United	States Bankruptcy District of Nevada	y Court	ţ		V	oluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Hoffman, Robert All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			e of Joint De offman, A	-	e) (Last, First, Middle)	):
			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) <b>xxx-xx-1131</b>	yer I.D. (ITIN) No./Complete	(if mo	four digits o ore than one, s x <b>x-xx-2437</b>	tate all)	r Individual-Taxpayer	I.D. (ITIN) No./Complete Ell
Street Address of Debtor (No. and Street, City, a 3196 Brockington Dr. Las Vegas, NV	nd State):	31		ington Dr	r (No. and Street, City	, and State):
	ZIP Co. 89120-1		-			ZIP Code 89120-191
County of Residence or of the Principal Place of Clark		Cour	ity of Reside <b>ark</b>	nce or of the	Principal Place of Bu	
Mailing Address of Debtor (if different from stre	eet address):	Mail	ing Address	of Joint Deb	tor (if different from s	treet address):
	ZIP Co	de				ZIP Code
Type of Debtor       Nature of Business         (Form of Organization)       (Check one box)         Individual (includes Joint Debtors)       Health Care Business         See Exhibit D on page 2 of this form.       Single Asset Real Estate a         Corporation (includes LLC and LLP)       Railroad         Partnership       Stockbroker         Other (If debtor is not one of the above entities, check this box and state type of entity below.)       Other         Tax-Exempt Entity       Check box, if applicab         Debtor is a tax-exempt or gunder Title 26 of the Unity		as defined b <b>ty</b> ble) rganization	defined "incurr	the ser 7 er 9 er 11 er 12 er 13 are primarily co l in 11 U.S.C. ed by an indiv	of a Foreig Chapter 15 of a Foreig Nature of Debu (Check one box) onsumer debts,	ck one box) 5 Petition for Recognition 5 Petition for Recognition 5 Petition for Recognition 7 Nonmain Proceeding 5
<ul> <li>Filing Fee (Check on</li> <li>Full Filing Fee attached</li> <li>Filing Fee to be paid in installments (applicat attach signed application for the court's cons is unable to pay fee except in installments. R</li> <li>Filing Fee waiver requested (applicable to cl attach signed application for the court's cons</li> </ul>	ble to individuals only). Must ideration certifying that the de ule 1006(b). See Official Form a napter 7 individuals only). Mu	btor BA. st Chec	<ul> <li>Debtor is k if:</li> <li>Debtor's a to insiders</li> <li>k all applica</li> <li>A plan is</li> <li>Acceptance</li> </ul>	a small busir not a small b aggregate nor s or affiliates ble boxes: being filed w ces of the pla	usiness debtor as defi ncontingent liquidatec ) are less than \$2,190, /ith this petition.	in 11 U.S.C. § 101(51D). ned in 11 U.S.C. § 101(51D). debts (excluding debts owed 000.
64-4 <sup>1</sup> -4 <sup>1</sup> 1/A J <sup>1</sup> -4 <sup>1</sup> -4 <sup>1</sup> -4 <sup>1</sup> <b>I</b> 6	for distribution to unsequend	creditors.				S FOR COURT USE ONLY
1- 50- 100- 200-	erty is excluded and administr	25,001- 50,000	⊆ 50,001- 100,000	OVER 100,000		

Estimated Liabilities

500,001 to \$1 million

\$100,001 to \$500,000 \$10,000,001 to \$50 million \$50,000,001 to \$100 million

\$1,000,001 to \$10 million 
 Image: bit with the state of the s

# Case 10-10827-bam Doc 1 Entered 01/20/10 15:06:52 Page 2 of 69

B1 (Official Fo	rm 1)(1/08)		Page 2
	ry Petition	Name of Debtor(s): Hoffman, Robert	
(This page mi	ust be completed and filed in every case)	Hoffman, Amy	
	All Prior Bankruptcy Cases Filed Within Las		
Location Where Filed:	- None -	Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pe	ending Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more that	an one, attach additional sheet)
Name of Deb - None -	tor:	Case Number:	Date Filed:
District:		Relationship:	Judge:
	Exhibit A		Axhibit B al whose debts are primarily consumer debts.)
forms 10K a pursuant to	pleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 esting relief under chapter 11.)	I, the attorney for the petitioner name have informed the petitioner that [he 12, or 13 of title 11, United States Co	ed in the foregoing petition, declare that I or she] may proceed under chapter 7, 11, ode, and have explained the relief available rtify that I delivered to the debtor the notice
☐ Exhibit	A is attached and made a part of this petition.	X /s/ Charles T. Wright NV Signature of Attorney for Debtor( Charles T. Wright NV No	(Date)
No.	Exh bleted by every individual debtor. If a joint petition is filed, ea	<b>libit D</b>	a caparata Exhibit D )
■ Exhibit If this is a jo	D completed and signed by the debtor is attached and made int petition:	a part of this petition.	
	D also completed and signed by the joint debtor is attached a Information Regardir		
	(Check any ap	-	
	Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for	al place of business, or principal ass	
	There is a bankruptcy case concerning debtor's affiliate, g	eneral partner, or partnership pendin	g in this District.
	Debtor is a debtor in a foreign proceeding and has its print this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or th sought in this District.	s in the United States but is a defend	ant in an action or
	Certification by a Debtor Who Reside (Check all app		erty
	Landlord has a judgment against the debtor for possession		d, complete the following.)
	(Name of landlord that obtained judgment)		
_	(Address of landlord)		
	Debtor claims that under applicable nonbankruptcy law, the the entire monetary default that gave rise to the judgment	for possession, after the judgment fo	r possession was entered, and
	Debtor has included in this petition the deposit with the co after the filing of the petition.	ourt of any rent that would become d	ue during the 30-day period

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

51 (0	Official Form 1)(1/08)	P
Vo	oluntary Petition	Name of Debtor(s):
	•	Hoffman, Robert
Th	is page must be completed and filed in every case)	Hoffman, Amy
		natures
	Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
	I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).	<ul> <li>I declare under penalty of perjury that the information provided in this petities 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.</li> <li>(Check only one box.)</li> <li>☐ I request relief in accordance with chapter 15 of title 11. United States C Certified copies of the documents required by 11 U.S.C. §1515 are attacced.</li> </ul>
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chap of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
<b>T</b> 7	/o/ Dehert Heffman	X
Х	/s/ Robert Hoffman Signature of Debtor Robert Hoffman	Signature of Foreign Representative
	Signature of Debtor Robert Hoffman	
X	/s/ Amy Hoffman	Printed Name of Foreign Representative
	Signature of Joint Debtor Amy Hoffman	
		Date
	Telephone Number (If not represented by attorney)	Signature of Non-Attorney Bankruptcy Petition Preparer
	January 20, 2010	Signature of ron-renormey Dankrupicy I cuton i reparti
	Date	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
	Signature of Attorney*	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
X	/s/ Charles T. Wright NV	pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services
	Signature of Attorney for Debtor(s)	chargeable by bankruptcy petition preparers, I have given the debtor notic of the maximum amount before preparing any document for filing for a
	Charles T. Wright NV No.10285	debtor or accepting any fee from the debtor, as required in that section.
	Printed Name of Attorney for Debtor(s)	Official Form 19 is attached.
	Piet & Wright	Delated Manageral 4/4 1/6 CD 1 4 D 1/4 D
	Firm Name	Printed Name and title, if any, of Bankruptcy Petition Preparer
	3130 S. Rainbow Blvd., Suite 304 Las Vegas, NV 89146	Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition
	Address	preparer.)(Required by 11 U.S.C. § 110.)
etw	right.com, tiffany@pietwright.com, stephanie@pietwright.co _(702) 566-1212 Fax: (702) 566-4833	om
	Telephone Number	
	January 20, 2010	Address
	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.	X
	Signature of Debtor (Corporation/Partnership)	Date
	G and the second configuration of the second provide se	Signature of Bankruptcy Petition Preparer or officer, principal, responsibl
	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.	person, or partner whose Social Security number is provided above. Names and Social-Security numbers of all other individuals who prepared assisted in preparing this document unless the bankruptcy petition prepared
	The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	not an individual:
X	Signature of Authorized Individual	
	Signatio of Autorized Individual	If more than one person prepared this document, attach additional sheets
	Printed Name of Authorized Individual	A bankruptcy petition preparer's failure to comply with the provisions of
	Title of Authorized Individual	A bankrupicy 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.
	Date	

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

# United States Bankruptcy Court District of Nevada

In re **Amy Hoffman** 

Debtor(s)

Case No. Chapter

11

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

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

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

■ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.

 $\Box$  2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.* 

 $\Box$  3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

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

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

□ 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.*]

 $\Box$  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.);

 $\Box$  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.);

□ Active military duty in a military combat zone.

□ 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/ Robert Hoffman Robert Hoffman Date: January 20, 2010 Page 2

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

# United States Bankruptcy Court District of Nevada

In re **Amy Hoffman** 

Debtor(s)

Case No. Chapter

11

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

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

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

■ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.

 $\Box$  2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.* 

 $\Box$  3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

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

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

□ 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.*]

 $\Box$  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.);

 $\Box$  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.);

□ Active military duty in a military combat zone.

□ 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/ Amy Hoffman Amy Hoffman Date: January 20, 2010 WARNING: Effective december 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

# UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

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

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

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

### 1. Services Available from Credit Counseling Agencies

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

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

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

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

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

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

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

### Case 10-10827-bam Doc 1 Entered 01/20/10 15:06:52 Page 9 of 69

#### Form B 201A, Notice to Consumer Debtor(s)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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

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

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

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

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

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

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

# United States Bankruptcy Court District of Nevada

	Robert Hoffman
In re	Amy Hoffman

Debtor(s)

Case No. Chapter

11

# CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

### **Certification of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed name and title, if any, of Bankruptcy Petition Preparer Address: 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.)

Х

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

### **Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

### **Robert Hoffman**

Amy Hoffman Printed Name(s) of Debtor(s)

Case No. (if known)

X /s/ Robert Hoffman	January 20, 2010
Signature of Debtor	Date
${ m X}$ /s/ Amy Hoffman	January 20, 2010

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B4 (Official Form 4) (12/07)

### United States Bankruptcy Court District of Nevada

-	Robert Hoffman		<i>a</i>	
In re	Amy Hoffman		Case No.	
		Debtor(s)	Chapter	11

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Amex	Amex	ChargeAccount		35,483.00
Po Box 297871	Po Box 297871			
Fort Lauderdale, FL 33329	Fort Lauderdale, FL 33329			
Bank Of America	Bank Of America			18,853.00
Po Box 17054	Po Box 17054			
Wilmington, DE 19850	Wilmington, DE 19850			
Brazos	Brazos	Other Student		13,341.00
2600 Washington Av	2600 Washington Av	Loan		
Waco, TX 76703	Waco, TX 76703			
Cap One	Cap One	ChargeAccount		12,889.00
Po Box 85520	Po Box 85520			
Richmond, VA 23285	Richmond, VA 23285			44.070.00
Chase	Chase			14,270.00
Po Box 15298	Po Box 15298			
Wilmington, DE 19850	Wilmington, DE 19850			40 745 00
Chase Po Box 15298	Chase Po Box 15298			13,715.00
Wilmington, DE 19850	Wilmington, DE 19850			
Chase	Chase	Martagaa	Diamuted	00.040.00
Po Box 901039	Po Box 901039	Mortgage	Disputed	99,049.00
Fort Worth, TX 76101	Fort Worth, TX 76101			(0.00 secured)
Chase Education Finance	Chase Education Finance	Student Loan		100,982.97
PO Box 522	PO Box 522			100,902.97
Madison, MS 39130	Madison, MS 39130			
Chase Student Loan Ser	Chase Student Loan Ser	Educational		64,397.00
Po Box 523	Po Box 523	Luucational		04,337.00
Madison, MS 39130	Madison, MS 39130			
Chase Student Loan Ser	Chase Student Loan Ser	Educational		36,780.00
Po Box 523	Po Box 523	Educational		00,100.00
Madison, MS 39130	Madison, MS 39130			
Citi	Citi	Collection		14,420.00
Po Box 6241	Po Box 6241			
Sioux Falls, SD 57117	Sioux Falls, SD 57117			
Sallie Mae	Sallie Mae	Educational		16,521.00
1002 Arthur Dr	1002 Arthur Dr			-,
Lynn Haven, FL 32444	Lynn Haven, FL 32444		1	

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B4 (Official Form 4) (12/07) - Cont. **Robert Hoffman** In re Amy Hoffman

Debtor(s)

Case No.

# LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Sallie Mae	Sallie Mae	Educational		14,684.00
1002 Arthur Dr	1002 Arthur Dr			
Lynn Haven, FL 32444 Sallie Mae	Lynn Haven, FL 32444 Sallie Mae	Student Loan		60,984.00
PO Box 9500	PO Box 9500	Student Loan		60,984.00
Wilkes Barre, PA 18773	Wilkes Barre, PA 18773			
Washington Mutual	Washington Mutual	Home Equity Line		98,510.00
PO BOX 78065	PO BOX 78065	of credit on 597		,
Pheonix, AZ 85062-8065	Pheonix, AZ 85062-8065	Jackson Drive		(0.00 secured)
Wells Fargo	Wells Fargo	single family home		283,000.00
Henderson, NV 89014	Henderson, NV 89014			(0.00 secured)
Wells Fargo	Wells Fargo	595 Jackson Drive		224,000.00
3476 Statewide Blvd.	3476 Statewide Blvd.	Henderson NV		
Fort Mill, SC 29715	Fort Mill, SC 29715			(0.00 secured)
Wells Fargo Bank	Wells Fargo Bank			16,208.00
Po Box 5445	Po Box 5445			
Portland, OR 97228	Portland, OR 97228	Residence Addl:		283,715.00
Wells Fargo Hm Mortgag 8480 Stagecoach Cir	Wells Fargo Hm Mortgag 8480 Stagecoach Cir	single family home;		203,715.00
Frederick, MD 21701	Frederick, MD 21701	4 bedrooms, 2.5		(150,000.00
		bath; pool		secured)
		Location: 3196		····,
		<b>Brockington Drive</b>		
		Las Vegas NV		
		89120		
Wells Fargo Hm Mortgag	Wells Fargo Hm Mortgag	Rental: 4 bedroom,		224,000.00
8480 Stagecoach Cir	8480 Stagecoach Cir Fradariak, MD 21701	2.5 bath single		(108 000 00
Frederick, MD 21701	Frederick, MD 21701	family home Location: 595		(108,000.00 secured)
		Jackson Drive		Secureu)
		Henderson NV		
		89014		

B4 (Official Form 4) (12/07) - Cont. Robert Hoffman In re Amy Hoffman

Debtor(s)

Case No.

# LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

We, **Robert Hoffman** and **Amy Hoffman**, the debtors in this case, declare under penalty of perjury that we have read the foregoing list and that it is true and correct to the best of our information and belief.

Date January 20, 2010

Signature /s/ Robert Hoffman Robert Hoffman

Debtor

Date January 20, 2010

Signature /s/ Amy Hoffman Amy Hoffman Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571. B6 Summary (Official Form 6 - Summary) (12/07)

# **United States Bankruptcy Court**

**District of Nevada** 

In re	Robert Hoffman,
	Amy Hoffman

.

Case No.	

11

Debtors

Chapter\_\_\_\_\_

# SUMMARY OF SCHEDULES

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	358,000.00		
B - Personal Property	Yes	4	25,952.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		1,332,909.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		1,551.07	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		567,014.97	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			9,392.08
J - Current Expenditures of Individual Debtor(s)	Yes	2			11,074.41
Total Number of Sheets of ALL Schedu	ıles	37			
	T	otal Assets	383,952.00		
			Total Liabilities	1,901,475.04	

Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court**

**District of Nevada** 

.

Robert Hoffman, Amy Hoffman

Case No.		

11

Debtors

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

Chapter\_

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)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	1,551.07
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	348,219.97
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	349,771.04

#### State the following:

Average Income (from Schedule I, Line 16)	9,392.08
Average Expenses (from Schedule J, Line 18)	11,074.41
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	10,603.87

#### State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		976,400.00
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		1,551.07
4. Total from Schedule F		567,014.97
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		1,544,966.04

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

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In re Robert Hoffman, Amy Hoffman

Debtors

# SCHEDULE A - REAL PROPERTY

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

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

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence Addl: single family home; 4 bedrooms, 2.5 bath; pool Location: 3196 Brockington Drive Las Vegas NV 89120		J	150,000.00	283,715.00
Residence: single family home; 3 bedroom, 2 bath Location: 597 Jackson Drive Henderson NV 89014		J	100,000.00	98,509.00
Rental: 4 bedroom, 2.5 bath single family home Location: 595 Jackson Drive Henderson NV 89014		J	108,000.00	224,000.00

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

In re Robert Hoffman,

.

Amy Hoffman

Debtors

# **SCHEDULE B - PERSONAL PROPERTY**

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

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

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

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	х			
2.	Checking, savings or other financial accounts, certificates of deposit, or		Bank Account: checking account Location: Wells Fargo	J	500.00
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Bank Account: Savings Account Location: Wells Fargo	J	200.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	Х			
4.	Household goods and furnishings, including audio, video, and		Living Room: couch, bookcase, chair, 4 tables, 3 lamps, bow flex.	С	455.00
	computer equipment.		Dining Room: table, 5 chairs, lamp, 2 china closets, silverware, bar.	С	770.00
			Bedrooms: 3 beds, 3 dressers, chest drawers, 2 desks, mirrors, 2 lamps, radio, 2 televisions, VCR/DVD player,	С	322.00
			Kitchen: chair, microwave, refrigerator, dishwasher washing machine, dryer, stove, dishes, cookware	, C	520.00
			Other rooms: computer, radio, stereo, desk, chair, vacuum, iron, camera, air conditioner, tools, power tools, lawn mower.	С	885.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	х			
6.	Wearing apparel.	х			
7.	Furs and jewelry.	Х			

3,652.00

**3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Robert Hoffman, Case No. Amy Hoffman Debtors **SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet) Current Value of Debtor's Interest in Property, Husband, N O N E Wife, Type of Property Description and Location of Property Joint, or without Deducting any Secured Claim or Exemption Community 8. Firearms and sports, photographic, Х and other hobby equipment. 9. Interests in insurance policies. Х Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each Х issuer. Х 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) 12. Interests in IRA, ERISA, Keogh, or Х other pension or profit sharing plans. Give particulars. Х 13. Stock and interests in incorporated and unincorporated businesses. Itemize. 14. Interests in partnerships or joint Х ventures. Itemize. 15. Government and corporate bonds Х and other negotiable and nonnegotiable instruments. Х 16. Accounts receivable. 17. Alimony, maintenance, support, and Х property settlements to which the debtor is or may be entitled. Give particulars. 18. Other liquidated debts owed to debtor Х including tax refunds. Give particulars. 19. Equitable or future interests, life Х estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In	re Robert Hoffman, Amy Hoffman		C	Case No	
		SCH	Debtors EDULE B - PERSONAL PROPER' (Continuation Sheet)	ГҮ	
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	Х			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
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.		uto: 2004 Ford Crown Victoria Fair condition ,000 miles	J	5,650.00
			uto: 2006 Ford Van  good condition ,000 miles	J	10,150.00
		32	otorcyle: Harley Davidson 1997 ElectraGlide ,000 miles ir condition	J	6,500.00
26.	Boats, motors, and accessories.	х			
27.	Aircraft and accessories.	х			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	Х			

Sub-Total > (Total of this page)

22,300.00

B6B (Official Form 6B) (12/07) - Cont.

In re Robert Hoffman, Amy Hoffman Case No.

# Debtors SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
31. Animals.	Х			
32. Crops - growing or harvested. Give particulars.	x			
33. Farming equipment and implements.	x			
34. Farm supplies, chemicals, and feed.	x			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	
(Total of this page)	
Total >	25,9

0.00

25,952.00

(Report also on Summary of Schedules)

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

B6C (Official Form 6C) (12/07)

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In re	Robert Hoffman,		Case No.	
	Amy Hoffman	,		
	SCHEDULE C	Debtors - PROPERTY CLAIMED A	S EXEMPT	
Debtor claims the exemptions to which debtor is entitled under: (Check one box) ☐ 11 U.S.C. §522(b)(2) ■ 11 U.S.C. §522(b)(3)			r claims a homestead exer	nption that exceeds
	Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Bank Acc	<u>ą, Savings, or Other Financial Accounts, C</u> count: checking account : Wells Fargo	<u>Certificates of Deposit</u> Nev. Rev. Stat. § 21.090(1)(z)	500.00	500.00
	count: Savings Account : Wells Fargo	Nev. Rev. Stat. § 21.090(1)(z)	200.00	200.00
Living Ro	<u>ld Goods and Furnishings</u> oom: couch, bookcase, chair, 4 tables, bow flex.	Nev. Rev. Stat. § 21.090(1)(b)	455.00	455.00
	oom: table, 5 chairs, lamp, 2 china silverware, bar.	Nev. Rev. Stat. § 21.090(1)(b)	770.00	770.00
	ns: 3 beds, 3 dressers, chest drawers, 2 irrors, 2 lamps, radio, 2 televisions, 9 player,	Nev. Rev. Stat. § 21.090(1)(b)	322.00	322.00
Kitchen: dishwasł dishes, c	chair, microwave, refrigerator, ner, washing machine, dryer, stove, ookware	Nev. Rev. Stat. § 21.090(1)(b)	520.00	520.00
chair, va	oms: computer, radio, stereo, desk, cuum, iron, camera, air conditioner, wer tools, lawn mower.	Nev. Rev. Stat. § 21.090(1)(b)	885.00	885.00

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

•	
In re	Robert Hoffman,
	Amy Hoffman

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

Debtors

# **SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

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

other security interests. List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community". If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "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" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding secured claims to report on this Schedule D. Check this box if debtor has no creditors holding secured claims to report on this Schedule D. 

