B1 (Official Form 1) (04/13)								
United States Bankrupi EASTERN DISTRICT OF		VOLUNTARY PETITION						
Name of Debtor (if individual, enter Last, First, Middle):		Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		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-Taxpayer I.D. (ITIN (if more than one, state all): <b>5455</b> , <b>N/A</b>	)/Complete EIN	Last four digits o (if more than one	f Soc. Sec. or Individual-Taxp, state all):	payer I.D. (ITI	N)/Complete EIN			
Street Address of Debtor (No. and Street, City, and State): 201 Mount Misery Road Melville, New York		Street Address of Joint Debtor (No. and Street, City, and State):						
ZIP C	CODE 11747			ZIP COI	DE			
County of Residence or of the Principal Place of Business: <b>SUFFOLK</b>		County of Reside	ence or of the Principal Place	of Business:				
Mailing Address of Debtor (if different from street address):		Mailing Address	of Joint Debtor (if different fr	rom street addı	ress):			
719.0	CODE			ZIP COI	)F			
Location of Principal Assets of Business Debtor (if different fr					<u> </u>			
Type of Debtor	Nature of 1	Rucinocc	Chapter of Banl	ZIP COI				
(Form of Organization) (Check <b>one</b> box.)	(Check <b>one</b> box.)	Business		is Filed (Chec				
X	11 U.S.C. § 101(5) Railroad Stockbroker Commodity Brok Clearing Bank	cal Estate as defined in  (51B)  Chapter 9  Chapter 9  Chapter 11  Chapter 12  Chapter 15 Petition  Chapter 13  Recognition of a Formula in the company of t						
Chapter 15 Debtors	Other  Tax-Exem	ot Entity	Na	ature of Debts	5			
Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	(Check box, if  Debtor is a tax-ex under title 26 of th Code (the Internal	IX       Debts are primarily consumer debts, defined in 11 U.S.C.       □       Debts are primarily primarily primarily primarily business debts.						
		<u> </u>	household purpose.	."				
Filing Fee (Check one box.)		Check one box:	Chapter 11 De	btors				
▼ Full Filing Fee attached.			small business debtor as defir ot a small business debtor as o					
Filing Fee to be paid in installments (applicable to indivisigned application for the court's consideration certifying unable to pay fee except in installments. Rule 1006(b).  Filing Fee waiver requested (applicable to chapter 7 indiattach signed application for the court's consideration. S	g that the debtor is See Official Form 3A. viduals only). Must	insiders or on 4/01/16	gregate noncontingent liquida affiliates) are less than \$2,490 and every three years thereaf	),925 (amount				
		☐ Acceptance	able boxes: eing filed with this petition. es of the plan were solicited pr , in accordance with 11 U.S.C		n one or more classes			
Statistical/Administrative Information				- (-/-	THIS SPACE IS FOR			
Debtor estimates that funds will be available for dis Debtor estimates that, after any exempt property is distribution to unsecured creditors.			ere will be no funds available	e for	COURT USE ONLY			
Estimated Number of Creditors		]	01- 50,001-	Over 100,000				
Estimated Assets	to \$50 to		,000,001 \$500,000,001 00 to \$1 billion	More than \$1 billion				
Estimated Liabilities	to \$50 to		,000,001 \$500,000,001 00 to \$1 billion	☐ More than \$1 billion				

