

## UNITED STATES BANKRUPTCY COURT

**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 before 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)**

1. 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, 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.

2. 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.

3. 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.

4. 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.

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

1. 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.

2. 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.

3. 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 Trustee, 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.

**Certificate 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 notice 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.)

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

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Uvino, Joseph F & Uvino, Wendy M**

Printed Name(s) of Debtor(s)

**X /s/ Joseph F Uvino**

Signature of Debtor

**8/27/2009**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Wendy M Uvino**

Signature of Joint Debtor (if any)

**8/27/2009**

Date

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

In re: Uvino, Joseph F & Uvino, Wendy M  
Debtor(s)

Case Number: \_\_\_\_\_  
(If known)

**CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME**

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

**Part I. CALCULATION OF MONTHLY INCOME**

<b>1</b>	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A (“Debtor’s Income”) for Lines 2-10.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly. <b>Complete only Column A (“Debtor’s Income”) for Lines 2-10.</b></p> <p>c. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A (“Debtor’s Income”) and Column B (“Spouse’s Income”) for Lines 2-10.</b></p> <p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>	<b>Column A Debtor’s Income</b>	<b>Column B Spouse’s Income</b>									
<b>2</b>	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$ <b>10,833.33</b>	\$ <b>20,000.00</b>									
<b>3</b>	<p><b>Net income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">a.</td> <td style="width:65%;">Gross receipts</td> <td style="width:30%; text-align:right;">\$</td> </tr> <tr> <td style="text-align:center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align:right;">\$</td> </tr> <tr> <td style="text-align:center;">c.</td> <td>Business income</td> <td style="text-align:right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$	b.	Ordinary and necessary business expenses	\$	c.	Business income	Subtract Line b from Line a	\$	\$
a.	Gross receipts	\$										
b.	Ordinary and necessary business expenses	\$										
c.	Business income	Subtract Line b from Line a										
<b>4</b>	<p><b>Net rental and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">a.</td> <td style="width:65%;">Gross receipts</td> <td style="width:30%; text-align:right;">\$ <b>13,600.00</b></td> </tr> <tr> <td style="text-align:center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align:right;">\$</td> </tr> <tr> <td style="text-align:center;">c.</td> <td>Rental income</td> <td style="text-align:right;">Subtract Line b from Line a</td> </tr> </table>	a.	Gross receipts	\$ <b>13,600.00</b>	b.	Ordinary and necessary operating expenses	\$	c.	Rental income	Subtract Line b from Line a	\$ <b>13,600.00</b>	\$
a.	Gross receipts	\$ <b>13,600.00</b>										
b.	Ordinary and necessary operating expenses	\$										
c.	Rental income	Subtract Line b from Line a										
<b>5</b>	<b>Interest, dividends, and royalties.</b>	\$	\$									
<b>6</b>	<b>Pension and retirement income.</b>	\$	\$									
<b>7</b>	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor’s dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor’s spouse if Column B is completed.	\$	\$									
<b>8</b>	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width:30%;">Debtor \$ _____</td> <td style="width:35%;">Spouse \$ _____</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____										

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

9	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	a.	<b>bonus</b>	\$	<b>8,333.00</b>
	b.		\$	
			\$	<b>8,333.00</b>
10	<b>Subtotal of current monthly income.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).		\$	<b>24,433.33</b>
11	<b>Total current monthly income.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$ <b>52,766.33</b>	

**Part II. VERIFICATION**

12	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i>	
	Date: <u>August 27, 2009</u>	Signature: <u>/s/ Joseph F Uvino</u> <small>(Debtor)</small>
	Date: <u>August 27, 2009</u>	Signature: <u>/s/ Wendy M Uvino</u> <small>(Joint Debtor, if any)</small>

