

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:  
CENTRAL District of CALIFORNI  
(State)

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name SAM DANIEL DASON, DDS, A PROFESSIONAL DENTAL CORPORATION

2. All other names debtor used in the last 8 years  
 Include any assumed names, trade names, and doing business as names

dba COLTON DENTAL GROUP  
dba DESERT DENTAL SERVICES  
dba SAN BERNARDINO DENTAL GROUP

3. Debtor's federal Employer Identification Number (EIN) 33-0973595

4. Debtor's address

<p>Principal place of business</p> <p><u>575 W 5th Street</u>  <small>Number Street</small></p> <hr/> <p><u>San Bernardino</u> <u>CA</u> <u>92401</u>  <small>City State ZIP Code</small></p> <hr/> <p>County _____</p>	<p>Mailing address, if different from principal place of business</p> <p><u>944 Via Lata</u>  <small>Number Street</small></p> <hr/> <p>P.O. Box _____</p> <p><u>Colton</u> <u>CA</u> <u>92324</u>  <small>City State ZIP Code</small></p> <hr/> <p>Location of principal assets, if different from principal place of business</p> <p>Number _____ Street _____</p> <hr/> <p>City _____ State _____ ZIP Code _____</p>
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5. Debtor's website (URL) www.samdasondds.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor SAM DANIEL DASON, DDS, A PROFESSIONAL Case number (if known) \_\_\_\_\_  
Name

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor Sam Daniel Dason & Greta Dason Relationship shareholder

District Central California - Riverside When 02/25/2016  
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known 6:16-bk-11635-MH

Debtor SAM DANIEL DASON, DDS, A PROFESSIONAL Case number (if known) \_\_\_\_\_  
Name

11. Why is the case filed in this district? *Check all that apply:*
- Debtor has had its domicile, 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.
  - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?  No  
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Is the property insured?

- No
- Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*
- Funds will be available for distribution to unsecured creditors.
  - After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

Debtor SAM DANIEL DASON, DDS, A PROFESSIONAL Case number (if known) \_\_\_\_\_  
Name

16. Estimated liabilities
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |


**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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


Executed on \_\_\_\_\_  
MM / DD / YYYY

  
Signature of authorized representative of debtor

Sam Dason  
Printed name

Title President

18. Signature of attorney

  
Signature of attorney for debtor

Date 10/18/2016  
MM / DD / YYYY

Michael S. Kogan  
Printed name

KOGAN LAW FIRM, APC  
Firm name

1849 Sawtelle Blvd., Suite 700  
Number Street

Los Angeles CA 90025  
City State ZIP Code

310.954.1690 mkogan@koganlawfirm.com  
Contact phone Email address

128500 CA  
Bar number State

Official Form 201A (12/15)

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on N/A.

a. Total assets \$ \_\_\_\_\_

b. Total debts (including debts listed in 2.c., below) \$ \_\_\_\_\_

c. Debt securities held by more than 500 holders

Approximate number of holders:

secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ _____	<u>N/A</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ _____	_____
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ _____	_____
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ _____	_____
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ _____	_____

d. Number of shares of preferred stock \_\_\_\_\_

e. Number of shares common stock \_\_\_\_\_

Comments, if any: \_\_\_\_\_

\_\_\_\_\_

3. Brief description of debtor's business: \_\_\_\_\_

\_\_\_\_\_

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Sam Daniel Dason

\_\_\_\_\_

\_\_\_\_\_

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  Michael S. Kogan (SBN 128500) KOGAN LAW FIRM, APC 1849 Sawtelle Blvd., Suite 700 Los Angeles, California 90025 Telephone (310) 954-1690 mkogan@koganlawfirm.com	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b>	
In re: SAM DANIEL DASON, DDS, A PROFESSIONAL DENTAL CORPORATION          Debtor(s).	CASE NO.: CHAPTER: 11  <div style="text-align: center;"> <b>ATTACHMENT TO VOLUNTARY PETITION FOR NON-INDIVIDUAL FILING FOR BANKRUPTCY UNDER CHAPTER 11</b> </div> <p style="font-size: small; text-align: center;"> <i>[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this form shall be completed and attached to the petition.]</i> </p>

1. If any of the Debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on \_\_\_\_\_.

- a. Total assets \$ \_\_\_\_\_
- b. Total debts (including debts listed in 2.c., below) \$ \_\_\_\_\_
- c. Debt securities held by more than 500 holders

		Approximate number of holders:
<input type="checkbox"/> secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated	\$	

- d. Number of shares of preferred stock \_\_\_\_\_
- e. Number of shares of common stock \_\_\_\_\_

Comments, if any:

3. Brief description of the Debtor's business:

4. List the names of any persons who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the Debtor:

**Fill in this information to identify the case:**

Debtor name SAM DANIEL DASON, DDS, APDC

United States Bankruptcy Court for the: CENTRAL District of CALIFORNI  
(State)