V-l4 D-4:4:		Name of Daktor(a), Cokonsite M.D. Mo	an dia					
Voluntary Petiti	ton be completed and filed in every case.)	Name of Debtor(s): <b>Sakowitz, M.D., Mervin</b>						
	uptcy Cases Filed Within Last 8 Years (If more than two, attach additional actions of the composition of the	tional sheet.)						
Location	IONE	Case Number:	Date Filed:					
where rhed:			D. Fill I					
Location Where Filed:		Case Number:	Date Filed:					
	ptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor	(If more than one, attach additional sheet.)						
Name of Debtor:		Case Number:	Date Filed:					
D: . : .	HONE	D.I.C. II	7.1					
District:		Relationship:	Judge:					
10Q) with the Se of the Securities	Exhibit A d if debtor is required to file periodic reports (e.g., forms 10K and ecurities and Exchange Commission pursuant to Section 13 or 15(d) Exchange Act of 1934 and is requesting relief under chapter 11.) is attached and made a part of this petition.							
	Exhib	oit C						
Does the debtor of	Down or have possession of any property that poses or is alleged to pose		iblic health or safety?					
_			•					
Yes, and E	Exhibit C is attached and made a part of this petition.							
X No.								
Exhibit D,	I by every individual debtor. If a joint petition is filed, each spouse mu completed and signed by the debtor, is attached and made a part of this etition:  also completed and signed by the joint debtor, is attached and made a part of this etition.	petition.						
	Information Regarding	g the Debtor - Venue						
X	(Check any app Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180 day	of business, or principal assets in this District	for 180 days immediately					
	There is a bankruptcy case concerning debtor's affiliate, general part	ner, or partnership pending in this District.						
	Debtor is a debtor in a foreign proceeding and has its principal place no principal place of business or assets in the United States but is a District, or the interests of the parties will be served in regard to the r	e of business or principal assets in the United S a defendant in an action or proceeding [in a fe						
	Certification by a Debtor Who Resides (Check all appli							
	Landlord has a judgment against the debtor for possession of debt	or's residence. (If box checked, complete the fe	ollowing.)					
	(Name of landlord that obtained judgment)							
		(Address of landlord)						
X	Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possessi							
	Debtor has included with this petition the deposit with the court of of the petition.	f any rent that would become due during the 30-	-day period after the filing					
	Debtor certifies that he/she has served the Landlord with this certi	fication. (11 U.S.C. § 362(1)).						

B1 (Official Form 1) (04/13) Page 3 **Voluntary Petition** Name of Debtor(s): Sakowitz, M.D., Mervin (This page must be completed and filed in every case.) **Signatures** 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 I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and correct. and that I am authorized to file this petition. [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 (Check only one box.) or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. ☐ I request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I Certified copies of the documents required by 11 U.S.C. § 1515 are attached. have obtained and read the notice required by 11 U.S.C. § 342(b). Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States Code, chapter of title 11 specified in this petition. A certified copy of the specified in this petition. order granting recognition of the foreign main proceeding is attached. s/Mervin Sakowitz, M.D. Χ Signature of Debtor Mervin Sakowitz, M.D. (Signature of Foreign Representative) X Signature of Joint Debtor (Printed Name of Foreign Representative) Telephone Number (if not represented by attorney) Date Signature of Attorney\* **Signature of Non-Attorney Bankruptcy Petition Preparer** s/Harold Seligman I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as Signature of Attorney for Debtor(s) defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have Harold Seligman provided the debtor with a copy of this document and the notices and information Printed Name of Attorney for Debtor(s) Long Tuminello, LLP required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum Firm Name fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor 120 Fourth Avenue or accepting any fee from the debtor, as required in that section. Official Form 19 is Bay Shore, New York 11706 attached. Address (631) 666-2500 Printed Name and title, if any, of Bankruptcy Petition Preparer Telephone Number **July 16, 2013** Bar No.: hs2024 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or Fax: (631) 666-8401 partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) E-mail: hseligman@msn.com \*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. Address Signature of Debtor (Corporation/Partnership) Χ I declare under penalty of perjury that the information provided in this petition is true Signature and correct, and that I have been authorized to file this petition on behalf of the debtor. Date The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. Signature of bankruptcy petition preparer or officer, principal, responsible person, or X partner whose Social-Security number is provided above. Signature of Authorized Individual Names and Social-Security numbers of all other individuals who prepared or assisted Printed Name of Authorized Individual in preparing this document unless the bankruptcy petition preparer is not an individual. Title of Authorized Individual If more than one person prepared this document, attach additional sheets conforming Date to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or

both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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

In re Mervin Sakowitz, M.D.	vitz, M.D. Case No		
Debtor			(If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

1				
ı	Check this box if debtor ha	e no creditore holding	secured claims to re-	nort on this Schedule D
_	Check this box if debtor ha	s no cicultors notanig	secured claims to re	port on this schedule D.

