

United States Bankruptcy Court Northern District of Ohio

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Felder, Bruce B. Name of Joint Debtor (Spouse) (Last, First, Middle): Felder, Linda G. All Other Names used by the Debtor in the last 8 years... All Other Names used by the Joint Debtor in the last 8 years... Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN... Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN... Street Address of Debtor (No. and Street, City, and State): 5100 Three Village Dr. Lyndhurst, OH ZIP Code 44124 Street Address of Joint Debtor (No. and Street, City, and State): 5100 Three Village Dr. Lyndhurst, OH ZIP Code 44124 County of Residence or of the Principal Place of Business: Cuyahoga Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Nature of Business (Check one box) Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt Entity (Check box, if applicable) Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13 Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) 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." Debts are primarily business debts.

Filing Fee (Check one box) Full Filing Fee attached 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. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Chapter 11 Debtors Check one box: Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors 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 Estimated Assets \$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 Estimated Liabilities \$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

THIS SPACE IS FOR COURT USE ONLY

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

Name of Debtor(s):
Felder, Bruce B.
Felder, Linda G

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 States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

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

X /s/ Bruce B. Felder

 Signature of Debtor **Bruce B. Felder**

X /s/ Linda G Felder

 Signature of Joint Debtor **Linda G Felder**

 Telephone Number (If not represented by attorney)

April 4, 2010

 Date

Signatures

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.

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ Richard A. Baumgart

 Signature of Attorney for Debtor(s)

Richard A. Baumgart (0002664)

 Printed Name of Attorney for Debtor(s)

Dettelbach, Sicherman & Baumgart

 Firm Name

1801 East 9th St. - Suite 1100
1100 AmTrust Bank Center
Cleveland, OH 44114-3169

 Address

216-696-6000 Fax: 216-696-3338

 Telephone Number

April 4, 2010

 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 Bankruptcy 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); 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 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

X _____

 Date

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.

X _____
 Signature of Authorized Individual

 Printed Name of Authorized Individual

 Title of Authorized Individual

 Date

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

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

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

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

**United States Bankruptcy Court
Northern District of Ohio**

In re Bruce B. Felder
Linda G Felder

Debtor(s)

Case No. _____
Chapter

11

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

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

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

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

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

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

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

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/ Bruce B. Felder
Bruce B. Felder

Date: April 4, 2010

Certificate Number: 00134-OHN-CC-010474702

CERTIFICATE OF COUNSELING

I CERTIFY that on April 2, 2010, at 8:27 o'clock AM PDT,

Linda G. Felder received from

Cricket Debt Counseling,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Ohio, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: April 2, 2010

By /s/Diana Melendez

Name Diana Melendez

Title Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00134-OHN-CC-010474701

CERTIFICATE OF COUNSELING

I CERTIFY that on April 2, 2010, at 8:27 o'clock AM PDT,

Bruce B. Felder received from

Cricket Debt Counseling

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Ohio, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: April 2, 2010

By /s/Diana Melendez

Name Diana Melendez

Title Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

United States Bankruptcy Court
Northern District of Ohio

In re Bruce B. Felder
Linda G Felder

Debtor(s)

Case No. _____
Chapter

11

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

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

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

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

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

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

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

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/ Linda G Felder
Linda G Felder

Date: April 4, 2010

**United States Bankruptcy Court
Northern District of Ohio**

In re **Bruce B. Felder
Linda G Felder**

Debtor(s)

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Miscellaneous Credit Card Purchases		14,913.00
American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Miscellaneous Credit Card Purchases		4,316.00
Barnes and Wendling 1215 Superior Ave. Cleveland, OH 44114	Barnes and Wendling 1215 Superior Ave. Cleveland, OH 44114	Accounting services		3,825.00
Chase Bank 2500 Westfield Dr. Elgin, IL 60123	Chase Bank 2500 Westfield Dr. Elgin, IL 60123	Miscellaneous Credit Card Purchases		20,161.00
Cleveland Clinic c/o Clinic Medical Services Co. LLC P.O. Box 92237 Cleveland, OH 44193-0003	Cleveland Clinic c/o Clinic Medical Services Co. LLC P.O. Box 92237 Cleveland, OH 44193-0003	Medical services		4,163.00
Dick & O'Neal, Inc. 15301 Spectrum Dr. Addison, TX	Dick & O'Neal, Inc. 15301 Spectrum Dr. Addison, TX	Listed for Precaution		2,960.00
Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263	Fifth Third Bank 38 Fountain Square Plaza Cincinnati, OH 45263	Single Family Condo 5100 Three Village Dr.- #1L Lyndhurst, Ohio 44124	Disputed	650,000.00 (1,500,000.00 secured) (1,063,271.00 senior lien)
Genesis Landscaping 597 Cynthia Ct. Richmond Hts., OH 44143	Genesis Landscaping 597 Cynthia Ct. Richmond Hts., OH 44143	Landscaping Services		8,670.00
Hamptons West Condo Assoc. 20281 E. Country Club Aventura, FL 33381	Hamptons West Condo Assoc. 20281 E. Country Club Aventura, FL 33381	Condominium Fees		16,000.00