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N	UNLLQULDA	S P	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>xxx8399</b>			6/07	Т	T E D			
Carmax Auto Finance PO BOX 3174 Milwaukee, WI 53201		J	Car Loan 2004 Ford Crown Victoria					
			Value \$ 0.00				11,190.00	11,190.00
Account No. xxx8399 Carmax Auto Finance 2040 Thalbro St Richmond, VA 23230		c	Opened 6/25/07 Last Active 11/01/09 Automobile Value \$ 0.00	-			40.000.00	
Account No. xxxxxx7627		+	Value \$ 0.00 Opened 6/20/06 Last Active 10/20/09	┢			10,936.00	10,936.00
Chase Po Box 901039 Fort Worth, TX 76101		c	Mortgage			x		
			Value \$ 0.00				99,049.00	99,049.00
Account No. x4391 Chase Po Box 24696 Columbus, OH 43224		c	Opened 6/20/06 Last Active 9/10/09 Home Equity Line of Credit Residence: single family home; 3 bedroom, 2 bath Location: 597 Jackson Drive Henderson NV 89014					
			Value \$ 100,000.00	 			98,509.00	0.00
continuation sheets attached			(Total of t	Subt his j			219,684.00	121,175.00

In re Robert Hoffman, **Amy Hoffman** 

Debtors

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	Hu H V J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONT I NGEN	UNLLQULDA	I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx7627 Washington Mutual PO BOX 78065 Pheonix, AZ 85062-8065		J	6/06 Home Equity Loan Home Equity Line of credit on 597 Jackson Drive	- T	A T D	1 1		
Account No. <b>xxxxx8377</b>			Value \$ 0.00				98,510.00	98,510.00
Wells Fargo Henderson, NV 89014		J	Home Mortgage 1st single family home					
			Value \$ 0.00				283,000.00	283,000.00
Account No. xxxxx6958 Wells Fargo 3476 Statewide Blvd. Fort Mill, SC 29715		J	6/06 Home Mortgage 1st 595 Jackson Drive Henderson NV					
			Value \$ 0.00				224,000.00	224,000.00
Account No. xxxxxxx8377 Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701	_	с	Opened 9/26/06 Last Active 10/19/09 First Mortgage Residence Addl: single family home; 4 bedrooms, 2.5 bath; pool Location: 3196 Brockington Drive Las Vegas NV 89120					
			Value \$ 150,000.00				283,715.00	133,715.00
Account No. xxxxxxx6958 Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701		с	Opened 6/15/06 Last Active 5/01/09 First Mortgage Rental: 4 bedroom, 2.5 bath single family home Location: 595 Jackson Drive Henderson NV 89014	, ,			224 222 22	116 000 00
Sheet <u>1</u> of <u>1</u> continuation sheets a	ottacha	L.	Value \$ 108,000.00	Sub	L tota	  1	224,000.00	116,000.00
Schedule of Creditors Holding Secured Cla		u to	(Total of				1,113,225.00	855,225.00
			(Papart on Summary of S		ota		1,332,909.00	976,400.00

(Report on Summary of Schedules)

In re

Robert Hoffman, Amy Hoffman Case No.

# 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.

Debtors

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

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

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

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

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

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### □ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### □ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$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).

#### Deposits by individuals

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.

1 continuation sheets attached

In re

Robert Hoffman,

Amy Hoffman

Case No.

# Debtors SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME: AND MALING ADDRESS INCLUDING 2IP COPE AND ACCOUNT NUMBER (See instructions, 105 0, 5rand Central Parkway Las Vegas, NV 89155-1220       Industry (We, Jatt, at Community Property Taxes       Industry (We, Jatt, at Community Property Taxes       AMOUNT Property Taxes       AMOUNT Property Taxes       AMOUNT Property Taxes       Industry (We, Jatt, at Community) Property Taxes       Industry (We, Ja								TYPE OF PRIORITY	7	
AND CONSIDERATION FOR CLAIM AND COUNT NUMBER (See instructions.) Account No. XXX X X X X X X X X X X X X X X X X X		С	н	shand Wife Joint or Community	С	1				
Account No. xx xx xx3-008       Property Taxes       1	AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	O D E B T O R	H W J	DATE CLAIM WAS INCURRED	ONT I NGEN	Q U I D	U T E	AMOUNT OF CLAIM	ENTITLED TO PRIORITY, IF	) ANY
Clark County Treasurer 500 S. Grand Central Parkway Las Vegas, NV 89155-1220 Account No. Account No. Accoun	Account No. <b>XXX-XX-XX3-008</b>			Property Taxes	T	T E				
Account No.       Image: Control of the set of t	Clark County Treasurer 500 S. Grand Central Parkway Las Vegas, NV 89155-1220		с					1 551 07	1,551.07	
Account No.       Image: Control of the second	Account No				-		$\vdash$	1,551.07		0.00
Account No.										
Account No. Account No. Account No. Sheet 1_ of 1_ continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims Total	Account No.									
Account No. Account No. Account No. Sheet 1_ of 1_ continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims Total										
Sheet 1_ of 1_ continuation sheets attached to       Subtotal         Schedule of Creditors Holding Unsecured Priority Claims       (Total of this page)         Total       1,551.07	Account No.									
Sheet 1_ of 1_ continuation sheets attached to       Subtotal         Schedule of Creditors Holding Unsecured Priority Claims       (Total of this page)         Total       1,551.07										
Schedule of Creditors Holding Unsecured Priority Claims     (Total of this page)     1,551.07     0.00       Total     1,551.07     1,551.07	Account No.									
Schedule of Creditors Holding Unsecured Priority Claims     (Total of this page)     1,551.07     0.00       Total     1,551.07     1,551.07										
Total 1,551.07									1,551.07	
	Schedule of Creditors Holding Unsecured Prior	rity	Cl	aims (Total of th				1,551.07	4 554 07	0.00
				(Report on Summary of Sc				1,551.07	1,551.07	0.00

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

In re	Robert Hoffman,
	Amy Hoffman

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

Debtors

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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

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

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

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R		CONSIDERATION FOR CLAIM. IF CLAIM			S P U T E	AMOUNT OF CLAIM
Account No <b>xxxxx4371</b>			Opened 10/28/98 Last Active 10/13/09 Educational	T	A T E D		
Acs/Brazos 501 Bleecker St Utica, NY 13501		v	v				
Account No. <b>xxxx-xxxxx-x1008</b>			Opened 1/21/03 Last Active 1/22/09				11,224.00
Amex Po Box 297871 Fort Lauderdale, FL 33329		н	ChargeAccount				
							35,483.00
Account No. xxxx-xxxxx-x3004 Amex Po Box 297871 Fort Lauderdale, FL 33329		н	Opened 6/16/03 Last Active 3/18/09 Collection				
							1,365.00
Account Noxxxxxxxxx4053 Amex Po Box 297871 Fort Lauderdale, FL 33329		н	Opened 1/10/03 Last Active 8/15/08				
							0.00
_ <b>21</b> _ continuation sheets attached			(Total o	Sub f this			48,072.00

In re Robert Hoffman, Amy Hoffman Case No.\_\_\_\_\_

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

CREDITOR'S NAME,	Ç	Н	usband, Wife, Joint, or Community	C 0	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C		ONTINGEN	N L I Q U I D A	I S P U T E D	AMOUNT OF CLAIM
Account NoXXXXXXXXXX8183			Opened 1/10/03 Last Active 8/15/08	Т	E		
Amex Po Box 297871 Fort Lauderdale, FL 33329		c			D		0.00
Account No. xxxxxxxxxxx5543	╉	┢	Opened 6/01/88			┢	
Amex Po Box 297871 Fort Lauderdale, FL 33329		н					
							Unknown
Account No. xxxxxxxxx3473 Amex Po Box 297871 Fort Lauderdale, FL 33329		c	Opened 6/16/03 Last Active 9/19/08				Unknown
Account No. xxxxxxxxx2873			Opened 1/21/03 Last Active 8/15/08				
Amex Po Box 297871 Fort Lauderdale, FL 33329		c					
Account No. xxx1010	┞		Medical Bill	+			Unknown
Associates for Women's Health 2657 Windmill Parkway #293 Henderson, NV 89074		J					2,800.00
Sheet no1 of _21 sheets attached to Schedule of	1			Sub	tot		_,
Creditors Holding Unsecured Nonpriority Claims			(Total of				2,800.00

Creditors Holding Unsecured Nonpriority Claims

Robert Hoffman, In re **Amy Hoffman** 

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

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

CREDITOR'S NAME,	С	Hu	sband, Wife, Joint, or Community		С	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	н М Н	DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CL IS SUBJECT TO SETOFF, SO STAT	AIM	ONTINGEN	N L I Q U I D A	IS₽U⊤ ED	AMOUNT OF CLAIM
Account No. <b>XXXXX7006</b>			Opened 7/30/87		Т	D A T E D		
Bally Total Fitness 12440 E Imperial Hwy Ste Norwalk, CA 90650		н				D		Unknown
Account No. xxxx-xxxx-v739			Opened 5/29/03 Last Active 7/01/09					
Bank Of America Po Box 17054 Wilmington, DE 19850		с						
								18,853.00
Account No. xxxx-xxxx-6280			Opened 8/13/00 Last Active 6/01/09					
Bank Of America Po Box 1598 Norfolk, VA 23501		с						
								11,852.00
Account No. 0684 Bank Of America Po Box 17054 Wilmington, DE 19850		с	Opened 11/28/00 Last Active 5/01/08					0.00
Account No. 3171	_		Opened 11/01/00 Last Active 1/01/02					0.00
Bk Of Amer 4060 Ogletown/Stan De5-019-03-07 Newark, DE 19713		н	CreditCard					Unknown
Sheet no. <u>2</u> of <u>21</u> sheets attached to Schedule of	1	1	1	Si	ubt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			[]	Fotal of th				30,705.00

Robert Hoffman, In re **Amy Hoffman** 

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

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

		<u>ц</u> .	isband, Wife, Joint, or Community			D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCUDED AND				AMOUNT OF CLAIM
Account No. <b>xx4217</b>			Opened 10/01/98	Т	E		
Brazos 2600 Washington Av Waco, TX 76703		w	Other Student Loan				13,341.00
Account Noxxxxx4371			Opened 10/01/98 Last Active 7/01/03			+	,
Brazos		w	Business				
							Unknown
Account No. xxxx-xxxx-2815	ſ	T	Opened 1/20/05 Last Active 4/20/09				
Cap One Po Box 85520 Richmond, VA 23285		н	ChargeAccount				12 880 00
Account No. xxxxxxx9607			Opened 9/03/98 Last Active 11/30/01				12,889.00
Cap One Po Box 85520 Richmond, VA 23285	-	н					
							0.00
Account No. xxxxxxxx9489 Cbna Po Box 769006 San Antonio, TX 78245		с	Opened 4/10/00 Last Active 3/01/03 Mortgage				0.00
Sheet no. <u>3</u> of <u>21</u> sheets attached to Schedule of		<u> </u>		Sub	otot	al	26,230.00
Creditors Holding Unsecured Nonpriority Claims			(Total)	of this	pa	ge)	20,230.00

Sneet no. <u>3</u> Creditors Holding Unsecured Nonpriority Claims

In re Robert Hoffman, Amy Hoffman Case No.\_\_\_\_\_

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

	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN		I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx-xxxx-9168			Opened 3/22/04 Last Active 5/01/09	Т	T E		
Chase Po Box 15298 Wilmington, DE 19850		с			D		14,270.00
Account No. xxxx-xxxx-7820			Opened 11/04/93 Last Active 5/01/09				
Chase Po Box 15298 Wilmington, DE 19850		н					
Account No. xxxx-xxxx-3085							13,715.00
Chase Po Box 15298 Wilmington, DE 19850		с	Opened 6/11/04 Last Active 8/05/09				4,589.00
Account No. xxxxxxxx5508 Chase 201 N Walnut St # De1-10 Wilmington, DE 19801		с	Opened 6/29/06 Last Active 6/29/07 Automobile				0.00
Account No. <b>x4391</b>			Opened 6/20/06 Last Active 12/18/06		┢	┢	
Chase Po Box 24696 Columbus, OH 43224		с	HomeEquityLineOfCredit				Hales areas
							Unknown
Sheet no. <u>4</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			32,574.00