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Juddy Olivares c/o Despardins & Panitz 18000 Studebaker Rd, #700 Cerritos, CA 90703		lawsuit	c, u, d			1,742,690
2	Wesierski & Zurek LLP One Corporate Park, #200 Irvine, CA 92606		legal services				65,000
3	Asha Mehta c/o Law Office of Ricky Shah 3200 E. Guasti Rd., #100 Ontario, CA 91761		attorney	c			80,000
4	Luxe Water Solutions 39203 Leopard Street Palm Desert, CA 92211		goods-trade				1,500
5	Henry Shein Ortho P.O. Box 22307 Pittsburg, PA 15251-2070		goods/services				10,000
6	TelePacific Comm. 515 South Flower Street Los Angeles, CA 90071		goods/services				2,000
7	Dental SEO 2121 Alton Parkway, #150 Irvine, CA 92606		goods/services				5,000
8	Pearson Dental Supply 72370 Telfair Avenue Sylmar, CA 91342		goods/services				25,000

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Henry Shein Ortho P.O. Box 223070 Pittsburg, PA 15251-2070		goods/services				15,000
10	American Express Platinum Box 0001 Los Angeles, CA 90090-8000		DDS expenses				54,000
11	Bank of America Mastercard P.O. Box 15019 Wilmington, DE 19886-5019		DDS expenses				75,000
12	Bank of America VISA P.O. Box 982238 El Paso, TX 79998-2238		supplies				9,500
13	Capital One Bank (USA), NA P.O. Box 60599 City of Industry, CA 91716		DDS expenses				11,800
14	Chase SLATE-Member Srv. P.O. Box 94014 Palatine, IL 60094-4014		DDS expenses				11,500
15	United Mileage Plus P.O. Box 94014 Palatine, IL 60094-4014		DDS expenses				7,000
16							
17							
18							
19							
20							



**CORPORATE RESOLUTION**

In accordance with the authority vested in the Board of Directors, the Directors have approved, and do hereby approve, the following resolutions:

RESOLVED, that SAM DANIEL DASON, DDS, A PROFESSIONAL DENTAL CORPORATION (the “**Corporation**”) file a Petition for bankruptcy pursuant to Chapter 11 of the Bankruptcy Code, and it is further

RESOLVED, that any officer or managing member of the Corporation including but not limited to Sam Daniel Dason, President, are authorized by their sole signature to sign all documents necessary and requisite in connection with the said Petition pursuant to Chapter 11 of the Bankruptcy Code, and is directed to perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such Chapter 11 case, and it is further

RESOLVED, that this Corporation retain the Kogan Law Firm, APC as counsel to represent the Corporation in connection with the proceedings, and to pay its retainer.

DATED: September \_\_, 2016

**SAM DANIEL DASON, DDS, A  
PROFESSIONAL DENTAL CORPORATION**

By:   
Sam Daniel Dason

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  Michael S. Kogan (SBN 128500) KOGAN LAW FIRM, APC 1849 Sawtelle Blvd., Suite 700 Los Angeles, California 90025 Telephone (310) 954-1690 mkogan@koganlawfirm.com	FOR COURT USE ONLY
<input type="checkbox"/> <i>Attorney for:</i> Debtor	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b>	
In re:  SAM DANIEL DASON, DDS, A PROFESSIONAL DENTAL CORPORATION   Debtor(s).	CASE NO.: ADVERSARY NO.: CHAPTER: 11
Plaintiff(s).	<b>CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</b>
Defendant(s).	[No hearing]

*Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.*

I, *(Printed name of attorney or declarant)* Sam Daniel Dason, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

- I am the president or other officer or an authorized agent of the Debtor corporation
- I am a party to an adversary proceeding
- I am a party to a contested matter
- I am the attorney for the Debtor corporation


2. a.  The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

Sam Dason  
\_\_\_\_\_  
\_\_\_\_\_

[For additional names, attach an addendum to this form.]

b.  There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: 09/06/2016

By:   
\_\_\_\_\_  
Signature of Debtor, or attorney for Debtor

Name: SAM DANIEL DASON, DDS, APDC  
Printed name of Debtor, or attorney for Debtor

**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LBR 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).)

N/A

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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).)

N/A

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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).)

In re Sam Daniel Dason and Greta Sam Dason, Case No. 6:16-bk-11635-MH, Chapter 7 - pending

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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).)

N/A

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

Executed at Colton, California



Signature of Debtor

Date: 09/06/2016

Signature of Joint Debtor

**Fill in this information to identify the case:**

Debtor name SAM DANIEL DASON, DDS, APDC

United States Bankruptcy Court for the CENTRAL District of CALIFOR  
(State)

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....</p>	\$ <u>0.00</u>
<p>1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....</p>	\$ <u>112,200.00</u>
<p>1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....</p>	\$ <u>112,200.00</u>

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* ..... \$ 2,314,713.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

<p>3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....</p>	\$ <u>0.00</u>
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....</p>	+ \$ <u>2,128,840.00</u>

4. **Total liabilities** .....  
Lines 2 + 3a + 3b \$ 4,443,553.00

**Fill in this information to identify the case:**

Debtor name SAM DANIEL DASON, DDS, APDC  
 United States Bankruptcy Court for the: CENTRAL District of CALIFOR  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 500.00

