Case 09-30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Main Document Page 1 of 39

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

| In re: Danielson, Bret M & Danielson, Sarah M |             |  |  |  |  |  |
|---|-------------|--|--|--|--|--|
|   | Debtor(s)   |  |  |  |  |  |
| Case Number:                                  |             |  |  |  |  |  |
|   | (If Imaxim) |  |  |  |  |  |

# CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME

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

|   |   | Part I. (   | CALCULATIO                        | ON OF MO                   | ONTHLY INCO      | OME      |    |                                |                                |
|---|---|---|-----------------------------------|----------------------------|------------------|----------|----|--------------------------------|--------------------------------|
| 1 | Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.  b. □ Married, not filing jointly. Complete only Column A ("Debtor's Income") for Lines 2-10.  c. ▼ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. |   |                                   |                            |                  |          |    |                                |                                |
|   | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.   |   |                                   |                            |                  |          |    | Column A<br>Debtor's<br>Income | Column B<br>Spouse's<br>Income |
| 2 | Gross wages, salary, tips, bonuses, overtime, commissions.  |   |                                   |                            |                  |          |    | 12,384.63                      | \$                             |
|   | Net income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.   |   |                                   |                            |                  |          |    |                                |                                |
| 3 | a.  | Gross receipts  |                                   | \$                         |                  |          |    |                                |                                |
|   | b.  | Ordinary and necessary business   | expenses                          | \$                         |                  |          |    |                                |                                |
|   | c.  | Business income   |                                   | Subtract I<br>Line a       | Line b from      |          | \$ |                                | \$                             |
|   |   | rental and other real property incrence in the appropriate column(s)  |                                   |                            |                  |          |    |                                |                                |
| 4 | a.  | Gross receipts  |                                   | \$                         |                  |          |    |                                |                                |
| 4 | b.  | Ordinary and necessary operating  | expenses                          | \$                         |                  |          |    |                                |                                |
|   | c.  | Rental income   |                                   | Subtract I<br>Line a       | Line b from      |          | \$ |                                | \$                             |
| 5 | Inte  | rest, dividends, and royalties.   |                                   |                            |                  | _        | \$ |                                | \$                             |
| 6 | Pens  | ion and retirement income.  |                                   |                            |                  |          | \$ |                                | \$                             |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household   |   |                                   |                            |                  |          |    |                                |                                |
| 8 | How<br>was  | mployment compensation. Enter the ever, if you contend that unemployed a benefit under the Social Security of mn A or B, but instead state the am | ment compensa<br>Act, do not list | tion receive<br>the amount | ed by you or you | r spouse |    |                                |                                |
|   | cla   | employment compensation imed to be a benefit under the cial Security Act  | Debtor \$                         |                            | Spouse \$        |          | \$ |                                | \$                             |

# Case 09-30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Main Document Page 2 of 39

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

| 9  | sources on a maintenance other paym   | a war crime, |  |    |    |  |    |
|----|---|--------------|--|----|----|--|----|
|    | a. \$   |              |  |    |    |  |    |
|    | b.  |              |  | \$ | \$ |  | \$ |
| 10 | Subtotal of current monthly income. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).   |              |  |    |    |  | \$ |
| 11 | Total current monthly income. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.  \$ 12,384.63 |              |  |    |    |  |    |
|    | Part II. VERIFICATION   |              |  |    |    |  |    |
|    | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)   |              |  |    |    |  |    |
| 12 | Date: April 30, 2009 Signature: /s/ Bret M Danielson (Debtor)   |              |  |    |    |  |    |
|    | Date: April 30, 2009 Signature: /s/ Sarah M Danielson  (Joint Debtor, if any)   |              |  |    |    |  |    |

Case 09-30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Main B1 (Official Form 1) (1/08) Document Page 3 of 39

| United Sta<br>Distri  | ourt                       |   |   | Vol  | untary Petition  |   |                                     |  |
|---|----------------------------|---|---|--|--|---|-------------------------------------|--|
| Name of Debtor (if individual, enter Last, First, Mid <b>Danielson, Bret M</b>  | dle):                      |   | Name of Joi<br>Danielso   |  | or (Spouse) (Last, Fire  | st, Middle):                                  |                                     |  |
| All Other Names used by the Debtor in the last 8 yea (include married, maiden, and trade names):  | urs                        |   |   |  | ed by the Joint Debto<br>aiden, and trade name                       |   | 3 years                             |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): <b>2472</b>   | I.D. (ITIN) No./Complete   | e   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1252 |  |  |   |                                     |  |
| Street Address of Debtor (No. & Street, City, State & 3777 S 19th St<br>Grand Forks, ND   | & Zip Code):               |   | Street Addre<br>3777 S 19<br>Grand Fo   | 9th St   | int Debtor (No. & Str  | reet, City, St                                | ate & Zip Code):                    |  |
| Grand Forks, ND   | ZIPCODE <b>58201</b>       |   | Grandic   | no, i  | שו   | Γ   | ZIPCODE <b>58201</b>                |  |
| County of Residence or of the Principal Place of Bus <b>Grand Forks</b>   | siness:                    |   | County of R<br>Grand Fo   |  | ence or of the Principal Place of Business:                          |   |                                     |  |
| Mailing Address of Debtor (if different from street a   |                            | Mailing Add                                       | dress of  | Joint Debtor (if differ  | ent from str   | eet address):                                 |                                     |  |
|   | ZIPCODE                    |   |   |  |  | Γ   | ZIPCODE                             |  |
| Location of Principal Assets of Business Debtor (if o   | lifferent from street addr | ess abo   | ove):   |  |  |   |                                     |  |
|   |                            |   |   |  |  |   | ZIPCODE                             |  |
| Type of Debtor (Form of Organization) (Cheek one boy)   | ,                          | ck <b>one</b>                                     |   |  | the Petit  | ion is Filed                                  | Code Under Which (Check one box.)   |  |
| (Check <b>one</b> box.)  ☐ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)  ☐ Health Care Business ☐ U.S.C. § 101(51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☐ Other   |                            |   | e as defined in   | .11  | Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13 Debts are prima | Rec Mai Cha Rec Nor Nature of (Check on       | e box.)                             |  |
|   | ox, if ap<br>kempt o       | Entity pplicable.) organization ustates Code (the |   | debts, defined in<br>§ 101(8) as "incu-<br>individual prima<br>personal, family,<br>hold purpose." | 11 U.S.C.<br>arred by an<br>rily for a                               | business debts.                               |                                     |  |
| Filing Fee (Check one bo  | ox)                        |   | Check one b   | nov.   | Chapter 11   | Debtors                                       |                                     |  |
| <ul> <li>✓ Full Filing Fee attached</li> <li>☐ Filing Fee to be paid in installments (Applicable to attach signed application for the court's considera is unable to pay fee except in installments. Rule 1: 3A.</li> </ul>   | ebtor                      | Debtor is Debtor is Check if: Debtor's affiliates | a small<br>not a sn<br>aggrega<br>are less  | te noncontingent liqui<br>than \$2,190,000.  | s defined in<br>dated debts  | 11 U.S.C. § 101(51D). owed to non-insiders or |                                     |  |
| Filing Fee waiver requested (Applicable to chapte attach signed application for the court's considera   |                            | Check all ap  ✓ A plan is  ☐ Acceptan             | oplicable being fi ces of the   | led with this petition   |  | from one or more classes of                   |                                     |  |
| Statistical/Administrative Information  ✓ Debtor estimates that funds will be available for  □ Debtor estimates that, after any exempt property distribution to unsecured creditors.  |                            |   |   | l, there v   | vill be no funds availa  | able for                                      | THIS SPACE IS FOR<br>COURT USE ONLY |  |
| Estimated Number of Creditors   |                            | 10,0<br>25,0                                      |   | 25,001-<br>50,000  | 50,001-<br>100,000   | Over 100,000                                  |                                     |  |
| Estimated Assets  So to \$50,001 to \$100,001 to \$500,001 to \$1,000 |                            | \$50  | 0,000,001 to  | □<br>\$100,00  |  |   |                                     |  |
| Estimated Liabilities   | 000,001 to \$10,000,001    | □<br>\$50   | 0,000,001 to  | □<br>\$100,00  | 0,001 \$500,000,00   | ☐<br>1 More tha                               | n                                   |  |

