)** 

| In re | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |  |
|-------|--|-----------|----------|--|
|       |  | Debtor(s) |          |  |

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

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, 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. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:                                      | DEPENDENTS  | OF DEBTOR AND | SPOUSE    |                |          |
|---|---|---------------|-----------|----------------|----------|
| Describ Marian Battus.  | RELATIONSHIP(S): AC                                 |               |           |                |          |
| Married   | None.   |               | -,-       |                |          |
| Employment:   | DEBTOR  | 1             | SPOUSE    |                |          |
|   | eneral Manager                                      | Event Mana    |           |                |          |
| Name of Employer Gl   | obe Tire  | Honeywell     |           |                |          |
| How long employed 15  | years   | 15 years      |           |                |          |
| Address of Employer 50  | 0 N Sepulveda Blvd                                  | 2525 W 190    | th        |                |          |
|   | anhattan Beach, CA 90266                            | Torrance, C   | CA 90504  |                |          |
|   | jected monthly income at time case filed)           |               | DEBTOR    |                | SPOUSE   |
|   | mmissions (Prorate if not paid monthly)             | \$            | 22,892.92 | \$             | 6,337.24 |
| 2. Estimate monthly overtime                                  |   | \$            | 0.00      | \$             | 0.00     |
| 3. SUBTOTAL   |   | \$            | 22,892.92 | \$             | 6,337.24 |
| 4. LESS PAYROLL DEDUCTIONS                                    |   |               |           |                |          |
| a. Payroll taxes and social security                          | V   | \$            | 7,040.24  | \$             | 1,237.62 |
| b. Insurance  | <i>y</i>  | \$            | 0.00      | \$ <del></del> | 493.36   |
| c. Union dues   |   | \$            | 0.00      | \$ <del></del> | 0.00     |
|   | etailed Income Attachment                           | \$            | 2,959.02  | \$             | 2,021.68 |
| 5. SUBTOTAL OF PAYROLL DEDU                                   | CTIONS  | \$            | 9,999.26  | \$             | 3,752.66 |
| 6. TOTAL NET MONTHLY TAKE H                                   | OME PAY   | \$            | 12,893.66 | \$             | 2,584.58 |
| 7. Regular income from operation of bu                        | usiness or profession or farm (Attach detailed star | tement) \$    | 0.00      | \$             | 0.00     |
| 8. Income from real property                                  | •   | \$            | 0.00      | \$             | 0.00     |
| 9. Interest and dividends                                     |   | \$            | 0.00      | \$             | 0.00     |
| 10. Alimony, maintenance or support p dependents listed above | payments payable to the debtor for the debtor's us  | e or that of  | 0.00      | \$             | 0.00     |
| 11. Social security or government assis                       | stance  |               |           |                |          |
| (Specify):  |   | \$            | 0.00      | \$             | 0.00     |
|   |   | \$            | 0.00      | \$             | 0.00     |
| 12. Pension or retirement income                              |   | \$            | 0.00      | \$             | 0.00     |
| 13. Other monthly income                                      |   |               |           |                |          |
| (Specify):  |   |               | 0.00      | \$             | 0.00     |
|   |   | \$            | 0.00      | \$             | 0.00     |
| 14. SUBTOTAL OF LINES 7 THROU                                 | JGH 13  | \$            | 0.00      | \$             | 0.00     |
| 15. AVERAGE MONTHLY INCOME                                    | (Add amounts shown on lines 6 and 14)               | \$            | 12,893.66 | \$             | 2,584.58 |
| 16. COMBINED AVERAGE MONTH                                    | ILY INCOME: (Combine column totals from line        | e 15)         | \$        | 15,478         | 3.24     |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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**B6I (Official Form 6I) (12/07)** 

| In re | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |  |
|-------|--|-----------|----------|--|
|       |  | Debtor(s) |          |  |

# $\frac{SCHEDULE\ I-CURRENT\ INCOME\ OF\ INDIVIDUAL\ DEBTOR(S)}{Detailed\ Income\ Attachment}$

# **Other Payroll Deductions:**

| Spousal support/garnishment                       | \$<br>1,694.94 | \$<br>0.00     |
|---|----------------|----------------|
| Employee purchases of employer product & services | \$<br>200.00   | \$<br>0.00     |
| 401k Loan payment                                 | \$<br>171.08   | \$<br>0.00     |
| Third Mortgage - Globe Tire                       | \$<br>893.00   | \$<br>0.00     |
| 401k Contributions (Savings Plan)                 | \$<br>0.00     | \$<br>953.26   |
| 401k Loan payment (SavingsPlan Loan)              | \$<br>0.00     | \$<br>962.14   |
| Group Life and Disability Insurances              | \$<br>0.00     | \$<br>106.28   |
| Total Other Payroll Deductions                    | \$<br>2,959.02 | \$<br>2,021.68 |

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B6J (Official Form 6J) (12/07)

| In re | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |  |
|-------|--|-----------|----------|--|
|       |  | Debtor(s) |          |  |

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22  | 2C.            |                        |
|--|----------------|------------------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."  | ete a separa   | te schedule of         |
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$             | 5,544.69               |
| a. Are real estate taxes included? Yes X No  |                |                        |
| b. Is property insurance included? Yes No X  |                |                        |
| 2. Utilities: a. Electricity and heating fuel  | \$             | 375.00                 |
| b. Water and sewer   | \$             | 75.00                  |
| c. Telephone   | \$             | 240.00                 |
| d. Other   | \$             | 0.00                   |
| 3. Home maintenance (repairs and upkeep)   | \$             | 500.00                 |
| 4. Food  | \$             | 1,600.00               |
| 5. Clothing  | \$             | 500.00<br>150.00       |
| <ul><li>6. Laundry and dry cleaning</li><li>7. Medical and dental expenses</li></ul>   | \$ ——          | 500.00                 |
| 8. Transportation (not including car payments)   | φ              | 300.00                 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$ ——          | 500.00                 |
| 10. Charitable contributions   | \$ <del></del> | 100.00                 |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  | Ψ              |                        |
| a. Homeowner's or renter's   | \$             | 175.00                 |
| b. Life  | \$             | 1,400.00               |
| c. Health  | \$             | 0.00                   |
| d. Auto  | \$             | 140.00                 |
| e. Other   | \$             | 0.00                   |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |                |                        |
| (Specify) Back taxes owed IRS  | \$             | 500.00                 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |                |                        |
| a. Auto  | \$             | 0.00                   |
| b. Other Student loan  | \$             | 250.00                 |
| c. Other   | \$             | 0.00                   |
| 14. Alimony, maintenance, and support paid to others   | \$             | 0.00<br>1,575.00       |
| <ul><li>15. Payments for support of additional dependents not living at your home</li><li>16. Regular expenses from operation of business, profession, or farm (attach detailed statement)</li></ul> | \$             | 0.00                   |
| 17. Other <b>Emergencies/Miscellaneous</b>   | \$             | 400.00                 |
| Other  | \$ ———         | 0.00                   |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and,   | \$             | 14,824.69              |
| if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)  |                |                        |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year  |                |                        |
| following the filing of this document:   |                |                        |
| Monthly elder care payments for support may decrease.  | -              |                        |
| 20. STATEMENT OF MONTHLY NET INCOME  | ф              | 4E 470 04              |
| a. Average monthly income from Line 15 of Schedule I   | \$             | 15,478.24<br>14,824.69 |
| b. Average monthly expenses from Line 18 above  Monthly not income (a, minus h)  | <u>\$</u>      | 653.55                 |
| c. Monthly net income (a. minus b.)  | Φ              | 000.00                 |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

# **United States Bankruptcy Court** Central District of California-L.A.

| In re | John Peter Johnsen     |           | Case No. |    |
|-------|------------------------|-----------|----------|----|
| m re  | Kimberlie Dyan Johnsen |           | Case No. |    |
|       |                        | Debtor(s) | Chapter  | 11 |

# DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|      | I declare under penalty of pe  | rjury that I have rea | nd the foregoing summary and schedules, consisting of | 25 |
|------|--|-----------------------|---|----|
|      | sheets, and that they are true and correct to the best of my knowledge, information, and belief. |                       |   |    |
|      |  |                       |   |    |
|      |  |                       |   |    |
| Date | November 8, 2010   | Signature             | /s/ John Peter Johnsen                                |    |
|      |  |                       | John Peter Johnsen                                    |    |
|      |  |                       | Debtor  |    |
|      |  |                       |   |    |
| Date | November 8, 2010   | Signature             | /s/ Kimberlie Dyan Johnsen                            |    |
|      |  |                       | Kimberlie Dyan Johnsen                                |    |
|      |  |                       | Joint Debtor  |    |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/10)