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. see attached schedule - bank accounts \_\_\_\_\_ \$ 4,000.00  
 3.2. \_\_\_\_\_ \$ \_\_\_\_\_

4. Other cash equivalents *(Identify all)*

4.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 4.2. \_\_\_\_\_ \$ \_\_\_\_\_

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 4,500.00

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.  
 Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 7.2. \_\_\_\_\_ \$ \_\_\_\_\_

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: face amount - doubtful or uncollectible accounts = ..... -> \$ .....
11b. Over 90 days old: 6700 face amount - doubtful or uncollectible accounts = ..... -> \$ 6,700.00

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 6,700.00

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_
14.2. \_\_\_\_\_ \$ \_\_\_\_\_

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_
15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_
16.2. \_\_\_\_\_ \$ \_\_\_\_\_

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor

SAM DANIEL DASON, DDS, Main Document Page 16 of 63  
Name Chapter (if known)

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies inventory and supplies	_____ MM / DD / YYYY	\$ 50,000.00	liquidation	\$ 50,000.00
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.		✓		\$ 50,000.00

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____



Debtor

SAM DANIEL DASON, DDS, ABDC  
Name

Page 17 of 63  
CSP Number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00

34. Is the debtor a member of an agricultural cooperative?

- No
- Yes. Is any of the debtor's property stored at the cooperative?
  - No
  - Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
- Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
- Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture f _____	\$ 10,000.00	liquidation	\$ 10,000.00
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software _____	\$ 30,000.00	liquidation	\$ 30,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 40,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
- Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
- Yes

Debtor

SAM DANIEL DASON, DDS. Main Document Page 18 of 63  
Name Case Number (if known)

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____		\$ _____
47.2 _____	\$ _____		\$ _____
47.3 _____	\$ _____		\$ _____
47.4 _____	\$ _____		\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____		\$ _____
48.2 _____	\$ _____		\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____		\$ _____
49.2 _____	\$ _____		\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____		\$ _____
-------	----------	--	----------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____ 0.00
---------------

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
- Yes

Debtor

SAM DANIEL DASON, DDS, M.D. Main Document Page 19 of 63  
Name Case Number (if known)

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00
---------

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties dentist license _____	\$ _____	_____	\$ 0.00
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ 10,000.00	liquidation	\$ 10,000.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 10,000.00
--------------

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?  
 No  
 Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?  
 No  
 Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?  
 No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.  
 No. Go to Part 12.  
 Yes. Fill in the information below.

			<b>Current value of debtor's interest</b>
71. <b>Notes receivable</b>			
Description (include name of obligor)			
_____	Total face amount	- <u>                    </u> doubtful or uncollectible amount	= → \$ _____

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. **Interests in insurance policies or annuities**

\_\_\_\_\_ \$ \_\_\_\_\_

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

pot.lawsuit malpractice v Law Office D. Rasmussen \$ \_\_\_\_\_

Nature of claim legal malpractice

Amount requested \$ \_\_\_\_\_

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. **Trusts, equitable or future interests in property**

\_\_\_\_\_ \$ \_\_\_\_\_

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. **Total of Part 11.**  
 Add lines 71 through 77. Copy the total to line 90.

\$ _____	0.00
----------	------

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?  
 No  
 Yes

Debtor

SAM DANIEL DASON, DDS, MAJ Document Page 21 of 63  
 Name Case Number (if known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 4,500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 6,700.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 50,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 40,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 10,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. .... 91a	\$ 112,200.00	+ 91b \$ 112,200.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$ 112,200.00

Fill in this information to identify the case:

Debtor name SAM DANIEL DASON, DDS, APDC  
 United States Bankruptcy Court for the CENTRAL District of CALIFORNI  
 (State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

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

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

**2.1** Creditor's name Bank of America, N.A. Describe debtor's property that is subject to a lien 575 W 5th Street, San Bernardino, CA \$ 264,631.00 \$ 450,000.00

Creditor's mailing address 600 North Cleveland Ave., Ste 300 Westerville, OH 43082 -guarantee for Sam Dason  
obligation-property owned by Sam Dason, i

Creditor's email address, if known \_\_\_\_\_ Describe the lien 1st priority lien

Date debt was incurred 9/24/2004 Is the creditor an insider or related party?  
 No  
 Yes

Last 4 digits of account number \_\_\_\_\_ Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H, Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

**2.2** Creditor's name Global Management Services, LLC Describe debtor's property that is subject to a lien 575 W 5th Street, San Bernardino, CA \$ 186,082.00 \$ 450,000.00

Creditor's mailing address c/o Key Bank, 11501 Outlook, Ste 300, Overland, KS 66211 92401 - guarantee for Sam Dason  
obligation-property owned Sam Dason, indi

Creditor's email address, if known \_\_\_\_\_ Describe the lien 2nd priority lien

Date debt was incurred 6/23/2004 Is the creditor an insider or related party?  
 No  
 Yes

Last 4 digits of account number 4 0 0 3 Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H, Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ \_\_\_\_\_

Debtor

Name

Credit number (if known)