\$50,000 \$100,000 \$500,000 \$1 million \$10 million to \$50 million \$10 million to \$10 million \$1 billion

| Only                |
|---------------------|
| Software            |
| · Forms             |
| -800-998-2424] -    |
| 66-008-             |
| Inc.                |
| 993-2009 EZ-Filing, |
| -2009 F             |
| © 1993              |
|                     |

| Case 09-30521 Doc 1 Filed 05/08/09 B1 (Official Form 1) (1/08) Document  | Entered 05/08/09 13:4   | 47:06 Desc Main Page 2                |  |  |  |  |
|--|---|---------------------------------------|--|--|--|--|
| Voluntary Petition (This page must be completed and filed in every case)   | Name of Debtor(s):  Danielson, Bret M & Daniels   | son, Sarah M                          |  |  |  |  |
| Prior Bankruptcy Case Filed Within Last 8  | Years (If more than two, attach   | additional sheet)                     |  |  |  |  |
| Location Where Filed: None   | Case Number:  | Date Filed:                           |  |  |  |  |
| Location Where Filed:  | Case Number:  | Date Filed:                           |  |  |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor (If mor  | re than one, attach additional sheet) |  |  |  |  |
| Name of Debtor:<br>None  | Case Number:  | Date Filed:                           |  |  |  |  |
| District:  | Relationship:   | Judge:                                |  |  |  |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.   | Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. |                                       |  |  |  |  |
|  | X /s/ Kenneth B. Bulie Signature of Attorney for Debtor(s)  | 4/30/09 Date                          |  |  |  |  |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhibit D  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  |   |                                       |  |  |  |  |
| Exhibit D also completed and signed by the joint debtor is attached  |   |                                       |  |  |  |  |
| Information Regarding the Debtor - Venue  (Check any applicable box.)  Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |   |                                       |  |  |  |  |
| Certification by a Debtor Who Reside   |   | Property                              |  |  |  |  |
| (Check all app  Landlord has a judgment against the debtor for possession of deb   | licable boxes.)<br>tor's residence. (If box checked, co   | omplete the following.)               |  |  |  |  |
| (Name of landlord or less  | or that obtained judgment)  |                                       |  |  |  |  |
| (Address of lan  | dlord or lessor)  |                                       |  |  |  |  |
|  | (Address of landlord or lessor)  Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and   |                                       |  |  |  |  |
| and entire menetary default unit gave rise to the judgment for pos-  |   |                                       |  |  |  |  |
| Debtor has included in this petition the deposit with the court of filing of the petition.   | session, after the judgment for poss  | session was entered, and              |  |  |  |  |

# Voluntary Petition

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

Name of Debtor(s):

Danielson, Bret M & Danielson, Sarah M

# Signatures

# $Signature(s) \ of \ Debtor(s) \ (Individual/Joint)$

Doc 1

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

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

X /s/ Bret M Danielson

Signature of Debtor

**Bret M Danielson** 

/s/ Sarah M Danielson

Signature of Joint Debtor

Sarah M Danielson

Telephone Number (If not represented by attorney)

April 30, 2009

Date

#### Signature of Attorney\*



Signature of Attorney for Debtor(s)

Kenneth B. Bulie 05798 Bulie Law Office 421 DeMers Ave. Suite 3 Grand Forks, ND 58201

ken@bulielaw.com

#### April 30, 2009

Date

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

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

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

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

| Signature of Authoriz  | ed Individual      |  |
|------------------------|--------------------|--|
| Printed Name of Aut    | norized Individual |  |
| Title of Authorized In | ndividual          |  |

#### Signature of a Foreign Representative

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

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| Signature of For                      | eign Represer   | ntative.    |  |
|---------------------------------------|-----------------|-------------|--|
| , , , , , , , , , , , , , , , , , , , | oigii reopresei |             |  |
|                                       |                 |             |  |
| Printed Name of                       | f Foreign Repi  | resentative |  |
|                                       |                 |             |  |

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

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

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

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

| Address |  |  |
|---------|--|--|
|         |  |  |
|         |  |  |

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

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

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

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

Case 09-30521 B1D (Official Form 1, Exhibit D) (12/08)

Doc 1 Filed 05/08/09

Entered 05/08/09 13:47:06

Desc Main

Document Page 6 of 39 United States Bankruptcy Court **District of North Dakota** 

| IN RE:            |           | Case No    |
|-------------------|-----------|------------|
| Danielson, Bret M |           | Chapter 11 |
| ·                 | Debtor(s) |            |

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

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot

| do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.  |
|---|
| Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.   |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.  |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.  |
| □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]  |
|   |
|   |
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
| 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
| Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);   |
| <ul> <li>□ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);</li> <li>□ Active military duty in a military combat zone.</li> </ul>  |
| 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Bret M Danielson

Date: April 30, 2009

Case 09-30521

Doc 1 Filed 05/08/09

Entered 05/08/09 13:47:06

Desc Main

B1D (Official Form 1, Exhibit D) (12/08)

Document Page 7 of 39 United States Bankruptcy Court **District of North Dakota** 

| IN RE:  | Case No   |
|---|---|
| Danielson, Sarah M  | Chapter 11  |
| Debtor(s)   |   |
| EXHIBIT D - INDIVIDUAL DEBTOR'S<br>WITH CREDIT COUNSEI  |   |
| Warning: You must be able to check truthfully one of the five stated oso, you are not eligible to file a bankruptcy case, and the court whatever filing fee you paid, and your creditors will be able to rea and you file another bankruptcy case later, you may be required to stop creditors' collection activities.  | can dismiss any case you do file. If that happens, you will lose<br>sume collection activities against you. If your case is dismissed   |
| Every individual debtor must file this Exhibit D. If a joint petition is file one of the five statements below and attach any documents as directed   |   |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, and I have a certificate from the a certificate and a copy of any debt repayment plan developed through   | e opportunities for available credit counseling and assisted me in agency describing the services provided to me. Attach a copy of the  |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, but I do not have a certificate fro a copy of a certificate from the agency describing the services provided the agency no later than 15 days after your bankruptcy case is filed.    | e opportunities for available credit counseling and assisted me in m the agency describing the services provided to me. <i>You must file</i>  |
| ☐ 3. I certify that I requested credit counseling services from an appr<br>days from the time I made my request, and the following exigent of<br>requirement so I can file my bankruptcy case now. [Summarize exigen  | circumstances merit a temporary waiver of the credit counseling   |
|   |   |
| If your certification is satisfactory to the court, you must still obta you file your bankruptcy petition and promptly file a certificate fro of any debt management plan developed through the agency. Failt case. Any extension of the 30-day deadline can be granted only for also be dismissed if the court is not satisfied with your reasons for counseling briefing. | m the agency that provided the counseling, together with a copy<br>are to fulfill these requirements may result in dismissal of your<br>r cause and is limited to a maximum of 15 days. Your case may |
| ☐ 4. I am not required to receive a credit counseling briefing because <i>motion for determination by the court.]</i> ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by a of realizing and making rational decisions with respect to finar   | reason of mental illness or mental deficiency so as to be incapable   |

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h)

I certify under penalty of perjury that the information provided above is true and correct.

participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Signature of Debtor: /s/ Sarah M Danielson

Active military duty in a military combat zone.

Date: April 30, 2009

does not apply in this district.

