

Fill in this information to identify your case:

United States Bankruptcy Court for the: Northern District of California

Case number (if known): \_\_\_\_\_ Chapter you are filing under:  
 Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

FILED ORIGINAL

MAR 23 2016

United States Bankruptcy Court  
San Jose, California

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

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

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

Part 1: Identify Yourself

About Debtor 1:

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

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Edward  
First name  
HENRY  
Middle name  
FONTAINE  
Last name  
JR  
Suffix (Sr., Jr., II, III)

\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name  
\_\_\_\_\_  
Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name  
  
\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name  
  
\_\_\_\_\_  
First name  
\_\_\_\_\_  
Middle name  
\_\_\_\_\_  
Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 0340  
OR  
9 xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_  
OR  
9 xx - xx - \_\_\_\_\_

Debtor 1

Edward Henry Fontaine Jr  
First Name Middle Name Last Name

Case number (if known)

About Debtor 1:

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

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

I have not used any business names or EINs.

High Pure Manufacturing Co Inc  
Business name

Business name

47 - 4142531  
EIN

EIN

I have not used any business names or EINs.

Business name

Business name

EIN

EIN

Include trade names and doing business as names

5. Where you live

863 Sharkey St  
Number Street

SANTA CRUZ CA 95060  
City State ZIP Code

SANTA CRUZ  
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1

Edward Henry Fontaine Jr  
First Name Middle Name Last Name

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

**Part 2: Tell the Court About Your Bankruptcy Case**

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No

- Yes. District California When 07 23 15 Case number 15-52417  
MM / DD / YYYY
- District California When 06 25 15 Case number 15-52128  
MM / DD / YYYY
- District California When 05 13 10 Case number 10-54984  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No

- Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- No. Go to Part 4.
Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any
862 GhareKey St
Number Street
SANTA CLAY CA 95060
City State ZIP Code

Check the appropriate box to describe your business:

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

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

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

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

- No
Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?
Number Street

City State ZIP Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

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

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

**About Debtor 1:**

You must check one:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You must check one:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? 16b. Are your debts primarily business debts? 16c. State the type of debts you owe that are not consumer debts or business debts.

- 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- 18. How many creditors do you estimate that you owe? 1-49, 50-99, 100-199, 200-999, 1,000-5,000, 5,001-10,000, 10,001-25,000, 25,001-50,000, 50,001-100,000, More than 100,000

- 19. How much do you estimate your assets to be worth? \$0-\$50,000, \$50,001-\$100,000, \$100,001-\$500,000, \$500,001-\$1 million, \$1,000,001-\$10 million, \$10,000,001-\$50 million, \$50,000,001-\$100 million, \$100,000,001-\$500 million, \$500,000,001-\$1 billion, \$1,000,000,001-\$10 billion, \$10,000,000,001-\$50 billion, More than \$50 billion

- 20. How much do you estimate your liabilities to be? \$0-\$50,000, \$50,001-\$100,000, \$100,001-\$500,000, \$500,001-\$1 million, \$1,000,001-\$10 million, \$10,000,001-\$50 million, \$50,000,001-\$100 million, \$100,000,001-\$500 million, \$500,000,001-\$1 billion, \$1,000,000,001-\$10 billion, \$10,000,000,001-\$50 billion, More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Edward Fountain Signature of Debtor 1 Executed on 03 23 2016 MM / DD / YYYY x Signature of Debtor 2 Executed on MM / DD / YYYY

Debtor 1

Edward Henry Fontaine Jr  
First Name Middle Name Last Name

Case number (if known)

Part 2: Declaration and Signature of the Bankruptcy Petition Preparer

Under penalty of perjury, I declare that:

I am a bankruptcy petition preparer or the officer, principal, responsible person, or partner of a bankruptcy petition preparer;
I or my firm prepared the documents listed below and gave the debtor a copy of them and the Notice to Debtor by Bankruptcy Petition Preparer as required by 11 U.S.C. §§ 110(b), 110(h), and 342(b); and
if rules or guidelines are established according to 11 U.S.C. § 110(h) setting a maximum fee for services that bankruptcy petition preparers may charge, I or my firm notified the debtor of the maximum amount before preparing any document for filing or before accepting any fee from the debtor.

Printed name Title, if any Firm name, if it applies
Number Street
City State ZIP Code Contact phone

I or my firm prepared the documents checked below and the completed declaration is made a part of each document that I check: (Check all that apply.)