**Part 1: Additional Page**

Column A  
**Amount of claim**  
 Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. **Creditor's name** \_\_\_\_\_ **Describe debtor's property that is subject to a lien** \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Creditor's mailing address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Creditor's email address, if known** \_\_\_\_\_

**Date debt was incurred** \_\_\_\_\_  
**Last 4 digits of account number** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe the lien** \_\_\_\_\_

**Is the creditor an insider or related party?**  
 No  
 Yes

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

2. **Creditor's name** Bank of America, N.A. **Describe debtor's property that is subject to a lien** 944 Via Lata, Colton, CA 92324 -- \$ 562,000.00 \$ 800,000.00

**Creditor's mailing address** guarantee for Sam Dason obligation -  
property owned by Sam Dason, individually

600 North Cleveland Ave., Ste 300  
Westerville, OH 43082

**Creditor's email address, if known** \_\_\_\_\_

**Date debt was incurred** 12/26/2012  
**Last 4 digits of account number** 8 1 3 6

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Describe the lien** 1st priority lien

**Is the creditor an insider or related party?**  
 No  
 Yes

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Debtor

SAM DANIEL DASON, DDS, APRD  
Name

Main Document

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Case Number (if known)

**Part 1: Additional Page**

Column A  
**Amount of claim**  
Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. **Creditor's name** Bank of America, N.A. **Describe debtor's property that is subject to a lien** lien on Debtor, accounts, inventory, etc. & 944 Via Lata, Colton, CA 92324 -- property owned by Sam Dason, individually \$ 91,000.00 \$ 800,000.00

**Creditor's mailing address**  
600 North Cleveland Ave., Ste 300  
Westerville, OH 43082

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred** 12/26/2012 **Describe the lien** 2nd priority lien

**Last 4 digits of account number** 6 8 1 5 **Is the creditor an insider or related party?**  
 No  
 Yes

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

2. **Creditor's name** Bank of America, N.A. **Describe debtor's property that is subject to a lien** lien on Debtor, accounts, inventory, etc. 3rd TD on 575 W 5th Street, San Bernardino, CA (Sam Dason personal asset) \$ 393,000.00 \$ 100,000.00

**Creditor's mailing address**  
600 North Cleveland Ave., Ste 300  
Westerville, OH 43082

**Creditor's email address, if known**  
\_\_\_\_\_

**Date debt was incurred** 12/26/2012 **Describe the lien** lien on business assets (UCC-1 filing)

**Last 4 digits of account number** 8 7 7 1 **Is the creditor an insider or related party?**  
 No  
 Yes

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**Is anyone else liable on this claim?**  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

**As of the petition filing date, the claim is:**  
Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed



Debtor

SAM DANIEL DASON, DDS, APDC  
Name

Main Document Page 25 of 63

Case Number (if known)

**Part 1: Additional Page**

Column A  
**Amount of claim**  
Do not deduct the value of collateral.

Column B  
**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. **Creditor's name** Bank of America, N.A. **Describe debtor's property that is subject to a lien** lien on Debtors business assets, accounts, inv., etc., 3rd TD on 575 W 5th Street, San Bernardino, CA (Sam Dason personal asset) \$ 818,000.00 \$ 100,000.00

**Creditor's mailing address** 600 North Cleveland Ave., Ste 300 Westerville, OH 43082

**Creditor's email address, if known** \_\_\_\_\_

**Date debt was incurred** 12/26/2012 **Describe the lien** lien on business assets (UCC-1 filing)

**Last 4 digits of account number** 0 0 1 4 **Is the creditor an insider or related party?**  
 No  
 Yes

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_

**As of the petition filing date, the claim is:**  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

2. **Creditor's name** \_\_\_\_\_ **Describe debtor's property that is subject to a lien** \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Creditor's mailing address** \_\_\_\_\_

**Creditor's email address, if known** \_\_\_\_\_

**Date debt was incurred** \_\_\_\_\_ **Describe the lien** \_\_\_\_\_

**Last 4 digits of account number** \_\_\_\_\_ **Is the creditor an insider or related party?**  
 No  
 Yes

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_

**As of the petition filing date, the claim is:**  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____
_____	Line 2. __	____

Fill in this information to identify the case:

Debtor SAM DANIEL DASON, DDS, APDC  
 United States Bankruptcy Court for the CENTRAL District of CA  
(State)  
 Case number \_\_\_\_\_  
(If known)

Check if this is an amended filing

Official Form 206E/F

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

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>

<p><b>2.2</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
---	---	-----------------

<p><b>2.3</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>_____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
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Debtor

SAM DANIEL DASON, DDS, M.D. Main Document

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Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2\_ Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- No
Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_\_)

2\_ Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- No
Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_\_)

2\_ Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- No
Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_\_)

2\_ Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
Unliquidated
Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- No
Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_\_)