# B4 (Official Form 4) (12/07) -30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06

Document Page 8 of 39 United States Bankruptcy Court District of North Dakota **Desc Main** 

| IN RE:                                 | Case No.   |
|--|------------|
| Danielson, Bret M & Danielson, Sarah M | Chapter 11 |
| Debtor(s)                              | •          |

# LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

| (1) Name of creditor and complete mailing address including zip code                                    | (2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted | (3) Nature of claim (trade debt, bank loan, government contract, etc.) | (4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff | (5) Amount of claim (if secured also state value of security) |
|---|--|--|--|---|
| ACS<br>PO Box 78844<br>Phoenix, AZ 85062-8844   |  |  |  | 214,599.00  |
| SAF<br>2500 E Broadway St<br>Helena, MT 59601   |  |  |  | 60,005.00   |
| SAF<br>2500 E Broadway St<br>Helena, MT 59601   |  |  |  | 41,038.00   |
| Scott Jensen<br>Camrud, Maddock, Olson & Larson<br>401 Demers AVe Ste 500<br>Grand Forks, ND 58206-5849 |  |  |  | 21,452.00   |
| Wishek Shspital-Clinic<br>1007 4th Ave S<br>Wishek, ND 58495  | Scott Jensen<br>Camrud, Maddock, Olson & Larson<br>401 Demers AVe Ste 500<br>Grand Forks, ND 58206-5849  |  |  | 21,452.00   |
| National Collegiate TR<br>2401 International Ln<br>Madison, WI 53704                                    | ·  |  |  | 19,780.00   |
| Choice Financial Group<br>210 Sheyenne St<br>West Fargo, ND 58078                                       |  |  |  | 18,570.00   |
| US Bank National Assoc ND<br>4000 W Broadway Ave<br>Robbinsdale, MN 55422-2212                          | Portfolio Recoveries<br>Attn: Bankruptcy<br>PO Box 12914<br>Norfolk, VA 23541-0914   |  |  | 10,111.08   |
| Portfolio Recoveries<br>Attn: Bankruptcy<br>PO Box 12914<br>Norfolk, VA 23541-0914                      | Bremer Bank<br>225 N. 5th St.<br>Breckenridge, MN 56520  |  |  | 10,111.08   |
| US Bank<br>Bankruptcy Department<br>PO Box 5227<br>Cincinnati, OH 45201-5229                            |  |  |  | 8,987.00  |
| MN Department Of Revenue<br>PO Box 64649<br>Saint Paul, MN 55164-0649                                   |  |  |  | 7,866.22  |
| Ford Motor Credit<br>PO Box 6508<br>Mesa, AZ 85216-6508   | United Recovery Systems<br>5800 N Course Dr<br>PO Box 722929<br>Houston, TX 77272-2929   |  |  | 7,716.00  |

| Case 09-30521  Drive Financial 8585 N Stemmons Fwy Dallas, TX 75247               | Doc 1 | Document   | Page 9 of 39 | Desc Main | 5,671.00 |
|---|-------|--|--------------|-----------|----------|
| Student Loan Service Center<br>PO Box 5675<br>Fargo, ND 58105-5675                |       |  |              |           | 4,872.00 |
| Altru Health System<br>Altru Clinic<br>PO Box 13780<br>Grand Forks, ND 58208-3780 |       |  |              |           | 1,416.00 |
| Montana Dakota Utilities Co<br>PO Box 5600<br>Bismarck, ND 58506-5600             |       | United Accounts, Ir<br>PO Box 2593<br>Bismarck, ND 5850                    |              |           | 627.00   |
| Verizon Wireless<br>1515 E Woodfield Rd Ste 140<br>Schaumburg, IL 60173-6046      |       | Progressive Manag<br>1521 West Cameron<br>PO Box 2220<br>West Covina, CA 9 | n Ave        |           | 416.00   |

# DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

| Date: <b>April 30, 2009</b> | Signature /s/ Bret M Danielson  |                   |
|-----------------------------|---------------------------------|-------------------|
|                             | of Debtor                       | Bret M Danielson  |
| Date: April 30, 2009        | Signature /s/ Sarah M Danielson |                   |
|                             | of Joint Debtor                 | Sarah M Danielson |
|                             | (if any)                        |                   |

B6 Summary (Form 6- Summary) (12/07) Doc 1

Filed 05/08/09 Entered 05/08/09 13:47:06 **Desc Main** Document Page 10 of 39 United States Bankruptcy Court

**District of North Dakota** 

| IN RE:                                 | Case No.   |
|--|------------|
| Danielson, Bret M & Danielson, Sarah M | Chapter 11 |
| Debtor(s)                              | •          |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS       | LIABILITIES   | OTHER       |
|--|----------------------|---------------------|--------------|---------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00      |               |             |
| B - Personal Property  | Yes                  | 3                   | \$ 40,895.00 |               |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |              |               |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |              | \$ 11,000.00  |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |              | \$ 0.00       |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 5                   |              | \$ 454,689.38 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |              |               |             |
| H - Codebtors  | Yes                  | 1                   |              |               |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |              |               | \$ 5,037.78 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |              |               | \$ 3,626.00 |
|  | TOTAL                | 16                  | \$ 40,895.00 | \$ 465,689.38 |             |

Form 6 - Statistical Summary (1207)

Doc 1 Filed 05/08/09

Entered 05/08/09 13:47:06 Page 11 of 39

Desc Main

# Document

| <b>Jnited States</b> | <b>Bankruptcy Court</b> |
|----------------------|-------------------------|
| District of          | f North Dakota          |

| IN RE:                                 | Case No.   |
|--|------------|
| Danielson, Bret M & Danielson, Sarah M | Chapter 11 |
| Debtor(s)                              | •          |

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

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

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

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

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

| Type of Liability   | Amount           |
|---|------------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00       |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00       |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00       |
| Student Loan Obligations (from Schedule F)  | \$<br>340,294.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00       |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00       |
| TOTAL   | \$<br>340,294.00 |

## State the following:

| Average Income (from Schedule I, Line 16)   | \$<br>5,037.78  |
|---|-----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>3,626.00  |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                 |
| Line 20)  | \$<br>12,384.63 |

### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>0.00       |
|--|---------|------------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00       |
| 4. Total from Schedule F   |         | \$<br>454,689.38 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>454,689.38 |

| B64 (Official Case) 09/30521     | Doc 1 | Filed 05/08/09 | Entered 05/08/09 13:47:06 | Desc Mair |
|----------------------------------|-------|----------------|---------------------------|-----------|
| bort (official Form off) (12/07) |       | Document       | Page 12 of 39             |           |

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

n IVI

Case No.

(If known)

## **SCHEDULE A - REAL PROPERTY**

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

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

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

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

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None                                 |  | H                                     |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |

(Report also on Summary of Schedules)

0.00

TOTAL

IN RE Danielson, Bret M & Danielson, Sarah M

je is orse

\_\_ Case No.

(If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

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

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|--|------------------|--|---------------------------------------|--|
| 1.  | Cash on hand.  | Х                |  |                                       |  |
| 2.  | Checking, savings or other financial   |                  | ING Direct, Checking   | J                                     | 0.00   |
|     | accounts, certificates of deposit or<br>shares in banks, savings and loan,   |                  | ING Direct, Savings  | J                                     | 0.00   |
|     | thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. |                  | Wells Fargo, Checking  | J                                     | 2,000.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.                                 |                  | Landlord Deposit, Tim Crary  | J                                     | 1,300.00   |
| 4.  | Household goods and furnishings,   |                  | Bookshelf (2), Weed Eater  | J                                     | 110.00   |
|     | include audio, video, and computer equipment.  |                  | Computer and Equipment   | J                                     | 600.00   |
|     | сушриси.   |                  | Couch (2), Loveseat, Charis (3), Entertainment Center, Dresser (40, Kitchen Table/Chairs (6), Hutch, Beds (3), End Tables (4), Coffee Tabole, Desk, Small Ktichen Appliances (4), Washer/Dryer | J                                     | 2,000.00   |
|     |  |                  | DVD (2)  | J                                     | 200.00   |
|     |  |                  | TV (4)   | J                                     | 2,000.00   |
| 5.  | Books, pictures and other art objects,   |                  | DVD (50)   | J                                     | 50.00  |
|     | antiques, stamp, coin, record, tape, compact disc, and other collections or  |                  | Family Pics And Books  | J                                     | 0.00   |
|     | collectibles.  |                  | Fenton Glass Misc Pieces (8)   | J                                     | 150.00   |
| 6.  | Wearing apparel.   |                  | Personal Clothing  | J                                     | 1,000.00   |
| 7.  | Furs and jewelry.  |                  | Watch, Bracelet (2), Misc Ring and Earings, Wedding Ring   | J                                     | 600.00   |
| 8.  | Firearms and sports, photographic,   |                  | BB Fun   | J                                     | 15.00  |
|     | and other hobby equipment.   |                  | Bike and Trailer   | J                                     | 70.00  |
|     |  |                  | Digital Camera, Camcorder, Camera  | J                                     | 200.00   |
|     |  |                  | Golf Clubs   | J                                     | 200.00   |
| 9.  | Interest in insurance policies. Name   |                  | Thrievant Luthern Brotherhood  | J                                     | 1,000.00   |
|     | insurance company of each policy and itemize surrender or refund value of each.                                      |                  | Thru Work, no cash value   | J                                     | 0.00   |
| 10. | Annuities. Itemize and name each issue.  | X                |  |                                       |  |