United States Bankruptcy Court Southern District of New York		Voluntary Petition																				
Name of Debtor (if individual, enter Last, First, Middle): <b>Uvino, Joseph F</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Uvino, Wendy M</b>																				
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) No./Complete EIN (if more than one, state all): <b>9152</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6380</b>																				
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>50 East 89th Street Apt 22F New York, NY</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>50 East 89th Street Apt 22F New York, NY</b>																				
ZIPCODE <b>10128</b>		ZIPCODE <b>10128</b>																				
County of Residence or of the Principal Place of Business: <b>New York</b>		County of Residence or of the Principal Place of Business: <b>New York</b>																				
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):																				
ZIPCODE		ZIPCODE																				
Location of Principal Assets of Business Debtor (if different from street address above):																						
ZIPCODE																						
<p style="text-align: center;"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	<p style="text-align: center;"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other _____	<p style="text-align: center;"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <p style="text-align: center;"><b>Nature of Debts</b> (Check one box.)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																				
<p style="text-align: center;"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<p style="text-align: center;"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <p><b>Check if:</b></p> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <p><b>Check all applicable boxes:</b></p> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																				
<p><b>Statistical/Administrative Information</b></p> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
1-49	50-99		100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000												
<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion													
<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion													

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Uvino, Joseph F &amp; Uvino, Wendy M</b>
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**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<p style="text-align: center;"><b>Exhibit B</b></p> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  X _____ Signature of Attorney for Debtor(s) <span style="float: right;">Date</span>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.  
 No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:  
 Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.

**Information Regarding the Debtor - Venue**  
 (Check any applicable box.)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
 (Check all applicable boxes.)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_

(Name of landlord or lessor that obtained judgment)

\_\_\_\_\_

(Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

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

**Voluntary Petition**

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

Name of Debtor(s):

**Uvino, Joseph F & Uvino, Wendy M**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

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

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

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

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

/s/ Joseph F Uvino

Signature of Debtor

**Joseph F Uvino**

/s/ Wendy M Uvino

Signature of Joint Debtor

**Wendy M Uvino**

Telephone Number (If not represented by attorney)

**August 27, 2009**

Date

**Signature of a Foreign Representative**

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

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

/s/ Avrum J. Rosen

Signature of Attorney for Debtor(s)

**Avrum J. Rosen AJR4016  
Law Offices of Avrum J. Rosen  
38 New Street  
Huntington, NY 11743**

**August 27, 2009**

Date

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

**Signature of Non-Attorney Petition Preparer**

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

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

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

Address

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

Date

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

If more than one person prepared this document, attach additional 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.*

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

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

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

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

United States Bankruptcy Court
Southern District of New York

IN RE:

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

Uvino, Joseph F

Chapter 11

Debtor(s)

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

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

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

[X] 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.

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

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

[ ] 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

- [ ] Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
[ ] 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/ Joseph F Uvino

Date: August 27, 2009



United States Bankruptcy Court  
Southern District of New York

IN RE:

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

Uvino, Wendy M

Chapter 11

Debtor(s)

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

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

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

1. Within the 180 days **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.*

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

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

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- 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/ Wendy M Uvino

Date: August 27, 2009

**United States Bankruptcy Court  
Southern District of New York**

IN RE:

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

Uvino, Joseph F &amp; Uvino, Wendy M

Chapter 11

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
<b>City Ntl Bk Gate Way Air 300 King Street Wilmington, DE 19801</b>	<b>Thomas J Luz, Esq. Attorneys For City National Bank 1500 Broadway, 21st Floor New York, NY 10036</b>	<b>loan</b>	<b>Subject to Setoff</b>	<b>664,764.00</b>
<b>Bank Of America Po Box 17054 Wilmington, DE 19850</b>	<b>(800) 421-2110</b>	<b>credit card</b>		<b>116,863.00</b>
<b>Bank Of America Po Box 17054 Wilmington, DE 19850</b>	<b>(800) 421-2110</b>	<b>credit card</b>		<b>99,276.00</b>
<b>Wollmuth Maher &amp; Deutsch LLP 500 Fifth Avenue New York, NY 10103</b>		<b>legal services</b>		<b>68,496.50</b>
<b>East Hampton Fence PO Box 534 East Hampton, NY 11937</b>		<b>general debt</b>	<b>Disputed</b>	<b>54,450.00</b>
<b>Citibank Na Po Box 769006 San Antonio, TX 78245</b>	<b>Citibank CCSI Bankruptcy Department 7930 NW 110th Street Kansas City, MO 64195-9904</b>	<b>Bank loan</b>		<b>30,085.00</b>
<b>Citi Po Box 6241 Sioux Falls, SD 57117</b>	<b>Citibank CCSI Bankruptcy Department 7930 NW 110th Street Kansas City, MO 64195-9904</b>	<b>credit card</b>		<b>22,368.00</b>
<b>Town Of East Hampton 300 Pantigo Place, Suite 106 East Hampton, NY 11937</b>		<b>Taxes</b>		<b>22,090.93</b>
<b>Kaehler Moore Architects 80 Greenwich Avenue Greenwich, CT 06830</b>	<b>Gogick Bryne &amp; O'Neill LLP 11 Broadway, Suite 1560 New York, NY 10004</b>	<b>general debt</b>	<b>Disputed</b>	<b>20,000.00</b>
<b>Westhampton Glass 44 Old Riverside Road Westhampton, NY 11978</b>	<b>Ameriassist A/R Solutions PO Box 26095 Columbus, OH 43226-0095</b>	<b>general debt</b>	<b>Disputed</b>	<b>13,344.00</b>
<b>Cbna 1000 Technology Dr Fallon, MO 63368</b>	<b>(800) 685-0935</b>	<b>Bank loan</b>		<b>10,789.00</b>
<b>Tebbens Steel 4062-704 Grumman Blvd Calverton, NY 11933</b>		<b>general debt</b>		<b>10,000.00</b>
<b>ECM-NY Architectural Hardware 32 W Water Street Sag Harbor, NY 11963</b>		<b>general debt</b>		<b>8,700.00</b>