Creditors Holding Unsecured Nonpriority Claims

Robert Hoffman, In re **Amy Hoffman** 

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

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

	С	н	isband, Wife, Joint, or Community	0	<u>c T</u>	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ז  ר ז  ]		NLLQUL	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxx1893			Opened 3/24/97	٦	Г	D A T E D		
Chase Bank Usa, Na Po Box 15298 Wilmington, DE 19850		н				D		0.00
Account No. xxxxxxS380			Student Loan					
Chase Education Finance PO Box 522 Madison, MS 39130		J						
								100,982.97
Account No. xxxxx3781 Chase Student Loan Ser Po Box 523 Madison, MS 39130		w	Opened 11/05/02 Last Active 4/14/09 Educational					
								64,397.00
Account No. xxxxx3780 Chase Student Loan Ser Po Box 523 Madison, MS 39130		~	Opened 11/05/02 Last Active 4/14/09 Educational					36,780.00
Account No. xxxxxxxxx1229			Opened 8/09/02 Last Active 8/04/09					
Citi Po Box 6241 Sioux Falls, SD 57117		с	Collection					14,420.00
Sheet no <b>5</b> of _ <b>21</b> sheets attached to Schedule of	1	1	I	Su	bto	otal	[	
Creditors Holding Unsecured Nonpriority Claims			(Tota	of this				216,579.97

Creditors Holding Unsecured Nonpriority Claims

In re Robert Hoffman, Amy Hoffman Case No.\_\_\_\_\_

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

		1	ushand Wife laist of Community				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hi U U U U	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZH-ZGWZ	Q	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxx3065			Opened 8/31/95	Т	T E		
Citi Po Box 6003 Hagerstown, MD 21747		c			D		Unknown
Account No. <b>xxx7863</b>		┢	Opened 3/07/09 Last Active 11/01/08	+			
Credit Bureau Central Po Box 29299 Las Vegas, NV 89126		w	Collection Radiology Specialist				
							5,622.00
Account No. xxxx-xxxx-2885 Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850		н	Opened 4/09/04 Last Active 5/01/09				8,989.00
Account No. xxxx-xxxx-6850		+	Opened 11/14/91 Last Active 5/01/09	-			
Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850		с					
Account No. xxxxxxx4023			Opened 2/09/99 Last Active 2/07/01	_			7,456.00
Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850		н					
							0.00
Sheet no. <u>6</u> of <u>21</u> sheets attached to Schedule	of			Sub	tota	1	22.067.00

Sheet no. <u>6</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

22,067.00

In re Robert Hoffman,

Amy Hoffman

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

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

					_		·
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H V J C	Sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		DNTCOLCS	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxx8824			Opened 6/22/97 Last Active 2/01/00	1	Ë		
First Usa Bank N A 1001 Jefferson Plaza Wilmington, DE 19701		н					0.00
Account No. xxxxxxx6022			Opened 10/22/00 Last Active 12/02/00				
Gemb/Old Navy Po Box 981400 El Paso, TX 79998		н	ChargeAccount				
							0.00
Account No. xxxxxxx1179 Gemb/Pc Richards Po Box 981439 El Paso, TX 79998		н	Opened 5/23/03 Last Active 5/19/06 ChargeAccount				
							0.00
Account No. xxxxxxxxx5865			Store Credit Card				
Home Depot PO Box 6028 The Lakes, NV 88901		J					
							7,063.00
Account No. <b>xxxxxxx0494</b>			Opened 6/04/01 Last Active 1/14/05	+	$\square$		
Hsbc Bank Po Box 5253 Carol Stream, IL 60197		c					
							0.00
Sheet no. <u>7</u> of <u>21</u> sheets attached to Schedule of			1	Sub	tota	ıl	7 063 00

Sheet no. <u>7</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

7,063.00

Robert Hoffman, In re

**Amy Hoffman** 

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

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

	С	н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	CONT I NGEN	DNTCOLCS	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxx3701			Opened 8/30/93 Last Active 11/01/02	Т	E		
Hsbc Bank Usa Na 95 Washington St # 2s Buffalo, NY 14203		w	Educational		D		0.00
Account No. <b>xxxxxx3702</b>			Opened 8/10/94 Last Active 11/01/02 Educational				
Hsbc Bank Usa Na 95 Washington St # 2s Buffalo, NY 14203		w					
							0.00
Account No. xxx3012 Hsbc/Qvc Pob 15521 Wilmington, DE 19805		w	Opened 6/01/98 Last Active 2/01/99 ChargeAccount				
							0.00
Account No. xxx1064 Hsbc/Rs 90 Christiana Rd New Castle, DE 19720		w	Opened 6/09/98 ChargeAccount				
							Unknown
Account No. xxxxxxxxx8805 Lane Bryant Retail/Soa 450 Winks Ln Bensalem, PA 19020		w	Opened 5/23/98 Last Active 12/02/01				0.00
Sheet no. <u>8</u> of <u>21</u> sheets attached to Schedule of		-	1	Sub	tota	al	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pas	ge)	0.00

Creditors Holding Unsecured Nonpriority Claims

Robert Hoffman, In re

**Amy Hoffman** 

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

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

		1	sband, Wife, Joint, or Community		1		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCUDDED AND	CONTINGENT		D I S P UT E D	AMOUNT OF CLAIM
Account No. xxxxxxx4520			Opened 10/06/97 Last Active 1/30/04	Т	E		
Mcydsnb 9111 Duke Blvd Mason, OH 45040		w	ChargeAccount		D		0.00
Account No. xxxxxxxx1720			Opened 2/25/00 Last Active 6/18/04				
Mcydsnb 9111 Duke Blvd Mason, OH 45040		н	ChargeAccount				
							0.00
Account No. xxxxxxx1736 Mcydsnb 9111 Duke Blvd Mason, OH 45040		н	Opened 8/28/03 Last Active 9/10/04 ChargeAccount				
							0.00
Account No. xxxxxxx3522 Municipal Credit Union 22 Cortlandt St New York, NY 10007		н	Opened 2/21/97 Last Active 9/01/01 Automobile				
							0.00
Account No. xxxxxxx3523 Municipal Credit Union 22 Cortlandt St New York, NY 10007		н	Opened 12/23/98 Last Active 4/01/03 Automobile				
							0.00
Sheet no9 of _21 sheets attached to Schedule of	of			Sub	tota	al	0.00

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

0.00

In re Robert Hoffman,

Amy Hoffman

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

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

		1.0	ushand Wife Isiat as Community		1		1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	L U H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT I NGEN	U Z L L Q U L A T E D	T	AMOUNT OF CLAIM
Account No. xxxxxxx3524			Opened 9/27/01 Last Active 3/01/03	Т	T E		
Municipal Credit Union 22 Cortlandt St New York, NY 10007		н	Automobile		D		0.00
Account No. xxxxxxx3523		┢	Opened 12/23/98	+		$\vdash$	
Municipal Credit Union 22 Cortlandt St New York, NY 10007		н	Automobile				
							Unknown
Account No. xxxxxxxx4155 Municipal Credit Union 22 Cortlandt St New York, NY 10007		с	Opened 1/09/96				
							Unknown
Account No. xxxx2132 Nco Fin/35 Po Box 41726 Philadelphia, PA 19101		н	Opened 5/26/07 Last Active 9/21/07 Collection Sunrise Hospital M				
							0.00
Account No. xxx3438			Medical Bill			$\vdash$	
Pacific Anesthesia PO Box 14907 Las Vegas, NV 89114		J					
							690.00
Sheet no. <u>10</u> of <u>21</u> sheets attached to Schedule of			•	Sub	tota	ıl	690.00

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

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

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

	C	L.	sband, Wife, Joint, or Community	i.	<u>_</u>	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C M H		D JIM 	CONTINGEN	DZL-QD-DAHUD	I S P U T E D	AMOUNT OF CLAIM
Account No. xx5554			Opened 7/02/09 Last Active 10/01/08		т	T E		
Quantum Collections 3224 Civic Center Dr North Las Vegas, NV 89030		С	Collection Pulmonary Associates			D		696.00
Account No. <b>xxxxx2276</b>			Opened 4/01/00 Last Active 10/01/00 CombinedCreditPlan					
Rshk/Cbsd Po Box 6497 Sioux Falls, SD 57117		н						
								0.00
Account No. xxxxxxxxxxxxxxxxxxxXXXXXXXXXXXXXXXXXX	-	M	Opened 8/21/01 Last Active 10/01/09 Educational					16,521.00
Account No. xxxxxxxxxxxxxxxx0418 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Opened 4/18/00 Last Active 10/01/09 Educational					14,684.00
Account No. xxxxxxxxxxxxxxxx0824 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		M	Opened 8/24/99 Last Active 10/01/09 Educational					12,723.00
Sharting <b>44</b> of <b>94</b> sharts standard (1,1,1,1,1)					1-7	- 4:	1	
Sheet no. <u>11</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Ti	Su otal of thi				44,624.00

Creditors Holding Unsecured Nonpriority Claims

Robert Hoffman, In re **Amy Hoffman** 

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

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

	С	н	sband, Wife, Joint, or Community		С	U	П	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C H	DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CL IS SUBJECT TO SETOFF, SO STAT	AIM	ONTINGEN		DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxxxX0417			Opened 4/17/01 Last Active 10/01/09		Т	T E		
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Educational			D		8,824.00
Account No. <b>XXXXXXXXXXXXXXXX0102</b>			Opened 1/02/01 Last Active 10/01/09 Educational			┢		
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w						
								7,759.00
Account No. xxxxxxx1016 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Opened 6/27/01 Last Active 11/06/02 Educational					
Account No. xxxxxxx1026			Opened 6/27/01 Last Active 11/06/02					0.00
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Educational					0.00
Account No. xxxxxxx1046			Opened 6/27/01 Last Active 11/06/02			$\left  \right $		
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Educational					0.00
Sheet no. <u>12</u> of <u>21</u> sheets attached to Schedule o	f	<u> </u>	1	S	ub	tota	1 1	
Creditors Holding Unsecured Nonpriority Claims			(7	۔ Total of th				16,583.00

In re Robert Hoffman,

Amy Hoffman

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

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

	l c	н	isband, Wife, Joint, or Community	С	u	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C		COZH-ZGWZ		ISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxx1056			Opened 6/27/01 Last Active 11/06/02	Ť	TE		
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Educational		D		0.00
Account No. xxxxxxx1076			Opened 4/22/01 Last Active 4/22/01 Educational	+			
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w					
							0.00
Account No. xxxxxxx1086 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Opened 4/22/01 Last Active 4/22/01 Educational				
							0.00
Account No. xxxxxxx1106 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Opened 4/22/01 Last Active 10/26/00 Educational				
Account No. xxxxxxx1116			Opened 4/22/04 Leet Active 4/22/04				0.00
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Opened 4/22/01 Last Active 4/22/01 Educational				
							0.00
Sheet no. <u>13</u> of <u>21</u> sheets attached to Schedu	le of			Sub	tota	1	0.00

Sheet no. <u>13</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

0.00

Robert Hoffman, In re **Amy Hoffman** 

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

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

	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCLIDED AND		QU	I S P	AMOUNT OF CLAIM
Account No. xxxxxxx1126			Opened 4/22/01 Last Active 4/22/01	Ť	T		
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Educational		D		0.00
Account No. xxxxxxx1136			Opened 4/22/01 Last Active 4/22/01 Educational		+		0.00
Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w					
							0.00
Account No. xxxxxxx1156 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444		w	Opened 2/25/02 Last Active 2/25/02 Educational				
							0.00
Account No. xxxxxxx1166 Sallie Mae 1002 Arthur Dr Lynn Haven, FL 32444	-	w	Opened 2/25/02 Last Active 2/25/02 Educational				
							0.00
Account No. xxxxxx529-1 Sallie Mae PO Box 9500 Wilkes Barre, PA 18773		J	Student Loan				60,984.00
Sheet no. <u>14</u> of <u>21</u> sheets attached to Schedule of		1	1	Sub	otota	1al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				60,984.00

Sheet no. 14 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Robert Hoffman, In re **Amy Hoffman** 