\_ Case No. \_

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

(If known)

|     | (Continuation Sheet)   |                  |   |                                       |  |  |  |  |
|-----|--|------------------|---|---------------------------------------|--|--|--|--|
|     | TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY                                | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |  |  |  |
|     | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)  Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. | X                | 401K  | J                                     | 5,000.00   |  |  |  |
| 13. | Give particulars.  Stock and interests in incorporated and unincorporated businesses.  Itemize.  | x                |   |                                       |  |  |  |  |
| 14. | Interests in partnerships or joint ventures. Itemize.  | X                |   |                                       |  |  |  |  |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.  | X                |   |                                       |  |  |  |  |
| 16. | Accounts receivable.   | Х                |   |                                       |  |  |  |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.   | Х                |   |                                       |  |  |  |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.   | X                |   |                                       |  |  |  |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |   |                                       |  |  |  |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | X                |   |                                       |  |  |  |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.   |                  | 2008 Tax Return, received   | J                                     | 0.00   |  |  |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.  | X                |   |                                       |  |  |  |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.   | X                |   |                                       |  |  |  |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.                                  | X                |   |                                       |  |  |  |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.   |                  | 2005 Pontiac Montana, 36,000 Miles<br>2006 Dodge Ram, 100,000 Miles | 1<br>1                                | 12,500.00<br>11,900.00   |  |  |  |

| RGR (Official ECASE) 19,730521         | Doc 1 | Filed 05/08/09 | Entered 05/08/09 13:47:06 | Desc Main |
|--|-------|----------------|---------------------------|-----------|
| bob (official Form ob) (12/07) - Cont. |       | Document       | Page 15 of 39             |           |

IN RE Danielson, Bret M & Danielson, Sarah M

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

(If known)

**SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

|     | TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|--|------------------|--------------------------------------|---------------------------------------|--|
|     |  |                  | Owe \$12,000                         |                                       |  |
|     |  | Х                | • ,                                  |                                       |  |
|     | Boats, motors, and accessories.                                | X                |                                      |                                       |  |
|     | Aircraft and accessories.                                      |                  |                                      |                                       |  |
|     | Office equipment, furnishings, and supplies.                   | X                |                                      |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X                |                                      |                                       |  |
| 30. | Inventory.   | X                |                                      |                                       |  |
| 31. | Animals.   | Х                |                                      |                                       |  |
|     | Crops - growing or harvested. Give particulars.                | Х                |                                      |                                       |  |
| 33  | Farming equipment and implements.                              | х                |                                      |                                       |  |
|     | Farm supplies, chemicals, and feed.                            | X                |                                      |                                       |  |
|     | Other personal property of any kind                            | X                |                                      |                                       |  |
|     | not already listed. Itemize.                                   |                  |                                      |                                       |  |
|     |  |                  | TO                                   | TAL                                   | 40,895.00  |

B6C (Official Forms C) (12/07) 0521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Main Document Page 16 of 39

Debtor(s)

IN RE Danielson, Bret M & Danielson, Sarah M

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

(If known)

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$136,875.

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

| DESCRIPTION OF PROPERTY  | SPECIFY LAW PROVIDING EACH EXEMPTION     | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--|-------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY   |  |                               |  |
| Wells Fargo, Checking  | 11 USC § 522(d)(5)                       | 2,000.00                      | 2,000.00   |
| Landlord Deposit, Tim Crary  | 11 USC § 522(d)(5)                       | 1,300.00                      | 1,300.00   |
| Bookshelf (2), Weed Eater  | 11 USC § 522(d)(3)                       | 110.00                        | 110.00   |
| Computer and Equipment   | 11 USC § 522(d)(3)                       | 600.00                        | 600.00   |
| Couch (2), Loveseat, Charis (3),<br>Entertainment Center, Dresser (40, Kitchen<br>Table/Chairs (6), Hutch, Beds (3), End<br>Tables (4), Coffee Tabole, Desk, Small<br>Ktichen Appliances (4), Washer/Dryer | 11 USC § 522(d)(3)                       | 2,000.00                      | 2,000.00   |
| DVD (2)  | 11 USC § 522(d)(3)                       | 200.00                        | 200.00   |
| TV (4)   | 11 USC § 522(d)(3)                       | 2,000.00                      | 2,000.00   |
| DVD (50)   | 11 USC § 522(d)(3)                       | 50.00                         | 50.00  |
| Fenton Glass Misc Pieces (8)   | 11 USC § 522(d)(3)                       | 150.00                        | 150.00   |
| Personal Clothing  | 11 USC § 522(d)(3)                       | 1,000.00                      | 1,000.00   |
| Watch, Bracelet (2), Misc Ring and Earings, Wedding Ring   | 11 USC § 522(d)(4)                       | 600.00                        | 600.00   |
| BB Fun   | 11 USC § 522(d)(3)                       | 15.00                         | 15.00  |
| Bike and Trailer   | 11 USC § 522(d)(3)                       | 70.00                         | 70.00  |
| Digital Camera, Camcorder, Camera  | 11 USC § 522(d)(3)                       | 200.00                        | 200.00   |
| Golf Clubs   | 11 USC § 522(d)(3)                       | 200.00                        | 200.00   |
| Thrievant Luthern Brotherhood  | 11 USC § 522(d)(7)                       | 1,000.00                      | 1,000.00   |
| 401K   | 11 USC § 522(d)(12)                      | 5,000.00                      | 5,000.00   |
| 2005 Pontiac Montana, 36,000 Miles   | 11 USC § 522(d)(2)<br>11 USC § 522(d)(5) | 6,450.00<br>6,050.00          | 12,500.00  |
| 2006 Dodge Ram, 100,000 Miles<br>Owe \$12,000  | 11 USC § 522(d)(5)                       | 900.00                        | 11,900.00  |
|  |  |                               |  |

| B6D (Official Case) 09,030521  | Doc 1 | Filed 05/08/09 | Entered 05/08/09 13:47:06 | Desc Main |
|--------------------------------|-------|----------------|---------------------------|-----------|
| Dob (Official Form ob) (12/07) |       | Document       | Page 17 of 39             |           |

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case No.

(If known)

Summary of Certain

Data.)

Liabilities and Related

Schedules.)

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

Debtor(s)

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY                  |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|---|
| ACCOUNT NO.  |          | J                                     | loan on vehicle  |            |              |          | 11,000.00   |   |
| Credit Acceptance<br>25505 W 12 Mile Rd<br>Southfield, MI 48034-1846                                       |          |                                       | VALUE \$ 11,900.00   |            |              |          |   |   |
| ACCOUNT NO.  |          |                                       | 11,300.00  |            |              |          |   |   |
|  |          |                                       | VALUE \$   |            |              |          |   |   |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |   |
|  |          |                                       | VALUE \$   |            |              |          |   |   |
| ACCOUNT NO.  |          |                                       | NALVE 6  |            |              |          |   |   |
|  |          |                                       |  |            | otot         |          | 44 000 00   |   |
| ontinuation sheets attached  |          |                                       | (Total of th   |            |              |          | \$ 11,000.00  | \$  |
|  |          |                                       | (Use only on la  |            | Tot<br>page  |          | \$ 11,000.00  | \$  |
|  |          |                                       |  |            |              |          | (Report also on<br>Summary of                                     | (If applicable, report<br>also on Statistical |

| B6E (Official Formse) 42/03/0521 | Doc 1       | Filed 05/08/09 | Entered 05/08/09 13:47:06 | Desc Mair |
|----------------------------------|-------------|----------------|---------------------------|-----------|
| , , ,                            |             | Document       | Page 18 of 39             |           |
| IN RE Danielson, Bret M & Dan    | ielson, Sai |                | Case No.                  |           |

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

(If known)

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

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

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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

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

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the

| Stati    | stical Summary of Certain Liabilities and Related Data.   |
|----------|---|
| liste    | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |
| <b>V</b> | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TY       | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|          | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
|          | Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
|          | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|          | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
|          | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|          | <b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
|          | Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
|          | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|          | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|          | * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
|          | <b>0</b> continuation sheets attached   |

Debtor(s)

Case No.