Debtor

SAM DANIEL DASON, DDS, APDC  
Name

Main Document

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CASE NUMBER (if known)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Indio Plaza Center c/o John Barta P.O. Box 12085 Palm Desert, CA 92255  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>lease</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 0.00
3.2	Nonpriority creditor's name and mailing address Kathryn Peulicke c/o Michael Wassera 155 N. Riverview #312 Anaheim Hills, CA 92808  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 0.00
3.3	Nonpriority creditor's name and mailing address Michael Wasserman 155 N. Riverview #312 Anaheim Hills, CA 92808  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.4	Nonpriority creditor's name and mailing address Eric Panitz (Law Offices) 18000 Studebaker Road, Suite 700 Cerritos, CA 90703  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>notice-lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 0.00
3.5	Nonpriority creditor's name and mailing address Juddy Olivares c/o Despardins & Panitz 18000 Studebaker Road, Suite 700 Cerritos, CA 90703  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>lawsuit-disputed judg</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 1,742,690.00
3.6	Nonpriority creditor's name and mailing address Wesierski & Zurek LLP One Corporate Park, Suite 200 Irvine, CA 92606  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>former atoorneys</u>  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 65,000.00

Debtor

SAM DANIEL DASON, DDS APDC  
Name

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Case Number (if known)

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3 Nonpriority creditor's name and mailing address  
 Global Mgmt Services LLC c/o Key Bank  
 11501 Outlook, Suite 300  
 Overland Park, KS 66211

As of the petition filing date, the claim is:  
 Check all that apply  
 Contingent  
 Unliquidated  
 Disputed  
 Liquidated and neither contingent nor disputed

Basis for the claim: secured - notice

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 0.00

3 Nonpriority creditor's name and mailing address  
 Bank of America Practice Solutions  
 600 N. Cleveland, Suite 300  
 Westerville, OH 43082

As of the petition filing date, the claim is:  
 Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: notice

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 0.00

3 Nonpriority creditor's name and mailing address  
 Mehandrakumar Mehta  
 c/o Law Offices of Ricky Shah  
 3200 E. Guasti Rd, #100, Ontario, CA 91761

As of the petition filing date, the claim is:  
 Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: lease-exp-10/2016

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 0.00

3 Nonpriority creditor's name and mailing address  
 Asha Mehta c/o Law Offices of Ricky Shah  
 3200 E. Guasti Road, Suite 100  
 Ontario, CA 91761

As of the petition filing date, the claim is:  
 Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: attorney

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 80,000.00

3 Nonpriority creditor's name and mailing address  
 Luxe Water Solutions  
 39203 Leopard Street  
 Palm Desert, CA 92211

As of the petition filing date, the claim is:  
 Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: goods

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 1,500.00

Debtor

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**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address  
 AT&T  
 P.O. Box 537104  
 Atlanta, GA 30353-7104

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Liquidated and neither contingent nor disputed

Basis for the claim: goods/services

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 350.00

3. Nonpriority creditor's name and mailing address  
 Henry Shein Ortho  
 P.O. Box 22307  
 Pittsburg, PA 15251-2070

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: goods/services

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 10,000.00

3. Nonpriority creditor's name and mailing address  
 Indio Plaza Ctr  
 c/o Commercial Property Realty  
 P.O. Box 76, Palm Desert, CA 92255

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: lease-notice

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 0.00

3. Nonpriority creditor's name and mailing address  
 Lucy Montes De Oca  
 351 E. Orchard Street  
 Rialto, CA 92376

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: former employee

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 0.00

3. Nonpriority creditor's name and mailing address  
 TelePacific Comm  
 515 South Flower Street  
 Los Angeles, CA 90071

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: goods/services

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ 2,000.00

Debtor

SAM DANIEL DASON, DDS Main Document Page 32 of 63 Case Number (if known)

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>   </u>	Nonpriority creditor's name and mailing address Dental SEO 2121 Alton Parkway, Suite 150 Irvine, CA 92606  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>goods/services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,000.00</u>
3. <u>   </u>	Nonpriority creditor's name and mailing address Bank of America, Merchant Services P.O. Box 6600  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3. <u>   </u>	Nonpriority creditor's name and mailing address Ana Karen Espinoza 6812 Woodmere Drive Riverside, CA 92509  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>former employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3. <u>   </u>	Nonpriority creditor's name and mailing address Steven Lopez 2296 Ramona Avenue San Bernardino, CA 92411  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>former employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>
3. <u>   </u>	Nonpriority creditor's name and mailing address Juddy Olivares 1861 N. Ellen Circle Colton, CA 92324  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>duplicate-notice</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>0.00</u>



Debtor

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**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3	Nonpriority creditor's name and mailing address Raynalle Hayes 993 Curlew Street Perris, CA 92571	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>former employee</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	Nonpriority creditor's name and mailing address Cesar Espinoza 1944 Katydid Street Bloomington, CA 92316	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>former employee</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	Nonpriority creditor's name and mailing address Pearson Dental Supply 72370 Telfair Avenue Sylmar, CA 9132-357	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>goods/services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	Nonpriority creditor's name and mailing address Henry Shein Ortho P.O. Box 223070 Pittsburgh, PA 15251-2070	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>goods/services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3	Nonpriority creditor's name and mailing address American Express Platinum Box 0001 Los Angeles, CA 90090-8000	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 54,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number <u>4007 &amp; 5007</u>	Basis for the claim: <u>DDS expenses</u>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor

SAM DANIEL DASON, DDS, M.D.  
Name Main Document Page 34 of 63 Case Number (if known)

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. Nonpriority creditor's name and mailing address  <u>Bank of America Mastercard</u>  <u>PO. Box 15019</u>  <u>Wilmington, DE 19886-5019</u></p> <p>Date or dates debt was incurred _____                      Last 4 digits of account number <u>1 4 8 5</u></p>	<p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed  <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ <u>75,000.00</u></p>
<p>3. Nonpriority creditor's name and mailing address  <u>Bank of America VISA</u>  <u>P.O. Box 982238</u>  <u>El Paso, TX 79998-2238</u></p> <p>Date or dates debt was incurred _____                      Last 4 digits of account number <u>0 2 1 6</u></p>	<p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>supplies</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes</p>	<p>\$ <u>9,500.00</u></p>
<p>3. Nonpriority creditor's name and mailing address  <u>Capital One Bank (USA), NA</u>  <u>P.O. Box 60599</u>  <u>City of Industry, CA 91716-0599</u></p> <p>Date or dates debt was incurred _____                      Last 4 digits of account number <u>7 4 1 4</u></p>	<p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>DDS expenses</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ <u>11,800.00</u></p>
<p>3. Nonpriority creditor's name and mailing address  <u>Chase SLATE - Card Member Srv</u>  <u>P.O. Box 94014</u>  <u>Palatine, IL 60094-4014</u></p> <p>Date or dates debt was incurred _____                      Last 4 digits of account number <u>3 6 2 6</u></p>	<p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>DDS expenses</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ <u>11,500.00</u></p>
<p>3. Nonpriority creditor's name and mailing address  <u>United Mileage Plus Award Chase</u>  <u>P.O. Box 94014</u>  <u>Palatine, IL 60094-4014</u></p> <p>Date or dates debt was incurred _____                      Last 4 digits of account number <u>4 1 8 9</u></p>	<p>As of the petition filing date, the claim is:                      Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>DDS expenses</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ <u>7,000.00</u></p>

Debtor

Name

SAM DANIEL DASON, DDS, APRD

Main Document

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Credit Number (if known)

**Part 3:**

**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.12. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1	5a.	\$	<u>0.00</u>
5b. Total claims from Part 2	5b.	+	\$ <u>2,128,840.00</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	<u>2,128,840.00</u>

**Fill in this information to identify the case:**

Debtor name SAM DANIEL DASON, DDS, APDC

United States Bankruptcy Court for the CENTRAL District of CALIFORNI  
(State)

Case number (If known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 206G

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

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule AVB: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	premises - Indio  to 1/31/2017  _____ _____	Delanoy, Bettye, et al, c/o Indio Plaza Center John Barta, P.O. Box 12085, Palm Desert, CA 92255, lessee is Sam Dason  _____ _____
2.2	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____ _____ _____ _____	_____ _____ _____ _____
2.3	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____ _____ _____ _____	_____ _____ _____ _____
2.4	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____ _____ _____ _____	_____ _____ _____ _____
2.5	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____ _____ _____ _____	_____ _____ _____ _____

**Fill in this information to identify the case:**

Debtor name SAM DANIEL DASON, DDS, APDC  
 United States Bankruptcy Court for the: CENTRAL District of CALIFORNI  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply.
2.1 Sam & Greta Daso	22780 Vista Grande Way Street  Grand Terrace CA 92313 City State ZIP Code		B of A, others	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2	_____ Street  _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street  _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street  _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street  _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street  _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name SAM DANIEL DASON, DDS, APDC  
United States Bankruptcy Court for the CENTRAL District of CALIFO  
(State)  
Case number (if known): \_\_\_\_\_

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

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

Executed on 9/6/2016  
MM / DD / YYYY

x   
Signature of individual signing on behalf of debtor

Sam Dason  
Printed name

President  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name SAM DANIEL DASON, DDS, APDC  
 United States Bankruptcy Court for the: CENTRAL District of CALIFORNI  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 1/1/206 to Filing date  
MM / DD / YYYY

Operating a business  
 Other to June 2016 \$ 762,287.00

For prior year: From 1/1/2015 to 12/31/205  
MM / DD / YYYY MM / DD / YYYY

Operating a business  
 Other \_\_\_\_\_ \$ 1,797,789.00

For the year before that: From 1/1/2014 to 12/31/2014  
MM / DD / YYYY MM / DD / YYYY

Operating a business  
 Other \_\_\_\_\_ \$ 1,821,268.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

For prior year: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

For the year before that: From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_



Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. see attached schedule <small>Creditor's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small> _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <small>Creditor's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small> _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives, affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. see attached schedule <small>Insider's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small> _____	_____	\$ _____	_____
<b>Relationship to debtor</b> _____			
4.2. <small>Insider's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small> _____	_____	\$ _____	_____
<b>Relationship to debtor</b> _____			

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.2.	Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
Last 4 digits of account number: XXXX- _____			