Amex P.o. Box 981537 El Paso, TX 79998	(800) 874-2717	credit card	8,006.00
Receivable Management Services One Exchange Place, Suite 201 New York, NY 10006		general debt Disputed	7,412.00
Starkman Electric PO Box 338 Patchogue, NY 11773-0338		general debt	7,000.00
Roman Tile Inc 7 Squiretown Road Hampton Bays, NY 11946		general debt	5,140.00
Kasowitz Benson Torres & Friedman 1633 Broadway New York, NY 10019		legal services	4,279.00
Bank Of America Po Box 17054 Wilmington, DE 19850	(800) 421-2110	credit card	3,424.00
Gemb/sleepys Po Box 981439 El Paso, TX 79998	(866) 396-8254		2,844.00

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

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

Date: August 27, 2009 Signature /s/ Joseph F Uvino  
of Debtor Joseph F Uvino

Date: August 27, 2009 Signature /s/ Wendy M Uvino  
of Joint Debtor Wendy M Uvino  
(if any)

**IN RE Uvino, Joseph F & Uvino, Wendy M**

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

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

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

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

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

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

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

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>68821062647899</b> <b>Bank Of America</b> <b>4161 Piedmont Pkwy</b> <b>Greensboro, NC 27410</b>	<b>J</b>	<b>Revolving account opened 2008-05-22</b>  VALUE \$ <b>605,000.00</b>				<b>501,687.00</b>	
ACCOUNT NO. <b>Bank Of America</b> <b>Bankruptcy Noticing</b> <b>PO Box 2278</b> <b>Norfolk, VA 23501-2278</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>  VALUE \$					
ACCOUNT NO. <b>88340</b> <b>Bank Of America</b> <b>700 Louisiana Street</b> <b>Houston, TX 77002</b>	<b>J</b>	<b>mortgage as to 154 Swamp Road, East Hampton, New York</b>  VALUE \$ <b>4,100,000.00</b>				<b>3,150,000.00</b>	
ACCOUNT NO. <b>Bank Of America</b> <b>Bankruptcy Noticing</b> <b>PO Box 2278</b> <b>Norfolk, VA 23501-2278</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>  VALUE \$					
Subtotal (Total of this page)						<b>\$ 3,651,687.00</b>	\$
Total (Use only on last page)						\$	\$

