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| Fill in this information to identify your case: | | | | |
|---|---------|----|--|---------------------------------|
| United States Bankruptcy Court for the: | | | | |
| DISTRICT OF MINNESOTA | - | | | |
| Case number (if known) | Chapter | 11 | | |
| | | | | Check if this an amended filing |

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

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). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| 1. | Debtor's name | Family Services I | |
|----|--|---|--|
| | | | |
| 2. | All other names debtor used in the last 8 years | | |
| | Include any assumed names, trade names and doing business as names | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | 46-4178638 | |
| 4. | Debtor's address | Principal place of business | Mailing address, if different from principal place of business |
| | | 200 Sith St SE Walker, MN 56484 | |
| | | Number, Street, City, State & ZIP Code | P.O. Box, Number, Street, City, State & ZIP Code |
| | | Cass | Location of principal assets, if different from principal |
| | | County | place of business |
| | | | Number, Street, City, State & ZIP Code |
| 5. | Debtor's website (URL) | Dennis Funeral Homes.com | |
| 6. | Type of debtor | | 41.5 |
| ٠. | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Corporation (including Limited Liability Compan | y (LLC) and Limited Liability Partnership (LLP)) |
| | | ☐ Partnership (excluding LLP) | |
| | | Other. Specify: | |

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| Debt | Turning Oct Vices I | | | Case number (if kn | own) | | |
|------|--|---|--|--|-----------------------------|------------------------|--|
| | Name | | | | | | |
| 7. | Describe debtor's business | △ Check one: | | | | | |
| | Describe debtor a business | | Rusiness (as defined in 11 I I | S.C. 8 101/27A)) | | | |
| | | ☐ 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)) | | | | | |
| | | _ | · | - ' '' | | | |
| | | ` | defined in 11 U.S.C. § 101(44) | • | | | |
| | | | as defined in 11 U.S.C. § 101 | ` '' | | | |
| | | _ | broker (as defined in 11 U.S.C | · ,,, | | | |
| | | ☐ Clearing Ban | k (as defined in 11 U.S.C. § 7 | 31(3)) | | | |
| | | None of the a | bove | | | | |
| | | B. Check all that | apply | | | | |
| | | ☐ Tax-exempt er | ntity (as described in 26 U.S.C | C. §501) | | | |
| | | ☐ Investment co | ompany, including hedge fund | or pooled investment vehicle | (as defined in 15 U.S.C. §8 | 30a-3) | |
| | | ☐ Investment a | dvisor (as defined in 15 U.S.C | . §80b-2(a)(11)) | | | |
| | | C. NAICS (North | American Industry Classificat | ion System) 4-digit code that I | nest describes debtor | | |
| | | | w.uscourts.gov/four-digit-natio | | oot doornood dooron. | | |
| | | | | | | | |
| 8. | Under which chapter of the | Check one: | | | | | |
| | Bankruptcy Code is the debtor filing? | ☐ Chapter 7 | | | | | |
| | debtor ming: | ☐ Chapter 9 | | | | | |
| | | Chapter 11. 0 | Check all that apply: | | | | |
| | | | _ | oncontingent liquidated debts | (excluding debts awad to in | acidore or affiliatos) | |
| | | | 55 5 | 625 (amount subject to adjust | ` | , | |
| | | | ■ The debtor is a small | business debtor as defined in | 11 U.S.C. § 101(51D). If th | ne debtor is a small | |
| | | | | ch the most recent balance sh al income tax return or if all of | | | |
| | | | procedure in 11 U.S. | | these documents do not ex | dist, follow trie | |
| | | | ☐ A plan is being filed v | vith this petition. | | | |
| | | | | lan were solicited prepetition f | rom one or more classes o | f creditors, in | |
| | | | accordance with 11 L The debtor is require | d to file periodic reports (for ex | cample 10K and 100) with | the Securities and | |
| | | | Exchange Commission | on according to § 13 or 15(d) o | of the Securities Exchange | Act of 1934. File the | |
| | | | attachment to Volunt (Official Form 201A) | ary Petition for Non-Individuals with this form. | s Filing for Bankruptcy und | er Chapter 11 | |
| | | | _ ` _ ` | company as defined in the Se | curities Exchange Act of 19 | 934 Rule 12b-2. | |
| | | ☐ Chapter 12 | | • • | Ç | | |
| | | · | | | | | |
| 9. | Were prior bankruptcy | ■ No. | | | | | |
| | cases filed by or against | | | | | | |
| | the debtor within the last 8 years? | ☐ Yes. | | | | | |
| | If more than 2 cases, attach a | District | | When | Casa mumban | | |
| | separate list. | District | | When | Case number | | |
| | | District | | _ When | Case number | | |
| 10. | Are any bankruptcy cases | □ No | | | | | |
| | pending or being filed by a business partner or an | Yes. | | | | | |
| | affiliate of the debtor? | <u> </u> | | | | | |
| | List all cases. If more than 1, | D.L. | Family Services II | | Dalatianahir | Companion | |
| | attach a separate list | Debtor | Family Services II | 144 | Relationship | Business | |
| | | District | Minnesota | _ When | Case number, if known | | |

Case 19-50707 Doc 1 Filed 09/09/19 Entered 09/09/19 15:38:21 Desc Main Page 3 of 34 Case number (if known) Document Debtor Family Services I 11. Why is the case filed in Check all that apply: this district? 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 ■ No have possession of any Answer below for each property that needs immediate attention. Attach additional sheets if needed. real property or personal ☐ Yes. property that needs immediate attention? 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 guickly 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 Insurance agency ☐ Yes. Contact name Phone Statistical and administrative information Debtor's estimation of Check one: available funds Funds will be available for distribution to unsecured creditors. ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors. 14. Estimated number of □ 1,000-5,000 **1** 25,001-50,000 1-49 creditors **5001-10,000 5**0,001-100,000 **50-99 1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 15. Estimated Assets □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$50.001 - \$100.000 □ \$10.000.001 - \$50 million □ \$1.000.000.001 - \$10 billion **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$500,001 - \$1 million □ \$100,000,001 - \$500 million ☐ More than \$50 billion 16. Estimated liabilities ■ \$0 - \$50.000 □ \$500.000.001 - \$1 billion ■ \$1,000,001 - \$10 million □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

□ \$100,001 - \$500,000

□ \$500,001 - \$1 million

□ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

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Debtor

| | i aiiiiiy | Jei | ١ |
|------|---------------|-----|---|
| Name | Name | | |

| | Document | Page 4 of 34 |
|------------------|----------|------------------------|
| amily Services I | | Case number (if known) |

| Request for Relief | , Declaration, a | nd 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 September 9, 2019 MM / DD / YYYY

| X /s/ Jerry Souder | Jerry Souder |
|--|--------------|
| Signature of authorized representative of debtor | Printed name |
| Title | _ |