(If known)

Total

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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

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

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

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT DISPUTED CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. DATE CLAIM WAS INCURRED AND AMOUNT CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM Student Loan ACCOUNT NO. 4721 **ACS** PO Box 78844 Phoenix, AZ 85062-8844 214,599.00 Cell Bill ACCOUNT NO. Unknown **Amount Owed Unknown** Alltel PO Box 79033 Phoenix, AZ 85062-9033 0.00 ACCOUNT NO. 4134 Medical Expenses Altru Health System Altru Clinic PO Box 13780 Grand Forks, ND 58208-3780 1,416.00 Assignee or other notification for: ACCOUNT NO. Altru Health System Collection Center Inc. PO Box 1057 Bismarck, ND 58502-1057 Subtotal 216,015.00 4 continuation sheets attached (Total of this page)

cument rage 20

Case No. \_

(If known)

Desc Main

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)  |              |              |          |                       |
|--|----------|---------------------------------------|--|--------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)       | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT   | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |              |              | Н        |                       |
| JC Christensen & Associates Inc. PO Box 519 Sauk Rapids, MN 56379-0519                                   |          |                                       | Altru Health System  |              |              |          |                       |
| ACCOUNT NO. 8886   |          | Н                                     | Student Loan   |              |              |          |                       |
| Choice Financial Group<br>210 Sheyenne St<br>West Fargo, ND 58078  |          |                                       |  |              |              |          |                       |
| ACCOUNT NO. 8473   |          | н                                     | Repossesed Vehicle   |              |              |          | 18,570.00             |
| Chrysler Credit<br>PO Box 8065<br>Royal Oak, MI 48068-8065   |          |                                       |  |              |              |          | 0.00                  |
| ACCOUNT NO. 1001   |          | Н                                     | Reposessed Vehicle   |              |              |          | 0.00                  |
| Drive Financial<br>8585 N Stemmons Fwy<br>Dallas, TX 75247   |          |                                       |  |              |              |          |                       |
| ACCOUNT NO. <b>Unknown</b>   |          | J                                     | Miscellaneous Purchases, Various Dates   |              |              |          | 5,671.00              |
| Elan Financial Services<br>PO Box 790084<br>Saint Louis, MO 63179  |          |                                       |  |              |              |          |                       |
| ACCOUNT NO. 8776   | L        | ш                                     | Reposessed Vehicle   |              |              |          | 0.00                  |
| Ford Motor Credit PO Box 6508 Mesa, AZ 85216-6508  |          |                                       | Treposessed Vernote  |              |              |          |                       |
| ACCOUNT NO.  | ┝        |                                       | Assignee or other notification for:  |              |              | H        | 7,716.00              |
| United Recovery Systems 5800 N Course Dr PO Box 722929 Houston, TX 77272-2929                            |          |                                       | Ford Motor Credit  |              |              |          |                       |
| Sheet no1 of4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of the  | Sub<br>nis p |              |          | \$ 31,957.00          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als        | stica        | n<br>al  | \$                    |

IN RE Danielson, Bret M & Danielson, Sarah M

\_ Case No. \_ (If known)

Desc Main

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (                                     | Continuation Sheet)   |                  |              |          |                       |
|---|----------|---------------------------------------|---|------------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT       | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 1797  |          | Н                                     | Reposessed Vehicle  | 1                |              |          |                       |
| Harris NA<br>111 W Monroe<br>Chicago, IL 60603  |          |                                       |   |                  |              |          | 0.00                  |
| ACCOUNT NO. <b>0002805141</b>   |          | Н                                     | MN Dept of Health for Loan or Contract for  |                  |              |          | 5.50                  |
| MN Department Of Revenue<br>PO Box 64649<br>Saint Paul, MN 55164-0649                                       |          |                                       | Services 6808-1137  |                  |              |          | 7 966 33              |
| ACCOUNT NO. <b>7628</b>   |          | н                                     | Utility Bill  | +                |              |          | 7,866.22              |
| Montana Dakota Utilities Co<br>PO Box 5600<br>Bismarck, ND 58506-5600                                       |          |                                       |   |                  |              |          | 627.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   |                  |              |          | 027100                |
| United Accounts, Inc<br>PO Box 2593<br>Bismarck, ND 58502-2593  |          |                                       | Montana Dakota Utilities Co   |                  |              |          |                       |
| ACCOUNT NO. 0042  |          | Н                                     | Student Loan  |                  |              |          |                       |
| National Collegiate TR<br>2401 International Ln<br>Madison, WI 53704  |          |                                       |   |                  |              |          |                       |
| ACCOUNT NO. <b>4428-2811-4301-1973</b>  |          | w                                     | Original CreditorBremer Bank  |                  |              |          | 19,780.00             |
| Portfolio Recoveries<br>Attn: Bankruptcy<br>PO Box 12914<br>Norfolk, VA 23541-0914                          |          |                                       |   |                  |              |          |                       |
| ACCOUNTING  | $\vdash$ |                                       | Assigned or other notification for  | +                |              | $\vdash$ | 10,111.08             |
| ACCOUNT NO.  Bremer Bank 225 N. 5th St. Breckenridge, MN 56520  |          |                                       | Assignee or other notification for: Portfolio Recoveries  |                  |              |          |                       |
| Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | <u> </u> | <u> </u>                              | (Total of t   | -                | age          | e)       | \$ 38,384.30          |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relat | rt als<br>Statis | stic         | n<br>al  | \$                    |

Case No.

Debtor(s)

(If known)

**Desc Main** 

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (                                     | Continuation Sheet)   |                |              |          |   |
|--|----------|---------------------------------------|---|----------------|--------------|----------|---|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                   |
| ACCOUNT NO. 0001   |          | Н                                     | Student Loan  |                |              |          |   |
| SAF<br>2500 E Broadway St<br>Helena, MT 59601  | -        |                                       |   |                |              |          | CO 005 00                               |
| ACCOUNT NO. 0002   |          | Н                                     | Student Loan  |                |              |          | 60,005.00                               |
| SAF<br>2500 E Broadway St<br>Helena, MT 59601  | _        |                                       |   |                |              |          | 41,038.00                               |
| ACCOUNT NO. Unknown  |          | Н                                     | Original CreditorWishek Hospital - Clinic   |                |              |          | 41,036.00                               |
| Scott Jensen<br>Camrud, Maddock, Olson & Larson<br>401 Demers AVe Ste 500<br>Grand Forks, ND 58206-5849  | -        |                                       | Association   |                |              |          | 21,452.00                               |
| ACCOUNT NO. <b>R24A</b>  |          | Н                                     | Student Loan  |                |              |          | ,                                       |
| Student Loan Service Center<br>PO Box 5675<br>Fargo, ND 58105-5675                                       |          |                                       |   |                |              |          |   |
| ACCOUNT NO. 4819   | <u> </u> | w                                     | Reposessed Vehicle  |                |              |          | 4,872.00                                |
| US Bank Bankruptcy Department PO Box 5227 Cincinnati, OH 45201-5229                                      | _        |                                       |   |                |              |          | 8,987.00                                |
| ACCOUNT NO. 4428-2811-4301-1973  |          | w                                     | Miscellaneous Purchases, Various Dates  |                |              |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| US Bank National Assoc ND<br>4000 W Broadway Ave<br>Robbinsdale, MN 55422-2212                           |          |                                       |   |                |              |          | 10,111.08                               |
| ACCOUNT NO.  | H        |                                       | Assignee or other notification for:   |                |              |          | 10,11100                                |
| Portfolio Recoveries<br>Attn: Bankruptcy<br>PO Box 12914<br>Norfolk, VA 23541-0914                       |          |                                       | US Bank National Assoc ND   |                |              |          |   |
| Sheet no3 of4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | [Total of the   | _              | age          | e)       | \$ 146,465.08                           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | stica        | n<br>al  | \$                                      |