2 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBITOR 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. <b>Buchanan Ingersoll &amp; Rooney PC</b> <b>50 Fountain Plaza, Suite 1230</b> <b>Buffalo, NY 14202</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>  VALUE \$					
ACCOUNT NO. <b>2002081159</b> <b>Citimortgage Inc</b> <b>Po Box 9438</b> <b>Gaithersburg, MD 20898</b>	<b>W</b>	<b>Mortgage account opened 2004-10-18</b>  VALUE \$ <b>1,400,000.00</b>				<b>750,000.00</b>	
ACCOUNT NO. <b>Citibank CCSI</b> <b>Bankruptcy Department</b> <b>7930 NW 110th Street</b> <b>Kansas City, MO 64195-9904</b>		<b>Assignee or other notification for:</b> <b>Citimortgage Inc</b>  VALUE \$					
ACCOUNT NO. <b>J Barrows Inc</b> <b>PO Box 481</b> <b>Wainscott, NY 11975</b>	<b>J</b>	<b>mechanic's lien filed for work done (in</b> <b>litigation)</b>  VALUE \$ <b>4,100,000.00</b>			<b>X</b>	<b>224,741.00</b>	
ACCOUNT NO. <b>Twomey Latham Shea Kelley</b> <b>33 West Second Street</b> <b>Riverhead, NY 11901</b>		<b>Assignee or other notification for:</b> <b>J Barrows Inc</b>  VALUE \$					
ACCOUNT NO. <b>JL Masonry</b> <b>C/O Marshall M. Stein, Esq.</b> <b>17 Cardiff Court</b> <b>Huntington Station, NY 11746</b>	<b>J</b>	<b>mechanic's lien filed for work done</b>  VALUE \$ <b>4,100,000.00</b>			<b>X</b>	<b>24,385.00</b>	
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page) \$ <b>999,126.00</b> \$	Total (Use only on last page) \$ \$

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(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBITOR 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. <b>Kolb Mechanical PO Box 106 Mattatuck, NY 11952</b>	<b>J</b>	<b>mechanic's lien for work done</b>  VALUE \$ <b>4,100,000.00</b>			<b>X</b>	<b>8,590.00</b>	
ACCOUNT NO. <b>Pools By Guillo PO Box 2148 Southampton, NY 11969</b>	<b>J</b>	<b>mechanic's lien filed for work done (in litigation)</b>  VALUE \$ <b>4,100,000.00</b>			<b>X</b>	<b>16,425.00</b>	
ACCOUNT NO. <b>Rabinowitz &amp; Galino, Esq. 94 Willis Avenue Mineola, NY 11501</b>		<b>Assignee or other notification for: Pools By Guillo</b>  VALUE \$					
ACCOUNT NO. <b>Valdespino Custom Builder 39 Industrial Road Wainscott, NY 11975</b>	<b>J</b>	<b>mechanic's lien filed for work done (in litigation)</b>  VALUE \$ <b>4,100,000.00</b>			<b>X</b>	<b>17,638.00</b>	
ACCOUNT NO. <b>Marshall M Stein, Esq 17 Cardiff Court Huntington Station, NY 11746</b>		<b>Assignee or other notification for: Valdespino Custom Builder</b>  VALUE \$					
ACCOUNT NO.		VALUE \$					
						Subtotal (Total of this page)	\$ <b>42,653.00</b> \$
						Total (Use only on last page)	\$ <b>4,693,466.00</b> \$

Sheet no. 2 of 2 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

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

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

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

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

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

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

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

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

Debtor(s)

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS  
(Continuation Sheet)**

**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	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
ACCOUNT NO. <b>Town Of East Hampton 300 Pantigo Place, Suite 106 East Hampton, NY 11937</b>	<b>J</b>	<b>real estate taxes</b>				<b>22,090.93</b>	<b>22,090.93</b>	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

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Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Totals of this page)

\$ **22,090.93** \$ **22,090.93** \$

Total  
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ **22,090.93**

Total  
(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **22,090.93** \$



**IN RE Uvino, Joseph F & Uvino, Wendy M**

Debtor(s)

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

(If known)

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

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

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

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

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>3717-080047-01008</b> <b>Amex</b> <b>P.o. Box 981537</b> <b>El Paso, TX 79998</b>	<b>W</b>	<b>Open account opened 1978-01-23</b>				<b>8,006.00</b>
ACCOUNT NO. <b>3747-200155-48044</b> <b>Bank Of America</b> <b>Po Box 17054</b> <b>Wilmington, DE 19850</b>	<b>H</b>	<b>Revolving account opened 2008-08-14</b>				<b>116,863.00</b>
ACCOUNT NO. <b>Bank Of America</b> <b>Bankruptcy Noticing</b> <b>PO Box 2278</b> <b>Norfolk, VA 23501-2278</b>		<b>Assignee or other notification for:</b> <b>Bank Of America</b>				
ACCOUNT NO. <b>3747-200156-84245</b> <b>Bank Of America</b> <b>Po Box 17054</b> <b>Wilmington, DE 19850</b>	<b>W</b>	<b>Revolving account opened 2008-08-14</b>				<b>99,276.00</b>

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5 continuation sheets attached