18. Signature of attorney

| /s/ Michael R. | Ruffenach | | Date September 9, 2019 | |
|-------------------|------------------------|---------------|------------------------|--|
| Signature of atto | orney for debtor | | MM / DD / YYYY | |
| Michael R. Ru | ıffenach 92498 | | | |
| Printed name | | | | |
| Ruffenach La | w Office | | | |
| Firm name | | | | |
| 23665 Otter D | r | | | |
| Laporte, MN 5 | 56461 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| Contact phone | 218-751-6116 | Email address | ruffenach@live.com | |
| | | _ | | |

92498 MN

Bar number and State

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| Fill in this information to identify the case: | |
|--|------------------------------------|
| Debtor name Family Services I | |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA | |
| Case number (if known) | |
| | Check if this is an amended filing |
| Official Form 202 Declaration Under Penalty of Perjury for Non-Individu | al Debtors 12/15 |
| An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partner form for the schedules of assets and liabilities, any other document that requires a declaration that is not in amendments of those documents. This form must state the individual's position or relationship to the debto and the date. Bankruptcy Rules 1008 and 9011. | cluded in the document, and any |
| WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaini connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or 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 exa | amined the information in the docun | nents checked below and I have a reasonable belief that the information is true and correct: | | |
|--|--|---|--|--|
| | Schedule D: Creditors Who Have Cl Schedule E/F: Creditors Who Have Schedule G: Executory Contracts ar Schedule H: Codebtors (Official Forn Summary of Assets and Liabilities for Imended Schedule | or Non-Individuals (Official Form 206Sum) of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204) | | |
| I declare ι | under penalty of perjury that the fore | egoing is true and correct. | | |
| Executed on September 9, 2019 X /s/ Jerry Souder Signature of individual signing on behalf of debtor Jerry Souder Printed name | | | | |
| Position or relationship to debtor | | | | |

Official Form 202

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| Fill in this information to identify the case: | |
|---|-----------------------|
| Debtor name Family Services I |] |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA | ☐ Check if this is an |
| Case number (if known): | 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

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 | (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of 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. | | |
|---|--|--|---|---|--|-----------------|
| | | and government contracts) | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Bloomnet Wire Service | | Trade debt | Disputed | | | \$1,000.00 |
| Brown-Wilbert. Inc c/o Cottrel & Green 2287 Walters Dr Saint Paul, MN 55120-1363 | | Judgmenr of 49,753.56, Trade debt | | | | \$49,753.56 |
| Craig Dennis 2709 14th St S. Kelliher, MN 56650 | | Trade debt Insider financing of Dennis Funeral Home | | | | \$55,000.00 |
| FTD Wire Service | | Trade debt | Disputed | | | \$1,900.00 |
| Hafners Greenhouse 16925 170th St Park Rapids, MN 56470 | | Trade debt | Disputed | | | \$14,000.00 |
| Robert Dennis P O Box 1147 Park Rapids, MN 56470 | | Insider financing of Dennis Funeral Home | | | | \$35,000.00 |
| Snap Advances, LLC c/o Parr, Brown, Gee & Loveles 101 S. 200 E, STE 700 Salt Lake City, UT 84111 | | Trade debt subject to a claim of wrongful disclosure of fiancial information and other claims. | Subject to Setoff | | | \$53,346.00 |
| Social Construct, Inc 5929 Fashion Pt. Dr, STE 300 Ogden, UT 84403 | | Lot 15 and W 3/5 of Lot 16, Block 7, Original Plot, City of Cass Lake 115 Second St, Cass Lake, MN 56633 | | \$608,000.00 | \$37,100.00 | \$570,900.00 |

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Debtor Family Services I 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 claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Itingent, If the claim is fully unsecured, fill in claim is partially secured, fill in tota | | Il claim amount and deduction for | |
|---|--|--|---|--|--|-----------------------------------|--|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| Social Construct, Inc 5929 Fashion Pt. Dr, STE 300 Ogden, UT 84403 | | S. 80 Feet of Lot 37, Auditors Plat Longville, 5062 State Hwy 84, Longville, MN | | \$608,000.00 | \$120,500.00 | \$487,500.00 | |
| Social Construct, Inc 5929 Fashion Pt. Dr, STE 300 Ogden, UT 84403 | | Lots 1-3, Block 34, Original Plot Walker | | \$608,000.00 | \$305,000.00 | \$303,000.00 | |
| Thomas M. Skare Thos.Skare Law Offices 1429 Cloquet Ave Cloquet, MN 55720 | | Lease 8,500.00 failed to make remodeling in a timely manner and attorney fees of \$7,000.00 | Disputed | | | \$15,500.00 | |
| Tim & Mary Handevit 2800 Current Crust Blvd W Duluth, MN 55802 | | Insider financing of Handevit Funeral Homes | | | | \$180,000.00 | |

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| DOCUMENT PAGE 6 OF 34 | |
|---|-----------------------|
| Fill in this information to identify the case: | |
| | |
| Debtor name Family Services I | |
| | |
| United States Bankruptcy Court for the: DISTRICT OF MINNESOTA | |
| | |
| Case number (if known) | |
| | ☐ Check if this is an |
| | amended filing |

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

| Assets | | |
|---|---|---|
| sets-Real and Personal Property (Official Form 206A/B) | | |
| m Schedule A/B | \$_ | 462,600.00 |
| | \$_ | 60,707.00 |
| | \$_ | 523,307.00 |
| Liabilities | | |
| | \$_ | 1,824,000.00 |
| ditors Who Have Unsecured Claims (Official Form 206E/F) | | |
| ounts of priority unsecured claims: laims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ | 0.00 |
| of claims of nonpriority amount of unsecured claims: f the amount of claims from Part 2 from line 5b of Schedule E/F | +\$_ | 405,499.56 |
| | \$ | 2,229,499.56 |
| | Sets-Real and Personal Property (Official Form 206A/B) om Schedule A/B | sets-Real and Personal Property (Official Form 206A/B) om Schedule A/B |