	1		1					
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5945								
Chase Bank Attn: Home Equity Loan Servicing OH4-7304 3415 Vision Drive Columbus, OH 43219	x		Mortgage 201 Mount Misery Melville, NY 11747  VALUE \$ \$750.000.00				\$750,000.00	\$450,073.00
			VALUE \$ \$750,000.00					
ACCOUNT NO.								
Internal Revenue Service 11601 Roosevelt Blvd PO Box 21126 Philadelphia, PA 19114			Tax Lien 333 West Neck Road Huntington, NY 11743				\$900,000.00	\$0.00
		1	VALUE \$ \$1,200,000.00	) <u> </u>	1			
ACCOUNT NO.								
Internal Revenue Service 11601 Roosevelt Blvd. PO Box 21126 Philadelphia, PA 19114			Tax Lien Saphire Beach Resor & Marina St. Thomas, Virgin Islands VALUE \$ \$137,500.00				\$900,000.00	\$0.00
		<u> </u>	VALUE 3 \$137,500.00			1	1	<u> </u>
ACCOUNT NO.								
***Creditor secured mailing state RMC***							\$0.00	
			VALUE \$ \$0.00					
continuation sheets attached			Subtotal ► (Total of this page)				\$ 2,550,000.00	\$ 450,073.00
			Total ► (Use only on last page)				\$ 2,550,000.00	\$ 450,073.00
			(Ose omy on last page)				(Report also on Summary of Schedules )	(If applicable, report

Schedules.)

also on Statistical Summary of Certain Liabilities and Related

Data.)

B 6E (Official Form 6E) (04/13)

Mervin Sakowitz, M.D.	Case No
Debtor	(if known)
SCHEDULE E - CREDITORS HOLDING UNS	ECURED PRIORITY CLAIMS
Check this box if debtor has no creditors holding unsecured priority claims to report	et on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that ca	ategory are listed on the attached sheets.)
☐ Domestic Support Obligations	
Claims for domestic support that are owed to or recoverable by a spouse, former sporesponsible relative of such a child, or a governmental unit to whom such a domestic sup 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 appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).	the commencement of the case but before the earlier of the
☐ Wages, salaries, and commissions	
Wages, salaries, and commissions, including vacation, severance, and sick leave pay of independent sales representatives up to \$12,475* per person earned within 180 days immore cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 50	mediately preceding the filing of the original petition, or the
Contributions to employee benefit plans	
Money owed to employee benefit plans for services rendered within 180 days immediacessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 50	
☐ Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, again	ast the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals	
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of probability that were not delivered or provided. 11 U.S.C. § 507(a)(7).	roperty or services for personal, family, or household use,
☐ Taxes and Certain Other Debts Owed to Governmental Units	
Taxes, customs duties, and penalties owing to federal, state, and local governmental un	nits 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 Sup-Governors of the Federal Reserve System, or their predecessors or successors, to mainta § 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 drug, or another substance. 11 U.S.C. § 507(a)(10).	vessel while the debtor was intoxicated from using alcohol, a

<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Mervin Sakowitz, M.D.	, Ca	ase No.	
Debtor	,	(if known)	

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

							Type of Priority	ior Ciaims Listed	on This Sheet
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Sheet no. <u>1</u> of <u>0</u> continuation sheets attach of Creditors Holding Priority Claims	ed to	Schedule	T)	Sotals of	Subtotal this pa		\$ 0.00	\$ 0.00	\$0.00
			(Use only on last page of Schedule E. Report also of Schedules.)	the com	Tota pleted	al►	\$		
			(Use only on last page of Schedule E. If applicable the Statistical Summary o Liabilities and Related Da	, report f Certai	also on			\$	\$