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

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

CDEDITOD'S NAME	С	Hu	sband, Wife, Joint, or Community	С	; L	JD	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	L N L C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.				AMOUNT OF CLAIM
Account No. xxxxxxxxx5480			Opened 11/01/83 Last Active 4/15/09	Т	E		
Sears/Cbsd Po Box 6189 Sioux Falls, SD 57117		н	ChargeAccount			)	7,113.00
Account No. xxxx2655	┢	$\vdash$	Opened 11/04/05 Last Active 11/28/07			+	
Snap-On Credit Llc Po Box 506 Gurnee, IL 60031		н					
							0.00
Account No. xxxxxxxx5865 Thd/Cbsd Po Box 6497 Sioux Falls, SD 57117		н	Opened 11/12/94 Last Active 5/14/09 ChargeAccount				7,460.00
Account No. xxxxx5821	┢		Opened 9/14/06 Last Active 12/01/07			+	,
Tnb - Target Po Box 673 Minneapolis, MN 55440		w	ChargeAccount				
							0.00
Account No. xxxxxxxxx4263 Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Opened 8/23/99 Last Active 10/01/00 Educational				0.00
Chapting 15 of 24 shorts attached to California				C1			0.00
Sheet no. <u>15</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Tot	Sub al of this			14,573.00

Creditors Holding Unsecured Nonpriority Claims

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

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

	С	Hu	sband, Wife, Joint, or Community	C O	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	л С Н	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONT I NGEN	N L I Q U I D A	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxx5541			Opened 8/24/99	Ť	T		
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational		D		
Account No. xxxxxxxx5502			Opened 4/17/00 Educational	_	$\left  \right $		0.00
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w					
							0.00
Account No. xxxxxxxxx9002 Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Opened 4/18/00 Educational				
Account No. xxxxxxxxx4314			Opened 12/29/00	+			0.00
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational				
Account No. xxxxxxxx4315	+		Opened 12/29/00	+			0.00
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational				
							0.00
Sheet no. <u><b>16</b></u> of <u><b>21</b></u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f	1	(Total of	Sub			0.00

Creditors Holding Unsecured Nonpriority Claims

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

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

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C N C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	Q U	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxx6537			Opened 1/02/01	Т	DATED		
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational		D		
Account No. <b>xxxxxxxx5864</b>			Opened 4/16/01 Educational				0.00
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w					
							0.00
Account No. xxxxxxxxx5865 Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Opened 4/16/01 Educational				
Account No. xxxxxxxxx4756		-	Opened 1/05/99		╞	$\vdash$	0.00
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational				
Account No. xxxxxxxxx4757			Opened 1/05/99				Unknown
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational				
							Unknown
Sheet no. <u><b>17</b></u> of <u><b>21</b></u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		(Total of	Sub this			0.00

Creditors Holding Unsecured Nonpriority Claims

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

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

CREDITOR'S NAME,	С	Hu	sband, Wife, Joint, or Community	(		U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H V J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE.	ר ד אן 1	N F NG	N L Q U I D A	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxx4262			Opened 8/23/99	i	ŕ	D A T E D	Ī	
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational			D		Unknown
Account No. xxxxxxxxx5503	_	$\vdash$	Opened 4/17/00		╉	+	+	
Usa Servicing Company 11100 Usa Pkwy Fishers, IN 46037		w	Educational					
								Unknown
Account No. xxxxxxxxx4060			Opened 5/01/03					
Visdsnb 9111 Duke Blvd Mason, OH 45040		w						
								0.00
Account No. xxxxxxxx8649			Opened 8/28/03 Last Active 6/01/04					
Visdsnb 9111 Duke Blvd Mason, OH 45040		н						
								0.00
Account No. xxxx5189			Opened 3/12/03 Last Active 7/10/06					
Volvo Finance Na Po Box 542000 Omaha, NE 68154		с	Automobile					
								0.00
Sheet no. <b><u>18</u></b> of <b><u>21</u></b> sheets attached to Schedule of		I	1	Su				0.00
Creditors Holding Unsecured Nonpriority Claims			(Tota	l of this	s p	age	e)	0.00

Creditors Holding Unsecured Nonpriority Claims

Robert Hoffman, In re

**Amy Hoffman** 

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

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

	С	Н	sband, Wife, Joint, or Community	С	: [	I D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	L C H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			II S P U T	
Account No. xxxxxxxxxxxxxxx0811			Opened 6/08/04 Last Active 2/28/05	Т	E		
Washington Mutual Bank 3990 S Babcock St Melbourne, FL 32901		с	Mortgage				0.00
Account No. xxxxxxxxxxxxxx3944	┢	┢	Opened 2/28/05 Last Active 6/16/06		+	-	
Washington Mutual Bank 3990 S Babcock St Melbourne, FL 32901		с	Mortgage				
							0.00
Account No. xxxxxxxxxxxxxx4406 Washington Mutual Bank 3990 S Babcock St Melbourne, FL 32901		с	Opened 4/14/06 Last Active 10/04/06 Mortgage				
							0.00
Account No. xxxxxxx9632 Washington Mutual Fa Po Box 1093 Northridge, CA 91328		с	Opened 3/28/03 Last Active 1/13/07 Mortgage				
							0.00
Account No. xxxx-xxxx-4381 Wells Fargo Bank Po Box 5445 Portland, OR 97228		с	Opened 12/31/06 Last Active 5/01/09				16,208.00
Sheet no <b>19</b> _ of _ <b>21</b> _ sheets attached to Schedule of	1	1	1	Sut	otot	al	
Creditors Holding Unsecured Nonpriority Claims			(Total				16,208.00

Robert Hoffman, In re **Amy Hoffman** 

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

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

		ц.	usband, Wife, Joint, or Community		10	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		Q	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxx1998			Opened 6/07/06 Last Active 1/24/07	т	E		
Wells Fargo Bank Nv Na Po Box 31557 Billings, MT 59107		с	Mortgage		D		0.00
Account No. xxxxxxxxxxx1998		+	Opened 7/27/06 Last Active 9/29/06		+		
Wells Fargo Bank Nv Na Po Box 31557 Billings, MT 59107		c	Mortgage				
Account No. xxxx9880	┥		Store Card				0.00
Wells Fargo Sunshine Floors P Box 30086 Las Vegas, NV 89193		J	Store Card				10,622.00
Account No. xxxxxxxxx9880			Opened 5/02/06 Last Active 10/30/09	+	+	╞	10,022.00
Wffinance 800 Walnut St Des Moines, IA 50309		н	ChargeAccount				
							9,295.00
Account No. xxxxxxxx9880 Wffinance 800 Walnut St Des Moines, IA 50309		с	Opened 5/02/06 Last Active 12/24/08 ChargeAccount				
							0.00
Sheet no. <u>20</u> of <u>21</u> sheets attached to Schedule o	f			Sub	tota	al	19.917.00

Sheet no. 20 of 21 sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

19,917.00

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

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

CREDITOR'S NAME,	С	н	usband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	COD E B T O R	C M M H	CONSIDERATION FOR CLAIM. IF CLAIM		LIQU		AMOUNT OF CLAIM
Account No. xxxxxxxxX3319			Opened 7/29/06 Last Active 7/29/06 ChargeAccount	Т	DATED		
Wffinance 800 Walnut St Des Moines, IA 50309		v					0.00
Account No. xxxxxxxx1617			Opened 5/23/98 Last Active 12/02/01 ChargeAccount				0.00
Wfnnb/Lane Bryant 4590 E Broad St Columbus, OH 43213		v	/				
							0.00
Account No. xxxxxxxx4317 Wfnnb/Victorias Secret 220 W Schrock Rd Westerville, OH 43081		v	Opened 5/08/03 Last Active 6/22/03 ChargeAccount				
Account No. <b>x8790</b>		-	10/08			-	0.00
Women's Cancer Center 9030 W. Sahara BOX 295 Las Vegas, NV 89117		J	Medical Bill				
Account No. <b>xx16-1/1</b>			Medical Bill	_			6,800.00
Women's Health and Wellness 291 N Pecos Rd Las Vegas, NV 89704		J					
							545.00
Sheet no. <b>21</b> of <b>21</b> sheets attached to Schedul Creditors Holding Unsecured Nonpriority Claims	e of		(Total of	Sub this			7,345.00

567,014.97

Total

(Report on Summary of Schedules)

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In re	Robert Hoffman, Amy Hoffman	Case No
		, Debtors
	<b>SCHEDULE G - EXECUTORY</b>	CONTRACTS AND UNEXPIRED LEASES
O Cu St	f debtor's interest in contract, i.e., "Purchaser", "Agent", et omplete mailing addresses of all other parties to each lease	pired leases of real or personal property. Include any timeshare interests. State nature c. State whether debtor is the lessor or lessee of a lease. Provide the names and e or contract described. If a minor child is a party to one of the leases or contracts, ld's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. B6H (Official Form 6H) (12/07)

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In re Robert Hoffman,

Amy Hoffman

Case No.

Debtors

# **SCHEDULE H - CODEBTORS**

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

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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

**Robert Hoffman** In re

**Amy Hoffman** 

Debtor(s)

Case No.