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <u>Olivares v Sam Dason, et al</u>	<u>sexual harrassment</u>	Superior Court of California Name <u>247 W Third St</u> Street <u>San Bernardino CA 92415</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>CIVDS1300810</u>			
7.2. <u>Kathryn Peulicke v Dason, e</u>		Superior Court of California Name <u>247 W Third St</u> Street <u>San Bernardino CA 92415</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>CIVDS1518915</u>			

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
<small>Custodian's name</small>	<small>Case title</small>	<small>Court name and address</small>
_____	_____	_____
<small>Street</small>	<small>Case number</small>	<small>Name</small>
_____	_____	_____
<small>City State ZIP Code</small>	<small>Date of order or assignment</small>	<small>Street</small>
_____	_____	_____
		<small>City State ZIP Code</small>
		_____

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1 _____	_____	_____	\$ _____
<small>Recipient's name</small>			
_____	_____		
<small>Street</small>			
_____			
<small>City State ZIP Code</small>			
<small>Recipient's relationship to debtor</small>			
_____			
9.2 _____	_____	_____	\$ _____
<small>Recipient's name</small>			
_____	_____		
<small>Street</small>			
_____			
<small>City State ZIP Code</small>			
<small>Recipient's relationship to debtor</small>			
_____			

**Part 5: Certain Losses**

**10 All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).</small>	Date of loss	Value of property lost
_____	_____	_____	\$ _____
_____			

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>KOGAN LAW FIRM, APC</u>	_____	<u>7/2016</u>	\$ <u>25,000.00</u>
	<b>Address</b>	_____		
	<u>1849 Sawtelle Blvd., Suite 700</u>	_____		
	<small>Street</small>			
	<u>Los Angeles CA 90025</u>			
	<small>City State ZIP Code</small>			
	<b>Email or website address</b>			
	<u>mkogan@koganlawfirm.co</u>			
	<b>Who made the payment, if not debtor?</b>			
	_____			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2	_____	_____	_____	\$ _____
	<b>Address</b>	_____		
	_____	_____		
	<small>Street</small>			
	_____			
	<small>City State ZIP Code</small>			
	<b>Email or website address</b>			
	_____			
	<b>Who made the payment, if not debtor?</b>			
	_____			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
<b>Trustee</b>	_____		
_____	_____		

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	_____	_____	_____	\$ _____
	<b>Address</b>	_____		
	Street _____			
	City _____ State _____ ZIP Code _____			
	<b>Relationship to debtor</b>			
	_____			

13.2	Who received transfer? _____	_____	_____	\$ _____
	<b>Address</b>	_____		
	Street _____			
	City _____ State _____ ZIP Code _____			
	<b>Relationship to debtor</b>			
	_____			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

	Address	Dates of occupancy	
14.1	Street _____	From _____	To _____
	City _____ State _____ ZIP Code _____		
14.2	Street _____	From _____	To _____
	City _____ State _____ ZIP Code _____		

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 — diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.  
 Yes. Fill in the information below.

	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1 Facility name _____  Street _____  City _____ State _____ ZIP Code _____	_____  _____  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.  _____  _____	_____  _____  How are records kept?  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2 Facility name _____  Street _____  City _____ State _____ ZIP Code _____	_____  _____  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.  _____  _____	_____  _____  How are records kept?  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.  
 Yes. State the nature of the information collected and retained \_\_\_\_\_  
 Does the debtor have a privacy policy about that information?  
 No  
 Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?  
 No. Go to Part 10.  
 Yes. Fill in below:  
 Name of plan \_\_\_\_\_ Employer identification number of the plan \_\_\_\_\_  
 EIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Has the plan been terminated?  
 No  
 Yes

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	m _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address _____ _____		

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address _____ _____		

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	Name _____	_____	<input type="checkbox"/> Pending
Case number _____	Street _____	_____	<input type="checkbox"/> On appeal
_____	_____	_____	<input type="checkbox"/> Concluded
	City _____ State _____ ZIP Code _____		

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		



Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

24 Has the debtor notified any governmental unit of any release of hazardous material?

- No  
 Yes. Provide details below

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25 Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ Dates business existed From _____ To _____
25.2	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ Dates business existed From _____ To _____
25.3	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ Dates business existed From _____ To _____

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

26 Books, records, and financial statements

26a List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1 Robinstar Business & Tax Consultants, Inc.  
Name  
1251 Third Ave., Suite 103  
Street  
Chula Vista, CA 91911  
City State ZIP Code

From \_\_\_\_\_ To present

Name and address

Dates of service

26a.2 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26b List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

26b.1 Robinstar Business & Tax Consultants, Inc.  
Name  
1251 Third Ave., Suite 103  
Street  
Chula Vista, CA 91911  
City State ZIP Code

From \_\_\_\_\_ To present

Name and address

Dates of service

26b.2 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26c List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are unavailable, explain why

26c.1 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor

SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known)

Name and address

If any books of account and records are unavailable, explain why

26c.2

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1

Bank of America \_\_\_\_\_  
Name  
600 N Cleveland Ave \_\_\_\_\_  
Street  
Westerville \_\_\_\_\_ OH \_\_\_\_\_ 43082  
City State ZIP Code