In re Mervin Sakowitz, M.D.		Case No	).
	Debtor		(if known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no	credito	rs holding uns	secured claims to report on this Sched	ule F.		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER See instructions above.	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3009			7/2009				
American Express PO Box 360001 Ft. Laiderdale, FL 3336-0001			Revolving Credit				\$24,097.00
ACCOUNT NO. 8890	I	<u> </u>	7/2013	I	1		
Citi Cards PO Box 183113 Columbus, OH 43218-3113			Revolving Credit				\$56,777.41
ACCOUNT NO. 6105	I		4/2013		I		
Citi Cards PO Box 183113 Colombus, OH 43218-3113			Revolving Credit				\$6,532.46
ACCOUNT NO. 6105	·	I	· · · · · · · · · · · · · · · · · · ·	1	1		
Citibank PO Box 183051 Columbus, OH 43218-3051			3/2013 Revolving Credit				\$68,702.98
	<u> </u>	1	1	I	Sub	ototal <b>≻</b>	\$ 156,109.85
		(Report	(Use only on last page of the also on Summary of Schedules and, if app Summary of Certain Liab	licable, o	ed Sched	Γotal➤ lule F.)	\$

In re Mervin Sakowitz, M.D.	,	Case No.	
Debtor		(if	known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. ctor			11/2011				
Donato Rutigliano Landscape Contracting 748 Kensington Court Westbury, NY 11590			Outstanding Debt				\$29,190.00
ACCOUNT NO. ises			11/2011		l	<u> </u>	
Donato Rutigliano Landscape Contracting 748 Kensington Court Westbury, NY 11590			Oustanding Debt				\$39,145.00
ACCOUNT NO.				1	1		
***Creditor unsecured mailing state RMC***							\$0.00
ACCOVINE NO				<u> </u>	I	<u> </u>	
***Creditor unsecured mailing state RMC***							\$0.00
Sheet no. 1 of 5 continuation sh	neets atta	ched		•	Sub	total➤	\$ 68,335.00
to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

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

In re Mervin Sakowitz, M.D.	Case No.
Debtor	(if known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.				İ			
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.	l I		I	I	l	l	
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.			I	Ī	ı		
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.	I I			1			
***Creditor unsecured mailing state RMC***							\$0.00
Sheet no. 2 of 5 continuation sh	agets atta	ahad			Sub	total➤	s <b>0.00</b>
to Schedule of Creditors Holding Unsecure Nonpriority Claims	iceis atta ed	cneu			Sub	iotai	\$ 0.00
(Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)  \$\$						\$	

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

In re Mervin Sakowitz, M.D.	_,	Case No.
Debtor		(if known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.				Ī			
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.	<u> </u>			T	I	l	
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.						ı	
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO				·			
***Creditor unsecured mailing state RMC***							\$0.00
Sheet no. 3 of 5 continuation sh to Schedule of Creditors Holding Unsecure Nonpriority Claims	neets attac	ched			Sub	total➤	\$ 0.00
(Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)   \$							

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

In re Mervin Sakowitz, M.D.	Case No.
Debtor	(if known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.				1	<b>I</b>		
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO.				1	I		
***Creditor unsecured mailing state RMC***							\$0.00
ACCOUNT NO				1	I		
***Creditor unsecured mailing state RMC***							\$0.00
Sheet no. 4 of 5 continuation sh to Schedule of Creditors Holding Unsecure Nonpriority Claims	neets attac	ched			Sub	total➤	\$ 0.00
(Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)   Summary of Certain Liabilities and Related Data.							