Case No. \_

Desc Main

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (                                     | Continuation Sheet)  |            |              |          |                       |
|---|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 0001  |          | Н                                     | Cell Phone Bill  |            |              |          |                       |
| Verizon Wireless<br>1515 E Woodfield Rd Ste 140<br>Schaumburg, IL 60173-6046                                | _        |                                       |  |            |              |          | 416.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  |            |              |          |                       |
| Progressive Management Systems<br>1521 West Cameron Ave<br>PO Box 2220<br>West Covina, CA 91793-9917        |          |                                       | Verizon Wireless   |            |              |          |                       |
| ACCOUNT NO.   |          | Н                                     | Un-fulfilled Employment Agreement  |            |              |          |                       |
| Wishek Shspital-Clinic<br>1007 4th Ave S<br>Wishek, ND 58495  |          |                                       | . , ,  |            |              |          | 24 452 00             |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:  |            |              | Н        | 21,452.00             |
| Scott Jensen Camrud, Maddock, Olson & Larson 401 Demers AVe Ste 500 Grand Forks, ND 58206-5849              | _        |                                       | Wishek Shspital-Clinic   |            |              |          |                       |
| ACCOUNT NO.   | _        |                                       |  |            |              |          |                       |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |
|   |          |                                       |  |            |              |          |                       |
| ACCOUNT NO.   |          |                                       |  |            |              |          |                       |
| Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of t  |            | age          | e)       | \$ 21,868.00          |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | t als      | stic         | n<br>al  | <b>\$ 454,689.38</b>  |

| R6G (Official Case) 09-30521 | Doc 1 | Filed 05/08/09 | Entered 05/08/09 13:47:06 | Desc Main |  |
|------------------------------|-------|----------------|---------------------------|-----------|--|
| (12/07)                      |       | Document       | Page 24 of 39             |           |  |

Case No.

Debtor(s) (If known)

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

| BOH (Official Case 09730521 | Doc 1 | Filed 05/08/09 | Entered 05/08/09 13:47:06 | Desc Main |
|-----------------------------|-------|----------------|---------------------------|-----------|
| (IZ/V/)                     |       | Document       | Page 25 of 39             |           |

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

(If known)

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

|                              | T                            |
|------------------------------|------------------------------|
| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |

Debtor(s)

Case No.

(If known)

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

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status                  |                          | DEPENDENTS OF DEBTOR AND SPOUSE                                |                 |           |   |                      |        |  |  |  |  |
|--|--------------------------|--|-----------------|-----------|---|----------------------|--------|--|--|--|--|
| Married                                  |                          | RELATIONSHIP(S): Son Daughter                                  |                 |           |   | AGE(S): <b>3 1.5</b> |        |  |  |  |  |
|  |                          |  |                 |           |   |                      |        |  |  |  |  |
| EMPLOYMENT:                              |                          | DEBTOR   |                 |           | SPOUSE  |                      |        |  |  |  |  |
| Occupation                               | Physician As             |  | omemaker        |           |   |                      |        |  |  |  |  |
| Name of Employer                         | Riverview He             | aith   |                 |           |   |                      |        |  |  |  |  |
| How long employed<br>Address of Employer | 3 Months<br>Grand Forks/ | EGF/Crookston  |                 |           |   |                      |        |  |  |  |  |
| INCOME: (Estima                          | ate of average or        | r projected monthly income at time case filed)                 |                 |           | DEBTOR  |                      | SPOUSE |  |  |  |  |
| 1. Current monthly                       | gross wages, sa          | lary, and commissions (prorate if not paid mo                  | nthly)          | \$        | 7,784.83  | \$                   |        |  |  |  |  |
| 2. Estimated month                       |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
| 3. SUBTOTAL                              |                          |  |                 | \$        | 7,784.83  | \$                   | 0.00   |  |  |  |  |
| 4. LESS PAYROLI                          | L DEDUCTION              | ıs   |                 |           |   |                      |        |  |  |  |  |
| a. Payroll taxes a                       | nd Social Secur          | ity  |                 | \$        | 2,337.55  | \$                   |        |  |  |  |  |
| b. Insurance                             |                          |  |                 | \$        | 409.50  | \$                   |        |  |  |  |  |
| c. Union dues                            |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
| d. Other (specify)                       |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
| 5. SUBTOTAL OI                           |                          | PEDUCTIONS   |                 | <u></u> Ф | 2,747.05  | <u>\$</u>            | 0.00   |  |  |  |  |
| 6. TOTAL NET M                           |                          |  |                 | \$<br>\$  | 5,037.78  |                      | 0.00   |  |  |  |  |
| 0.1011121(21)                            |                          |  |                 | Ψ         | 5,001110  | Ψ                    |        |  |  |  |  |
| 7. Regular income f                      | from operation (         | of business or profession or farm (attach detail               | led statement)  | \$        |   | \$                   |        |  |  |  |  |
| 8. Income from real                      | l property               |  | ŕ               | \$        |   | \$                   |        |  |  |  |  |
| 9. Interest and divid                    |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
| 10. Alimony, maint that of dependents l  |                          | ort payments payable to the debtor for the deb                 | tor's use or    | \$        |   | \$                   |        |  |  |  |  |
| 11. Social Security                      |                          | ment assistance  |                 | Ψ         |   | Ψ                    |        |  |  |  |  |
|  |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
|  |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
| 12. Pension or retire                    |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
| 13. Other monthly i                      |                          |  |                 | ¢.        |   | Φ                    |        |  |  |  |  |
| (Specify)                                |                          |  |                 | \$        |   | \$                   |        |  |  |  |  |
|  |                          |  |                 | \$ ——     |   | \$                   |        |  |  |  |  |
|  |                          |  |                 | Ψ —       |   | Ψ                    |        |  |  |  |  |
| 14. SUBTOTAL O                           | F LINES 7 TH             | IROUGH 13  |                 | \$        |   | \$                   |        |  |  |  |  |
| 15. AVERAGE M                            | ONTHLY INC               | <b>COME</b> (Add amounts shown on lines 6 and 14               | )               | \$        | 5,037.78  | \$                   | 0.00   |  |  |  |  |
|  |                          | ONTHLY INCOME: (Combine column totals tal reported on line 15) | s from line 15; | (Report   | \$also on Summary of Sch                          | 5,037.78             |        |  |  |  |  |
|  |                          |  |                 |           | also on Summary of Scr<br>al Summary of Certain I |                      |        |  |  |  |  |

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

B6J (Official FCASE) (029-30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Page 27 of 39 Document

IN RE Danielson, Bret M & Danielson, Sarah M

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expen  | nses of the debtor and the debtor's family at time case filed. | Prorate any payments made biweekly |
|--|--|------------------------------------|
| quarterly, semi-annually, or annually to show monthly rate. The average manually are the average |  |                                    |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse." 1. Rent or home mortgage payment (include lot rented for mobile home) 1,300.00 a. Are real estate taxes included? Yes \_\_\_\_ No \_\_\_ b. Is property insurance included? Yes No ✓ 2. Utilities: a. Electricity and heating fuel 150.00 b. Water and sewer 75.00 130.00 c. Telephone d. Other Cabke & Internet 80.00 3. Home maintenance (repairs and upkeep) 75.00 4. Food 600.00 5. Clothing 75.00 6. Laundry and dry cleaning 50.00 7. Medical and dental expenses 125.00 8. Transportation (not including car payments) 150.00 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 90.00 10. Charitable contributions 20.00 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's 50.00 b. Life c. Health d. Auto 200.00 e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) a. Auto 456.00 b. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17. Other 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data. 3,626.00 19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

#### 20. STATEMENT OF MONTHLY NET INCOME

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms

| a. Average monthly income from Line 15 of Schedule I | \$_ | 5,037.78 |
|--|-----|----------|
| b. Average monthly expenses from Line 18 above       | \$_ | 3,626.00 |
| c. Monthly net income (a. minus b.)                  | \$_ | 1,411.78 |

Document

Page 28 of 39

**Desc Main** 

(If known)

IN RE Danielson, Bret M & Danielson, Sarah M

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

Case No.