Subtotal  
(Total of this page) \$ **224,145.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>Bank Of America Bankruptcy Noticing PO Box 2278 Norfolk, VA 23501-2278</b>		<b>Assignee or other notification for: Bank Of America</b>				
ACCOUNT NO. <b>5200-0100-2094-7970</b> <b>Bank Of America Po Box 17054 Wilmington, DE 19850</b>	<b>J</b>	<b>Revolving account opened 1996-04-23</b>				<b>3,424.00</b>
ACCOUNT NO. <b>Bank Of America Bankruptcy Noticing PO Box 2278 Norfolk, VA 23501-2278</b>		<b>Assignee or other notification for: Bank Of America</b>				
ACCOUNT NO. <b>5490-3567-3015-9821</b> <b>Bank Of America Po Box 17054 Wilmington, DE 19850</b>	<b>J</b>	<b>Revolving account opened 2005-08-21</b>				<b>2,697.00</b>
ACCOUNT NO. <b>Bank Of America Bankruptcy Noticing PO Box 2278 Norfolk, VA 23501-2278</b>		<b>Assignee or other notification for: Bank Of America</b>				
ACCOUNT NO. <b>37014895</b> <b>Cbna 1000 Technology Dr Fallon, MO 63368</b>	<b>J</b>	<b>Revolving account opened 1997-06-01</b>				<b>10,789.00</b>
ACCOUNT NO. <b>Citibank CCSI Bankruptcy Department 7930 NW 110th Street Kansas City, MO 64195-9904</b>		<b>Assignee or other notification for: Cbna</b>				

Sheet no. 1 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **16,910.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>5424-1804-2746-1683</b> <b>Citi</b> <b>Po Box 6241</b> <b>Sioux Falls, SD 57117</b>	<b>W</b>	<b>Revolving account opened 1985-06-01</b>				<b>22,368.00</b>
ACCOUNT NO. <b>Citibank CCSI</b> <b>Bankruptcy Department</b> <b>7930 NW 110th Street</b> <b>Kansas City, MO 64195-9904</b>		<b>Assignee or other notification for:</b> <b>Citi</b>				
ACCOUNT NO. <b>96841508</b> <b>Citibank Na</b> <b>Po Box 769006</b> <b>San Antonio, TX 78245</b>	<b>J</b>	<b>Revolving account opened 2000-07-01</b>				<b>30,085.00</b>
ACCOUNT NO. <b>Citibank CCSI</b> <b>Bankruptcy Department</b> <b>7930 NW 110th Street</b> <b>Kansas City, MO 64195-9904</b>		<b>Assignee or other notification for:</b> <b>Citibank Na</b>				
ACCOUNT NO. <b>71639300004</b> <b>City Ntl Bk</b> <b>Gate Way Air 300 King Street</b> <b>Wilmington, DE 19801</b>	<b>J</b>	<b>Installment account opened 2008-08</b> <b>Subject to Setoff</b>				<b>664,764.00</b>
ACCOUNT NO. <b>Thomas J Luz, Esq.</b> <b>Attorneys For City National Bank</b> <b>1500 Broadway, 21st Floor</b> <b>New York, NY 10036</b>		<b>Assignee or other notification for:</b> <b>City Ntl Bk</b>				
ACCOUNT NO. <b>Davis &amp; Grutman</b> <b>275 Madison Avenue</b> <b>New York, NY 10016</b>	<b>J</b>	<b>accounting fees</b>				<b>2,752.64</b>

Sheet no. 2 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **719,969.64**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>DLM Construction 10 Red Bridge Lane Center Moriches, NY 11934</b>	J	contracting work				unknown
ACCOUNT NO. <b>Dr. Mark Bronsky 530 Park Avenue New York, NY 10021</b>	J	dental services				unknown
ACCOUNT NO. <b>East Hampton Fence PO Box 534 East Hampton, NY 11937</b>	J	general debt		X		54,450.00
ACCOUNT NO. <b>ECM-NY Architectural Hardware 32 W Water Street Sag Harbor, NY 11963</b>	J	general debt				8,700.00
ACCOUNT NO. <b>601919100649</b> <b>Gemb/sleepys Po Box 981439 El Paso, TX 79998</b>	W	Revolving account opened 2008-05-18				2,844.00
ACCOUNT NO. <b>UNI-50E89st</b> <b>H&amp;D Maintenance 36 17 37th Street Long Island City, NY 11101</b>	J	general repairs				1,186.71
ACCOUNT NO. <b>106601-7527212265</b> <b>Hsbc/saks 12 E 49th Street New York, NY 10017</b>	W	Revolving account opened 2008-06-10				900.00