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

In re Mervin Sakowitz, M.D.	Case No.
Debtor	(if known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

			(Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT O CLAIM	ŀF
ACCOUNT NO.								
***Creditor unsecured mailing state RMC***							\$0	0.00
Sheet no. 5 of 5 continuation sheet to Schedule of Creditors Holding Unsecured	ets attached	d			Subt	otal➤	\$ <b>C</b>	0.00
Nonpriority Claims								
		(Report	(Use only on last page of the also on Summary of Schedules and, if app Summary of Certain Liabi	licable o	ed Sched n the Sta	tistical	\$ 224,444	4.85

#### UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF NEW YORK

In re Mervin Sakowitz, M.D.	Case No.	
Debtor		

### 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*.
- ☐ 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 15 days after your bankruptcy case is filed.

<b>B 1D</b> (Official Form 1, Exh. D) (12/09) – Cont.
☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.
If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.
☐ 4. I am not required to receive a credit counseling briefing because of:
☐ 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.);  ☐ 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/Mervin Sakowitz, M.D.

Date: July 16, 2013

B 4 (Official Form 4) (12/07)

### UNITED STATES BANKRUPTCY COURT

#### EASTERN DISTRICT OF NEW YORK

In re Mervin Sakowitz	z, M.D.,		Case No.				
	Debtor		Chapter	11			
LIST OF C	CREDITORS HOLDI	NG 20 LARGEST	UNSECURED (	CLAIMS			
(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]			
Internal Revenue Service Account Number: 5455 11601 Roosevelt Blvd. PO Box 21126 Philadelphia, PA 19114		taxes and certain other debts owed to governmental units		\$750,000.00			
Chase Bank Account Number: 5945 Attn: Home Equity Loan Servicing OH4-7304 3415 Vision Drive Columbus, OH 43219		Mortgage		\$750,000.00 Value of Security: \$299,927.00			
New York State Dept of Taxation & Finance Account Number: 5455 Bankruptcy Unit - TCD Building 8, Room 455 W.A. Harriman State Campus Philadelphia, PA 19114		taxes and certain other debts owed to governmental units		\$175,292.00			

B 4 (Official Form 4) (12/07)

Account Number:  ***Creditor priority account number RTE***	***Creditor priority type of unsecured claim RMC***	\$0.00
Internal Revenue Service 11601 Roosevelt Blvd PO Box 21126 Philadelphia, PA 19114	Tax Lien	\$900,000.00  Value of Security: \$900,000.00
Date: July 16, 2013	s/Mervin Sakowitz, M.D.	

B3A (Official Form 3A) (12/07)

### United States Bankruptcy Court

#### **EASTERN DISTRICT OF NEW YORK**

In re		<b>5</b>			
Mervin Sakowitz, M.D.  Debtor			, Case	No	
	D	Cotor	Chap	oter 11	
		APPLICATION T	O PAY FILING FEE IN INSTALL	MENTS	
1.	In accordance with Fed. R. Bankr. P. 1006, I apply for permission to pay the filing fee amounting to \$ 1,213.00 in installments.				
2.	I am unable to pay the	filing fee except in installm	ents.		
3.	Until the filing fee is paid in full, I will not make any additional payment or transfer any additional property to an attorney or any other person for services in connection with this case.				
4.	I propose the following	g terms for the payment of t	he Filing Fee.*		
	\$_ <b>1,213.00</b>	Check one	With the filing of the petition, or On or before		
	\$ <b>1,213.00</b>	on or before July 1	6, 2013		
	\$	on or before			
	\$	on or before			
5.	petition. For cause sho the petition. Fed. R. Ba	own, the court may extend thankr. P. 1006(b)(2).	need four (4), and the final installment shall be paya the time of any installment, provided the last installment, provided the last installment, provided the last installment due, my bankruptcy case may be dismissed and	ment is paid not later than 180 days after filing	
	ld Seligman	07/16/13	s/Mervin Sakowitz,	M.D. July 16, 2013	
_	of Attorney	Date	Signature of Debtor (In a joint case, both spous	Date es must sign.)	
Harold Name of	l Seligman				
Name of	·		Signature of Joint Debtor (	if any) Date	
			ON-ATTORNEY BANKRUPTCY PETITION P.		
and have rules or g have give	provided the debtor with uidelines have been pror in the debtor notice of the	n a copy of this document a mulgated pursuant to 11 U. e maximum amount before	by petition preparer as defined in 11 U.S.C. § 110; on the notices and information required under 11 U.S.C. § 110(h) setting a maximum fee for services of preparing any document for filing for a debtor or a coney or other property from the debtor before the fi	S.C. §§ 110(b), 110(h), and 342(b); (3) if nargeable by bankruptcy petition preparers, I ccepting any fee from the debtor, as required	
If the ban			ion Preparer Social-Security the name, title (if any), address, and social-securit	No. (Required by 11 U.S.C. § 110.) y number of the officer, principal, responsible	
Address		<u> </u>			
xSignature	of Bankruptcy Petition	Preparer	Date		
<i>C</i>	1			at, unless the bankruptcy petition preparer is not	