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| | | Case 13-30101 | | | age 9 of 34 | ZI Desc Main |
|---|--|--|---|--|---|--|
| Fill i | n this in | formation to identify | | cument Pa | ane 9 01 34 | |
| Debt | or name | Family Services | I | | | |
| Unite | d States | Bankruptcy Court for | the: DISTRICT OF MIN | INESOTA | | |
| Case | number | (if known) | | | | |
| | | | | | | ☐ Check if this is an amended filing |
| | | | | | | |
| Off | icial | Form 206A | <u>√B</u> | | | |
| Sc | hed | ule A/B: As | ssets - Real | and Pers | onal Property | 12/15 |
| includ which or un Be as the de | de all pro have n expired comple ebtor's r | operty in which the do book value, such a leases. Also list then at and accurate as parame and case numb | ebtor holds rights and s fully depreciated asson on Schedule G: Execu ossible. If more space i er (if known). Also ider | powers exercisablets or assets that watery Contracts and seeded, attach a stiffy the form and li | vere not capitalized. In Schedule d Unexpired Leases (Official Forn | so include assets and properties A/B, list any executory contracts m 206G). the top of any pages added, write |
| For F | Part 1 the | rough Part 11, list ea depreciation schedu | ch asset under the app le, that gives the details | ropriate category of for each asset in | or attach separate supporting sch a particular category. List each a ctions to understand the terms u | sset only once. In valuing the |
| Part | | Cash and cash equiva | alents or cash equivalents? | | | |
| | Yes Fill | to Part 2. in the information belo | ow. vned or controlled by t | ne debtor | | Current value of |
| | | · | | | | debtor's interest |
| 3. | | cking, savings, mone le of institution (bank o | ey market, or financial b r brokerage firm) | Type of acco | | of account |
| | 3.1. | First National Ba | nk of Walker | checking | 2506 | \$1,320.00 |
| 4. | Othe | er cash equivalents (| dentify all) | | | |
| 5. | Tota | ıl of Part 1. | | | | \$1,320.00 |
| | Add | lines 2 through 4 (inclu | uding amounts on any ac | ditional sheets). Co | by the total to line 80. | |
| Part : | 2: | Deposits and Prepayı | ments | | | |
| 6. Do | es the d | ebtor have any depos | sits or prepayments? | | | |
| | No. Go | to Part 3. | | | | |
| | Yes Fill | in the information belo | w. | | | |
| Part: | 3: | Accounts receivable | | | | |
| 10. D e | es the | debtor have any acco | ounts receivable? | | | |
| | | to Part 4. | | | | |
| | Yes Fill | in the information belo | w. | | | |
| 11. | Acc | ounts receivable | | | | |
| | 11a. | 90 days old or less: | face amount | | 14,815.00 = | \$4,200.00 |
| | | | iace amount | นบนปีแ | מו טו עווטטוובטווטוב מטטטעוונט | |

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| Debtor | | | Case | number (If known) | |
|--------------------------|--|-------------------------------------|-------------------------------------|---|------------------------------------|
| | Name | | | _ | |
| 12. | Total of Part 3. | 1h line 12 Convithe total | to line 00 | _ | \$4,200.00 |
| 5 | Current value on lines 11a + 1 | Tb = line 12. Copy the total | to line 82. | | |
| Part 4: 13. Does | Investments sthe debtor own any investments | ents? | | | |
| ■ NI | o. Go to Part 5. | | | | |
| _ | es Fill in the information below. | | | | |
| | | | | | |
| Part 5: | Inventory, excluding agrist the debtor own any inventor | | ssets)? | | |
| _ | | y (oxoraamig agrioaniaro a | | | |
| | o. Go to Part 6. es Fill in the information below. | | | | |
| | General description | Date of the last physical inventory | Net book value of debtor's interest | Valuation method used for current value | Current value of debtor's interest |
| | | | (Where available) | | |
| 19. | Raw materials Inventory for funeral services | | \$2,000.00 | Liquidation | \$2,000.00 |
| | | | | | |
| 20. | Work in progress | | | | |
| 21. | Finished goods, including g | oods held for resale | | | |
| 22. | Other inventory or supplies | | | | |
| 23. | Total of Part 5. | | | | \$2,000.00 |
| | Add lines 19 through 22. Copy | y the total to line 84. | | | - , |
| 24. | Is any of the property listed | in Part 5 perishable? | | | |
| | ■ No □ Yes | | | | |
| 25. | Has any of the property liste | nd in Part 5 heen nurchase | d within 20 days before th | e hankruntov was filed? | |
| 20. | ■ No | · | • | e bankruptey was mea: | |
| | ☐ Yes. Book value | Valuation r | method | Current Value | |
| 26. | Has any of the property liste ■ No | d in Part 5 been appraised | d by a professional within | the last year? | |
| | ☐ Yes | | | | |
| Part 6: | | ted assets (other than title | | · | |
| 27. Doe s | s the debtor own or lease any | farming and fishing-relate | ed assets (other than titled | I motor vehicles and land)? | |
| | o. Go to Part 7. es Fill in the information below. | | | | |
| | | | | | |
| Part 7: 38. Doe s | Office furniture, fixtures, sthe debtor own or lease any | and equipment; and colle | | ? | |
| | o. Go to Part 8. | , | . , , | | |
| | es Fill in the information below. | | | | |

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| Debtor | Family Services I | | | | | | | |
|------------------|--|---|---|---|------------------------------------|--|--|--|
| | Name | | | | | | | |
| | 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 | | | | | | | |
| | Furniture and Fixtures | | \$2,187.00 | Liquidation | \$2,187.00 | | | |
| | | | | | | | | |
| | 1999 Cadilac hearse | | \$1,000.00 | Comparable sale | \$1,000.00 | | | |
| 40. | Office fixtures | | | | | | | |
| 41. | Office equipment, including all communication systems equipment | | nd | | | | | |
| 42. | Collectibles <i>Examples</i> : Antiques a books, pictures, or other art objects collections; other collections, mem | s; china and crystal; sta | | | | | | |
| 43. | Total of Part 7. | | | | \$3,187.00 | | | |
| ٠٠. | Add lines 39 through 42. Copy the | total to line 86. | | - | ψ3,107.00 | | | |
| 44. | Is a depreciation schedule availa | able for any of the pro | perty listed in Part 7? | | | | | |
| | ■ No □ Yes | | | | | | | |
| | ⊔ Yes | | | | | | | |
| 45. | Has any of the property listed in | Part 7 been appraised | d by a professional within | the last year? | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes | | | | | | | |
| Part 8: | Machinery, equipment, and v | ehicles | | | | | | |
| 46. Doe s | s the debtor own or lease any made | | vehicles? | | | | | |
| | | | | | | | | |
| | o. Go to Part 9. es Fill in the information below. | | | | | | | |
| ⊔ Y6 | es Fill in the information below. | | | | | | | |
| 5 | <u> </u> | | | | | | | |
| Part 9: | Real property sthe debtor own or lease any real | hronorty? | | | | | | |
| 54. DUE : | s the debtor own or lease any real | property: | | | | | | |
| | o. Go to Part 10. | | | | | | | |
| ■ Ye | es Fill in the information below. | | | | | | | |
| 55. | Any building, other improved rea | al estate, or land whic | h the debtor owns or in w | hich the debtor has an inter | est | | | |
| | Description and location of property 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. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest | | | |
| | 204 6th St SE Walker, MN 56484 | Fee simple | \$305,000.00 | Tax records | \$305,000.00 | | | |

Case 19-50707 Doc 1 Filed 09/09/19 Entered 09/09/19 15:38:21 Desc Main Document Page 12 of 34 Debtor Family Services I Case number (If known) Name 55.2. Lot 15 and W 3/5 of Lot 16, Block 7, Original Plot, City of Cass Lake 115 Second St, Cass Fee simple \$37,100.00 Tax records \$37,100.00 Lake, MN 56633 55.3. S. 80 Feet of Lot 37, **Auditors Plat** Longville, 5062 State Hwy 84, \$120,500.00 Tax records \$120,500.00 Longville, MN 56. Total of Part 9. \$462,600.00 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 57. Is a depreciation schedule available for any of the property listed in Part 9? ■ No ☐ Yes Has any of the property listed in Part 9 been appraised by a professional within the last year? 58. ■ No ☐ Yes 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. Part 11: All other assets 70. Does the debtor own any other assets that have not vet 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. **Current value of** debtor's interest 71. Notes receivable Description (include name of obligor) Tax refunds and unused net operating losses (NOLs)

72.