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

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

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **18** sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: April 30, 2009 Signature: /s/ Bret M Danielson **Bret M Danielson** Date: April 30, 2009 Signature: /s/ Sarah M Danielson (Joint Debtor, if any) Sarah M Danielson [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B7 (Official Form 7) (12/07) -30521

Doc 1

Filed 05/08/09 Entered 05/08/09 13:47:06

**Desc Main** 

Document Page 29 of 39 **United States Bankruptcy Court** 

**District of North Dakota** 

| IN RE:                                 | Case No    |
|--|------------|
| Danielson, Bret M & Danielson, Sarah M | Chapter 11 |
| Debtor(s)                              |            |

#### STATEMENT OF FINANCIAL AFFAIRS

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

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

#### **DEFINITIONS**

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

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

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

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

AMOUNT SOURCE

0.00 adjusted gross income in 2008 \$150,575, earnings in 2009, through April \$29,000

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

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

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

#### 3. Payments to creditors

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

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

> **AMOUNT** 600.00

**AMOUNT** STILL OWING 5,000.00

**PAID** 

Minnesota Department Of Revenue (M) PO Box 64649 Saint Paul. MN 55164-0649

DATES OF PAYMENTS

NAME AND ADDRESS OF CREDITOR

|                                     | Case 09-30521   | Doc 1  | Filed 05/08/09   |   | /08/09 13:47:06  | Desc Main   |  |  |  |
|-------------------------------------|---|--|--|---|--|---|--|--|--|
| ACS                                 |   |  | Document   | Page 30 of 3  | 39   | 4,500.00  | 214,000.00   |  |  |
|                                     | Box 78844<br>enix, AZ 85062-8844  |  |  |   |  |   |  |  |  |
| Stud<br>2500                        | ent Assistance Foundation<br>E Broadway St  |  |  |   |  | 1,700.00  | 114,000.00   |  |  |
|                                     | na, MT 59601-4901<br>lek Hospital   |  |  |   |  | 2,250.00  | 13,800.00  |  |  |
|                                     | ce Financial  |  |  |   |  | 750.00  | 18,000.00  |  |  |
| None                                | b. Debtor whose debts are not propreding the commencement of \$5,475. If the debtor is an individe obligation or as part of an alternation debtors filing under chapter 12 or is filed, unless the spouses are separated. | the case un<br>lual, indicat<br>ve repayment<br>chapter 13                 | less the aggregate valu<br>e with an asterisk (*) a<br>nt schedule under a plan<br>must include payments                       | e of all property the<br>ny payments that we<br>n by an approved no<br>a and other transfers          | at constitutes or is affect<br>were made to a creditor of<br>approfit budgeting and cr | eted by such to<br>on account of a<br>edit counseling | ransfer is less than<br>a domestic support<br>g agency. (Married |  |  |
| None                                | c. All debtors: List all payments in who are or were insiders. (Married a joint petition is filed, unless the   | d debtors fil  | ing under chapter 12 or  | r chapter 13 must in  | clude payments by eithe  |   |  |  |  |
| REL.<br><b>Myrc</b><br><b>201</b> 2 | E AND ADDRESS OF CREDITO<br>ATIONSHIP TO DEBTOR<br>on Danielson<br>2nd Street<br>hen, MN 56757  | OR AND   | DATE OF PA<br>June-Sep 2   |   |  | AMOUNT<br>PAID<br><b>1,600.00</b>                     | AMOUNT<br>STILL OWING<br>10,000.00                               |  |  |
| None None                           | bankruptcy case. (Married debtornot a joint petition is filed, unless  b. Describe all property that has be the commencement of this case. (  | e proceeding<br>s filing undo<br>the spouses<br>een attache<br>Married del | gs to which the debtor<br>er chapter 12 or chapter<br>s are separated and a journished or seized up<br>tors filing under chapt | is or was a party wr 13 must include ir int petition is not finder any legal or ever 12 or chapter 13 | nformation concerning ediled.) quitable process within a must include informati        | one year immon concerning                             | pouses whether or ediately preceding                             |  |  |
|                                     | or both spouses whether or not a  | joint petitio  | n is filed, unless the sp  | ouses are separated   | and a joint petition is n  | ot filed.)  |  |  |  |
| 5. Re                               | possessions, foreclosures and retu  | ırns   |  |   |  |   |  |  |  |
| None                                | List all property that has been report the seller, within <b>one year</b> immediately include information concerning projoint petition is not filed.)   | liately prece  | eding the commenceme   | ent of this case. (Ma   | arried debtors filing und  | er chapter 12   | or chapter 13 must   |  |  |
| Harr<br>PO E                        | E AND ADDRESS OF CREDITO<br>is Bank<br>Box 6201<br>I Stream, IL 60197-6201  | OR OR SEL  | FORECLOS   | EPOSSESSION,<br>URE SALE,<br>OR RETURN  | DESCRIPTION AND OF PROPERTY 2002 Chev Suburba  |   | 0,000, no equity   |  |  |
| 6. As                               | signments and receiverships   |  |  |   |  |   |  |  |  |
| None                                | a. Describe any assignment of pro<br>(Married debtors filing under chap<br>unless the spouses are separated a   | oter 12 or ch  | apter 13 must include ar   |   |  |   |  |  |  |

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|                   | Case 09-30521 Doc 1  | Filed 05/08/09<br>Document   | Entered 05/08/09<br>Page 31 of 39   | 13:47:06   | Desc Main  |
|-------------------|--|--|---|--|--|
| 8. Lo             | sses   | Document   | 1 age 31 01 33  |  |  |
| None              | List all losses from fire, theft, other casual <b>commencement of this case</b> . (Married deb a joint petition is filed, unless the spouses   | otors filing under chapter 1   | 2 or chapter 13 must include  |  |  |
| 9. Pa             | yments related to debt counseling or bank  | cruptcy  |   |  |  |
| None              | List all payments made or property transfer<br>consolidation, relief under bankruptcy law<br>of this case.   |  |   |  |  |
| The 11201<br>PO E | IE AND ADDRESS OF PAYEE Village Family Service Center 25th Street South Box 9859 o, ND 58106-9859  |  | AYMENT, NAME OF<br>THER THAN DEBTOR   |  | F MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY<br><b>50.00</b>  |
| 421 I             | e Law Office<br>Demers Ave Ste 3<br>Id Forks, ND 58201-4507  | 03/27/09   |   |  | 4,039.00   |
| 10. O             | ther transfers   |  |   |  |  |
| None              | a. List all other property, other than proper absolutely or as security within <b>two years</b> chapter 13 must include transfers by either petition is not filed.)  | immediately preceding the ror both spouses whether                                 | ne commencement of this car<br>or not a joint petition is file                              | ase. (Married del<br>ed, unless the spo                  | btors filing under chapter 12 or<br>ouses are separated and a joint                                    |
| None              | b. List all property transferred by the debtor<br>device of which the debtor is a beneficiary  |  | itely preceding the commenc   | ement of this cas  | e to a self-settled trust or similar   |
| 11. C             | losed financial accounts   |  |   |  |  |
| None              | List all financial accounts and instruments<br>transferred within <b>one year</b> immediately<br>certificates of deposit, or other instrument<br>brokerage houses and other financial instit<br>accounts or instruments held by or for eith<br>petition is not filed.) | preceding the commence<br>s; shares and share account<br>tutions. (Married debtors | ment of this case. Include<br>nts held in banks, credit uni<br>filing under chapter 12 or c | checking, saving<br>ons, pension fun<br>hapter 13 must i | gs, or other financial accounts,<br>ads, cooperatives, associations,<br>include information concerning |
| Aleru             | E AND ADDRESS OF INSTITUTION us Financial ad Forks,  |  | NUMBER OF ACCOUNT<br>NT OF FINAL BALANCE  |  |  |
| 12. Sa            | afe deposit boxes  |  |   |  |  |
| None              | List each safe deposit or other box or depo<br>preceding the commencement of this case.<br>both spouses whether or not a joint petition  | (Married debtors filing ur   | nder chapter 12 or chapter 13   | 3 must include be  | oxes or depositories of either or  |
| 13. Se            | etoffs   |  |   |  | <del></del>  |
| None              | List all setoffs made by any creditor, includ<br>case. (Married debtors filing under chapte<br>petition is filed, unless the spouses are sep   | r 12 or chapter 13 must in   | clude information concerni  |  |  |