- Voluntary Petition (Form 101)
Statement About Your Social Security Numbers (Form 121)
Summary of Your Assets and Liabilities and Certain Statistical Information (Form 106Sum)
Schedule A/B (Form 106A/B)
Schedule C (Form 106C)
Schedule D (Form 106D)
Schedule E/F (Form 106E/F)
Schedule G (Form 106G)
Schedule H (Form 106H)
Schedule I (Form 106I)
Schedule J (Form 106J)
Declaration About an Individual Debtor's Schedules (Form 106Dec)
Statement of Financial Affairs (Form 107)
Statement of Intention for Individuals Filing Under Chapter 7 (Form 108)
Chapter 7 Statement of Your Current Monthly Income (Form 122A-1)
Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Form 122A-1Supp)
Chapter 7 Means Test Calculation (Form 122A-2)
Chapter 11 Statement of Your Current Monthly Income (Form 122B)
Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Form 122C-1)
Chapter 13 Calculation of Your Disposable Income (Form 122C-2)
Application to Pay Filing Fee in Installments (Form 103A)
Application to Have Chapter 7 Filing Fee Waived (Form 103B)
A list of names and addresses of all creditors (creditor or mailing matrix)
Other

Bankruptcy petition preparers must sign and give their Social Security numbers. If more than one bankruptcy petition preparer prepared the documents to which this declaration applies, the signature and Social Security number of each preparer must be provided. 11 U.S.C. § 110.

Edward Fontaine
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner

043 62 0340
Social Security number of person who signed

Date 03 23 2016
MM / DD / YYYY

Printed name

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner

Social Security number of person who signed

Date
MM / DD / YYYY

Printed name

Fill in this information to identify your case:

Debtor 1 Edward HENRY FONTAINE  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of California

Case number \_\_\_\_\_  
(If known)

Check if this is an amended filing

### Official Form 104

## For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. 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.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

### Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

<b>1</b>	INTERNAL REVENUE SERVICE <small>Creditor's Name</small> <u>Box</u> <small>Number Street</small> <u>FRESNO CA</u> <small>City State ZIP Code</small> Contact _____ Contact phone _____	What is the nature of the claim? <u>Taxes</u> \$ <u>100,000.00</u> <small>Unsecured claim</small> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
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<b>2</b>	PG+E <small>Creditor's Name</small> <u>Box 997300</u> <small>Number Street</small> <u>Sacramento CA 95809</u> <small>City State ZIP Code</small> Contact _____ Contact phone _____	What is the nature of the claim? <u>SERVICES</u> \$ <u>97,000.00</u> <small>Unsecured claim</small> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
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Debtor 1

Edward Henry FONTAINE JR  
First Name Middle Name Last Name

Case number (if known)

Unsecured claim

3 California Franchise Tax  
Creditor's Name  
Bankruptcy Unit  
Number Street  
P.O. Box 2952  
Sacramento CA 95812  
City State ZIP Code

What is the nature of the claim? Taxes \$ 50,000.00

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

Contact

Contact phone

4 County of Santa Cruz - DCS  
Creditor's Name  
P.O. Box 1817  
Number Street  
Santa Cruz CA 95060  
City State ZIP Code

What is the nature of the claim? Child Support \$ 49,000

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

Contact

Contact phone

5 County of Santa Cruz  
Creditor's Name  
P.O. Box 1841  
Number Street  
Santa Cruz CA 95060  
City State ZIP Code

What is the nature of the claim? property taxes \$ 36,000.00

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

Contact

Contact phone

6 Andrew Smith  
Creditor's Name  
863 Shaekey St  
Number Street  
Santa Cruz CA 9506  
City State ZIP Code

What is the nature of the claim? Business Loan \$ 32,000.00

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

Contact

Contact phone

7 Kelly Robinson  
Creditor's Name  
168 Altava Vista  
Number Street  
Los Gatos, CA 96032  
City State ZIP Code

What is the nature of the claim? LOAN \$ 10,000.00

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed
 None of the above apply

Does the creditor have a lien on your property?