Description (for example, federal, state, local)

- 73. Interests in insurance policies or annuities
- 74. Causes of action against third parties (whether or not a lawsuit has been filed)

Case 19-50707 Doc 1 Filed 09/09/19 Entered 09/09/19 15:38:21 Desc Main Document Page 13 of 34 Debtor **Family Services I** Case number (If known) Name Snap Advances, LLC \$50,000.00 c/o Parr, Brown, Gee & Lovelace Nature of claim law sut for disclosing confidential financial information and wrongfully seizing **Amount requested** \$50,000.00 75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims 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. \$50,000.00 Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

■ No

☐ Yes

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Debtor Family Services I Case number (If known)

Name

Part 12: Summary

| 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 |
|--|------------------------------------|--------------------------------|
| Cash, cash equivalents, and financial assets. Copy line 5, Part 1 | \$1,320.00 | |
| . Deposits and prepayments. Copy line 9, Part 2. | \$0.00 | |
| . Accounts receivable. Copy line 12, Part 3. | \$4,200.00 | |
| . Investments. Copy line 17, Part 4. | \$0.00 | |
| . Inventory. Copy line 23, Part 5. | \$2,000.00 | |
| Farming and fishing-related assets. Copy line 33, Part 6. | \$0.00 | |
| Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | \$3,187.00 | |
| Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$0.00 | |
| Real property. Copy line 56, Part 9 | > | \$462,600.00 |
| . Intangibles and intellectual property. Copy line 66, Part 10. | \$0.00 | |
| . All other assets. Copy line 78, Part 11. | +\$50,000.00 | |
| . Total. Add lines 80 through 90 for each column | \$60,707.00 + | 91b. \$462,600.00 |
| Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$523,307. |

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| | | Document Page 15 of 34 | | |
|--|---|--|----------------------------|------------------------------------|
| Fill | in this information to identify the o | case: | | |
| Deb | tor name Family Services I | | | |
| Unit | ed States Bankruptcy Court for the: | | | |
| Cas | e number (if known) | | | |
| | | | | Check if this is an amended filing |
| Off | icial Form 206D | | | |
| | | Who Have Claims Secured by Pro | operty | 12/15 |
| | s complete and accurate as possible. | | <u> </u> | |
| | any creditors have claims secured by | debtor's property? | | |
| | ☐ No. Check this box and submit pa | age 1 of this form to the court with debtor's other schedules. I | Debtor has nothing else to | report on this form. |
| | Yes. Fill in all of the information b | elow. | | |
| Par | 1: List Creditors Who Have Se | cured Claims | | |
| | st in alphabetical order all creditors who, list the creditor separately for each clain | no have secured claims. If a creditor has more than one secured | Column A Amount of claim | Column B Value of collateral |
| Ciaiii | i, list the creditor separately for each claim | | Do not deduct the value | that supports this |
| | 7 | | of collateral. | claim |
| 2.1 | Social Construct, Inc Creditor's Name | Describe debtor's property that is subject to a lien Lots 1-3, Block 34, Original Plot Walker | \$608,000.00 | \$305,000.00 |
| | 5929 Fashion Pt. Dr, STE | | | |
| | 300 Ogden, UT 84403 | | | |
| | Creditor's mailing address | Describe the lien | | |
| | | Mortgage Is the creditor an insider or related party? | | |
| | | No | | |
| | Creditor's email address, if known | ☐ Yes | | |
| | | Is anyone else liable on this claim? | | |
| | Date debt was incurred | No | | |
| | Last 4 digits of account number | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H) | | |
| | Do multiple creditors have an interest in the same property? | As of the petition filing date, the claim is: Check all that apply | | |
| | ■ No | Contingent | | |
| | Yes. Specify each creditor, | ☐ Unliquidated | | |
| | including this creditor and its relative priority. | ☐ Disputed | | |
| 2.2 | | Describe debtor's property that is subject to a lien | \$608,000.00 | \$37,100.00 |
| | Creditor's Name 5929 Fashion Pt. Dr, STE | Lot 15 and W 3/5 of Lot 16, Block 7, Original Plot, City of Cass Lake | | |
| | 300 | 115 Second St, Cass Lake, MN 56633 | | |
| Ogden, UT 84403 Creditor's mailing address | | Describe the lien | | |
| | | Purchase Money Security | | |
| | | Is the creditor an insider or related party? | | |
| | Creditor's email address, if known | ■ No □ Yes | | |
| | | Is anyone else liable on this claim? | | |
| | Date debt was incurred | | | |
| | Last 4 digits of account number | Yes. Fill out Schedule H: Codebtors (Official Form 206H) | | |
| | Do multiple creditors have an interest in the same property? | As of the petition filing date, the claim is: Check all that apply | | |

Official Form 206D

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| D - I- (| | Document 1 age 10 of | | , | |
|-------------|--|---|------------------|---|---|
| Debtor | Family Services I | Case | e number (if kno | ow) | |
| | Name | | | | |
| | No | ☐ Contingent | | | |
| | Yes. Specify each creditor, | ☐ Unliquidated | | | |
| inc | luding this creditor and its relative ority. | ☐ Disputed | | | |
| | ocial Construct, Inc | Describe debtor's property that is subject to a lien | | \$608,000.00 | \$120,500.00 |
| | ditor's Name | S. 80 Feet of Lot 37, Auditors Plat Longvi | ille, | | |
| 59 30 | 29 Fashion Pt. Dr, STE 0 | 5062 State Hwy 84, Longville, MN | | | |
| Og | gden, UT 84403 | | | | |
| Cre | ditor's mailing address | Describe the lien | | | |
| | | Mortgage | | | |
| | | Is the creditor an insider or related party? | | | |
| | | No | | | |
| Cre | ditor's email address, if known | ☐ Yes Is anyone else liable on this claim? | | | |
| Da | te debt was incurred | ■ No | | | |
| | | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 20 | 06H) | | |
| Las | st 4 digits of account number | , | , | | |
| | multiple creditors have an erest in the same property? | As of the petition filing date, the claim is: Check all that apply | | | |
| | No | ☐ Contingent | | | |
| | Yes. Specify each creditor, | ☐ Unliquidated | | | |
| | luding this creditor and its relative prity. | ☐ Disputed | | | |
| 3. Total | of the dollar amounts from Part 1 | Column A, including the amounts from the Additional | Page, if any. | \$1,824,000.0 0 | |
| Part 2: | List Others to Be Notified for | a Debt Already Listed in Part 1 | | | |
| List in al | | ust be notified for a debt already listed in Part 1. Exam | ples of entities | that may be listed are | collection agencies, |
| If no other | ers need to notified for the debts li | sted in Part 1, do not fill out or submit this page. If addi | itional pages ar | e needed, copy this p | age. |
| | ame and address | , as its section and page in add | On which lin | ne in Part 1 did e related creditor? | Last 4 digits of account number for this entity |