Sheet no. 3 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **68,080.71**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>Kaehler Moore Architects 80 Greenwich Avenue Greenwich, CT 06830</b>	J	architect services in dispute			X	20,000.00
ACCOUNT NO. <b>Gogick Bryne &amp; O'Neill LLP 11 Broadway, Suite 1560 New York, NY 10004</b>						
ACCOUNT NO. <b>Kasowitz Benson Torres &amp; Friedman 1633 Broadway New York, NY 10019</b>	H	legal feels				4,279.00
ACCOUNT NO. 2531840 <b>Mt. Sinai Hospital One Gustav Levy Plaza New York, NY 10029-6574</b>						
ACCOUNT NO. <b>Receivable Management Services One Exchange Place, Suite 201 New York, NY 10006</b>	J	collection account for The Blaikie Group broker for Zurich NA			X	7,412.00
ACCOUNT NO. <b>Roman Tile Inc 7 Squiretown Road Hampton Bays, NY 11946</b>						
ACCOUNT NO. <b>Starkman Electric PO Box 338 Patchogue, NY 11773-0338</b>	J	electrical work				7,000.00

Sheet no. 4 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **44,944.21**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Uvino, Joseph F & Uvino, Wendy M

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

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	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. <b>Tebbens Steel</b> <b>4062-704 Grumman Blvd</b> <b>Calverton, NY 11933</b>	J	<b>contracting work</b>				<b>10,000.00</b>
ACCOUNT NO. <b>Waldron Consulting LLC</b> <b>60 Homewood Avenue</b> <b>North Haven, CT 06473</b>	J	<b>construction consulting for litigation</b>				<b>1,036.75</b>
ACCOUNT NO. <b>Westhampton Glass</b> <b>44 Old Riverside Road</b> <b>Westhampton, NY 11978</b>	J	<b>general unsecured debt</b>		X		<b>13,344.00</b>
ACCOUNT NO. <b>Ameriassit A/R Solutions</b> <b>PO Box 26095</b> <b>Columbus, OH 43226-0095</b>		<b>Assignee or other notification for: Westhampton Glass</b>				
ACCOUNT NO. <b>Window City</b> <b>801 County Road 39</b> <b>Southampton, NY 11969</b>	J	<b>general unsecured debt</b>		X		<b>1,200.00</b>
ACCOUNT NO. <b>Wollmuth Maher &amp; Deutsch LLP</b> <b>500 Fifth Avenue</b> <b>New York, NY 10103</b>	H	<b>legal fees</b>				<b>68,496.50</b>
ACCOUNT NO.  						

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Sheet no. 5 of 5 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **94,077.25**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **1,168,126.81**

IN RE Uvino, Joseph F & Uvino, Wendy M

Debtor(s)

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

(If known)

### SCHEDULE H - CODEBTORS

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

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Uvino, Joseph F & Uvino, Wendy M Case No. \_\_\_\_\_  
 Debtor(s) (If known)

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

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

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Son Daughter</b>	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Attorney Herzfeld-Rubin PC  40 Wall Street New York, NY 10005</b>	<b>Lehman Brothers Holding Inc  1271 Avenue Of The Americas New York, NY 10020</b>

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>10,833.33</b>	\$ <b>20,000.00</b>
2. Estimated monthly overtime	\$ _____	\$ _____
<b>3. SUBTOTAL</b>	<b>\$ 10,833.33</b>	<b>\$ 20,000.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>3,394.07</b>	\$ <b>6,253.29</b>
b. Insurance	\$ _____	\$ <b>1,200.94</b>
c. Union dues	\$ _____	\$ _____
d. Other (specify) <b>See Schedule Attached</b>	\$ _____	\$ <b>1,779.98</b>
	\$ _____	\$ _____
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 3,394.07</b>	<b>\$ 9,234.21</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 7,439.26</b>	<b>\$ 10,765.79</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ <b>8,333.00</b>	\$ _____
8. Income from real property	\$ <b>13,666.00</b>	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 21,999.00</b>	\$ _____
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 29,438.26</b>	<b>\$ 10,765.79</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 40,204.05</b>	