# **United States Bankruptcy Court** Central District of California-L.A.

| In re | John Peter Johnsen<br>Kimberlie Dyan Johnsen |           | Case No. |    |
|-------|--|-----------|----------|----|
|       | •  | Debtor(s) | Chapter  | 11 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT       | SOURCE   |
|--------------|--|
| \$65,254.00  | 2010 YTD: Wife Event Manager for Honeywell       |
| \$63,690.00  | 2009: Wife Event Manager for Honeywell           |
| \$95,652.00  | 2008: Wife Event Manager for Honeywell           |
| \$232,875.00 | 2010 YTD: Husband General Manager for Globe Tire |
| \$284,362.00 | 2009: Husband General Manager for Globe Tire     |
| \$289,209.00 | 2008: Husband General Manager for Globe Tire     |

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT** 

**SOURCE** 

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

AMOUNT STILL

**OWING** 

See attachment

None

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                        |           | AMOUNT    |
|------------------------|-----------|-----------|
|                        | DATES OF  | PAID OR   |
|                        | PAYMENTS/ | VALUE OF  |
| ND ADDRESS OF CREDITOR | TRANSFERS | TRANSFERS |

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND<br>RELATIONSHIP TO DEBTOR | DATE O  | F PAYMENT  | AMOUNT PAID | AMOUNT STILL<br>OWING |
|--|---------|------------|-------------|-----------------------|
| Palm Isand   | 11/1/09 | \$1,575.00 | \$18,900.00 | 311113                |
| 11300 Warner Avenue  | 12/1/09 | \$1,575.00 |             |                       |
| Fountain Valley, CA 92708                                  | 1/1/10  | \$1,575.00 |             |                       |
| Monthly elder care rental of \$1,575.00 for John           | 2/1/10  | \$1,575.00 |             |                       |
| Peter Johnsen's mother (ongoing monthly                    | 3/1/10  | \$1,575.00 |             |                       |
| payment)   | 4/1/10  | \$1,575.00 |             |                       |
| ,  | 5/1/10  | \$1,575.00 |             |                       |
|  | 6/1/10  | \$1,575.00 |             |                       |
|  | 7/1/10  | \$1,575.00 |             |                       |
|  | 8/1/10  | \$1,575.00 |             |                       |
|  | 9/1/10  | \$1,575.00 |             |                       |
|  | 10/1/10 | \$1.575.00 |             |                       |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER MGM Grand Hotel, LLC v. John P. Johnsen, Case No. A-09-593386-C

NATURE OF **PROCEEDING** Civil suit judgment

COURT OR AGENCY AND LOCATION Thomas A. Determan 3799 Las Vegas Blvd South Las Vegas, NV 89109

Superior Court of the State of

pending

Cavalry Portfolio Services, LLC, et al. vs. John P. Complaint for Johnsen aka John Johnsen LASC Case No. YC063291

Johnsen aka John Johnsen

LASC Case No. SB10C03865

Account Stated

California, Los Angeles County, Southwest District, 825 Maple Ave, Torrance, CA 90503

STATUS OR

Judgment

DISPOSITION

Cavalry Portfolio Services, LLC, et al. vs. John P. Complaint for **Account Stated**  Superior Court of the State of California, Los Angeles County, pending

Southwest Division, 825 Maple Avenue,

Torrance, CA 90503-5096

MGM Grand Hotel vs. John P. Johnsen, et al. Sister State Judgment Case No. BS128578

**Sister State** Judgment filed on 10/6/10 for judgment entered in **District Court.** Clark County NV, Case No. A-09-593386-C

**Los Angeles County Superior Court** 111 North Hill Street

pending

Los Angeles, CA 90012

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED Patricia Kay Johnsen #7 Shubert Ct

Irvine, CA 92612

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY** 

Wage garnishment total monthly payment of \$1,694.92 Divorce decree, Case No. 94-03-0592

Ongoing

### 5. Repossessions, foreclosures and returns

None  $\bowtie$ 

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY** 

### 6. Assignments and receiverships

None  $\boxtimes$ 

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

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None  $\boxtimes$ 

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

4

**PROPERTY** 

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION Women for Women Int'l 4455 Connecticut Ave, NW Ste 200 Washington, DC 20008-2300 RELATIONSHIP TO DEBTOR, IF ANY N/A

DATE OF GIFT Monthly

DESCRIPTION AND VALUE OF GIFT

Sponsor Afghanistan woman,

\$50.00

8. Losses

None  $\boxtimes$ 

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

DATE OF PAYMENT.

NAME AND ADDRESS OF PAYEE

NAME OF PAYOR IF OTHER THAN DEBTOR 8/26/10

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Danning, Gill, Diamond & Kollitz \$11.000.00 Attn: Eric P. Israel 9/7/10 \$604.00 \$8,000.00 2029 Century Park East, Third Floor 9/17/10 Los Angeles, CA 90067-2904 10/21/10 \$1,435.00

10. Other transfers

X

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor. transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

5

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

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 **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Patricia Kay Johnsen

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None  $\bowtie$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

M

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

NATURE OF BUSINESS

**BEGINNING AND** 

(ITIN)/ COMPLETE EIN ADDRESS

**ENDING DATES** 

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

**ADDRESS** NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, wi di

|                     | years immediately prece<br>the signature page.)  | eding the commencement of this case. A debtor who has a   | not been in business within those six years should go            |  |  |  |
|---------------------|--|---|--|--|--|--|
|                     | 19. Books, records an  | nd financial statements   |  |  |  |  |
| None                | None a. List all bookkeepers and accountants who within <b>two years</b> immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.                |   |  |  |  |  |
| Thirsk I<br>3701 Hi | AND ADDRESS<br>Martial<br>ghland Avenue, Suite<br>tan Beach, CA 90266  |   | DATES SERVICES RENDERED 2008, 2009                               |  |  |  |
| None                |  | ividuals who within the <b>two years</b> immediately precedin<br>s, or prepared a financial statement of the debtor.                | g the filing of this bankruptcy case have audited the books      |  |  |  |
| NAME                |  | ADDRESS   | DATES SERVICES RENDERED  |  |  |  |
| None                | c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain. |   |  |  |  |  |
| NAME                |  | ADDRE   | SS   |  |  |  |
| None                |  | stitutions, creditors and other parties, including mercantil vithin <b>two years</b> immediately preceding the commencement         |  |  |  |  |
| To our              | AND ADDRESS<br>knowledge, we have<br>al statement within th  | not issued a  | DATE ISSUED  |  |  |  |
|                     | 20. Inventories  |   |  |  |  |  |
| None                |  | last two inventories taken of your property, the name of and basis of each inventory.   | the person who supervised the taking of each inventory,          |  |  |  |
| DATE O              | F INVENTORY  | INVENTORY SUPERVISOR  | DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis) |  |  |  |
| None                | b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.  |   |  |  |  |  |
| DATE O              | F INVENTORY  | NAME AND ADDI<br>RECORDS  | RESSES OF CUSTODIAN OF INVENTORY                                 |  |  |  |
|                     | 21 . Current Partner   | s, Officers, Directors and Shareholders   |  |  |  |  |
| None                | a. If the debtor is a par  | rtnership, list the nature and percentage of partnership in   | terest of each member of the partnership.                        |  |  |  |
| NAME A              | AND ADDRESS  | NATURE OF INTEREST  | PERCENTAGE OF INTEREST   |  |  |  |
| None                |  | rporation, list all officers and directors of the corporation ercent or more of the voting or equity securities of the corporation. |  |  |  |  |
| NAME A              | AND ADDRESS  | TITLE   | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP                      |  |  |  |

#### 22 . Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

**TITLE** 

DATE OF TERMINATION

### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.