Official Form 206D

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| | | | Docum | ent | Page 17 of 34 | _ | |
|--------------|--------------------------|---|--|-------------|---|---------------------------------------|---|
| Fill ir | this info | ormation to identify the c | ase: | | | | |
| Debto | or name | Family Services I | | | |] | |
| Unite | d States | Bankruptcy Court for the: | DISTRICT OF MINNES | SOTA | | | |
| _ | | | | | | | |
| Case | number | (if known) | | | | | Check if this is an amended filing |
| ∪ (ι: | -:-1 = | 000E/E | | | | | |
| | | form 206E/F | ro Wha Hava | Hno | ecured Claims | | |
| | | | | | | id- NONI | 12/15 |
| ist the | e other pa nal Proper | arty to any executory contract ty (Official Form 206A/B) and | cts or unexpired leases that d on <i>Schedule G: Execut</i> o | at could r | TY unsecured claims and Part 2 for credito esult in a claim. Also list executory contra acts and Unexpired Leases (Official Form 2 and attach the Additional Page of that Part i | icts on <i>Sch</i> ed 206G). Numbe | lule A/B: Assets - Real and er the entries in Parts 1 and |
| Part ' | 1: List | All Creditors with PRIO | RITY Unsecured Claims | 8 | | | |
| 1. | Do any | creditors have priority unsec | ured claims? (See 11 U.S. | C. § 507). | | | |
| | ■ No. 0 | Go to Part 2. | | | | | |
| | ☐ Yes. | Go to line 2. | | | | | |
| | | | | | | | |
| Part 2 | | All Creditors with NONF | | | d claims If the debtecker are seen there County | iaial | |
| 3 | | attach the Additional Page of | | unsecure | ed claims. If the debtor has more than 6 cred | itors with nonp | |
| | | | | | | | Amount of claim |
| 3.1 | Nonpri | ority creditor's name and ma | iling address | As of th | e petition filing date, the claim is: Check all | that apply. | \$1,000.00 |
| | Bloon | nnet Wire Service | | ☐ Cont | 3 | | |
| | Date(s) | debt was incurred | | Unliq | | | |
| | | digits of account number | | Disp | uted | | |
| | Luot 4 | angito of account fidinger _ | | Basis fo | or the claim: <u>Trade debt</u> | | |
| | | | | Is the cla | aim subject to offset? No Yes | | |
| 3.2 | Nonpri | ority creditor's name and ma | uiling address | As of th | e petition filing date, the claim is: Check all | that apply. | \$49,753.56 |
| | | n-Wilbert. Inc | | ☐ Cont | ingent | | |
| | | ottrel & Green | | ☐ Unliq | uidated | | |
| | _ | Walters Dr Paul, MN 55120-1363 | | ☐ Disp | uted | | |
| | | • | | Basis fo | or the claim: Judgmenr of 49,753.56 | i, Trade de | <u>bt</u> |
| | ٠, | debt was incurred _ | | Is the cla | aim subject to offset? ■ No ☐ Yes | | |
| | Last 4 | digits of account number _ | | 10 1110 010 | | | |
| 3.3 | Nonpri | ority creditor's name and ma | iling address | As of th | e petition filing date, the claim is: Check all | that apply. | \$55,000.00 |
| | | Dennis | | ☐ Cont | ingent | | |
| | | 14th St S. | | ☐ Unliq | uidated | | |
| | | er, MN 56650 | | ☐ Disp | uted | | |
| | | debt was incurred _ | | Basis fo | or the claim: Trade debt Insider fina | ncing of D | ennis Funeral Home |
| | Last 4 | digits of account number _ | | Is the cla | aim subject to offset? No Yes | | |
| 3.4 | Nonpri | ority creditor's name and ma | illing address | As of th | e petition filing date, the claim is: Check all | that apply. | \$1,900.00 |
| | FTD V | Vire Service | | ☐ Cont | | - | |
| | | | | Unlig | | | |
| | Date(s) | debt was incurred _ | | Disp | | | |
| | Last 4 | digits of account number _ | | | or the claim: Trade debt | | |
| | | | | Da315 10 | in the Gaill. Trade uebt | | |