In re **Bruce B. Felder**
Linda G Felder

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Hillcrest Carpet 1446 SOM Center Rd. Cleveland, OH 44124	Hillcrest Carpet 1446 SOM Center Rd. Cleveland, OH 44124	Merchandise		2,870.00
HSBC P.O. Box 4144 Carol Stream, IL 60197	HSBC P.O. Box 4144 Carol Stream, IL 60197	Miscellaneous Credit Card Purchases		12,291.00
Illuminating Co. P.O. Box 3638 Akron, OH 44309-3638	Illuminating Co. P.O. Box 3638 Akron, OH 44309-3638	Utility Service		5,200.00
Kohrman Jackson & Krantz P.L.L. 1375 East 9th Street Cleveland, OH 44114	Kohrman Jackson & Krantz P.L.L. 1375 East 9th Street Cleveland, OH 44114	Listed for Precaution	Disputed	7,000.00
Mercedes Benz Financial P.O. Box 9001680 Louisville, KY 40290-1680	Mercedes Benz Financial P.O. Box 9001680 Louisville, KY 40290-1680	Auto Lease		2,900.00
Metro Health System P.O. Box 931703 Cleveland, OH 44193	Metro Health System P.O. Box 931703 Cleveland, OH 44193	Medical Services		2,880.00
Neiman Marcus P.O. Box 5235 Carol Stream, IL 60197-5235	Neiman Marcus P.O. Box 5235 Carol Stream, IL 60197-5235	Miscellaneous Credit Card Purchases		2,722.00
Park Synagogue 3300 Mayfield Road Cleveland, OH 44118-1899	Park Synagogue 3300 Mayfield Road Cleveland, OH 44118-1899	Dues		5,000.00
Saks Fifth Avenue P.O. Box 4144 Carol Stream, IL 60197-4144	Saks Fifth Avenue P.O. Box 4144 Carol Stream, IL 60197-4144	Miscellaneous Credit Card Purchases		2,614.00
J. Gary Seewald 1220 W. 6th St. #205 Cleveland, OH 44113	J. Gary Seewald 1220 W. 6th St. #205 Cleveland, OH 44113	Loan		2,900.00
Weltman Weinberg & Reis 323 W. Lakeside Ave Suite 200 Attn: Robert Weltman Cleveland, OH 44113	Weltman Weinberg & Reis 323 W. Lakeside Ave Suite 200 Attn: Robert Weltman Cleveland, OH 44113	Legal Services		6,000.00

In re Bruce B. Felder
Linda G Felder
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

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

We, **Bruce B. Felder** and **Linda G Felder**, the debtors in this case, declare under penalty of perjury that we have read the foregoing list and that it is true and correct to the best of our information and belief.

Date April 4, 2010

Signature /s/ Bruce B. Felder
Bruce B. Felder
Debtor

Date April 4, 2010

Signature /s/ Linda G Felder
Linda G Felder
Joint Debtor

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

**United States Bankruptcy Court
Northern District of Ohio**

In re **Bruce B. Felder
Linda G Felder**

Debtor(s)

Case No. _____

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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 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	\$	To be paid hourly based upon fee application
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>Unknown - to be determined upon application</u>

2. \$ **1,039.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify): Forum Consulting LLC - owned by Debtor

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. 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.

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

a. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

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.

Dated: **April 4, 2010**

/s/ Richard A. Baumgart

**Richard A. Baumgart (0002664)
Dettelbach, Sicherman & Baumgart
1801 East 9th St. - Suite 1100
1100 AmTrust Bank Center
Cleveland, OH 44114-3169
216-696-6000 Fax: 216-696-3338**

**United States Bankruptcy Court
Northern District of Ohio**

In re **Bruce B. Felder**
Linda G Felder
Debtor(s)

Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

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

Date: **April 4, 2010**

/s/ Bruce B. Felder
Bruce B. Felder
Signature of Debtor

Date: **April 4, 2010**

/s/ Linda G Felder
Linda G Felder
Signature of Debtor

AARP - Medicare RX Preferred
P.O. Box 5840
Carol Stream, IL 60197-5840

American Express
P.O. Box 297812
Fort Lauderdale, FL 33329-7812

AT & T
P.O. Box 8100
Aurora, IL 60507-8100

Barnes and Wendling
1215 Superior Ave.
Cleveland, OH 44114

Bell South
P.O. Box 10020
Columbia, SC 29202

Jared Bendis
2473 E. 124th St.
Cleveland, OH 44120

Capital One
P.O. Box 60590
City Of Industry, CA 91716-0599

CBCS
P.O. Box 164059
Columbus, OH 43216-4059

Chase Bank
2500 Westfield Dr.
Elgin, IL 60123

Chase Bank
P.O. Box 15153
Wilmington, DE 19886-5153

City of Cleveland Div. Water
P.O. Box 94540
Cleveland, OH 44101-4540

Clerk of Courts
Cuyahoga County Common Pleas Court
1200 Ontario Street, Justice Center
Cleveland, OH 44113

Cleveland Clinic
c/o Clinic Medical Services Co. LLC
P.O. Box 92237
Cleveland, OH 44193-0003

Cleveland Clinic
9500 Euclid Avenue
Cleveland, OH 44195

Countrywide HomeLoan
Customer Service CA919 01 41
P.O. Box 5170
Simi Valley, CA 93062-0170

Custom Design
5280 Mayfield Rd.
Cleveland, OH 44124

Cuyahoga County Treasurer
112 County Administration Bldg.
1219 Ontario Street
Cleveland, OH 44113

Dick & O'Neal, Inc.
15301 Spectrum Dr.
Addison, TX

Direct TV
P.O. Box 6414
Carol Stream, IL 60197

ERM Communications
P.O. Box 391524
Solon, OH 44139

Eurocars
177 E. Washington St.
Chagrin Falls, OH 44022

Todd Felder
2601 Richmond Rd.
Beachwood, OH 44122

Traci Felder-Ritt
8774 Bainbridge Rd.
Chagrin Falls, OH 44022

Fifth Third Bank
38 Fountain Square Plaza
Cincinnati, OH 45263

First Premier Bank
P.O. Box 5147
Sioux Falls, SD 57117

Florida Power
Central Mail Facility
34346-88464
Miami, FL 33188-0001

Gas House
7125 Krick Rd.
Walton Hills, OH 44146

Genesis Landscaping
597 Cynthia Ct.
Richmond Hts., OH 44143

H2O Irrigation
P.O. Box 16743
Rocky River, OH 44116

Hampton's West Condo Restaurant
20281 E. Country Club Rd. #1102
Miami, FL 33180

Hamptons West Condo Assoc.
20281 E. Country Club
Aventura, FL 33381

Hillcrest Carpet
1446 SOM Center Rd.
Cleveland, OH 44124

HSBC
P.O. Box 4144
Carol Stream, IL 60197

HSBC - Rochester Big and Tall
Payment Center
P.O. Box 5244
Carol Stream, IL 60197-5241