If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date November 8, 2010 Signature /s/ John Peter Johnsen

John Peter Johnsen

Debtor

Date November 8, 2010 Signature /s/ Kimberlie Dyan Johnsen

Kimberlie Dyan Johnsen

Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

IN RE JOHNSEN
Statement of Financial Affiars, No. 3(a) - Payments to Creditors

| Creditor Name               | Acct (Last 4#) | <u>Date</u> | Amount | <u>Address</u>           | City, ST         | <u>Zip</u> |
|-----------------------------|----------------|-------------|--------|--------------------------|------------------|------------|
| Bank of America             | 5999           | 2-Aug       | 716.01 | PO Box 30750             | Los Angeles CA   | 90030-0750 |
| American Express            | 1006           | 3-Aug       | 945.45 | PO Box 0001              | Los Angeles CA   | 90096-8000 |
| Mohela                      | 5605           | 5-Aug       | 250.00 | PO Box 1022              | Chesterfield, MO | 63006-1022 |
| Nordstrom                   | 2762           | 12-Aug      | 133.48 | PO Box 79134             | Phoenix AZ       | 85062-9134 |
| Sears                       | 5942           | 13-Aug      | 100.00 | PO Box 688956            | Des Moines, IA   | 50368-8956 |
| ING/Honeywell Savings Plans | 5356           | 15-Aug      | 481.07 | PO Box 5162              | Boston, MA       | 02206-6162 |
| Patricia K Johnsen          |                | 15-Aug      | 847.46 | #7 Shubert Ct.           | Irvine, CA       | 92612      |
| Globe Tire                  |                | 15-Aug      | 893.00 | 2450 S. La Cienega Blvd. | Los Angeles CA   | 90034-2216 |
| Guardian Insurance          | 4040           | 15-Sep      | 85.54  | PO Box 26280             | Lehigh Valley PA | 18002-6280 |
| Dept of Treasury            | 4040           | 15-Aug      | 500.00 |                          | Ogden UT         | 84201-0030 |
| Macys                       | 731            | 20-Aug      | 74.88  | PO Box 689195            | Des Moines, IA   | 50368-9195 |
| Macys 2                     | 7260           | 20-Aug      | 150.00 | PO Box 689195            | Des Moines, IA   | 50368-9195 |
| American Express            | 6004           | 26-Aug      | 80.25  | PO Box 0001              | Los Angeles CA   | 90096-8000 |
| ING/Honeywell Savings Plans | 5356           | 27-Aug      | 481.07 | PO Box 5162              | Boston, MA       | 02206-6162 |
| Guardian Insurance          | 4040           | 27-Aug      | 85.54  | PO Box 26280             | Lehigh Valley PA | 18002-6280 |
| Patricia K Johnsen          |                | 27-Aug      | 847.46 | #7 Shubert Ct.           | Irvine, CA       | 92612      |
| Bank of America             | 5999           | 2-Sep       | 716.00 | PO Box 30750             | Los Angeles CA   | 90030-0750 |
| Mohela                      | 5605           | 3-Sep       | 250.00 | PO Box 1022              | Chesterfield, MO | 63006-1022 |
| American Express            | 1006           | 3-Sep       | 563.68 | PO Box 0001              | Los Angeles CA   | 90096-8000 |
| ING/Honeywell Savings Plans | 5356           | 10-Sep      | 481.07 | PO Box 5162              | Boston, MA       | 02206-6162 |
| Guardian Insurance          | 4040           | 10-Sep      | 85.54  | PO Box 26280             | Lehigh Valley PA | 18002-6280 |
| Patricia K Johnsen          |                | 10-Sep      | 847.46 | #7 Shubert Ct.           | Irvine, CA       | 92612      |
| Globe Tire                  |                | 10-Sep      | 893.00 | 2450 S. La Cienega Blvd. | Los Angeles CA   | 90034-2216 |
| Sears                       | 5942           | 13-Sep      | 100.00 | PO Box 688956            | Des Moines, IA   | 50368-8956 |
| Dept of Treasury            | 4040           | 15-Sep      | 500.00 |                          | Ogden UT         | 84201-0030 |
| Macys                       | 731            | 20-Sep      | 100.00 | PO Box 689195            | Des Moines, IA   | 50368-9195 |
| Macys 2                     | 7260           | 20-Sep      | 100.00 | PO Box 689195            | Des Moines, IA   | 50368-9195 |
| ING/Honeywell Savings Plans | 5356           | 24-Sep      | 481.07 | PO Box 5162              | Boston, MA       | 02206-6162 |
| Guardian Insurance          | 4040           | 24-Sep      | 85.54  | PO Box 26280             | Lehigh Valley PA | 18002-6280 |
| Patricia K Johnsen          |                | 24-Sep      | 847.46 | #7 Shubert Ct.           | Irvine, CA       | 92612      |
| American Express            | 6004           | 24-Sep      | 469.20 | PO Box 0001              | Los Angeles CA   | 90096-8000 |
| Bank of America             | 5999           | 4-Oct       | 692.92 | PO Box 30750             | Los Angeles CA   | 90030-0750 |
| American Express            | 1006           | 4-Oct       | 969.00 | PO Box 0001              | Los Angeles CA   | 90096-8000 |

SOFA 3A.xls 1

# 

| Creditor Name               | Acct (Last 4 #) | <u>Date</u> | <u>Amount</u> | <u>Address</u>           | City, ST         | Zip        |
|-----------------------------|-----------------|-------------|---------------|--------------------------|------------------|------------|
| Mohela                      | 5605            | 5-Oct       | 250.00        | PO Box 1022              | Chesterfield, MO | 63006-1022 |
| ING/Honeywell Savings Plans | 5356            | 8-Oct       | 481.07        | PO Box 5162              | Boston, MA       | 02206-6162 |
| Guardian Insurance          | 4040            | 8-Oct       | 85.54         | PO Box 26280             | Lehigh Valley PA | 18002-6280 |
| Patricia K Johnsen          |                 | 8-Oct       | 847.46        | #7 Shubert Ct.           | Irvine, CA       | 92612      |
| Globe Tire                  |                 | 8-Oct       | 893.00        | 2450 S. La Cienega Blvd. | Los Angeles CA   | 90034-2216 |
| Nordstrom                   | 2762            | 12-Oct      | 53.78         | PO Box 79134             | Phoenix AZ       | 85062-9134 |
| Sears                       | 5942            | 13-Oct      | 454.43        | PO Box 688956            | Des Moines, IA   | 50368-8956 |
| Dept of Treasury            | 4040            | 15-Oct      | 500.00        |                          | Ogden UT         | 84201-0030 |
| Macys                       | 731             | 20-Oct      | 210.79        | PO Box 689195            | Des Moines, IA   | 50368-9195 |
| Macys 2                     | 7260            | 20-Oct      | 185.10        | PO Box 689195            | Des Moines, IA   | 50368-9195 |
| ING/Honeywell Savings Plans | 5356            | 27-Oct      | 481.07        | PO Box 5162              | Boston, MA       | 02206-6162 |
| Guardian Insurance          | 4040            | 27-Oct      | 85.54         | PO Box 26280             | Lehigh Valley PA | 18002-6280 |
| Patricia K Johnsen          |                 | 27-Oct      | 847.46        | #7 Shubert Ct.           | Irvine, CA       | 92612      |
| Bank of America             | 5999            | 2-Nov       | 716.00        | PO Box 30750             | Los Angeles CA   | 90030-0750 |
| Mohela                      | 5605            | 2-Nov       | 250.00        | PO Box 1022              | Chesterfield, MO | 63006-1022 |

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|   |   | ANKRUPTCY COURT OF CALIFORNIA-L.A.  |
|---|---|---|
| In  |   | Case No.:   |
| John Peter Johnsen<br>Kimberlie Dyan Johnsen<br>Debtor. |   | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR   |
| 1.  | that compensation paid to me within one year before the   | b), I certify that I am the attorney for the above-named debtor(s) an filing of the petition in bankruptcy, or agreed to be paid to me, for s) in contemplation of or in connection with the bankruptcy case is a |
|   | For legal services, I have agreed to accept   |   |
|   | Prior to the filing of this statement I have received   |   |
|   | Balance Due   | \$  |
| 2.  | A separate filing fee of \$_1,039.00_ has been paid.  |   |
| 3.  | The source of the compensation paid to me was:  Debtor Other (specify):   |   |
| 1.  | The source of compensation to be paid to me is:  Debtor Other (specify):  |   |
| 5.  | I have not agreed to share the above-disclosed compens associates of my law firm.   | ation with any other person unless they are members and   |
|   |   | n with a person or persons who are not members or associates of tof the names of the people sharing in the compensation is  |
| 3.  | <ul><li>a. Analysis of the debtor's financial situation, and rendering a bankruptcy;</li><li>b. Preparation and filing of any petition, schedules, statemer</li></ul> | nd confirmation hearing, and any adjourned hearings thereof;  |
|   | By agreement with the debtor(s), the above-disclosed fee doen the estate.   | s not include the following services: Any services not compensable  |
|   | CERTII  | FICATION  |
| de  |   | reement or arrangement for payment to me for representation of the  |
|   | Signa   | P. Israel, eisrael@dgdk.com<br>ture of Attorney<br>ing, Gill, Diamond & Kollitz, LLP  |
|   | Name<br>2029<br>Los A   | c of Law Firm Century Park East, Third Floor Angeles, CA 90067-2904 277-0077 Fax: (310) 277-5735  |

Doc 1 Filed 11/08/10 Entered 11/08/10 16:02:20 Desc Main Document

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2006 USBC Central District of California