Is the claim subject to offset? ■ No ☐ Yes

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| Debtor | | Case number (if known) | | | | |
|----------|---|--|---------------------------------------|------------------------|--|--|
| | Name | | | | | |
| 3.5 | Nonpriority creditor's name and mailing address | As of the petition filing date, the | e claim is: Check all that apply. | \$14,000.00 | | |
| | Hafners Greenhouse | ☐ Contingent | | | | |
| | 16925 170th St | ☐ Unliquidated | | | | |
| | Park Rapids, MN 56470 Date(s) debt was incurred | ■ Disputed | | | | |
| | <u> </u> | Basis for the claim: Trade de | <u>ebt</u> | | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? | No ☐ Yes | | | |
| 3.6 | Nonpriority creditor's name and mailing address | As of the petition filing date, the | e claim is: Check all that apply. | \$35,000.00 | | |
| | Robert Dennis | ☐ Contingent | *** | | | |
| | P O Box 1147 | ☐ Unliquidated | | | | |
| | Park Rapids, MN 56470 | ☐ Disputed | | | | |
| | Date(s) debt was incurred | • | | -111 | | |
| | Last 4 digits of account number | Basis for the claim: INSIGER I | inancing of Dennis Funer | ai Home | | |
| | Last 4 digits of account number _ | Is the claim subject to offset? | No Yes | | | |
| 3.7 | Nonpriority creditor's name and mailing address | As of the petition filing date, the | e claim is: Check all that apply. | \$53,346.00 | | |
| | Snap Advances, LLC | ☐ Contingent | | | | |
| | c/o Parr, Brown, Gee & Loveles | ☐ Unliquidated | | | | |
| | 101 S. 200 E, STE 700 | ☐ Disputed | | | | |
| | Salt Lake City, UT 84111 | · | alat avelaia at ta a alaima af v | a. aful dia alaa | | |
| | Date(s) debt was incurred | of fiancial information ar | ebt subject to a claim of w | rongrui disciosure | | |
| | Last 4 digits of account number | • | . | | | |
| | Last 4 digits of account flumber _ | Is the claim subject to offset? | No ■ Yes | | | |
| 3.8 | Nonpriority creditor's name and mailing address | As of the petition filing date, the | e claim is: Check all that apply. | \$15,500.00 | | |
| | Thomas M. Skare | ☐ Contingent | | | | |
| | Thos.Skare Law Offices | ☐ Unliquidated | | | | |
| | 1429 Cloquet Ave | Disputed | | | | |
| | Cloquet, MN 55720 | · | | | | |
| | Date(s) debt was incurred _ | | 500.00 failed to make rem | nodeling in a timely | | |
| | Last 4 digits of account number | manner and attorney fee | es of \$7,000.00 | | | |
| | _ | Is the claim subject to offset? | No Yes | | | |
| 3.9 | Nonpriority creditor's name and mailing address | As of the petition filing date, the | e claim is: Check all that apply. | \$180,000.00 | | |
| | Tim & Mary Handevit | ☐ Contingent | | | | |
| | 2800 Current Crust Blvd W | ☐ Unliquidated | | | | |
| | Duluth, MN 55802 | ☐ Disputed | | | | |
| | Date(s) debt was incurred | · | | !!! | | |
| | Last 4 digits of account number | Basis for the claim: INSIGER I | inancing of Handevit Fun | erai Homes | | |
| | Lact 4 digits of account number _ | Is the claim subject to offset? ■ No ☐ Yes | | | | |
| Part 3: | List Others to Be Notified About Unsecured Clair | me | | | | |
| | | | | | | |
| | n alphabetical order any others who must be notified for clai nees of claims listed above, and attorneys for unsecured credito | | es of entities that may be listed are | collection agencies, | | |
| If no | others need to be notified for the debts listed in Parts 1 and | 2, do not fill out or submit this pag | ge. If additional pages are needed | I, copy the next page. | | |
| | Name and mailing address | On which | line in Part1 or Part 2 is the | Last 4 digits of | | |
| | | related cr | reditor (if any) listed? | account number, if any | | |
| Part 4: | Total Amounts of the Priority and Nonpriority Un | secured Claims | | | | |
| 5. Add t | the amounts of priority and nonpriority unsecured claims. | | | | | |
| | • | | Total of claim amounts | | | |
| 5a. Tota | al claims from Part 1 | 5a. | \$ | 0.00 | | |
| 5b. Tot | al claims from Part 2 | 5b. + | \$ 405,49 | 9.56 | | |
| | d of Bod of the Lo | | | | | |
| | al of Parts 1 and 2 es 5a + 5b = 5c. | 5c. | \$ 405,4 | 499.56 | | |
| | | | | | | |

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| | Do | cument | Page 19 of 34 | _ | |
|-------------|---|----------------|--|--------------------------|------------|
| Fill in | this information to identify the case: | | | | |
| Debto | r name Family Services I | | | | |
| United | States Bankruptcy Court for the: DISTRICT OF MI | NNESOTA | | | |
| Case | number (if known) | | | | |
| | | | | Check if this amended fi | |
| Offic | cial Form 206G | | | | |
| | edule G: Executory Contract | s and l | Jnexpired Leases | | 12/15 |
| | complete and accurate as possible. If more space | | | umber the entries cons | ecutively. |
| 1. D | oes the debtor have any executory contracts or ur | expired leas | ses? | | |
| | No. Check this box and file this form with the debtor | | | | |
| | I Yes. Fill in all of the information below even if the co Il Form 206A/B). | ntacts of leas | es are listed on Schedule A/B: Assets - | Real and Personal | Property |
| 2. Lis | st all contracts and unexpired leases | | State the name and mailing adwhom the debtor has an execulease | | |
| 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 | | | | |
| 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 | | | | |

Case 19-50707 Doc 1 Filed 09/09/19 Entered 09/09/19 15:38:21 Desc Main Page 20 of 34 Document Fill in this information to identify the case: Debtor name Family Services I United States Bankruptcy Court for the: DISTRICT OF MINNESOTA Case number (if known) ☐ Check if this is an amended filing Official Form 206H Schedule H: Your 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. Do you 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: □ D _ 2.1 **Family Services** P O Box 2207 Snap Advances, LLC Cloquet, MN 55720 ■ E/F 3.7 □G 2.2 200 Sixth St SE Brown-Wilbert, Inc. Jerry L. Souder \Box D Walker, MN 56484 ■ E/F ___3.2 □ G ____

2.3

Jerry L. Souder

200 Sixth St SE

Walker, MN 56484

 \Box D

■ E/F <u>3.7</u>

Snap Advances, LLC

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| Fill in thi | s information to identify the case: | | | | | |
|---------------------|---|--|---|---------------------------|---|--|
| Debtor na | Family Services I | | | - | | |
| United St | tates Bankruptcy Court for the: DISTRICT OF MIN | INESOTA | | | | |
| Case nur | nber (if known) | | | | Check if this is an amended filing | |
| State | al Form 207 ment of Financial Affairs for N | | | | | |
| | or must answer every question. If more space is debtor's name and case number (if known). | needed, attach a | separate sheet to this form. | On the top of | any additional pages, | |
| Part 1: | Income | | | | | |
| 1. Gross | revenue from business | | | | | |
| □и | one. | | | | | |
| | ntify the beginning and ending dates of the debte ch may be a calendar year | or's fiscal year, | Sources of revenue Check all that apply | | Gross revenue (before deductions and exclusions) | |
| For | prior year: | ■ Operating a business | | \$243,778.00 | | |
| From | n 1/01/2018 to 12/31/2018 | | ☐ Other | | | |
| Includ | pusiness revenue e revenue regardless of whether that revenue is tax expalties. List each source and the gross revenue for one. | | | | ney collected from lawsuits | |
| | | | Description of sources of | frevenue | Gross revenue from each source (before deductions and exclusions) | |
| Part 2: | List Certain Transfers Made Before Filing for B | | | | | |
| List pa filing t | in payments or transfers to creditors within 90 dayments or transfersincluding expense reimbursenthis case unless the aggregate value of all property twery 3 years after that with respect to cases filed on | nentsto any credit ransferred to that o | or, other than regular employed reditor is less than \$6,825. (Th | | | |
| □N | one. | | | | | |
| Cre | ditor's Name and Address | Dates | Total amount of value | Reasons for Check all the | or payment or transfer | |
| 3.1. | Snap Advances, LLC c/o Parr, Brown, Gee & Loveles 101 S. 200 E, STE 700 Salt Lake City, UT 84111 | | Unknown | ☐ Secured ☐ Unsecur | debt red loan repayments s or vendors | |
| | | | | | - | |

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 \$6,825. (This amount may be adjusted on 4/01/22 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

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Case number (if known) Document