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the 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.

B3A (Official Form 3A) (12/07) - Cont.

# United States Bankruptcy Court EASTERN DISTRICT OF NEW YORK

In re				
Mervin Sakowitz, M.D.  Debtor		Case No		
	Debtoi	Chapter 11		
	ORDER APPROVING PAYMEN	T OF FILING FEE IN INSTALLMENTS		
☐ application.	IT IS ORDERED that the debtor(s) may pay	the filing fee in installments on the terms proposed in the foregoing		
	IT IS ORDERED that the debtor(s) shall pay the filing fee according to the following terms:			
\$	Check one	With the filing of the petition, or On or before		
\$	on or before			
\$	on or before			
\$	on or before			
payment or tra		filing fee is paid in full the debtor(s) shall not make any additional may other person for services in connection with this case.		
		BY THE COURT		
Date:				

United States Bankruptcy Judge

#### UNITED STATES BANKRUPTCY COURT **EASTERN DISTRICT OF NEW YORK** In Re: Case No. Mervin Sakowitz, M.D. Debtor(s) **DECLARATION RE: ELECTRONIC FILING OF** PETITION, SCHEDULES & STATEMENTS **PART I - DECLARATION OF PETITIONER** I (WE) Mervin Sakowitz, M.D. \_\_\_\_\_, the undersigned debtor(s), hereby declare under penalty of periury that the information provided in the electronically filed petition, statements, and schedules is true and correct and that I signed these documents prior to electronic filing. I consent to my attorney sending my petition, statements and schedules to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be executed at the First Meeting of Creditors and filed with the Trustee. I understand that failure to file the signed and dated original of this DECLARATION may cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice. I (we) further declare under penalty of perjury that I (we) signed the original Statement of Social Security Number (s), (Official Form B21), prior to the electronic filing of the petition and have verified the 9digit social security number displayed on the Notice of Meeting of Creditors to be accurate. If petitioner is an individual whose debts are primarily consumer debts and who has chosen to file under a chapter: 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 chapter, and choose to proceed under this chapter. I request relief in accordance with the chapter specified in this petition. I (WE) and, the undersigned debtor(s), hereby declare under penalty of perjury that the information provided in the electronically filed petition, statements, and schedules is true and correct. If petitioner is a corporation or partnership: I declare under a penalty of perjury that the information provided in the electronically filed petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition. If petitioner files an application to pay filing fees in installments: I certify that I completed an application to pay the filing fee in installments. I am aware that if the fee is not paid within 120 days of the filing date of filing the petition, the bankruptcy case may be dismissed and, if dismissed, I may not receive a discharge of my debts. Dated: July 16, 2013 Signed: s/Mervin Sakowitz, M.D. (Applicant) (Joint Applicant) **PART II - DECLARATION OF ATTORNEY** I declare under penalty of perjury that the debtor(s) signed the petition, schedules, statements, etc., including the Statement of Social Security Number(s) (Official Form B21) before I electronically transmitted the petition, schedules, and statements to the United States Bankruptcy Court, and have followed all other requirements in Administrative Orders and Administrative Procedures. including submission of the electronic entry of the debtor(s) Social Security number into the Court's electronic records. If an individual, I further declare that I have informed the petitioner (if an individual) that [he or she] may qualify to proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available under each chapter. This declaration is based on the information