February 2006

# United States Bankruptcy Court Central District of California-L.A.

| In re | John Peter Johnsen re Kimberlie Dyan Johnsen |           | Case No. |    |
|-------|--|-----------|----------|----|
|       | -  | Debtor(s) | Chapter  | 11 |

|       |   |                    | N OF EMPLOYMENT INCOME<br>.S.C. § 521 (a)(1)(B)(iv)   |  |  |  |
|-------|---|--------------------|---|--|--|--|
| Pleas | e fill out the following blank(s) and ch  | neck the box next  | to one of the following statements:   |  |  |  |
|       | nn Peter Johnsen , the debtor in this ca that:  | case, declare und  | ler penalty of perjury under the laws of the United States of   |  |  |  |
| •     | I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.  (NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.) |                    |   |  |  |  |
|       | I was self-employed for the entir received no payment from any o  |                    | rior to the date of the filing of my bankruptcy petition, and   |  |  |  |
|       | I was unemployed for the entire   | 60-day period prio | or to the date of the filing of my bankruptcy petition.   |  |  |  |
|       | nberlie Dyan Johnsen , the debtor in ca that:   | this case, declare | under penalty of perjury under the laws of the United States of   |  |  |  |
|       | for the 60-day period prior to the  | date of the filing | y stubs, pay advices and/or other proof of employment income of my bankruptcy petition.  Social Security number on pay stubs prior to filing them.) |  |  |  |
|       | I was self-employed for the entir received no payment from any o  |                    | rior to the date of the filing of my bankruptcy petition, and   |  |  |  |
|       | I was unemployed for the entire   | 60-day period prio | or to the date of the filing of my bankruptcy petition.   |  |  |  |
| Date  | November 8, 2010  | Signature          | /s/ John Peter Johnsen John Peter Johnsen Debtor  |  |  |  |
| Date  | November 8, 2010  | Signature          | /s/ Kimberlie Dyan Johnsen Kimberlie Dyan Johnsen Joint Debtor  |  |  |  |







(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Period Beginning: Period Ending:

08/20/2010 09/02/2010

Pay Date:

09/10/2010

Taxable Marital Status: Exemptions/Allowances:

Married

JOHN P JOHNSEN 805 N LUCIA AVE

Federal: CA:

REDONDO BEACH CA 90277

Social Security Number: XXX-XX-4040

| Earnings   | rate hours          | this period | year to date |
|------------|---------------------|-------------|--------------|
| Bonus      |                     | 15,000.00   | 135,000.00   |
|            | Gross Pay           | \$15,000.00 | 206,036.28   |
| Deductions | Statutory           |             |              |
|            | Federal Income Tax  | -3,950.00   | 36,462.00    |
|            | Medicare Tax        | -217 .50    | 2,984.63     |
|            | CA State Income Tax | -1,395.00   | 14,764.50    |
|            | Social Security Tax |             | 6,621.60     |
|            | CA SUI/SDI Tax      |             | 1,026.48     |
|            | Other               |             |              |
|            | Checking            | -9,437.50   |              |
|            | Advance             |             | 1,186.00     |
|            | Garnish             |             | 15,254.28    |
|            | Health Ins.         |             | 200.00       |
| •          | Loan                |             | 3,372.81     |
| -          | Purchase            |             | 1,000.00     |
|            | Net Pay             | \$0.00      |              |

Your federal taxable wages this period are \$15,000.00

Advice number:

00000360017 09/10/2010

Pay date: (323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 9003 全全线

Deposited to the account of

account number

transit ABA

amount

xxxxxx2469

XXXX XXXX

\$9,437.50

**NON-NEGOTIABLE** 









(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Married

Period Beginning: Period Ending:

08/20/2010 09/02/2010

Pay Date:

09/10/2010

JOHN P JOHNSEN 805 N LUCIA AVE

REDONDO BEACH CA 90277

Federal: CA: 17

Taxable Marital Status:

Exemptions/Allowances:

|            | Social Security Number: XX | KX-XX-4040  |              |
|------------|----------------------------|-------------|--------------|
| Earnings   | rate hours                 | this period | year to date |
| Regular    | 3946.46                    | 3,946.46    |              |
| Bonus      |                            |             | 120,000.00   |
|            | Gross Pay                  | \$3,946.46  | 191,036.28   |
| Deductions | Statutory                  |             |              |
|            | Federal Income Tax         | -134 .00    | 32,512.00    |
|            | Medicare Tax               | -57 . 23    | 2,767.13     |
|            | CA State Income Tax        | -122 .75    | 13,369.50    |
|            | Social Security Tax        |             | 6,621.60     |
|            | CA SUI/SDI Tax             |             | 1,026.48     |
|            | Other                      |             |              |
|            | Checking                   | -2,006.48   |              |
|            | Garnish                    | -847 .46    | 15,254.28    |
|            | Loan                       | -493 .00    | 3,372.81     |
|            | Misc                       | -85 . 54    |              |
|            | Purchase                   | -200.00     | 1,000.00     |
|            | Advance                    |             | 1,186.00     |
|            | Health Ins.                |             | 200.00       |
|            | Net Pay                    | \$0.00      |              |

Your federal taxable wages this period are \$3,946.46

Advice number: Pay date:

00000360016 09/10/2010

(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 9003 2256

Deposited to the account

transit ABA

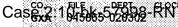
amount

xxxxxx2469

XXXX XXXX

\$2,006.48

**NON-NEGOTIABLE** 







Pay Date:





(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Period Beginning: Period Ending:

09/03/2010 09/16/2010

09/24/2010

Taxable Marital Status:

Exemptions/Allowances: Federal:

Married

17

JOHN P JOHNSEN 805 N LUCIA AVE

REDONDO BEACH CA 90277

Social Security Number: XXX-XX-4040

| Earnings   | rate hours          | this period | year to date |
|------------|---------------------|-------------|--------------|
| Regular    | 3946.46             | 3,946.46    |              |
| Bonus      |                     |             | 135,000.00   |
|            | Gross Pay           | \$3,946.46  | 209,982.74   |
| Deductions | Statutory           |             |              |
|            | Federal Income Tax  | -134 . 00   | 36,596.00    |
|            | Medicare Tax        | -57 . 22    | 3,041.85     |
|            | CA State Income Tax | -122 . 75   | 14,887.25    |
|            | Social Security Tax |             | 6,621.60     |
|            | CA SUI/SDI Tax      |             | 1,026.48     |
|            | Other               |             |              |
|            | Checking            | -2,699.49   |              |
|            | Garnish             | -847 .46    | 16,101.74    |
|            | Misc                | -85 . 54    |              |
|            | Advance             |             | 1,186.00     |
|            | Health Ins.         |             | 200.00       |
|            | Loan                |             | 3,372.81     |
|            | Purchase            |             | 1,000.00     |
|            | Net Pay             | \$9.00      |              |

Your federal taxable wages this period are \$3,946.46

Advice number:

00000380017 09/24/2010

(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 900342246

Deposited to the account of

account number

transit ABA

amount

Pay date:

XXXX XXXX

\$2,699.49

**NON-NEGOTIABLE** 





(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Period Beginning:

09/17/2010 09/30/2010

Period Ending: Pay Date:

10/08/2010

Taxable Marital Status: Exemptions/Allowances:

Married

JOHN P JOHNSEN

Federal: CA:

17 17

Social Security Number: XXX-XX-4040

805 N LUCIA AVE REDONDO BEACH CA 90277

|            | Social Security Number. | *************************************** | •0      |              |
|------------|-------------------------|---|---------|--------------|
| Earnings   | rate hours              | s this                                  | period  | year to date |
| Bonus      |                         | 15,0                                    | 00.00   | 150,000.00   |
|            | Gross Pay               | \$15,0                                  | 00.00   | 228,929.20   |
| Deductions | Statutory               |   |         |              |
|            | Federal Income Tax      | -3,9                                    | 50.00   | 40,680.00    |
|            | Medicare Tax            | -2                                      | 17 . 50 | 3,316.57     |
|            | CA State Income Tax     | < -1,3                                  | 95.00   | 16,405.00    |
|            | Social Security Tax     |   |         | 6,621.60     |
|            | CA SUI/SDI Tax          |   |         | 1,026.48     |
|            | Other                   |   |         |              |
|            | Loan                    | -89                                     | 93.00   | 4,265.81     |
|            | Purchase                | -20                                     | 00.00   | 1,200.00     |
|            | Advance                 |   |         | 1,186.00     |
|            | Garnish                 |   |         | 16,949.20    |
|            | Health Ins.             |   |         | 200.00       |
|            | Net Pay                 | \$8,3                                   | 44.50   |              |

Your federal taxable wages this period are \$15,000.00

90-4182/1211

Payroll check number: 0097352616

10/08/2010

Pay date:

(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Pay to the order of:

JOHN P JOHNSEN

This amount:

EIGHT THOUSAND THREE HUNDRED FORTY FOUR AND 50/100 DOLLARS

\$8344.50

VOID NON-NEGOTIABLE AFORTANGIONINE CONTRABOR AVAILABLE AT 877-423-7243

VOID AFTER 180 DAYS

BANK OF AMERICA COMMUNITY DEVELOPMENT BANK 1500 NEWELL AVENUE, SUITE 200 WALNUT CREEK, CA 84596





(323) 870-5975

Federal:

CA:

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Period Beginning: Period Ending:

09/17/2010 09/30/2010

Pay Date:

10/08/2010

JOHN P JOHNSEN Taxable Marital Status: Married Exemptions/Allowances: 805 N LUCIA AVE 17

REDONDO BEACH CA 90277

Social Security Number: XXX-XX-4040

17

| Earnings   | rate hours          | this period | year to date |
|------------|---------------------|-------------|--------------|
| Regular    | 3946.46             | 3,946.46    |              |
| Bonus      |                     |             | 135,000.00   |
|            | Gross Pay           | \$3,946.46  | 213,929.20   |
| Deductions | Statutory           |             |              |
|            | Federal Income Tax  | -134 .00    | 36,730.00    |
|            | Medicare Tax        | -57 . 22    | 3,099.07     |
|            | CA State Income Tax | 15,010.00   |              |
|            | Social Security Tax | 6,621.60    |              |
|            | CA SUI/SDI Tax      |             | 1,026.48     |
|            | Other               |             |              |
|            | Garnish             | -847 .46    | 16,949.20    |
|            | Misc                | -85 . 54    |              |
|            | Advance             |             | 1,186.00     |
|            | Health Ins.         |             | 200.00       |
|            | Loan                |             | 3,372.81     |
|            | Purchase            |             | 1,000.00     |
|            | Net Pay             | \$2,699.49  |              |

Your federal taxable wages this period are \$3,946.46

GROOM ADM. NO

GXA

90-4182/1211

Payroll check number: 0097352615

Pay date:

10/08/2010

(323) 870-5975

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Pay to the order of:

JOHN P JOHNSEN

This amount:

TWO THOUSAND SIX HUNDRED NINETY NINE AND 49/100 DOLLARS

\$2699.49

AVAILABLE AT 877-423-7243 VOID NON-NEGOTIABLE AVOID NON-NEGOTIABLE

VOID AFTER 180 DAYS

BANK OF AMERICA COMMUNITY DEVELOPMENT BANK 1500 NEWELL AVENUE, SUITE 200 WALNUT CREEK, CA 94596

Filed 11/08/10 Entered 11/08/10 16:02:20 Case 2:10-bk-57998-RN Doc 1

DEPT. CLOCK Main Document 045865 020302 0097547833 1

Page 60 of 74 Earnings Statement



OBE TERE

(323) 870-5975

Period Beginning: Period Ending:

10/01/2010 10/14/2010

Pay Date:

10/22/2010

2450 S. LA CIENEGA BLVD LOS ANGELES, CA 90034-2216

Taxable Marital Status: Married

Examptions/Allowances:

Federat CA:

17 17 JOHN P JOHNSEN 805 N LUCIA AVE

REDONDO BEACH CA 90277

Social Security Number: XXX-XX-4040

| Earnings   | rate hours          | this period | year to date |
|------------|---------------------|-------------|--------------|
| Regular    | 3946.46             | 3,946.46    |              |
| Bonus      | · .•                | <u> </u>    | 150,000.00   |
|            | Gross Pay           | \$3,945,45  | 232,875.66   |
| Deductions | Statutory           |             |              |
|            | Federal Income Tax  | -134.00     | 40,814.00    |
|            | Medicare Tax        | -57.23      | 3,373.80     |
|            | CA State Income Tax | -122.75     | 16,527,75    |
|            | Social Security Tax |             | 6,621.60     |
| ·          | CA SUI/SDI Tax      |             | 1,026.48     |
|            | Other               |             |              |
|            | Garnish             | -847.46     | 17,796.66    |
|            | Misc                | 85.54       |              |
|            | Advance             |             | 1,186.00     |
|            | Health Ins.         |             | 200.00       |
|            | Loan                |             | 4,265.81     |
|            | Purchase            |             | 1,200.00     |
|            | Net Pay             | \$2,699,48  | :            |

Your federal taxable wages this period are \$3,946,46

DOMANDE, Inc.

0097547833

OS ANGELES CA 90034-2216

∘Paý to,the ..order of:

JOHN P JOHNSEN

SIX HUNDRED NINETY NINE AND 48/100 DOLEARS This amount:

\$2699.48

ASSISTANCE WITH VERIFICATION AVAILABLE AT 877-423-7243

VOID AFTER 180 DAYS

BANK OF AMERICA COMMINITY DEVELOPMENT BANK 1500 NEWELL AVENUE SUITE 200 WALRUT CREEK, CA 94595

Payroll check number?

Pay date:

Case 2:10-bk-57998-RN Doc 1 Filed 11/08/10 Entered 11/08/10 16:02:20 Desc

Main Document

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Honeywel

Check #: 2391881 EmpID: E062652

Honeywell International Inc.

101 Columbia Road Company: ASI **Tax Elections** State Federal

Morristown, NJ 07962 Pay Group: LIB Status М М Department : 910444002 Allowances 0 0

KIMBERLIE D JOHNSEN Pay Begin Date: Aug-23-2010 Add'l Percent 0 0 805 N. LUCIA AVENUE Pay End Date: Sep-05-2010 Add'l Amount 0 0

REDONDO BEACH CA 90277 Check Date: Sep-10-2010

> Work State: ÇA

Residence State: CA

|  |                 |                    | D             |           | _              | B.4             | 11                |            |          |
|--|-----------------|--------------------|---------------|-----------|----------------|-----------------|-------------------|------------|----------|
| Carrila                                |                 |                    | Beg DT        | End D     |                | Rate            | Hours             | Current    | YTE      |
| Regular                                |                 |                    | 08/23/2010    | 09/05/201 |                | 9.607692        | 00.00             | 2,376.47   | 51,331.6 |
| Vacation Pay                           |                 |                    | 08/23/2010    | 09/05/201 | u s            | 9.607692        | 20.00             | 792.15     | 1,584,3  |
| Special Recognition                    |                 |                    |               |           |                |                 |                   |            | 200,0    |
| Holiday Pay                            |                 |                    |               |           |                |                 |                   | 2 400 00   | 2,534.8  |
| TOTAL EARNINGS<br>Before Tax Deduction |                 |                    | After Tax De  | dustions  |                |                 | Taxable Adjustm   | 3,168.62   | 55,650.8 |
| perore Tax Deduction                   | Current         | YTD                | Alter Tax Del | uuctions  | Current        | YTD             | Taxable Adjustii  | Current    | YTI      |
| Medical                                | 167,38          | 3,012,84           | Savings Plan  | 1         | 481.07         | 8,659.26        | Excess Life*      | 5.12       | 92.1     |
| Vieuicai<br>Dental                     | 28.46           | ·                  | Group Univ Li |           |                | •               | Excess the        | 5.12       | 92. I    |
| Savings Plan                           | 26.46<br>475.29 | 478.28<br>8,317.58 | Group Univers |           | 19.10<br>23.10 | 57.30<br>660.10 |                   |            |          |
| TOTAL                                  | 869,13          | 11,808,70          | Long-Term Di  |           | 10.64          |                 |                   |            |          |
| TOTAL                                  | 005, (3         | 11,000,10          | TOTAL         | isaumiy   |                | 191.52          |                   |            |          |
| Taxes                                  |                 |                    | TOTAL         |           | 533.91         | 9,568.18        | Travel & Expens   |            |          |
| I AXUS                                 | Current Yax     | Current Tax        | kab)e         | YTD Tax   |                | YTD Taxable     | Havel & Expens    | Report No. | Amoun    |
| Federal                                | 274.92          | 2,50               | 04.61         | 4,776.56  |                | 43,936.31       |                   | •          |          |
| FICA-Retire                            | 184,75          | 2,97               | 79,90         | 3,239,74  |                | 52,253,89       |                   |            |          |
| FICA-Medicare                          | 43.21           | 2,91               | 79.90         | 757.68    |                | 52,253.89       |                   |            |          |
| CA Withholding                         | 83.21           | 2,50               | 04.81         | 1,447.42  |                | 43,936.31       |                   |            |          |
| CA OASDI/EE                            | 32.72           | 2,97               | 74.78         | 573.78    |                | 52,161.73       |                   |            |          |
| TOTAL TAXES                            | 618.81          |                    |               | 10,795.18 |                |                 |                   |            |          |
| Direct Deposit Summ                    | агу             |                    |               |           |                |                 |                   |            |          |
| Туре                                   |                 |                    | А             | .ccount#  |                | Amount          |                   |            |          |
| Checking                               |                 | ;                  | xxxxxxxxx     | XXXX31    |                | 1,346.77        |                   |            |          |
| Pay Summary                            |                 |                    |               |           |                |                 | Special informati | ion        |          |
|  |                 | ·                  |               | Current   |                | YTD             |                   |            |          |
| Total Gross                            |                 |                    |               | 3,168.62  |                | 55,650.85       | Hours Worked Cu   | rrent      | 80,0     |
| Less: Taxes                            |                 |                    |               | 618.81    |                | 10,795.18       |                   |            |          |
| Less: Deductions                       |                 |                    |               | 1,203.04  |                | 21,374,88       |                   |            |          |
| Net Payroli                            |                 |                    |               | 1,346,77  |                | 23,480,79       |                   |            |          |
| Fravel Expense                         |                 |                    |               |           |                | 77,53           |                   |            |          |
| Total Pay                              |                 |                    |               | 1,346.77  |                | 23,558,32       |                   |            |          |
| Direct Deposit                         |                 |                    |               | 1,346,77  |                |                 |                   |            |          |

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Honeywell

Check#: 2395562 EmplD : E062652

Honeywell International Inc.

