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United States Bankruptcy Court  
District of Puerto Rico, San Juan Division

IN RE:

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

**JAYUYA MEMORIAL, INC**

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 5, 2016**

Signature: **/s/ JUAN MORALES GONZALEZ**

**JUAN MORALES GONZALEZ, PRESIDENT** Debtor

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

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

Joint Debtor, if any

BANCO POPULAR DE PUERTO RICO  
PO BOX 362708 DEPARTAMENTO DE QUIEBRAS  
SAN JUAN, PR 00936

CIDRA METALIC  
PO BOX 177  
CIDRA, PR 00739-0177

CRIM  
PO Box 195387  
San Juan, PR 00919-5387

DEPARTAMENTO DE HACIENDA  
BANKRUPTCY DEPARTMENT  
235 AVE ARTERIAL STE 1504  
SAN JUAN, PR 00918

DEPARTMENT OF LABOR  
PO BOX 1020  
SAN JUAN, PR 00919-1020

INTERNAL REVENUE SERVICE  
DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
PHILADELPHIA, PA 19154

LUVIS AMBULANCE  
PO BOX 783  
JAYUYA, PR 00664

MUNICIPIO DE JAYUYA  
PO Box 488  
Jayuya, PR 00664-0488

STATE INSURANCE FUND  
PO Box 330949  
Ponce, PR 00733-0949

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

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If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name JAYUYA MEMORIAL, INC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 66-0708630

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

CARR 144 INT. K.M 1.2  
DESVIO NORTE  
JAYUYA, PR 00664  
Number, Street, City, State & ZIP Code

PO BOX 783  
JAYUYA, PR 00664-0783  
P.O. Box, Number, Street, City, State & ZIP Code

Jayuya  
County

Location of principal assets, if different from principal place of business

CARR 144 KM 1.2 DESVIO NORTE STA  
BARBARA JAYUYA, PR 00664  
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor  Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor **JAYUYA MEMORIAL, INC**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- 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).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No.
- Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **JAYUYA MEMORIAL, INC**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated Assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **JAYUYA MEMORIAL, INC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 5, 2016  
MM / DD / YYYY

X /s/ JUAN MORALES GONZALEZ  
Signature of authorized representative of debtor  
  
Title PRESIDENT

JUAN MORALES GONZALEZ  
Printed name

**18. Signature of attorney**

X /s/ Jesus E. Batista Sanchez  
Signature of attorney for debtor

Date August 5, 2016  
MM / DD / YYYY

Jesus E. Batista Sanchez  
Printed name

The Batista Law Group  
Firm name

420 Ave Ponce de Leon  
San Juan, PR 00918-3416  
Number, Street, City, State & ZIP Code

Contact phone (787) 620-2856 Email address jesus.batista@batistalawgroup.com

12817  
Bar number and State

**Fill in this information to identify the case:**

Debtor name JAYUYA MEMORIAL, INC  
 United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

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A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BANCO POPULAR DE PUERTO RICO PO BOX 362708 DEPARTAMENTO DE QUIEBRAS SAN JUAN, PR 00936		BUSINESS DEBT				\$60,398.47
BANCO POPULAR DE PUERTO RICO PO BOX 362708 DEPARTAMENTO DE QUIEBRAS SAN JUAN, PR 00936		BUSINESS DEBT				\$3,989.51
BANCO POPULAR DE PUERTO RICO PO BOX 362708 DEPARTAMENTO DE QUIEBRAS SAN JUAN, PR 00936		BUSINESS DEBT				\$362.40
CIDRA METALIC PO BOX 177 CIDRA, PR 00739-0177		BUSINESS DEBT				\$13,276.31
DEPARTAMENTO DE HACIENDA BANKRUPTCY DEPARTMENT 235 AVE ARTERIAL STE 1504 SAN JUAN, PR 00918		TAX LIABILITY				\$8,668.00



Debtor **JAYUYA MEMORIAL, INC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
DEPARTAMENTO DE HACIENDA BANKRUPTCY DEPARTMENT 235 AVE ARTERIAL STE 1504 SAN JUAN, PR 00918		TAX LIABILITY				\$2,384.64
DEPARTMENT OF LABOR PO BOX 1020 SAN JUAN, PR 00919-1020		INSURANCE				\$236.51
DEPARTMENT OF LABOR PO BOX 1020 SAN JUAN, PR 00919-1020		INSURANCE (UNEMPLOYMENT)				\$2,420.39
INTERNAL REVENUE SERVICE DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA, PA 19154		TAX LIABILITY				\$12,000.00
MUNICIPIO DE JAYUYA PO Box 488 Jayuya, PR 00664-0488		TAX LIABILITY				\$1,170.06
STATE INSURANCE FUND PO Box 330949 Ponce, PR 00733-0949		INSURANCE				\$1,425.06