Dated: July 16, 2013

Attorney for Debtor(s) s/Harold Seligman

Harold Seligman

Address of Attorney

Bay Shore, New York 11706

of which I have knowledge.

American Express PO Box 360001 Ft. Laiderdale FL 3336-0001

Chase Bank Attn: Home Equity Loan Servicing OH47304 3415 Vision Drive Columbus OH 43219

Citi Cards PO Box 183113 Columbus OH 43218-3113

Citi Cards PO Box 183113 Colombus OH 43218-3113

Citibank PO Box 183051 Columbus OH 43218-3051

Donato Rutigliano Landscape Contracting 748 Kensington Court Westbury NY 11590

Internal Revenue Service 11601 Roosevelt Blvd PO Box 21126 Philadelphia PA 19114

Internal Revenue Service 11601 Roosevelt Blvd PO Box 21126 Philadelphia PA 19114

Nera Sakowitz, M.D. 201 Mount Misery Road Melville MY 11747

New York State Dept of Taxation & Financ Bankruptcy Unit TCD Building 8 Room 455 WA Harriman Stat Philadelphia PA 19114

### UNITED STATES BANKRUPTCY COURT Eastern District of New York

In re Mervin Sakowitz, M.D.	Case No.	
Debtors.	Chapter 11	
Certificate of [Non-A	Attorney] Bankruptcy Petition Preparer	
I, the bankrup delivered to the debtor this notice required by § 342(b) of the	ptcy petition preparer signing the debtor's petition, hereby certify that I e Bankruptcy Code.	
	Respectfully Submitted,	
Dated: <b>July 16, 2013</b>		
	Bankruptcy Petition Preparer	
	Talanhana Na . (C24) CCC 2500	
	Telephone No.: <b>(631) 666-2500</b> Fax No.: <b>(631) 666-8401</b>	

#### WRITTEN NOTICE REQUIRED UNDER SECTION 527(a)(2)

All information that you are required to provide with a petition and thereafter during a case under title 11 ("Bankruptcy") of the United States Code is required to be complete, accurate, and truthful.

All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in title 11 United States Code section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

Current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of title 11, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry.

Information that you provide during your case may be audited pursuant to title 11. Failure to provide such information may result in dismissal of the case under title 11 or other sanction, including criminal sanctions.

Date <b>July 16, 2013</b>	s/Mervin Sakowitz, M.D.	
	Mervin Sakowitz, M.D.	
	Debtor	
	Joint Debtor	
	s/Harold Seligman	
	Harold Seligman	
	Attorney for Debtor(s)	

### IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

Date <b>July 16, 2013</b>	s/Mervin Sakowitz, M.D.	
	Mervin Sakowitz, M.D.	
	Debtor	
	Joint Debtor	
	COMM DOSTON	
	s/Harold Seligman	
	Harold Seligman	
	Attorney for Debtor(s)	

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

	X
In Re:	A
Mervin Sakowitz, M.D.	Case No.
	Chapter 11
Debtor(s)	
	X
VERIFICATION OF CRED	OITOR MATRIX/LIST OF CREDITORS
,	s) or attorney for the debtor(s) hereby verifies that nitted herein is true and correct to the best of his or her
Dated: <b>July 16, 2013</b>	
	s/Mervin Sakowitz, M.D.  Debtor
	Joint Debtor
	s/Harold Seligman
	Attorney for Debtor

USBC-44 Rev. 3/17/05