Debtor Family Services I

| | r anning contributes | | | ′ | |
|----|---|--------------------------------|------------------------------------|-------------------------|-------------------------|
| | debtor and their relatives; affiliates of the debto | r and inciders of augh offilia | too; and any managing agent of t | ha dahtar 11 I S (| S \$ 101/24) |
| | None. | T and insiders of such allilla | es, and any managing agent of t | ne debior. 11 0.3.0 | . g 101(31). |
| | Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for pay | ment or transfer |
| 5. | Repossessions, foreclosures, and returns List all property of the debtor that was obtained a foreclosure sale, transferred by a deed in lieu | | | | d by a creditor, sold a |
| | ■ None | | | | |
| | Creditor's name and address | Describe of the Property | y I | Date | Value of property |
| 6. | Setoffs List any creditor, including a bank or financial ir of the debtor without permission or refused to n debt. | | | | |
| | None | Description of the action | n and discussion to all | Data aatian | A |
| | Creditor's name and address | Description of the actio | | Date action was aken | Amount |
| Р | art 3: Legal Actions or Assignments | | | | |
| 7. | Legal actions, administrative proceedings, o List the legal actions, proceedings, investigation in any capacity—within 1 year before filing this | ns, arbitrations, mediations, | | | debtor was involved |
| | ■ None. | | | | |
| | Case title Case number | Nature of case | Court or agency's name and address | Status of ca | ase |
| 8. | Assignments and receivership List any property in the hands of an assignee for receiver, custodian, or other court-appointed of | | | s case and any prop | perty in the hands of a |
| | ■ None | | | | |
| Ρ | art 4: Certain Gifts and Charitable Contribu | utions | | | |
| 9. | List all gifts or charitable contributions the the gifts to that recipient is less than \$1,000 | | within 2 years before filing this | case unless the a | aggregate value of |
| | ■ None | | | | |
| | Recipient's name and address | Description of the gifts | or contributions Date | tes given | Value |
| P | art 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 If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. | Dates of loss | Value of property lost |
|--|--|---------------|------------------------|
| | List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | |

Case 19-50707 Doc 1 Filed 09/09/19 Entered 09/09/19 15:38:21 Desc Main Document Page 23 of 34 ase number (if known) Debtor **Family Services I** 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 If not money, describe any property transferred **Dates** Total amount or the transfer? value **Address** 11.1. Ruffenach Law Office 23665 Otter Dr **Attorney Fees** \$15,000.00 Laporte, MN 56461 **Email or website address** ruffenach@live.com Who made the payment, if not debtor? 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** Total amount or were made value 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. Description of property transferred or Who received transfer? Date transfer Total amount or **Address** payments received or debts paid in exchange was made value 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** From-To 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.

Case 19-50707 Doc 1 Filed 09/09/19 Entered 09/09/19 15:38:21 Desc Main Document Page 24 of 34 ase number (if known) Debtor Family Services I Nature of the business operation, including type of services Facility name and address If debtor provides meals the debtor provides and housing, number of patients in debtor's care 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. 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? 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 Last 4 digits of Type of account or Date account was Last balance **Address** account number instrument closed, sold, before closing or moved, or transfer transferred 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 filling this ■ None Depository institution name and address Names of anyone with Description of the contents Do you still access to it have it? **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 Description of the contents Do you still have it? access to it

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

Part 12: Details About Environment 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).

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Case number (if known) Document

Debtor **Family Services I**

> 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.

| | | | | _ |
|-----------------------|-------------------|---------------------|-------------------------------|-------------|
| Danart all naticae | rologene and | procoodings known | , regardless of when the | V occurred |
| Neboli ali libilices. | . I ElEases, allu | DIOCEEUIIUS KIIOWII | . I Euai uless di Wileli ille | o occurred. |

| | 3 | , . g | | | | | | |
|--------------|--|---|--|----------------------|--|--|--|--|
| 22. | Has the debtor been a party in any judicial | or administrative proceeding under any | environmental law? Include settler | ments and orders. | | | | |
| | ■ No. | | | | | | | |
| | ☐ Yes. Provide details below. | | | | | | | |
| | Case title Case number | Court or agency name and address | Nature of the case | Status of case | | | | |
| | Has any governmental unit otherwise notificenvironmental law? | ed the debtor that the debtor may be liab | ole or potentially liable under or in v | riolation of an | | | | |
| | No.Yes. Provide details below. | | | | | | | |
| | Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice | | | | |
| 24. F | Has the debtor notified any governmental u | nit 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 | | | | |
| D | w 49. Dataila Abaut tha Dahtaria Businasa | an Campatiana ta Amu Businasa | | | | | | |
| rai | rt 13: Details About the Debtor's Business | or Connections to Any Business | | | | | | |
| L | Other businesses in which the debtor has of List any business for which the debtor was an all Include this information even if already listed in | owner, partner, member, or otherwise a per | son in control within 6 years before fil | ing this case. | | | | |
| | ■ None | | | | | | | |
| В | Business name address | Describe the nature of the business | Employer Identification number Do not include Social Security number | | | | | |
| | | | Dates business existed | | | | | |
| | Books, records, and financial statements 26a. List all accountants and bookkeepers who None | o maintained the debtor's books and records | s within 2 years before filing this case | | | | | |
| | Name and address | | | e of service m-To | | | | |
| 2 | 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 | | | | | | | |
| 2 | 26c. List all firms or individuals who were in po None | ssession of the debtor's books of account a | and records when this case is filed. | | | | | |
| | Name and address | | If any books of account and recounavailable, explain why | ords are | | | | |

| Debtor | Famil | y Services I | Document | Page 20 01 3 | 5 4 se number <i>(if kn</i> | own) | |
|-----------------|--|--|---|-----------------------|---------------------------------------|---------------------------------------|-----------------------------------|
| | | • | | | | | |
| | | nancial institutions, credit nt within 2 years before fil | ors, and other parties, including meing this case. | ercantile and trade | agencies, to w | hom the debtor iss | ued a financial |
| | ■ None | | | | | | |
| Na | me and | address | | | | | |
| 27. Inve | | | | | | | |
| Have | e any inve | entories of the debtor's pr | operty been taken within 2 years b | efore filing this cas | e? | | |
| | No | | | | | | |
| | Yes. G | ve the details about the t | wo most recent inventories. | | | | |
| | Naminver | | pervised the taking of the | Date of inven | | ollar amount and er basis) of each | basis (cost, market, inventory |
| | | or's officers, directors, the debtor at the time o | managing members, general par f the filing of this case. | tners, members i | n control, con | trolling sharehold | ders, or other people |
| Na | ıme | | Address | | osition and na | ature of any | % of interest, if any |
| Je | rry Sol | der | 200 6th St S Walker, MN 56484 | | ole Member | of LLC | 100% |
| With | ments, d in 1 year s, credits No Yes. Id | before filing this case, did on loans, stock redemption | vals credited or given to insiders I the debtor provide an insider with ons, and options exercised? | value in any form, | | | ation, draws, bonuses, |
| | Nam | e and address of recipie | Amount of money or d property | escription and va | lue of Da | ates | Reason for providing the value |
| 31. With | in 6 yea | s before filing this case | , has the debtor been a member | of any consolida | ted group for | tax purposes? | |
| □ | No Yes. Id | entify below. | | | | | |
| Name | e of the | parent corporation | | | Employer lo | dentification num | ber of the parent |
| 32. With | in 6 yea | s before filing this case | , has the debtor as an employer | been responsible | e for contribut | ing to a pension f | und? |
| | No Yes. Id | entify below. | | | | | |
| Name | e of the | pension fund | | | Employer lo | dentification num | ber of the parent |
| Part 14 | Signa | ture 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