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

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

Married       RELATIONSHIPS): daughter son daughter son       AGE(S): 1 3.5         Employment: Occupation       DEBTOR       SPOUSE         Occupation       Veterinarian         Name of Employer       Pension and Disability       Warm Springs Veterinary Emergency Clinic 4 months         Name of Employer       Pension and Disability       Warm Springs Veterinary Emergency Clinic 4 months         Name of Employer       Pension and Disability       Warm Springs Rd Las Vegas, NV 89119         INCOME:       (Stimute of average or projected monthly income at time case filed)       DEBTOR       SPOUSE         1: Monthly gross wages, salary, and commissions (Prorate if not paid monthly)       §       0.00       \$       7,692.30         2: Estimate monthly overtime       \$       0.00       \$       1,538.46         4: LESS PAYROLL DEDUCTIONS       \$       0.00       \$       1,538.46         b. Insurance       \$       0.00       \$       0.00       \$       0.00       \$         5: SUBTOTAL OF PAYROLL DEDUCTIONS       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00	Debtor's Marital Status:	DEPENDENTS (	OF DEBTOR	R AND SPO	USE		
Married     daughter son     3.5 5       Employment:     DEBTOR     SPOUSE       Occupation     Veterinarian     SPOUSE       Name of Employer     Pension and Disability     Warm Springs Veterinary Emergency Clinic       How long employed     4     Moonths       Address of Employer     2500 W. Warm Springs Rd     Las Vegas, NV 89119       INCOME: (Estimate of average or projected monthly income at time case filed)     DEBTOR     SPOUSE       1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)     \$     0.00     \$       2. Estimate monthly overtime     \$     0.00     \$     7,692.30       3. SUBTOTAL     \$     0.00     \$     7,692.30       4. LESS PAYROLL DEDUCTIONS     \$     0.00     \$     1,538.46       a. Payroll taxes and social security     \$     0.00     \$     0.00       a. Payroll taxes and social security     \$     0.00     \$     0.00       5. SUBTOTAL OF PAYROLL DEDUCTIONS     \$     0.00     \$     0.00       6. TOTAL NET MONTHLY TAKE HOME PAY     \$     0.00     \$     0.00       7. Regular income from operation of business or profession or farm (Attach detailed statement)     \$     0.00     \$       8. Incorem from dividence     \$     0.00     \$     0.00				· - /			
daughter son         5 7           Employment:         DEBTOR         SPOUSE           Occupation         Veterinarian         Name of Employer         Pension and Disability         Warm Springs Veterinary Emergency Clinic           How long employed         4 months         Address of Employer         Pension and Disability         Warm Springs Rd Las Vegas, NV 89119           INCOME:         (Estimate of average or projected monthly income at time case filed)         DEBTOR         SPOUSE           1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)         \$         0.00         \$         7,692.30           2. Estimate monthly overtime         \$         0.00         \$         7,692.30         \$           3. SUBTOTAL         \$         0.00         \$         7,692.30         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00         \$         0.00	Married						
son         7           Employment:         DEBTOR         SPOUSE           Occupation         Weterinarian         SPOUSE           Name of Employer         Pension and Disability         Warm Springs Vetrinary Emergency Clinic           How long employed         4 months         Clinics           Address of Employer         2500 W. Warm Springs Rd Las Vegas, NV 89119         DEBTOR           INCOME: (Estimate of average or projected monthly income at time case filed)         DEBTOR         SPOUSE           1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)         \$         0.00         \$           2. Estimate monthly overtime         \$         0.00         \$         7.692.30           3. SUBTOTAL         \$         0.00         \$         1,538.46           b. Insurance         \$         0.00         \$         0.00           c. Union dues         \$         0.00         \$         0.00           S. SUBTOTAL OF PAYROLL DEDUCTIONS         \$         0.00         \$         0.00           S. SUBTOTAL OF PAYROLL DEDUCTIONS         \$         0.00         \$         0.00           S. OLID OF PAYROLL DEDUCTIONS         \$         0.00         \$         0.00           S. Incorne from operation of busines							
Occupation         Veterinary           Name of Employer         Pension and Disability         Warm Springs Veterinary Emergency Clinic           How long employed         4 months           Address of Employer         2500 W. Warm Springs Rd           Las Vegas, NV 89119         DEBTOR           INCOME: (Estimate of average or projected monthly income at time case filed)         DEBTOR         SPOUSE           1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)         \$         0.00         \$         7,692.30           2. Estimate monthly overtine         \$         0.00         \$         7,692.30         0.00         \$         0.00         \$         7,692.30           3. SUBTOTAL         \$         0.00         \$         7,692.30         0.00         \$ <td></td> <td>-</td> <td></td> <td>7</td> <td></td> <td></td> <td></td>		-		7			
Name of Employer       Pension and Disability       Warm Springs Veterinary Emergency Clinic         How tong employed       4 months         Address of Employer       2500 W. Warm Springs Rd Las Vegas, NV 89119         INCOME: (Estimate of average or projected monthly income at time case filed)       DEBTOR       SPOUSE         1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)       \$       0.00       \$       7,692.30         2. Estimate monthly overtime       \$       0.00       \$       7,692.30       0.00       \$       7,692.30         3. SUBTOTAL       \$       0.00       \$       7,692.30       0.00       \$       7,692.30         4. LESS PAYROLL DEDUCTIONS       \$       0.00       \$       1,538.46       0.00       \$       0.00	Employment:	DEBTOR			SPOUSE		
How long employed       4 months         Address of Employer       2500 W. Warm Springs Rd Las Vegas, NV 89119         INCOME: (Estimate of average or projected monthly income at time case filed)       DEBTOR       SPOUSE         1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)       \$       0.00       \$       7,692.30         2. Estimate monthly overtime       \$       0.00       \$       7,692.30       0.00         3. SUBTOTAL       \$       0.00       \$       7,692.30       \$       0.00       \$       0.00       \$       0.00       \$       7,692.30       \$       0.00	-						
Address of Employer       2500 W. Warm Springs Rd Las Vegas, NV 89119         INCOME: (Estimate of average or projected monthly income at time case filed)       DEBTOR       SPOUSE         1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)       \$       0.00       \$       7,692.30         2. Estimate monthly overtime       \$       0.00       \$       7,692.30         3. SUBTOTAL       \$       0.00       \$       7,692.30         4. LESS PAYROLL DEDUCTIONS       \$       0.00       \$       7,692.30         a. Payroll taxes and social security       \$       0.00       \$       0.00       \$         b. Insurance       \$       0.00       \$		ension and Disability			Veterinary En	nerger	icy Clinic
Las Vegas, NV 89119         INCOME: (Estimate of average or projected monthly income at time case filed)       DEBTOR       SPOUSE         1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)       \$ <ul> <li>0.00</li> <li>9.0.00</li> <li>7.692.30</li> <li>S. UBTOTAL</li> <li>\$             <li>0.00</li> <li>7.692.30</li> </li></ul> \$ <ul> <li>0.00</li> <li>7.692.30</li> <li>\$             <li>0.00</li> <li>7.692.30</li> <li>\$             <li>0.00</li> <li>\$             <li>\$             <li>0.00&lt;</li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></li></ul>							
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)       \$       0.00       \$       7,692.30         2. Estimate monthly overtime       \$       0.00       \$       0.00       \$       0.00         3. SUBTOTAL       \$       0.00       \$       0.00       \$       0.00       \$       0.00         4. LESS PAYROLL DEDUCTIONS       a. Payroll taxes and social security       \$       0.00	Address of Employer						
2. Estimate monthly overtime       \$       0.00       \$       0.00         3. SUBTOTAL       \$       0.00       \$       0.00         4. LESS PAYROLL DEDUCTIONS <ul> <li>a. Payroll taxes and social security</li> <li>b. Insurance</li> <li>c. Union dues</li> <li>d. Other (Specify):</li> <li></li></ul>	INCOME: (Estimate of average or pro	jected monthly income at time case filed)			DEBTOR		SPOUSE
3. SUBTOTAL       \$ 0.00 \$ 7,692.30         4. LESS PAYROLL DEDUCTIONS       *         a. Payroll taxes and social security       \$ 0.00 \$ 0.00         b. Insurance       \$ 0.00 \$ 0.00         c. Union dues       \$ 0.00 \$ 0.00         d. Other (Specify):       \$ 0.00 \$ 0.00         5. SUBTOTAL OF PAYROLL DEDUCTIONS       \$ 0.00 \$ 0.00         5. SUBTOTAL OF PAYROLL DEDUCTIONS       \$ 0.00 \$ 0.00         6. TOTAL NET MONTHLY TAKE HOME PAY       \$ 0.00 \$ 0.00         7. Regular income from operation of business or profession or farm (Attach detailed statement)       \$ 0.00 \$ 0.00         8. Income from real property       \$ 0.00 \$ 0.00         9. Interest and dividends       \$ 0.00 \$ 0.00         10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$ 0.00 \$ 0.00         11. Social security or government assistance       \$ 0.00 \$ 0.00         (Specify):       Workman's Compensation/ Disability       \$ 1,678.24 \$ 0.00         13. Other monthly income       \$ 0.00 \$ 0.00         (Attach detailed state monthly income       \$ 0.00 \$ 0.00         (Specify):       Workman's Compensation/ Disability       \$ 1,678.24 \$ 0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$ 3,238.24 \$ 0.00       \$ 0.00         15. AVERAGE MONTHLY INCOME (		mmissions (Prorate if not paid monthly)		\$	0.00	\$	7,692.30
4. LESS PAYROLL DEDUCTIONS       a. Payroll taxes and social security       5       0.00       \$       1,538.46         b. Insurance       \$       0.00       \$       0.00       \$       0.00         c. Union dues       \$       0.00       \$       0.00       \$       0.00         d. Other (Specify):	2. Estimate monthly overtime			\$	0.00	\$	0.00
a. Payroll taxes and social security       \$       0.00       \$       1,538.46         b. Insurance       \$       0.00       \$       0.00       \$       0.00         c. Union dues       \$       0.00       \$       <	3. SUBTOTAL			\$	0.00	\$	7,692.30
a. Payroll taxes and social security       \$       0.00       \$       1,538.46         b. Insurance       \$       0.00       \$       0.00       \$       0.00         c. Union dues       \$       0.00       \$       <							
b. Insurance       \$       0.00							
c. Union dues       \$       0.00 <td></td> <td>У</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td>		У		\$		\$	
d. Other (Specify):       \$       0.00       \$       0.00         5. SUBTOTAL OF PAYROLL DEDUCTIONS       \$       0.00       \$       0.00         6. TOTAL NET MONTHLY TAKE HOME PAY       \$       0.00       \$       6,153.84         7. Regular income from operation of business or profession or farm (Attach detailed statement)       \$       0.00       \$       6,153.84         7. Regular income from operation of business or profession or farm (Attach detailed statement)       \$       0.00       \$       0.00         8. Income from real property       \$       0.00       \$       0.00       \$       0.00         9. Interest and dividends       \$       0.00       \$       0.00       \$       0.00         10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00       \$       0.00         12. Pension or retirement income       \$       1.678.24       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00       \$       0.00				\$		\$_	
SUBTOTAL OF PAYROLL DEDUCTIONS\$0.00\$0.005. SUBTOTAL OF PAYROLL DEDUCTIONS\$0.00\$1,538.466. TOTAL NET MONTHLY TAKE HOME PAY\$0.00\$6,153.847. Regular income from operation of business or profession or farm (Attach detailed statement)\$0.00\$6,153.849. Interest and dividends\$0.00\$0.00\$0.009. Interest and dividends\$0.00\$0.00\$0.0010. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above\$0.00\$0.0011. Social security or government assistance\$0.00\$0.00\$0.0012. Pension or retirement income\$1,678.24\$0.00\$0.0013. Other monthly income\$1,560.00\$0.00\$0.0014. SUBTOTAL OF LINES 7 THROUGH 13\$3,238.24\$6,153.8415. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)\$3,238.24\$6,153.84				\$ <u> </u>		\$_	
6. TOTAL NET MONTHLY TAKE HOME PAY       \$       0.00       \$       6,153.84         7. Regular income from operation of business or profession or farm (Attach detailed statement)       \$       0.00       \$       0.00         8. Income from real property       \$       0.00       \$       0.00       \$       0.00         9. Interest and dividends       \$       0.00       \$       0.00       \$       0.00         10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00       \$       0.00         12. Pension or retirement income       \$       0.00       \$       0.00       \$       0.00         13. Other monthly income       \$       1,678.24       \$       0.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0.00       \$       0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84	u. Other (specify).			\$ 		\$	
6. TOTAL NET MONTHLY TAKE HOME PAY       \$       0.00       \$       6,153.84         7. Regular income from operation of business or profession or farm (Attach detailed statement)       \$       0.00       \$       0.00         8. Income from real property       \$       0.00       \$       0.00       \$       0.00         9. Interest and dividends       \$       0.00       \$       0.00       \$       0.00         10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00       \$       0.00         12. Pension or retirement income       \$       0.00       \$       0.00       \$       0.00         13. Other monthly income       \$       1,678.24       \$       0.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0.00       \$       0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84		CTIONS			0.00	<u></u>	4 520 40
7. Regular income from operation of business or profession or farm (Attach detailed statement)       \$ <ul> <li>Matching the state of the st</li></ul>	5. SUBTOTAL OF PATROLL DEDU	CHONS		<u> </u>	0.00	2	1,538.46
8. Income from real property       \$       0.00       \$       0.00         9. Interest and dividends       \$       0.00       \$       0.00         10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00       \$       0.00         12. Pension or retirement income       \$       0.00       \$       0.00       \$       0.00         13. Other monthly income       \$       1,678.24       \$       0.00         (Specify):       Workman's Compensation/ Disability       \$       1,560.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84	6. TOTAL NET MONTHLY TAKE H	OME PAY		\$	0.00	\$	6,153.84
9. Interest and dividends       \$       0.00       \$       0.00         10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00         (Specify):       \$       0.00       \$       0.00         12. Pension or retirement income       \$       0.00       \$       0.00         13. Other monthly income       \$       1,678.24       \$       0.00         (Specify):       Workman's Compensation/ Disability       \$       1,560.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0,100         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84		usiness or profession or farm (Attach detailed state	ment)	\$	0.00	\$	0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00         (Specify):       \$       0.00       \$       0.00       \$       0.00         12. Pension or retirement income       \$       1,678.24       \$       0.00         13. Other monthly income       \$       1,560.00       \$       0.00         (Specify):       Workman's Compensation/ Disability       \$       1,560.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84				\$		\$	
dependents listed above       \$       0.00       \$       0.00         11. Social security or government assistance       \$       0.00       \$       0.00         (Specify):				\$	0.00	\$	0.00
(Specify):       \$       0.00       \$       0.00         12. Pension or retirement income       \$       0.00       \$       0.00         13. Other monthly income       \$       1,678.24       \$       0.00         (Specify):       Workman's Compensation/ Disability       \$       1,678.24       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       1,560.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84	dependents listed above		or that of	\$	0.00	\$	0.00
12. Pension or retirement income       \$       0.00       \$       0.00         13. Other monthly income       \$       1,678.24       \$       0.00         (Specify):       Workman's Compensation/ Disability       \$       1,560.00       \$       0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$       3,238.24       \$       0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$       3,238.24       \$       6,153.84	(0 :0)			¢	0.00	¢	0.00
12. Pension or retirement income       \$ 1,678.24       \$ 0.00         13. Other monthly income       \$ 1,560.00       \$ 0.00         (Specify):       Workman's Compensation/ Disability       \$ 1,560.00       \$ 0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$ 3,238.24       \$ 0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$ 3,238.24       \$ 6,153.84	(Specify):			\$		_ م ع	
13. Other monthly income       (Specify):       Workman's Compensation/ Disability       \$ 1,560.00       \$ 0.00         (Specify):       Workman's Compensation/ Disability       \$ 1,560.00       \$ 0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$ 3,238.24       \$ 0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$ 3,238.24       \$ 6,153.84	12 Pension or retirement income			\$		_ ع	
(Specify):       Workman's Compensation/ Disability       \$ 1,560.00       \$ 0.00         14. SUBTOTAL OF LINES 7 THROUGH 13       \$ 3,238.24       \$ 0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$ 3,238.24       \$ 6,153.84				Ψ	1,070.24	Ψ	0.00
14. SUBTOTAL OF LINES 7 THROUGH 13       \$ 0.00       \$ 0.00         15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$ 3,238.24       \$ 6,153.84		npensation/ Disability		\$	1,560.00	\$	0.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)       \$ 3,238.24       \$ 6,153.84		· · · ·		\$		\$	0.00
	14. SUBTOTAL OF LINES 7 THROU	JGH 13		\$	3,238.24	\$	0.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)       \$ 9,392.08	15. AVERAGE MONTHLY INCOME	E (Add amounts shown on lines 6 and 14)		\$	3,238.24	\$	6,153.84
	16. COMBINED AVERAGE MONTH	ILY INCOME: (Combine column totals from line	15)		\$	9,392	2.08