(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:  
**Debtors have collected rent on the Hampton property for the lease term which expires on October 31, 2009. Should the tenant not renew his lease, the Debtors shall not receive the projected income of \$13,666.00 per month.**



**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

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	DEBTOR	SPOUSE
Other Payroll Deductions:		
<b>Transit</b>		<b>192.83</b>
<b>Loan</b>		<b>1,042.32</b>
<b>Legal</b>		<b>18.96</b>
<b>WW</b>		<b>451.38</b>
<b>TD</b>		<b>74.49</b>

**IN RE Uvino, Joseph F & Uvino, Wendy M**

Debtor(s)

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

(If known)

**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 biweekly, 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 222A 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)	\$ <u>7,964.00</u>
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>179.00</u>
b. Water and sewer	\$ <u>96.00</u>
c. Telephone	\$ <u>583.00</u>
d. Other <u>Alarm</u>	\$ <u>63.00</u>
<u>Cable</u>	\$ <u>155.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>500.00</u>
4. Food	\$ <u>2,800.00</u>
5. Clothing	\$ <u>600.00</u>
6. Laundry and dry cleaning	\$ <u>500.00</u>
7. Medical and dental expenses	\$ <u>160.00</u>
8. Transportation (not including car payments)	\$ <u>100.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ _____
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>1,000.00</u>
b. Life	\$ <u>800.00</u>
c. Health	\$ <u>200.00</u>
d. Auto	\$ <u>165.00</u>
e. Other <u>Long Term Care Insurance</u>	\$ <u>600.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>Town Of East Hampton</u>	\$ <u>1,858.00</u>
<u>Federal Taxes</u>	\$ <u>1,000.00</u>
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>607.00</u>
b. Other <u>East Hampton Mortgage Payment</u>	\$ <u>13,000.00</u>
<u>Brooklyn Mortgage Payment</u>	\$ <u>1,508.00</u>
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ <u>1,100.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <u>Tuition Expense</u>	\$ <u>2,000.00</u>
_____	\$ _____
_____	\$ _____

**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. \$ **37,538.00**

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

<b>20. STATEMENT OF MONTHLY NET INCOME</b>	
a. Average monthly income from Line 15 of Schedule I	\$ <u>40,204.05</u>
b. Average monthly expenses from Line 18 above	\$ <u>37,538.00</u>
c. Monthly net income (a. minus b.)	\$ <u>2,666.05</u>

IN RE Uvino, Joseph F & Uvino, Wendy M Case No. \_\_\_\_\_  
Debtor(s) (If known)

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

Date: August 27, 2009 Signature: /s/ Joseph F Uvino  
**Joseph F Uvino** Debtor

Date: August 27, 2009 Signature: /s/ Wendy M Uvino  
**Wendy M Uvino** (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

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

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address \_\_\_\_\_

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

*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.*

United States Bankruptcy Court  
Southern District of New York

IN RE:

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

Uvino, Joseph F & Uvino, Wendy M

Chapter 11

Debtor(s)

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (Note: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ 100,000.00

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income: \$ 8,333.00

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

- 3. Net Employee Payroll (Other Than Debtor) \$ \_\_\_\_\_
- 4. Payroll Taxes \$ \_\_\_\_\_
- 5. Unemployment Taxes \$ \_\_\_\_\_
- 6. Worker's Compensation \$ \_\_\_\_\_
- 7. Other Taxes \$ \_\_\_\_\_
- 8. Inventory Purchases (Including raw materials) \$ \_\_\_\_\_
- 9. Purchase of Feed/Fertilizer/Seed/Spray \$ \_\_\_\_\_
- 10. Rent (Other than debtor's principal residence) \$ \_\_\_\_\_
- 11. Utilities \$ \_\_\_\_\_
- 12. Office Expenses and Supplies \$ \_\_\_\_\_
- 13. Repairs and Maintenance \$ \_\_\_\_\_
- 14. Vehicle Expenses \$ \_\_\_\_\_
- 15. Travel and Entertainment \$ \_\_\_\_\_
- 16. Equipment Rental and Leases \$ \_\_\_\_\_
- 17. Legal/Accounting/Other Professional Fees \$ \_\_\_\_\_
- 18. Insurance \$ \_\_\_\_\_
- 19. Employee Benefits (e.g., pension, medical, etc.) \$ \_\_\_\_\_
- 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify): \$ \_\_\_\_\_