- No
 Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

Contact

Contact phone

Debtor 1 Edward Henry FONTAINE  
First Name Middle Name Last Name

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

**8** Roy Black  
Creditor's Name  
8062 30th Ave NE  
Number Street  
Seattle WA 98115  
City State ZIP Code  
Contact  
Contact phone

What is the nature of the claim? Refund/deposit \$ 6250  
As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**9** Dignity Health  
Creditor's Name  
185 Berry St  
Number Street  
San Francisco CA 94107  
City State ZIP Code  
Contact  
Contact phone

What is the nature of the claim? Medical \$ 2800  
As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**10** American Medical  
Creditor's Name  
6200 S Syracuse Way #200  
Number Street  
Greenwood Village CO 80111  
City State ZIP Code  
Contact  
Contact phone

What is the nature of the claim? Medical \$ 2500  
As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**11** Michael Cougar  
Creditor's Name  
818 Commercial St #200  
Number Street  
Astoria OR 97103  
City State ZIP Code  
Contact  
Contact phone

What is the nature of the claim? Legal \$ 2000  
As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**12** \_\_\_\_\_  
Creditor's Name  
Number Street  
City State ZIP Code  
Contact  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_  
As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Debtor 1

Edward Henry Fontaine Jr  
First Name Middle Name Last Name

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

Unsecured claim

**13**

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**14**

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**15**

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**16**

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**17**

\_\_\_\_\_  
Creditor's Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Debtor 1 Edward Henry Fontaine Jr  
First Name Middle Name Last Name

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

**Unsecured claim**

**18**

Creditor's Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**19**

Creditor's Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**20**

Creditor's Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_  
Contact \_\_\_\_\_  
Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Does the creditor have a lien on your property?

- No
- Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

x Edward Fontaine x  
Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Date 03 23 2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

E.H. Fontaine  
863 Gharkey St.  
Santa Cruz, CA 95060  
(831) 331-3975

Edward H. Fontaine Jr.

Debtor

In The United States Bankruptcy Court

Northern District Of California

In re:	)	Chapter 11
Edward H. Fontaine Jr.	)	Case No.
	)	Verification of Creditor Matrix
	)	Pursuant To 11 U.S.C Sec 362
	)	

Hearing Date:

Hearing Time:

Location: U.S. Bankruptcy Court  
Room  
280 S. First Street  
San Jose, CA 95113

Judge: Hon.

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his knowledge

Date

3-23-16

Signature

Edward Fontaine

## **Chapter 11 Creditor Martrix**

Bank of America Mortgage

475 Crosspoint Parkway

Getzville, NY 14068

California Franchise Tax Board

Bankruptcy Unit

P.O Box 2952

Sacramento, CA 95812

County of Santa Cruz California

P.O. Box 1817

Santa Cruz, CA 95060

Edward H. Fontaine

863 Gharkey St.

Santa Cruz, CA 95060

Internal Revenue Service

P.O. Box 21126

Philadelphia, PA 19114-0326

Jean Fontaine

4825 Umbria St

Philadelphia, PA 19127

ESB / Harley Davidson Credit

4150 Technology Way

Carson City, NV 89706

Roy Black

8062 30<sup>th</sup> Avenue NE

Seattle, WA 98115

PG&E

Box 997300

Sacramento, CA 95899-7300

NationStar Mortgage

350 Highland Dr.

Lewisville, TX 75067

Michael Cougar

818 Commercial St. Suite 200

Astoria, OR 97103-4550

United States Trustee

280 S. First St.

San Jose, CA 95113

Devin Derham-Burk

Chapter 13 Trustee

P.O Box 50013

San Jose, CA 95150-0013

Clerk / U.S. Trustee

United States Bankruptcy Court

280 S. First Street

San Jose, CA 95113

Santa Cruz DCSS

P.O. Box 1841

Santa Cruz, CA 95061

Internal Revenue Service

P.O. Box 7317

Philadelphia, PA 19101

OC Loan Servicing

16661 Worthington Rd., Suite 100

West Palm Beach, FL 33409



Dominican Hospital / Dignity Health

185 Berry St.

San Francisco, CA 94107

American Medical Response

6200 South Syracuse Way, #200

Greenwood Village, CO 80111

Veripro Solutions Inc.

P.O Box 3244

Coppell, TX 75019

Wilshire Credit

14523 SW Millikan Way

Beaverton, OR 97005

Greenpoint Mortgage

2300 Brookstone Centre Pkwy

Columbus, GA 31908

Northland Group

PO Box 390846

Minneapolis, MN 55439

Stoneleigh Recovery

PO Box 1479

Lombard, IL 60148-8749

Arstrat

9800 Centre Pkwy., #1100

Houston, TX 77036

Bay Area Credit Service

PO Box 468449

Atlanta, GA 31146

Barrett Daffin Frappier Treder & Weiss, LLP

20955 Pathfinder Road, Suite 300

Diamond Bar, CA 91765

Buckley Madole, P.C.

12526 High Bluff Drive, Suite 238

San Diego, CA 92130

Attn: Mark Estle