101 Columbia Road

REDONDO BEACH CA 90277

Morristown, NJ 07962 KIMBERLIE D JOHNSEN 805 N. LUCIA AVENUE

Company: ASI Pay Group: LIB Department: 910444002 Pay Begin Date: Sep-06-2010 Pay End Date : Sep-19-2010

Check Date: Sep-24-2010

Tax Elections Federal State Status М M Allowances 0 0 Add'l Percent 0 0 Add'i Amount 0 0

Work State:

CA

CA

Residence State:

|                     |             |            |               |               |         |             |                  | •          |          |
|---------------------|-------------|------------|---------------|---------------|---------|-------------|------------------|------------|----------|
| Earnings & Hours    | ••••        |            |               | •             |         |             |                  |            |          |
| Carmings & Hours    | •           |            | Beg DT        | End D         | ).T     | Rate        | Hours            | Current    | YT       |
| Regular             |             |            | 09/06/2010    | 09/19/201     |         | 39,607692   | 72,00            | 2,851,76   | 54,183,4 |
| Holiday Pay         |             |            | 09/06/2010    | 09/19/201     |         | 39,607692   | 8,00             | 316,86     | 2,851,7  |
| Special Recognition |             |            |               | 011.10,20     |         | 00,00,002   | 0,00             | 310,00     | 2,031.7  |
| Vacation Pay        |             |            |               |               |         |             |                  |            | 1,584.3  |
| TOTAL EARNINGS      |             |            |               |               |         |             |                  | 3,168,62   | 58,819.4 |
| Before Tax Deductio | ns          |            | After Tax Dec | ductions      |         |             | Taxable Adjustr  |            | 30,013.4 |
|                     | Current     | YTD        |               |               | Current | YTD         | TOMODIO POJOSTI  | Current    | YTO      |
| Medical             | 167,38      | 3,180.22   | Savings Plan  | Loan          | 481.07  | 9,140,33    | Excess Life*     | 5,12       | 97.28    |
| Dental              | 26,46       | 502.74     | Group Univ Li | le Spou       | 19.10   | 76,40       |                  |            |          |
| Savings Plan        | 475.29      | 8,792.87   | Group Univers | sa! Life      | 23.10   | 683,20      |                  |            |          |
| TOTAL               | 669,13      | 12,475.83  | Long-Term Di  | sability      | 10.64   | 202.16      |                  |            |          |
|                     |             |            | TOTAL         |               | 533.91  | 10,102.09   |                  |            |          |
| Taxes               |             |            |               |               |         |             | Travel & Expens  | ie.        |          |
|                     | Current Tax | Current Ta | xable         | YTD Tax       |         | YTD Taxable |                  | Report No. | Атоип    |
| <sup>e</sup> ederal | 274.92      | 2,5        | 04.61         | 4.61 5,051.48 |         | 48,440.92   |                  |            |          |
| FICA-Retire         | 184,75      | 2,9        | 9.90 3,424,49 |               |         | 55,233,79   |                  |            |          |
| FICA-Medicare       | 43.21       | 2,9        | 79,90         | 800.89        |         | 55,233,79   |                  |            |          |
| CA Withholding      | 83.21       | 2,5        | 04.61         | 1,530.63      |         | 46,440.92   |                  |            |          |
| CA OASDI/EE         | 32.72       | 2,9        | 74.78         | 606.50        |         | 55,136.51   |                  |            |          |
| TOTAL TAXES         | 618.81      |            |               | 11,413.99     |         |             |                  |            |          |
| Direct Deposit Summ | агу         |            |               |               |         |             |                  |            |          |
| Гуре                |             |            | Ad            | ccount#       |         | Amount      |                  |            |          |
| Checking            |             | :          | XXXXXXXXXX    | XXXX31        |         | 1,346.77    |                  |            |          |
| Pay Summary         |             |            |               |               |         |             | Special Informat | ion        |          |
|                     |             |            |               | Current       |         | YTD         |                  |            |          |
| Total Gross         |             |            | 3             | 3,168.62      |         | 58,819,47   | Hours Worked Cu  | rrent      | 72.00    |
| ess; Taxes          |             |            |               | 618.81        |         | 11,413,99   |                  |            |          |
| ess; Deductions     |             |            | 1             | ,203,04       |         | 22,577.92   |                  |            |          |
| iet Payroll         |             |            | 1             | ,348,77       |         | 24,827.56   |                  |            |          |
| ravel Expense       |             |            |               |               |         | 77.53       |                  |            |          |
| Total Pay           |             |            | 1             | ,346,77       |         | 24,905.09   |                  |            |          |
| Direct Deposit      |             |            | 1             | ,346.77       |         |             |                  |            |          |

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Honeywel

Check #: 2399233 EmpID: E062652

Honeywell international Inc.

101 Columbia Road Company: ASI Tax Elections State Federal Morristown, NJ 07962 Pay Group: LIB Status М М

Department: 910444002 0 0 Allowances

KIMBERLIE D JOHNSEN Pay Begin Date: Sep-20-2010 Add'i Percent 0 0 805 N, LUCIA AVENUE Pay End Date: Oct-03-2010 Add'i Amount 0 0

REDONDO SEACH CA 90277 Check Date: Oct-08-2010

> Work State: CA

Residence State: CA

| Farriage P Hayes                        |             |            |               |           |         |             |                  |            |           |
|---|-------------|------------|---------------|-----------|---------|-------------|------------------|------------|-----------|
| Earnings & Hours                        |             |            | Beg DT        | End D     | т       | Rate        | Hours            | Current    | YTC       |
| Regular                                 |             |            | 09/20/2010    | 10/03/201 |         | 0.716827    | 8.00             | 325,74     |           |
| Regular                                 |             |            | 09/20/2010    | 10/03/201 |         | 9.607692    | 72,00            | 2,851,76   | 57,360,92 |
| Special Recognition                     |             |            |               |           |         |             | ,                | _,         | 200.00    |
| Holiday Pay                             |             |            |               |           |         |             |                  |            | 2,851,75  |
| Vacation Pay                            |             |            |               |           |         |             |                  |            | 1,584,30  |
| TOTAL EARNINGS                          |             |            |               |           |         |             |                  | 3,177,50   | 61,996,97 |
| Before Tax Deductio                     | ons         |            | After Tax Dec | ductions  |         |             | Taxable Adjustn  | nents      |           |
| *************************************** | Current     | YTD        |               |           | Current | YTD         |                  | Current    | YTC       |
| Medical                                 | 167.38      | 3,347.60   | Savings Plan  | Loan '    | 481.07  | 9,621.40    | Excess Life*     | 5.40       | 102.68    |
| Denlal                                  | 26.46       | 529.20     | Group Univ Li | fe Spou   | 19.10   | 95.50       |                  |            |           |
| Savings Plan                            | 476.63      | 9,269.50   | Group Univers | sal Life  | 23.10   | 708.30      |                  |            |           |
| TOTAL                                   | 670,47      | 13,146,30  | Long-Term Dis | sability  | 10.94   | 213,10      |                  |            |           |
|   |             |            | TOTAL         |           | 534.21  | 10,636,30   |                  |            |           |
| Taxes                                   |             |            |               |           |         |             | Travel & Expens  | e          |           |
|   | Current Tax | Current Ta | xable         | YTD Tax   |         | YTD Taxable |                  | Report No. | Amoun     |
| Federa!                                 | 276.05      | 2,5        | 12.43         | 5,327.53  |         | 48,953.35   |                  |            |           |
| FICA-Retire                             | 185.33      | 2,9        | 89.08         | 3,609.82  |         | 58,222.85   |                  |            |           |
| FICA-Medicare                           | 43,34       | 2,9        | 89,06         | 844,23    |         | 58,222,85   |                  |            |           |
| CA Withholding                          | 83,73       | 2,5        | 12.43         | 1,614,36  |         | 48,953,35   |                  |            |           |
| CA OASDI/EE                             | 32.82       | 2,9        | 83,66         | 639,32    |         | 58,120,17   |                  |            |           |
| TOTAL TAXES                             | 621.27      |            |               | 12,035,28 |         |             |                  |            |           |
| Direct Deposit Sumn                     | nary        |            |               |           |         |             |                  |            |           |
| Туре                                    |             |            | A             | ccount#   |         | Amount      |                  |            |           |
| Checking                                |             |            | XXXXXXXXXX    | XXXX31    |         | 1,351.55    |                  |            |           |
| Pay Summary                             |             |            |               |           |         |             | Special Informat | ion        |           |
|   |             |            |               | Current   |         | YTD         |                  |            |           |
| Total Gross                             |             |            | ;             | 3,177.50  |         | 61,996.97   | Hours Worked Co  | ırrent     | 80.08     |
| Less: Taxes                             |             |            |               | 621,27    |         | 12,035.26   |                  |            |           |
| Less: Deductions                        |             |            |               | 1,204.68  |         | 23,782.60   |                  |            |           |
| Net Payroll                             |             |            |               | 1,351.55  |         | 26,179.11   |                  |            |           |
| Travel Expense                          |             |            |               |           |         | 77.53       |                  |            |           |
| Total Pay                               |             |            |               | 1,351.55  |         | 26,256,64   |                  |            |           |
| Direct Deposit                          |             |            | •             | 1,351,55  |         |             |                  |            |           |