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 6

Case 19-50707

Doc 1

Filed 09/09/19

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Case number (if known) Document Debtor Family Services I and correct. I declare under penalty of perjury that the foregoing is true and correct. September 9, 2019 /s/ Jerry Souder Jerry Souder Printed name Signature of individual signing on behalf of the debtor Position or relationship to debtor Are additional pages to Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207) attached? ■ No

Case 19-50707

☐ Yes

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LOCAL FORM 1007-1 REVISED 06/16

United States Bankruptcy Court District of Minnesota

| In re | Family Services I | | | | Case No. | |
|---------|---|--------------------------------|----------|------------------------|-------------|------------------------------|
| | | Debto | r(s) | | Chapter | 11 |
| | DISCLOSURE OF CO | OMPENSATION | OF. | ATTORNE | Y FOR D | EBTOR |
| paid to | Pursuant to 11 U.S.C. § 329(a) and (s) and that compensation paid to me o me, for services rendered or to be reparted case is as follows: | within one year befor | e the | e filing of the | petition in | bankruptcy, or agreed to be |
| | gal Services, I have agreed to accept to the filing of this statement I have re | | \$ \$ | 15,000.00 15,000.00 | | |
| | ce Due | | \$ | 0.00 | | |
| 2. T | he source of the compensation paid to Debtor | me was: □ Other (specify) |) | | | |
| 3. T | he source of the compensation to be p Debtor | aid to me is: Other (specify) |) | | | |
| | I have not agreed to share the above ates of my law firm. | e-disclosed compensa | tion | with any other | er person ı | unless they are members and |
| associ | I I have agreed to share the above-disates of my law firm. A copy of the agreementation, is attached. | • | | • | • | |
| | n return for the above-disclosed fee, ed by 11 U.S.C. §528(a)(1), I have agr | | | | | |
| | A. Analysis of the debtor's financial setition in bankruptcy; | ituation, and renderi | ng a | dvice to the d | lebtor in d | etermining whether to file a |

- 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;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).
- 6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

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LOCAL FORM 1007-1 REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: September 9, 2019
Signature of Attorney
/s/ Michael R. Ruffenach
Michael R. Ruffenach 92498

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United States Bankruptcy Court District of Minnesota

| In re | Family Services I | | | Case No. | | | | |
|---|---|-----------------------|-----------------------|---------------------|--------------------------------|--|--|--|
| | | I | Debtor(s) | Chapter | 11 | | | |
| Followin | LIST OF EQUITY SECURITY HOLDERS Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case | | | | | | | |
| | is the list of the Debtor's equity security no | iders which is prepar | ed in decordance with | 11416 1007(4)(3) 10 | r ming in this chapter 11 case | | | |
| | and last known address or place of ess of holder | Security Class | Number of Secur | rities K | and of Interest | | | |
| -NONE | i- | | | | | | | |
| DECL | ARATION UNDER PENALTY OI | F PERJURY ON | N BEHALF OF C | ORPORATIO | N OR PARTNERSHIP | | | |
| I, the of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief. | | | | | | | | |
| Date | September 9, 2019 | Signa | ture /s/ Jerry Sou | | | | | |
| | | | Jerry Souder | | | | | |

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

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United States Bankruptcy Court District of Minnesota

| In re Family Services I | | Case No. | |
|---|------------------------------------|-----------------------------------|---------------------|
| | Debtor(s) | Chapter 11 | |
| | | | |
| VERIFICAT | TION OF CREDITOR | MATRIX | |
| I, the of the corporation named as the debtor in this | case, hereby verify that the attac | hed list of creditors is true and | correct to the best |
| of my knowledge. | | | |
| | | | |
| | | | |
| | | | |
| Date: September 9, 2019 | /s/ Jerry Souder | | |
| Date. Ochiember 3, 2013 | Jerry Souder/ | | |
| | Signer/Title | | |

BLOOMNET WIRE SERVICE

BROWN-WILBERT. INC C/O COTTREL & GREEN 2287 WALTERS DR SAINT PAUL MN 55120-1363

CRAIG DENNIS 2709 14TH ST S. KELLIHER MN 56650

FAMILY SERVICES II P O BOX 2207 CLOQUET MN 55720

FTD WIRE SERVICE

HAFNERS GREENHOUSE 16925 170TH ST PARK RAPIDS MN 56470

JERRY L. SOUDER 200 SIXTH ST SE WALKER MN 56484

ROBERT DENNIS P O BOX 1147 PARK RAPIDS MN 56470

SNAP ADVANCES, LLC C/O PARR, BROWN, GEE & LOVELES 101 S. 200 E, STE 700 SALT LAKE CITY UT 84111 SOCIAL CONSTRUCT, INC 5929 FASHION PT. DR, STE 300 OGDEN UT 84403

THOMAS M. SKARE THOS.SKARE LAW OFFICES 1429 CLOQUET AVE CLOQUET MN 55720

TIM & MARY HANDEVIT 2800 CURRENT CRUST BLVD W DULUTH MN 55802

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United States Bankruptcy Court District of Minnesota

| In re | Family Services I | | Case No. | |
|-------------------|--|--|---|---|
| | | Debtor(s) | Chapter | 11 |
| | CORPO | DRATE OWNERSHIP STATEMENT | (RULE 7007.1) | |
| recusa (are) c | d, the undersigned counsel for corporation(s), other than the de | tcy Procedure 7007.1 and to enable the June Family Services I in the above caption ebtor or a governmental unit, that directly interests, or states that there are no entities | ed action, certific or indirectly ow | es that the following is a $vn(s)$ 10% or more of any |
| ■ Nor | ne [Check if applicable] | | | |
| Septe | mber 9, 2019 | /s/ Michael R. Ruffenach | | |
| Date | | Michael R. Ruffenach 92498 | | |
| | | Signature of Attorney or Litig | | |
| | | Counsel for Family Services Ruffenach Law Office | l | |
| | | 23665 Otter Dr | | |
| | | Laporte, MN 56461 | | |
| | | 218-751-6116 Fax:218-444-6116 | 5 | |
| | | ruffenach@live.com | | |