Name and address

26d.2

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No
- Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\_\_\_\_\_ \$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.1

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory \_\_\_\_\_ Date of inventory \_\_\_\_\_ The dollar amount and basis (cost, market, or other basis) of each inventory \$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2. Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

28 List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Sam Dason</u>	<u>22780 Vista Grande Way, Grand Terra</u>	<u>President</u>	<u>100</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29 Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No  
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30 Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Sam Dason</u> <small>Name</small> <u>22780 Vista Grande Way</u> <small>Street</small> <u>Grand Terrace</u> <u>CA</u> <u>92313</u> <small>City State ZIP Code</small>	_____	<u>year salary</u>	<u>salary</u>
Relationship to debtor _____	_____	_____	_____

Debtor SAM DANIEL DASON, DDS, APDC  
Name

Case number (if known) \_\_\_\_\_

Name and address of recipient

30.2

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor

\_\_\_\_\_

31 Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

\_\_\_\_\_

EIN: \_\_\_\_\_ - \_\_\_\_\_

32 Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

\_\_\_\_\_

EIN: \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on 9/6/2016  
MM / DD / YYYY

**X** 

Printed name Sam Dason

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

## ATTACHMENT – BANK ACCOUNTS

### BANK ACCOUTS – SAM DANIEL DASON DDS, APDC

Bank Accounts and balance

Sam Daniel Dason DDS A Professional Dental Corporation

1 US Bank

PO Box 1800, ST Paul, Minnesota 551010800, ph. 18006733555

Business checking. Account # xxxx1331..... 200

Savings Account # xxxx9235.....200

2 Wells Fargo

Colton Business Account # xxxx1497.....1000

San Bernardino Business Account # xxxx1471.....1200

San Bernardino Savings Account # xxxx7475.....0

Indio Business Account # xxxx1489.....1000

3 Bank of America

Colton Dental Group

Account # xxxx1290.....100

Sam D Dason DDS (Indio)

Account # xxxx8123.....100

San Bernardino Dental Group

Account #xxxx6118.....100

United States Bankruptcy Court  
CENTRAL DISTRICT OF CALIFORNIA

In re SAM DANIEL DASON, DDS, A PROFESSIONAL  
DENTAL CORPORATION

Case No. \_\_\_\_\_

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 40,000.00

Prior to the filing of this statement I have received ..... \$ 25,000

Balance Due ..... \$ 15,000

2. The source of the compensation paid to me was:

Debtor                       Other (specify)

3. The source of compensation to be paid to me is:

Debtor                       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
09/06/2016 <i>Date</i>	 <i>Signature of Attorney</i>
	KOGAN LAW FIRM, APC <i>Name of law firm</i>



Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address  Michael S. Kogan (SBN 128500) KOGAN LAW FIRM, APC 1849 Sawtelle Blvd., Suite 700 Los Angeles, California 90025 Telephone (310) 954-1690 mkogan@koganlawfirm.com  <input type="checkbox"/> Debtor(s) appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b>	
In re: SAM DANIEL DASON, DDS, A PROFESSIONAL DENTAL CORPORATION          Debtor(s).	CASE NO.: CHAPTER: 11          <p style="text-align: center;"><b>VERIFICATION OF MASTER MAILING LIST OF CREDITORS</b> [LBR 1007-1(a)]</p>

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of \_\_\_ sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 09/06/2016



Signature of Debtor 1

Date: \_\_\_\_\_

Signature of Debtor 2 (joint debtor) (if applicable)

Date: \_\_\_\_\_

Signature of Attorney for Debtor (if applicable)

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United States Trustee  
3801 University Ave., Suite 720  
Riverside, CA 92501

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101

Franchise Tax Board  
Bankruptcy Unit, MS A-340  
Po Box 2952  
Sacramento, CA 95812-2952

Employment Development Department  
Bankruptcy Group MIC 92E  
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Sacramento, CA 94280-0001

Internal Revenue Service  
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Dental SEO  
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Irvine, CA 92606

Bank of America, Merchant Services  
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Hagerstown, MD 21740

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San Bernardino, CA 92411

Juddy Olivares  
1861 N. Ellen Circle  
Colton, CA 92324

Raynalle Hayes  
993 Curlew Street  
Perris, CA 92571

Cesar Espinoza  
1944 Katydid Street  
Bloomington, CA 92316

Pearson Dental Supply  
72370 Telfair Avenue  
Sylmar, CA 91342

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Los Angeles, CA 90090-8000

Bank of America Masterard  
P.O. Box 15019  
Wilmington, DE 19886-5019

Bank of America VISA  
P.O. Box 982238  
El Paso, TX 79998-2238

Capital One Bank (USA), NA  
P.O. Box 60599  
City of Industry, CA 91716-0599

Chase SLATE – Card Member Services  
P.O. Box 94014  
Palatine, IL 60094-4014

United Mileage Plus Award Chase  
P.O. Box 94014  
Palatine, IL 60094-4014