21. Other (Specify): \$ \_\_\_\_\_

22. Total Monthly Expenses (Add items 3-21) \$ \_\_\_\_\_

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME**

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2) \$ 8,333.00

United States Bankruptcy Court  
Southern District of New York

IN RE:

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

Uvino, Joseph F & Uvino, Wendy M

Chapter **11**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: August 27, 2009

Signature: /s/ Joseph F Uvino  
**Joseph F Uvino**

Debtor

Date: August 27, 2009

Signature: /s/ Wendy M Uvino  
**Wendy M Uvino**

Joint Debtor, if any

Ameriassist A/R Solutions  
PO Box 26095  
Columbus, OH 43226-0095

Amex  
P.o. Box 981537  
El Paso, TX 79998

Bank Of America  
4161 Piedmont Pkwy  
Greensboro, NC 27410

Bank Of America  
Po Box 17054  
Wilmington, DE 19850

Bank Of America  
700 Louisiana Street  
Houston, TX 77002

Bank Of America  
Bankruptcy Noticing  
PO Box 2278  
Norfolk, VA 23501-2278

Buchanan Ingersoll & Rooney PC  
50 Fountain Plaza, Suite 1230  
Buffalo, NY 14202

Cbna  
1000 Technology Dr  
Fallon, MO 63368

Citi  
Po Box 6241  
Sioux Falls, SD 57117

Citibank CCSI  
Bankruptcy Department  
7930 NW 110th Street  
Kansas City, MO 64195-9904

Citibank Na  
Po Box 769006  
San Antonio, TX 78245

Citimortgage Inc  
Po Box 9438  
Gaithersburg, MD 20898

City Ntl Bk  
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Center Moriches, NY 11934

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530 Park Avenue  
New York, NY 10021

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East Hampton, NY 11937

ECM-NY Architectural Hardware  
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Sag Harbor, NY 11963

Gemb/sleepys  
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El Paso, TX 79998

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Long Island City, NY 11101

Hsbc/saks  
12 E 49th Street  
New York, NY 10017

Internal Revenue Service  
Sepcial Procedures  
625 Fulton Street  
Brooklyn, NY 11201



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

J Barrows Inc  
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Wainscott, NY 11975

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Greenwich, CT 06830

Kasowitz Benson Torres & Friedman  
1633 Broadway  
New York, NY 10019

Kolb Mechanical  
PO Box 106  
Mattatuck, NY 11952

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One Gustav Levy Plaza  
New York, NY 10029-6574

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PO Box 2148  
Southampton, NY 11969

Rabinowitz & Galino, Esq.  
94 Willis Avenue  
Mineola, NY 11501

Receivable Management Services  
One Exchange Place, Suite 201  
New York, NY 10006

Roman Tile Inc  
7 Squiretown Road  
Hampton Bays, NY 11946

Starkman Electric  
PO Box 338  
Patchogue, NY 11773-0338

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Office Of The Attorney General  
120 Broadway  
New York, NY 10271

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New York, NY 10036

Town Of East Hampton  
300 Pantigo Place, Suite 106  
East Hampton, NY 11937

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33 West Second Street  
Riverhead, NY 11901

US Department Of Justice  
Tax Division  
Box 55 Ben Franklin Station  
Washington, DC 20044

Valdespino Custom Builder  
39 Industrial Road  
Wainscott, NY 11975

Waldron Consulting LLC  
60 Homewood Avenue  
North Haven, CT 06473

Westhampton Glass  
44 Old Riverside Road  
Westhampton, NY 11978

Window City  
801 County Road 39  
Southampton, NY 11969

Wollmuth Maher & Deutsch LLP  
500 Fifth Avenue  
New York, NY 10103

United States Bankruptcy Court  
Southern District of New York

IN RE:

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

**Uvino, Joseph F & Uvino, Wendy M**

Chapter **11**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **425.00/hr**

Prior to the filing of this statement I have received ..... \$ **7,500.00**

Balance Due ..... \$ \_\_\_\_\_

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 compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

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CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 27, 2009**

Date

**/s/ Avrum J. Rosen**

**Avrum J. Rosen AJR4016  
Law Offices of Avrum J. Rosen  
38 New Street  
Huntington, NY 11743**