# 13

@ 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

## 14. Property held for another person

 $\stackrel{\text{None}}{=}$  List all property owned by another person that the debtor holds or controls.  $\checkmark$ 

## 15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** NAME USED DATES OF OCCUPANCY 4888 Oak Ridge Drive, Hermantown MN 55811

Filed 05/08/09

Entered 05/08/09 13:47:06 Page 32 of 39

**Desc Main** 

Document

July-Nov 2008 March - July 2008 Jul 07-Feb 08

424 S Centenial St, Wishek ND

1724 Dodge Ave Duluth MN 55811

#### 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

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

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

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

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



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



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



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

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



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

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

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

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



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

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

 $\checkmark$ 

a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

# Case 09-30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Mair Document Page 33 of 39

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

#### 20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

#### 21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

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

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

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

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

#### 24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

#### 25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

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

| Date: <b>April 30, 2009</b> | Signature /s/ Bret M Danielson  |                   |
|-----------------------------|---------------------------------|-------------------|
|                             | of Debtor                       | Bret M Danielson  |
| Date: April 30, 2009        | Signature /s/ Sarah M Danielson |                   |
|                             | of Joint Debtor                 | Sarah M Danielson |
|                             | (if any)                        |                   |
|                             |                                 |                   |

\_\_\_\_\_\_\_ ocntinuation pages attached

# Case 09-30521 Doc 1 Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Main Document Page 34 of 39 United States Bankruptcy Court District of North Dakota

| IN RE:   |  | Case No   |
|--|--|---|
| Danielson, Bret M & Danielson, Sarah M Debtor(s) |  | Chapter <u>11</u>                                     |
|  | VERIFICATION OF CREDITOR                       | RMATRIX   |
| The above named debtor(s) hereby                 | y verify(ies) that the attached matrix listing | g creditors is true to the best of my(our) knowledge. |
|  |  |   |
| Date: April 30, 2009                             | Signature: /s/ Bret M Danielson                |   |
| Date. April 30, 2009                             | Bret M Danielson                               | Debtor  |
|  |  |   |
| Date: April 30, 2009                             | Signature: /s/ Sarah M Danielson               |   |
| <del>_</del>                                     | Sarah M Danielson                              | Joint Debtor, if any                                  |

ACS PO Box 78844 Phoenix, AZ 85062-8844

Alltel PO Box 79033 Phoenix, AZ 85062-9033

Altru Health System
Altru Clinic
PO Box 13780
Grand Forks, ND 58208-3780

Bremer Bank 225 N. 5th St. Breckenridge, MN 56520

Choice Financial Group 210 Sheyenne St West Fargo, ND 58078

Chrysler Credit PO Box 8065 Royal Oak, MI 48068-8065

Collection Center Inc. PO Box 1057 Bismarck, ND 58502-1057

Credit Acceptance 25505 W 12 Mile Rd Southfield, MI 48034-1846

Drive Financial 8585 N Stemmons Fwy Dallas, TX 75247 Elan Financial Services PO Box 790084 Saint Louis, MO 63179

Ford Motor Credit PO Box 6508 Mesa, AZ 85216-6508

Harris NA 111 W Monroe Chicago, IL 60603

JC Christensen & Associates Inc. PO Box 519
Sauk Rapids, MN 56379-0519

MN Department Of Revenue PO Box 64649 Saint Paul, MN 55164-0649

Montana Dakota Utilities Co PO Box 5600 Bismarck, ND 58506-5600

National Collegiate TR 2401 International Ln Madison, WI 53704

Portfolio Recoveries Attn: Bankruptcy PO Box 12914 Norfolk, VA 23541-0914 Progressive Management Systems 1521 West Cameron Ave PO Box 2220 West Covina, CA 91793-9917

SAF 2500 E Broadway St Helena, MT 59601

Scott Jensen Camrud, Maddock, Olson & Larson 401 Demers AVe Ste 500 Grand Forks, ND 58206-5849

Student Loan Service Center PO Box 5675 Fargo, ND 58105-5675

United Accounts, Inc PO Box 2593 Bismarck, ND 58502-2593

United Recovery Systems 5800 N Course Dr PO Box 722929 Houston, TX 77272-2929

US Bank
Bankruptcy Department
PO Box 5227
Cincinnati, OH 45201-5229

US Bank National Assoc ND 4000 W Broadway Ave Robbinsdale, MN 55422-2212

Verizon Wireless 1515 E Woodfield Rd Ste 140 Schaumburg, IL 60173-6046

Wishek Shspital-Clinic 1007 4th Ave S Wishek, ND 58495

#### Case 09-30521 Doc 1

@ 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

# Filed 05/08/09 Entered 05/08/09 13:47:06 Desc Main Document Page 39 of 39 United States Bankruptcy Court District of North Dakota

| IN       | RE:   |  | Case No                      |                 |                   |  |
|----------|---|--|------------------------------|-----------------|-------------------|--|
| )a       | nielson, Bret M & Danielson, Sarah M  |  | Chapter 11                   |                 |                   |  |
|          | Debto   | r(s)   | _ 1                          |                 |                   |  |
|          | DISCLOSURE OF   | COMPENSATION OF ATTORNE  | Y FOR DEBTOR                 |                 |                   |  |
|          | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule one year before the filing of the petition in bankruptcy of or in connection with the bankruptcy case is as follows: | , or agreed to be paid to me, for services rendered or   |                              |                 |                   |  |
|          | For legal services, I have agreed to accept   |  |                              | \$              | 7,039.00          |  |
|          | Prior to the filing of this statement I have received   |  |                              | \$              | 4,039.00          |  |
|          | Balance Due   |  |                              | \$              | 3,000.00          |  |
| <u>.</u> | The source of the compensation paid to me was:  | Debtor Other (specify):  |                              |                 |                   |  |
| ١.       | The source of compensation to be paid to me is:   | Debtor Other (specify):  |                              |                 |                   |  |
| ١.       | I have not agreed to share the above-disclosed co.  | mpensation with any other person unless they are men   | nbers and associates of my   | law firm.       |                   |  |
|          | I have agreed to share the above-disclosed competogether with a list of the names of the people sha   | ensation with a person or persons who are not membe aring in the compensation, is attached.  | rs or associates of my law   | firm. A copy of | of the agreement, |  |
| i.       | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspects of the bankruptcy c   | ase, including:              |                 |                   |  |
|          | b. Preparation and filing of any petition, schedules,   | endering advice to the debtor in determining whether to<br>statement of affairs and plan which may be required;<br>editors and confirmation hearing, and any adjourned he<br>dings and other contested bankruptey matters; | •                            | cy;             |                   |  |
| б.       | By agreement with the debtor(s), the above disclosed a Representation of debtor in adversary p to provide accurate information \$300                                    |  | s, amendments caus           | ed by failu     | re of debtor      |  |
|          |   |  |                              |                 |                   |  |
|          |   | CERTIFICATION  |                              |                 |                   |  |
|          | certify that the foregoing is a complete statement of any proceeding.   | agreement or arrangement for payment to me for repr  | resentation of the debtor(s) | in this bankruj | ptcy              |  |
|          | April 30, 2009  | /s/ Kenneth B. Bulie   |                              |                 |                   |  |
|          | Date  | Kenneth B. Bulie 05798 Bulie Law Office 421 DeMers Ave. Suite 3 Grand Forks, ND 58201  |                              |                 |                   |  |

ken@bulielaw.com