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Check#: 2402904 EmplD: E062652

Honeywell International Inc.

101 Columbia Road Company: ASI Tax Elections Federal State Morristown, NJ 07962 Pay Group: LIB Status М М Department: 910444002 Allowances 0 0 KIMBERLIE D JOHNSEN Pay Begin Date: Oct-04-2010 Add'l Percent 0 0 805 N, LUCIA AVENUE Pay End Date: Oct-17-2010 Add'i Amount o 0

REDONDO BEACH CA 90277 Check Date: Oct-22-2010

Work State: CA

Residence State: CA

| Earnings & Hours    |             |            |               |           |         |             |                   |            |          |
|---------------------|-------------|------------|---------------|-----------|---------|-------------|-------------------|------------|----------|
|                     |             |            | Beg DT        | End D     | т       | Rate        | Hours             | Current    | YŦŪ      |
| Regular             |             |            | 10/04/2010    | 10/17/201 | 0 -     | 40,716827   | 80.00             | 3,257.35   | 60,618.2 |
| Special Recognition |             |            |               |           |         |             |                   |            | 200,0    |
| Holiday Pay         |             |            |               |           |         |             |                   |            | 2,851.7  |
| Vacalion Pay        |             |            |               |           |         |             |                   |            | 1,584,30 |
| TOTAL EARNINGS      |             |            |               |           |         |             |                   | 3,257.35   | 65,254,3 |
| Before Tax Deductio | ns          |            | After Tax Dec | iuctions  |         |             | Taxable Adjustm   | ents       |          |
|                     | Current     | YTD        |               |           | Current | YTD         |                   | Current    | YY       |
| Medical             | 167,38      | 3,514,98   | Savings Plan  | Loan      | 481.07  | 10,102.47   | Excess Life*      | 5,40       | 108,08   |
| Denlal              | 26.46       | 555,66     | Group Univ Li | fe Spou   | 19.10   | 114.60      |                   |            |          |
| Savings Plan        | 488,60      | 9,758.10   | Group Univers | sal Life  | 23,10   | 729.40      |                   |            |          |
| TOTAL               | 682.44      | 13,828.74  | Long-Term Di  | sability  | 10,94   | 224.04      |                   |            |          |
|                     |             |            | TOTAL         |           | 534.21  | 11,170.51   |                   |            |          |
| Taxes               |             |            |               |           |         |             | Travel & Expense  | 3          |          |
|                     | Current Tax | Current Ta | xable         | YTD Tax   |         | YTD Taxable |                   | Report No. | Amoun    |
| Federal             | 286.24      | 2,5        | B0.31         | 5,613.77  |         | 51,533.68   |                   |            |          |
| FICA-Relire         | 190,27      | 3,0        | 68,91         | 3,800.09  |         | 61,291,76   | •                 |            |          |
| FICA-Medicare       | 44.50       | 3,0        | 68.91         | 888,73    |         | 61,291.76   |                   |            |          |
| CA Withholding      | 88.40       | 2,5        | 80.31         | 1,702,76  |         | 51,533,66   |                   |            |          |
| CA OASDI/EE         | 33.70       | 3,0        | 63.51         | 673,02    |         | 61,183.68   |                   |            |          |
| TOTAL TAXES         | 643.11      |            |               | 12,678,37 |         |             |                   |            |          |
| Direct Deposit Summ | палу        |            |               |           |         |             |                   |            |          |
| Туре                |             |            | A             | ccount#   |         | Amount      |                   |            |          |
| Checking            |             |            | XXXXXXXXXX    | XXXX31    |         | 1,397.59    |                   |            |          |
| Pay Summary         |             |            |               |           |         |             | Special Informati | on         |          |
|                     |             |            |               | Current   |         | YTD         |                   |            |          |
| Total Gross         |             |            | ;             | 3,257.35  |         | 65,254,32   | Hours Worked Cur  | rent       | 80,08    |
| Less: Taxes         |             |            |               | 643.11    |         | 12,678,37   |                   |            |          |
| Less: Deductions    |             |            |               | 1,216.65  |         | 24,999,25   |                   |            |          |
| Net Payroll         |             |            |               | 1,397.59  |         | 27,576.70   |                   |            |          |
| Travel Expense      |             | •          |               |           |         | 77.53       |                   |            |          |
| Total Pay           |             |            |               | 1,397.59  |         | 27,654.23   |                   |            |          |
| Direct Deposit      |             |            |               | 1,397.59  | •       |             |                   |            |          |

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B22B (Official Form 22B) (Chapter 11) (01/08)

| In re  | John Peter Johnsen<br>Kimberlie Dyan Johnsen |  |  |  |  |  |
|--------|--|--|--|--|--|--|
|        | Debtor(s)                                    |  |  |  |  |  |
| Case N | Jumber:                                      |  |  |  |  |  |
|        | (If known)                                   |  |  |  |  |  |

# CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

|    | Part I. CALCULATIO   | ON                    | OF CURREN   | T MONTHLY INC   | CON                       | ME                        |      |                          |
|----|--|-----------------------|---|---|---------------------------|---------------------------|------|--------------------------|
| 1  | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.  b. □ Married, not filing jointly. Complete only column A ("Debtor's Income") for Lines 2-10.  c. ■ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.  |                       |   |   |                           |                           |      |                          |
|    | All figures must reflect average monthly income re<br>calendar months prior to filing the bankruptcy case<br>the filing. If the amount of monthly income varied<br>six-month total by six, and enter the result on the a   | ceiv<br>e, en<br>dur  | red from all sources<br>ding on the last day<br>ing the six months,                               | s, derived during the six of the month before   |                           | Column A  Debtor's Income |      | Column B Spouse's Income |
| 2  | Gross wages, salary, tips, bonuses, overtime, con  | nmi                   | ssions.   |   | \$                        | 22,892.92                 | \$   | 6,337.24                 |
| 3  | Net income from the operation of a business, pro and enter the difference in the appropriate column( profession or farm, enter aggregate numbers and produced in the column profession or farm, enter aggregate numbers and produced in the column profession or farm, enter aggregate numbers and produced in the column profession or farm, enter aggregate numbers and enter aggregate numbers aggr | (s) o<br>rovi         | f Line 3. If more the de details on an attain Debtor 0.00   | san one business achment. Do not enter a Spouse \$ 0.00                                     |                           |                           |      |                          |
|    | b. Ordinary and necessary business expenses c. Business income   | \$<br>Su              | btract Line b from  |   | \$                        | 0.00                      | \$   | 0.00                     |
| 4  | Net Rental and other real property income. Subdifference in the appropriate column(s) of Line 4.  a. Gross receipts b. Ordinary and necessary operating expenses c. Rent and other real property income  | \$<br>\$              |   | Spouse   \$ 0.00   \$ 0.00  | ]<br> <br> <br> <br> <br> | 0.00                      | \$   | 0.00                     |
| 5  | Interest, dividends, and royalties.  | 10.                   | active Eme o non  | Zane w  | \$                        | 0.00                      | -    | 0.00                     |
| 6  | Pension and retirement income.   |                       |   |   | \$                        | 0.00                      |      | 0.00                     |
| 7  | Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main debtor's spouse if Column B is completed.   | ts, i                 | ncluding child sup  | port paid for that  | \$                        | 0.00                      |      | 0.00                     |
| 8  | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.  However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to   |                       |   |   |                           |                           | 0.00 |                          |
| 9  | Income from all other sources. Specify source ar on a separate page. Total and enter on Line 9. Do not payments paid by your spouse if Column B is coalimony or separate maintenance. Do not include Security Act or payments received as a victim of a victim of international or domestic terrorism.   | not i<br>mpl<br>le ar | nclude alimony or<br>leted, but include a<br>my benefits received<br>crime, crime again<br>Debtor | separate maintenance<br>all other payments of<br>I under the Social<br>st humanity, or as a |                           |                           |      |                          |
|    | a.<br>b.   | \$                    |   | \$<br>\$  | \$                        | 0.00                      | \$   | 0.00                     |
| 10 | <b>Subtotal of current monthly income.</b> Add lines 2 completed, add Lines 2 thru 9 in Column B. Enter  | thru                  | ı 9 in Column A, aı   | nd, if Column B is  | \$                        | 22,892.92                 |      | 6,337.24                 |