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

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: Rent Change: we will lose this income if the house is forclosed

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

Robert Hoffman In re Amy Hoffman

Debtor(s)

Case No.

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

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

□ 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)         a. Are real estate taxes included?       Yes       X       No	\$	2,026.00
b. Is property insurance included? Yes No X		
2. Utilities: a. Electricity and heating fuel	\$	375.00
b. Water and sewer	\$	110.00
c. Telephone	\$	195.00
d. Other See Detailed Expense Attachment	\$	1,838.00
3. Home maintenance (repairs and upkeep)	\$	200.00
4. Food	\$	1,000.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	863.00
8. Transportation (not including car payments)	\$	200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	200.00
10. Charitable contributions	\$	150.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	475.41
b. Life	\$	190.00
c. Health	\$	0.00
d. Auto	\$	344.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) See Detailed Expense Attachment	\$	241.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the	·	
plan)		
a. Auto	\$	335.00
b. Other See Detailed Expense Attachment	\$	1,847.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other See Detailed Expense Attachment	\$	235.00
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.)	\$	11,074.41
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME	-	
A varage monthly income from Line 15 of Schedule L	¢	0 302 08

a.	Average monthly income from Line 15 of Schedule I	\$ 9,392.08
b.	Average monthly expenses from Line 18 above	\$ 11,074.41
c.	Monthly net income (a. minus b.)	\$ -1,682.33

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B6J (Official Form 6J) (12/07) **Robert Hoffman** In re Amy Hoffman

Debtor(s)

Case No.

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

# **Detailed Expense Attachment**

**Other Utility Expenditures:** 

mortage on rental	\$	1,213.00
insurance 597	\$	65.00
home equity	\$	365.00
cable	\$	195.00
Total Other Utility Expenditures	\$	1,838.00
Specific Tax Expenditures:		
taxes 595 jackson	\$	130.00
taxes 597 jackson	\$	111.00
Total Tax Expenditures	\$	241.00
Other Installment Payments: cell phones home warranty childcare	\$\$ \$	175.00 92.00 450.00
student loans	\$	1,130.00
Total Other Installment Payments	\$	1,847.00
Other Expenditures:		
dog and cat food	\$	150.00
trash pick up	\$	35.00
auto registration	\$	50.00
Total Other Expenditures	\$	235.00

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

United States Bankruptcy Court District of Nevada

Debtor(s)

District of r

	Robert Hoffman
In re	Amy Hoffman

Case No. Chapter 11

## 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 **39** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date	January 20, 2010	Signature	/s/ Robert Hoffman	
		_ 0	Robert Hoffman	
			Debtor	
Date	January 20, 2010	Signature	/s/ Amy Hoffman	
			Amy Hoffman	
			Joint Debtor	

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

B7 (Official Form 7) (12/07)

# **United States Bankruptcy Court**

**District of Nevada** 

	Robert Hoffman
In re	Amy Hoffman

Debtor(s)

Case No.

Chapter 11

### STATEMENT OF FINANCIAL AFFAIRS

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

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

### DEFINITIONS

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

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

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

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT <b>\$61,908.00</b>	SOURCE 2009 Wife Work Las Vegas Animal Emergency
\$135,421.00	2008 Joint Employment Income
\$96,872.00	2007 Wife Employment Income
\$101,556.00	2006 Joint Employment Income
\$148,675.00	2005 Joint Employment Income

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

None

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

AMOUNT	SOURCE
<b>\$27,342.00</b>	2009 Husband Pension and diasbility pension and disability
\$84,109.00	2007 Husband Pension and diasbility pension and disability

#### 3. Payments to creditors

None Complete a. or b., as appropriate, and c.

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

NAME AND ADDRESS	DATES OF		AMOUNT STILL
OF CREDITOR	PAYMENTS	AMOUNT PAID	OWING

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor 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	
	DATES OF	PAID OR	
	PAYMENTS/	VALUE OF	AMOUNT STILL
NAME AND ADDRESS OF CREDITOR	TRANSFERS	TRANSFERS	OWING

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND			AMOUNT STILL
RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	OWING

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

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT		COURT OR AGENCY	STATUS OR
AND CASE NUMBER	NATURE OF PROCEEDING	AND LOCATION	DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF SEIZURE

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DESCRIPTION AND VALUE OF PROPERTY

AMOUNT

### 5. Repossessions, foreclosures and returns

None

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

DATE OF REPOSSESSION,

	ND ADDRESS OF FOR OR SELLER	FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION A	
	6. Assignments and receiverships	5		
None	this case. (Married debtors filing un	erty for the benefit of creditors made wit nder chapter 12 or chapter 13 must incluc buses are separated and a joint petition is	le any assignment by	
NAME A	ND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASS	GNMENT OR SETTLEMENT
None	preceding the commencement of th	in the hands of a custodian, receiver, or a is case. (Married debtors filing under cha whether or not a joint petition is filed, un	apter 12 or chapter 13	3 must include information concerning
	ND ADDRESS USTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
	7. Gifts			
None	and usual gifts to family members a aggregating less than \$100 per reci	ions made within <b>one year</b> immediately p aggregating less than \$200 in value per ir pient. (Married debtors filing under chap tot a joint petition is filed, unless the spor	ndividual family men ter 12 or chapter 13	ber and charitable contributions must include gifts or contributions by
	AND ADDRESS OF OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
	8. Losses			
None	since the commencement of this c	casualty or gambling within <b>one year</b> in <b>ase.</b> (Married debtors filing under chapte ion is filed, unless the spouses are separa	er 12 or chapter 13 m	ust include losses by either or both
	PTION AND VALUE PROPERTY	DESCRIPTION OF C LOSS WAS COVERI BY INSURANCE		IN PART
	9. Payments related to debt coun	seling or bankruptcy		
None		transferred by or on behalf of the debtor ef under the bankruptcy law or preparation is case.		
OF F	ND ADDRESS PAYEE	DATE OF PAYMEN NAME OF PAYOR IF O THAN DEBTOR	· · · · · · · · · · · · · · · · · · ·	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
	/right Rainbow Blvd., #304 as, NV 89146	9/18/09		\$250.00

				4
		DATE OF PAYMENT	Γ,	AMOUNT OF MONEY
	AND ADDRESS PAYEE	NAME OF PAYOR IF OT THAN DEBTOR	THER	OR DESCRIPTION AND VALUE OF PROPERTY
Piet & V		10/5/09		\$7250.00
	Rainbow Blvd., #304			
-	jas, NV 89146			<b>*</b> 70.00
10121 S	Debt Counseling, Inc. E Sunnyside Rd., Suite 300 nas, OR 97015			\$72.00
	10. Other transfers			
None	transferred either absolutely or a	han property transferred in the ordinary cousts security within <b>two years</b> immediately preserved in the transfers by either or both petition is not filed.)	eceding the commencen	nent of this case. (Married debtors
	AND ADDRESS OF TRANSFERE ELATIONSHIP TO DEBTOR	E, DATE		RTY TRANSFERRED JUE RECEIVED
None	b. List all property transferred b trust or similar device of which t	y the debtor within <b>ten years</b> immediately p he debtor is a beneficiary.	preceding the commenc	ement of this case to a self-settled
NAME O DEVICE	OF TRUST OR OTHER	DATE(S) OF TRANSFER(S)		IEY OR DESCRIPTION AND RTY OR DEBTOR'S INTEREST
	11. Closed financial accounts			
None	otherwise transferred within <b>one</b> financial accounts, certificates of cooperatives, associations, broke	struments held in the name of the debtor or year immediately preceding the commence deposit, or other instruments; shares and sl rage houses and other financial institutions accounts or instruments held by or for either and a joint petition is not filed.)	ment of this case. Inclu hare accounts held in ba . (Married debtors filing	de checking, savings, or other anks, credit unions, pension funds, g under chapter 12 or chapter 13 must
NAME A	AND ADDRESS OF INSTITUTIO	TYPE OF ACCOUNT, DIGITS OF ACCOUN N AND AMOUNT OF FIN.	T NUMBER,	AMOUNT AND DATE OF SALE OR CLOSING
	12. Safe deposit boxes			
None	immediately preceding the comm	ox or depository in which the debtor has or lancement of this case. (Married debtors filingues whether or not a joint petition is filed,	ing under chapter 12 or	chapter 13 must include boxes or
	AND ADDRESS OF BANK THER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
	13. Setoffs			
None	commencement of this case. (Ma	itor, including a bank, against a debt or dep rried debtors filing under chapter 12 or cha tition is filed, unless the spouses are separa	pter 13 must include in	formation concerning either or both
NAME A	AND ADDRESS OF CREDITOR	DATE OF SETOFF		AMOUNT OF SETOFF
	14. Property held for another	person		
None	List all property owned by anoth	er person that the debtor holds or controls.		

#### NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION OF PROPERTY

#### **15.** Prior address of debtor

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

ADDRESS	NAME USED	DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

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

#### NAME Amy Hoffman 08/99 to current

### 17. Environmental Information.

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

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

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

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

None 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:

	NAME AND ADDRESS OF	DATE OF	ENVIRONMENTAL
SITE NAME AND ADDRESS	GOVERNMENTAL UNIT	NOTICE	LAW

None 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.

	NAME AND ADDRESS OF	DATE OF	ENVIRONMENTAL
SITE NAME AND ADDRESS	GOVERNMENTAL UNIT	NOTICE	LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

5

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

None a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

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

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

	LAST FOUR DIGITS OF			
	SOCIAL-SECURITY OR			
	OTHER INDIVIDUAL			
	TAXPAYER-I.D. NO.			BEGINNING AND
NAME	(ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	ENDING DATES

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

#### ADDRESS NAME

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

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

ADDRESS

None a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

None 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.

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

NAME

NAME

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

ADDRESS

DATE ISSUED

#### NAME AND ADDRESS

## DATES SERVICES RENDERED

#### DATES SERVICES RENDERED

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.			
DATE OF	FINVENTORY	INVENTORY SUPER	VISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
None	b. List the name and	address of the person having po	ssession of the records of e	ach of the two inventories reported in a., above.
DATE OF	FINVENTORY		NAME AND ADDR RECORDS	ESSES OF CUSTODIAN OF INVENTORY
	21 . Current Partne	ers, Officers, Directors and Sha	reholders	
None	a. If the debtor is a p	artnership, list the nature and pe	rcentage of partnership into	erest of each member of the partnership.
NAME A	ND ADDRESS	NAT	TURE OF INTEREST	PERCENTAGE OF INTEREST
None		orporation, list all officers and d percent or more of the voting or		and each stockholder who directly or indirectly owns, poration.
NAME A	ND ADDRESS	TIT	LE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
	22 . Former partner	rs, officers, directors and share	holders	
None	a. If the debtor is a p commencement of the		o withdrew from the partne	rship within <b>one year</b> immediately preceding the
NAME		ADDRESS		DATE OF WITHDRAWAL
None		orporation, list all officers, or di ng the commencement of this ca		with the corporation terminated within <b>one year</b>
NAME A	ND ADDRESS	TIT	LE	DATE OF TERMINATION
	23 . Withdrawals fi	om a partnership or distributi	ons by a corporation	
None		s, loans, stock redemptions, optic		credited or given to an insider, including compensation perquisite during <b>one year</b> immediately preceding the
OF RECI	ADDRESS PIENT, DNSHIP TO DEBTOF		TE AND PURPOSE WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
	24. Tax Consolidati	on Group.		
None	<sup>e</sup> 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 <b>six years</b> immediately preceding the commencement of the case.			
NAME O	F PARENT CORPOR	ATION		TAXPAYER IDENTIFICATION NUMBER (EIN)

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.

NAME OF PENSION FUND

25. Pension Funds.

20. Inventories

7

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

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

 Date
 January 20, 2010
 Signature
 /s/ Robert Hoffman

 Date
 January 20, 2010
 Signature
 /s/ Amy Hoffman

 Date
 January 20, 2010
 Signature
 /s/ Amy Hoffman

Joint Debtor

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

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# United States Bankruptcy Court District of Nevada

In r	Robert Hoffman <sup>re</sup> Amy Hoffman		Case No.	
		Debtor(s)	Chapter	11
	DISCLOSURE OF COMPE	NSATION OF ATTOI	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Ru compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptc	y, or agreed to be pai	d to me, for services rendered or to
	For legal services, I have agreed to accept			+/-7,500.00
	Prior to the filing of this statement I have received		\$	7,500.00
	Balance Due		\$	TBD
2.	The source of the compensation paid to me was: Debtor Other (specify):			
3.	The source of compensation to be paid to me is:			
	Debtor Other (specify):			
4.	I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are mem	bers and associates of my law firm.
	I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	s of the bankruptcy c	ase, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, sta</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on home</li> </ul>	tement of affairs and plan which ors and confirmation hearing, an reduce to market value; exe ons as needed; preparatior	n may be required; nd any adjourned hea emption planning	rings thereof; ; preparation and filing of
6.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any ac		g service:	
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.		payment to me for re	epresentation of the debtor(s) in
Date	ed: January 6, 2010	/s/ Charles T. Wrigh		
		Charles T. Wrigh Piet & Wright	t NV No.10285	
		3130 S. Rainbow		
		Las Vegas, NV 89 (702) 566-1212	9146 Fax: (702) 566-483	3
			.com, tiffany@pie	

### United States Bankruptcy Court District of Nevada

In re Amy Hoffman

Debtor(s)

Case No. Chapter

11

# **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: January 20, 2010

/s/ Robert Hoffman Robert Hoffman Signature of Debtor

Date: January 20, 2010

**/s/ Amy Hoffman Amy Hoffman** Signature of Debtor Robert Hoffman Amy Hoffman 3196 Brockington Dr. Las Vegas, NV 89120-1912

Charles T. Wright NV Piet & Wright 3130 S. Rainbow Blvd., Suite 304 Las Vegas, NV 89146

Acs/Brazos Acct No -xxxxx4371 501 Bleecker St Utica, NY 13501

Amex Acct No xxxx-xxxxx-x1008 Po Box 297871 Fort Lauderdale, FL 33329

Associates for Women's Health Acct No xxx1010 2657 Windmill Parkway #293 Henderson, NV 89074

Bally Total Fitness Acct No xxxxx7006 12440 E Imperial Hwy Ste Norwalk, CA 90650

Bank Of America Acct No xxxx-xxxx-0739 Po Box 17054 Wilmington, DE 19850

Bank Of America Acct No xxxx-xxxx-6280 Po Box 1598 Norfolk, VA 23501

Bk Of Amer Acct No 3171 4060 Ogletown/Stan De5-019-03-07 Newark, DE 19713

Brazos Acct No xx4217 2600 Washington Av Waco, TX 76703

Brazos Acct No -xxxxx4371 Cap One Acct No xxxx-xxxx-2815 Po Box 85520 Richmond, VA 23285

Carmax Auto Finance Acct No xxx8399 PO BOX 3174 Milwaukee, WI 53201

Carmax Auto Finance Acct No xxx8399 2040 Thalbro St Richmond, VA 23230

Cbna Acct No xxxxxx-xxxx9489 Po Box 769006 San Antonio, TX 78245

Chase Acct No xxxxxx7627 Po Box 901039 Fort Worth, TX 76101

Chase Acct No x4391 Po Box 24696 Columbus, OH 43224

Chase Acct No xxxx-xxxx-9168 Po Box 15298 Wilmington, DE 19850

Chase Acct No xxxxxxx5508 201 N Walnut St # De1-10 Wilmington, DE 19801

Chase Bank Usa, Na Acct No xxxxx1893 Po Box 15298 Wilmington, DE 19850

Chase Education Finance Acct No xxxxxS380 PO Box 522 Madison, MS 39130

Chase Student Loan Ser Acct No xxxxx3781 Po Box 523 Madison, MS 39130 Citi Acct No xxxxxxxx1229 Po Box 6241 Sioux Falls, SD 57117

Citi Acct No xxxxxx3065 Po Box 6003 Hagerstown, MD 21747

Clark County Treasurer Acct No xxx-xx-xx3-008 500 S. Grand Central Parkway Las Vegas, NV 89155-1220

Credit Bureau Central Acct No xxx7863 Po Box 29299 Las Vegas, NV 89126

Discover Fin Svcs Llc Acct No xxxx-xxxx-2885 Po Box 15316 Wilmington, DE 19850

First Usa Bank N A Acct No xxxxxx8824 1001 Jefferson Plaza Wilmington, DE 19701

Gemb/Old Navy Acct No xxxxxx6022 Po Box 981400 El Paso, TX 79998

Gemb/Pc Richards Acct No xxxxxxx1179 Po Box 981439 El Paso, TX 79998

Home Depot Acct No xxxxxxxx5865 PO Box 6028 The Lakes, NV 88901

Hsbc Bank Acct No xxxxxxx0494 Po Box 5253 Carol Stream, IL 60197

Hsbc Bank Usa Na Acct No xxxxx3701 95 Washington St # 2s Buffalo, NY 14203 Hsbc/Qvc Acct No xxx3012 Pob 15521 Wilmington, DE 19805

Hsbc/Rs Acct No xxx1064 90 Christiana Rd New Castle, DE 19720

Lane Bryant Retail/Soa Acct No xxxxxxxx8805 450 Winks Ln Bensalem, PA 19020

Mcydsnb Acct No xxxxxx4520 9111 Duke Blvd Mason, OH 45040

Municipal Credit Union Acct No xxxxxxx3522 22 Cortlandt St New York, NY 10007

Nco Fin/35 Acct No xxxx2132 Po Box 41726 Philadelphia, PA 19101

Pacific Anesthesia Acct No xxx3438 PO Box 14907 Las Vegas, NV 89114

Quantum Collections Acct No xx5554 3224 Civic Center Dr North Las Vegas, NV 89030

Rshk/Cbsd Acct No xxxx2276 Po Box 6497 Sioux Falls, SD 57117

Sallie Mae Acct No xxxxxxxxxxxxx0821 1002 Arthur Dr Lynn Haven, FL 32444

Sallie Mae Acct No xxxxxx529-1 PO Box 9500 Wilkes Barre, PA 18773 Sears/Cbsd Acct No xxxxxxxx5480 Po Box 6189 Sioux Falls, SD 57117

Snap-On Credit Llc Acct No xxxxx2655 Po Box 506 Gurnee, IL 60031

Thd/Cbsd Acct No xxxxxxxx5865 Po Box 6497 Sioux Falls, SD 57117

Tnb - Target Acct No xxxxx5821 Po Box 673 Minneapolis, MN 55440

Usa Servicing Company Acct No xxxxxxxx4263 11100 Usa Pkwy Fishers, IN 46037

Visdsnb Acct No xxxxxxx4060 9111 Duke Blvd Mason, OH 45040

Volvo Finance Na Acct No xxxx5189 Po Box 542000 Omaha, NE 68154

Washington Mutual Acct No xxxxx7627 PO BOX 78065 Pheonix, AZ 85062-8065

Washington Mutual Bank Acct No xxxxxxxxxxxx0811 3990 S Babcock St Melbourne, FL 32901

Washington Mutual Fa Acct No xxxxxxx9632 Po Box 1093 Northridge, CA 91328

Wells Fargo Acct No xxxxx8377 Henderson, NV 89014 Wells Fargo Acct No xxxxx6958 3476 Statewide Blvd. Fort Mill, SC 29715

Wells Fargo Bank Acct No xxxx-xxxx-4381 Po Box 5445 Portland, OR 97228

Wells Fargo Bank Nv Na Acct No xxxxxxxxx1998 Po Box 31557 Billings, MT 59107

Wells Fargo Hm Mortgag Acct No xxxxxxx8377 8480 Stagecoach Cir Frederick, MD 21701

Wells Fargo Sunshine Floors Acct No xxxx9880 P Box 30086 Las Vegas, NV 89193

Wffinance Acct No xxxxxxxx9880 800 Walnut St Des Moines, IA 50309

Wfnnb/Lane Bryant Acct No xxxxxxxxx1617 4590 E Broad St Columbus, OH 43213

Wfnnb/Victorias Secret Acct No xxxxxxxx4317 220 W Schrock Rd Westerville, OH 43081

Women's Cancer Center Acct No x8790 9030 W. Sahara BOX 295 Las Vegas, NV 89117

Women's Health and Wellness Acct No xx16-1/1 291 N Pecos Rd Las Vegas, NV 89704