Illuminating Co.
P.O. Box 3638
Akron, OH 44309-3638

Amy Johns
2471 W. 5th St.
Cleveland, OH 44113

Kaman & Cusimano
2000 Terminal Tower
50 Public Square
Cleveland, OH 44113

Alan Kaplan DDS
400 Arthur Godfrey
Miami Beach, FL 33140

KEI Body Works
100 Industrial Parkway
Chagrin Falls, OH 44022

Kohrman Jackson & Krantz P.L.L.
1375 East 9th Street
Cleveland, OH 44114

Mercedes Benz Financial
P.O. Box 9001680
Louisville, KY 40290-1680

Metro Health System
P.O. Box 931703
Cleveland, OH 44193

Miami Dade Real Estate Taxes
140 W. Fagler St.
Miami, FL 33130

Middleton Roofing
8300 Kelly Dr.
Mentor, OH 44060

Nationwide Credit
P.O. Box 740640
Atlanta, GA 30374-0640

NCO Financial
P.O. Box 15456
Wilmington, DE 19850-5456

Neiman Marcus
P.O. Box 5235
Carol Stream, IL 60197-5235

Nelaview Florist
2132 Noble Rd.
Cleveland, OH 44112

Clifford Norton
26801 Miles Rd.
Cleveland, OH 44128

Thomas Novack
Likens & Blomquist
3700 Corporate Dr. Suite 120
Columbus, OH 43231

Park Synagogue
3300 Mayfield Road
Cleveland, OH 44118-1899

Prince Parker Associates
P.O. Box 474690
Charlotte, NC 28247-4690

R.I.T.A.
P.O. Box 94736
Cleveland, OH 44101

Revenue Group
3700 Park East Dr. Suite 240
Beachwood, OH 44122-4308

Saks Fifth Avenue
P.O. Box 4144
Carol Stream, IL 60197-4144

J. Gary Seewald
1220 W. 6th St. #205
Cleveland, OH 44113

Dr. Teri Skadron
2027 Pine Ridge Rd.
West Saint Paul, MN 55118

Lee Spiegelman
c/o Norman Segall, Atty.
701 Brickell Ave. #1900
Miami, FL 33131

SRA Associates
401 Minnetonka
Marlton, NJ 08053

Stroom Resnick
29601 Cedar Rd. #600
Lyndhurst, OH 44124

Three Village Condo Association
First Realty Property Mgmt.
6690 Beta Dr. #220
Mayfield Village, OH 44143

Travelers
c/o CCS
P.O. Box 55126
Boston, MA 02205-5126

University Hospitals
11100 Euclid Avenue
Cleveland, OH 44106

University Hospitals Medical Group
P.O. Box 74116
Cleveland, OH 44194-4416

University Hospitals Revenue Group
3700 Park East Dr.
Beachwood, OH 44122

Verizon
P.O. Box 25505
Lehigh Valley, PA 18002-5505

Weltman Weinberg & Reis
323 W. Lakeside Ave Suite 200
Attn: Robert Weltman
Cleveland, OH 44113

Bruce B. Felder

In re Linda G Felder

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 CURRENT MONTHLY INCOME																														
1	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.</p> <p>b. <input type="checkbox"/> Married, not filing jointly. Complete only column A ("Debtor's Income") for Lines 2-10.</p> <p>c. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</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>				Column A	Column B																								
		Debtor's	Income	Spouse's																										
		Income		Income																										
2	Gross wages, salary, tips, bonuses, overtime, commissions.				\$ 0.00	\$ 0.00																								
3	<p>Net income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If more than one business profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Debtor</th> <th colspan="2" style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td colspan="4" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>						Debtor		Spouse		a.	Gross receipts	\$	0.00	\$	0.00	b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00	c.	Business income	Subtract Line b from Line a				\$ 0.00	\$ 0.00
		Debtor		Spouse																										
a.	Gross receipts	\$	0.00	\$	0.00																									
b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00																									
c.	Business income	Subtract Line b from Line a																												
4	<p>Net Rental and other real property income. 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;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Debtor</th> <th colspan="2" style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Rent and other real property income</td> <td colspan="4" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>						Debtor		Spouse		a.	Gross receipts	\$	0.00	\$	0.00	b.	Ordinary and necessary operating expenses	\$	0.00	\$	0.00	c.	Rent and other real property income	Subtract Line b from Line a				\$ 0.00	\$ 0.00
		Debtor		Spouse																										
a.	Gross receipts	\$	0.00	\$	0.00																									
b.	Ordinary and necessary operating expenses	\$	0.00	\$	0.00																									
c.	Rent and other real property income	Subtract Line b from Line a																												
5	Interest, dividends, and royalties.				\$ 0.00	\$ 0.00																								
6	Pension and retirement income.				\$ 0.00	\$ 0.00																								
7	<p>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. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse if Column B is completed.</p>				\$ 0.00	\$ 0.00																								
8	<p>Unemployment compensation. 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;"> <tbody> <tr> <td style="width: 60%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="text-align: center;">Debtor \$</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">Spouse \$</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table>				Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00	\$ 0.00	\$ 0.00																			
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00																										
9	<p>Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. 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. 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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Debtor</th> <th colspan="2" style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td style="text-align: center;">\$</td> <td></td> </tr> </tbody> </table>						Debtor		Spouse		a.		\$		\$		b.		\$		\$		\$ 0.00	\$ 0.00						
		Debtor		Spouse																										
a.		\$		\$																										
b.		\$		\$																										
10	Subtotal of current monthly income. Add lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 thru 9 in Column B. Enter the total(s).				\$ 0.00	\$ 0.00																								

11	Total current monthly income. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ 0.00
----	--	----------------

Part II. VERIFICATION

12	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>April 4, 2010</u>	Signature: <u>/s/ Bruce B. Felder</u> Bruce B. Felder (Debtor)
	Date: <u>April 4, 2010</u>	Signature <u>/s/ Linda G Felder</u> Linda G Felder (Joint Debtor, if any)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **10/01/2009** to **03/31/2010**.

Non-CMI - Social Security Act Income

Source of Income: **Social Security**

Constant income of **\$1,640.00** per month.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **10/01/2009** to **03/31/2010**.

Non-CMI - Social Security Act Income

Source of Income: **Social Security**

Constant income of **\$510.00** per month.