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| 11 | Total current monthly income. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.  29,230.16 |  |                               |                                 |                          |  |  |  |  |
|----|--|--|-------------------------------|---------------------------------|--------------------------|--|--|--|--|
|    |  | Part I                                 | I. VERIFICATION               |                                 |                          |  |  |  |  |
|    | I declare under penal  | ty of perjury that the information pro | ovided in this statement is t | true and correct. (If this is a | joint case, both debtors |  |  |  |  |
|    | Date:  | November 8, 2010                       | Signature:                    | /s/ John Peter Johnser          | <u>1</u>                 |  |  |  |  |
|    |  |  |                               | John Peter Johnsen              |                          |  |  |  |  |
| 12 |  |  |                               | (Debtor)                        |                          |  |  |  |  |
|    | Date:  | November 8, 2010                       | Signature                     | /s/ Kimberlie Dyan Joh          | nsen                     |  |  |  |  |
|    |  |  |                               | Kimberlie Dyan Johns            |                          |  |  |  |  |
|    |  |  |                               | (Joint Debtor, i                | f any)                   |  |  |  |  |

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Verification of Creditor Mailing List - (Rev. 10/05)

2005 USBC, Central District of California

# **MASTER MAILING LIST** Verification Pursuant to Local Bankruptcy Rule 1007-2(d)

| Name   | Name Eric P. Israel, eisrael@dgdk.com       |             |  |  |  |  |  |  |
|--|---|-------------|--|--|--|--|--|--|
| Address 2029 Century Park East, Third Floor Los Angeles, CA 90067-2904 |   |             |  |  |  |  |  |  |
| Telephone  | elephone (310) 277-0077 Fax: (310) 277-5735 |             |  |  |  |  |  |  |
| •  | Attorney for Debtor(s)  Debtor in Pro Per   |             |  |  |  |  |  |  |
| UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA-L.A.     |   |             |  |  |  |  |  |  |
| List all name within last 8  | es including trade names used by Debtor(s)  | Case No.:   |  |  |  |  |  |  |
| John Peter J<br>Kimberlie Dy   | ohnsen                                      | Chapter: 11 |  |  |  |  |  |  |
|  |   |             |  |  |  |  |  |  |
|  |   |             |  |  |  |  |  |  |
|  |   |             |  |  |  |  |  |  |

# **VERIFICATION OF CREDITOR MAILING LIST**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 7 sheet(s) is complete, correct, and consistent with the debtor's schedules pursuant to Local Rule 1007-2(d) and I/we assume all responsibility for errors and omissions.

| Date: | November 8, 2010 | /s/ John Peter Johnsen                |
|-------|------------------|---------------------------------------|
|       |                  | John Peter Johnsen                    |
|       |                  | Signature of Debtor                   |
| Date: | November 8, 2010 | /s/ Kimberlie Dyan Johnsen            |
|       |                  | Kimberlie Dyan Johnsen                |
|       |                  | Signature of Debtor                   |
| Date: | November 8, 2010 | /s/ Eric P. Israel, eisrael@dgdk.com  |
|       |                  | Signature of Attorney                 |
|       |                  | Eric P. Israel, eisrael@dgdk.com      |
|       |                  | Danning, Gill, Diamond & Kollitz, LLP |
|       |                  | 2029 Century Park East, Third Floor   |
|       |                  | Los Angeles, CA 90067-2904            |
|       |                  | (310) 277-0077 Fax: (310) 277-5735    |

John Peter Johnsen 805 N. Lucia Avenue Redondo Beach, CA 90277

Kimberlie Dyan Johnsen 805 N. Lucia Avenue Redondo Beach, CA 90277

Eric P. Israel, eisrael@dgdk.com Danning, Gill, Diamond & Kollitz, LLP 2029 Century Park East, Third Floor Los Angeles, CA 90067-2904

United States Trustee - LA 725 S Figueroa St, 26th Fl Los Angeles, CA 90017

Cavalry Portfolio Services c/o Winn Law Group Attn: Brian N. Winn 110 E. Wilshire Ave, Ste 212 Fullerton, CA 92832

Thomas A. Determan 3799 Las Vegas Blvd Las Vegas, NV 89109

Bank of America PO Box 30750 Los Angeles, CA 90030-0750

Globe Tire c/o Arnie Sperling 2450 S. LaCienega Blvd Los Angeles, CA 90034

HSBC Suite 0241 Buffalo, NY 14270-0241

Employment Development Dept. Bankruptcy Group MIC 92E P.O. Box 82680 Sacramento, CA 94280-0001

Franchise Tax Board Bankruptcy Unit P.O. Box 2952 Sacramento, CA 95812-2952

Internal Revenue Service Cincinnati, OH 45999

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114

LA County Treasurer and Tax Collector Attn: Man-Ling Kuo, Tax Svs Clerk PO Box 54110 Los Angeles, CA 90054-0110

Patricia Kay Johnsen #7 Shubert Ct Irvine, CA 92612

State of California State Board of Equalization P.O. Box 942879 Sacramento, CA 94279-7072

AAA Financial Services (thru Bof A) PO Box 15726 Wilmington, DE 19886-5726

AT&T Universal Card PO Box 183037 Columbus, OH 43218-3037

Bank of America PO Box 851001 Dallas, TX 75285-1001

Bank of America PO Box 851001 Dallas, TX 75825-1001 Bank of America PO Box 15726 Wilmington, DE 19886-5726

Beneficial Finance PO Box 60101 City of Industry, CA 91716-0101

CA Water 2632 W 237th St Torrance, CA 90505-5230

Caesars Casino 3570 Las Vegas Blvd S Las Vegas, NV 89109

Capital One PO Box 60599 City of Industry, CA 91716-0599

Chase PO Box 94014 Palatine, IL 60094-4014

Chase PO Box 78036 Phoenix, AZ 85062-8036

Chase Financial PO Box 78035 Phoenix, AZ 85062-8035 Citibank PO Box 6401 The Lakes, NV 88901-6401

Citibank PO Box 183051 Columbus, OH 43218-3051

Guardian Insurance & Annuity Co Globe Tire Company 401K Plan PO Box 26280 Lehigh Valley, PA 18002-6280

ING

Attn: Honeywell Savings Program PO Box 5162 Boston, MA 02206-5162

Joe Alflen 1700 S. Catalina Ave Redondo Beach, CA 90277-5500

Key Bank
PO Box 6401
The Lakes, NV 88901-6401

MGM Grand Casino PO Box 93777 Las Vegas, NV 89195-0169

Michael L Slutzger, Dr. 4201 Torrance Blvd Torrance, CA 90503

Mohela PO Box 1022 Chesterfield, MO 63006-1022

Palm Isand 11300 Warner Avenue Fountain Valley, CA 92708

Pechanga Casino PO Box 9041 Temecula, CA 92589-9041

Physioworks David Fadale, PT 604 N Sepulveda Blvd Manhattan Beach, CA 90266

Rio Casino 3570 Las Vegas Blvd S Las Vegas, NV 89109

Robert Lee Daily, APC 2020 Del Amo Blvd. #100 Torrance, CA 90501

SoCal Edison PO Box 600 Rosemead, CA 91771-0001

The Gas Company PO Box C Monterey Park, CA 91756 Torrance Surgical Center 23560 Crenshaw Blvd Torrance, CA 90505

Venetian PO Box 94678 Las Vegas, NV 89195-0027

Verizon PO Box 920041 Dallas, TX 75392-0041

William A. Orzel Stark & D'Ambrosio, LLP 501 W. Broadway, Suite 770 San Diego, CA 92101

Palm Island 11300 Warner Avenue Fountain Valley, CA 92708