Fill	in	this	information	to	identify	your	case:
------	----	------	-------------	----	----------	------	-------

United	States	Bankruptcy	Court for	the:

_____ District of _____

Case number (# known):	Chapter you are filing under:
· · · · ·	Chapter 7
	Chapter 11
	Chapter 12
	Chapter 13

Check if this is an amended filing

12/15

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		an an men sen a sur sur sen and the states sen and sen and the sen and the sen and the sen and the sen and the The sen and the
	Write the name that is on your government-issued picture	Susan	
	identification (for example, your driver's license or	First name Grace	First name
	passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Castagnoli Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
19672893	27 2010 III III III III III III III III III		
2.	All other names you have used in the last 8	Susan	First name
	years	First name Grace	rirst name
	Include your married or	Middle name	Middle name
	maiden names.	Krokosz	
		Last name	Last name
1		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of	xxx - xx	xxx - xx
	your Social Security		AAA - AA
	number or federal Individual Taxpayer	OR	
	Identification number (ITIN)	$9 \times x - x - 1 4 7 9$	9 xx - xx

Voluntary Petition for Individuals Filing for Bankruptcy Case 17-26273-gmh Doc 1 Filed 06/26/17 Page 1 of 8

Debtor 1 Susan Grace First Name Middle Na		Case number (# known)
apparantan kana kana kana kana kana kana kana	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
 Any business names and Employer Identification Numbers 	I have not used any business names or EINs.	I have not used any business names or EINs.
(EIN) you have used in the last 8 years	Law Offices of Susan G. Castagnoli Business name	- Business name
Include trade names and		
doing business as names	Business name	Business name
	$\frac{3}{\text{EIN}} - \frac{4}{5} \cdot \frac{5}{4} \cdot \frac{1}{1} \cdot \frac{4}{4} \cdot \frac{7}{9} \cdot \frac{9}{9}$	
	EIN	EIN
. Where you live	51509623215994545947927979893996999999999999999999999999999999	If Debtor 2 lives at a different address:
	8785 3rd Ave	
	Number Street	Number Street
	Pleasant Prairie Wi 53158	
	City State Z/P Code	
	Kenosha	County
	County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Cod
Why you are choosing this district to file for	Check one:	Check one:
bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)

	art 2: Tell the Court Abou		anniupicy case				
7.	The chapter of the Bankruptcy Code you		ne. (For a brief descript ruptcy (Form 2010)). Al			U.S.C. § 342(b) for Individuals Filing ne appropriate box.	
are choosing to file under		🗹 Chap	Chapter 7				
		🔲 Chap	Chapter 11				
	н. На страна стр	🖵 Chap	oter 12				
		🛛 Char	oter 13				
8.	How you will pay the fee	 I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the 					
		By la less	uest that my fee be aw, a judge may, but than 150% of the off	waived (You may is not required to, v cial poverty line that s). If you choose th	request this opt vaive your fee, a at applies to you is option, you m	nts (Official Form 103A). ion only if you are filing for Chapter and may do so only if your income is ir family size and you are unable to sust fill out the <i>Application to Have ti</i> with your petition.	
9.	Have you filed for	No.					
9.	Have you filed for bankruptcy within the last 8 years?	🖬 No 🗋 Yes.	District	When		Case number	
9.		_		,	MM / DD / YYYY		
9.	bankruptcy within the	_	District	When			
9.	bankruptcy within the	_		,	MM / DD / YYYY		
9.	bankruptcy within the	_	District	When		Case number	
	bankruptcy within the last 8 years?	Tyes.	District	When	MM / DD / YYYY	Case number	
	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being	Yes.	District	When	MM / DD / YYYY MM / DD / YYYY	Case number	
	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is	Yes.	District	When	MM / DD / YYYY MM / DD / YYYY	Case number	
	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being	Yes.	District	When	MM / DD / YYYY MM / DD / YYYY	Case number	
	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes.	District	When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number	
	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes.	District	When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number	
10.	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	☐ Yes. No Yes.	District Debtor District Debtor District Go to line 12.	When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number	
10.	bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Do you rent your	☐ Yes. No Yes.	District Debtor District Debtor Debtor District Go to line 12. Has your landlord obta	When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number	

Debtor 1 Susan Grace	Castagnoli Case number (If known)
Part 3: Report About Any B	usinesses You Own as a Sole Proprietor
12. Are you a sole proprietor of any full- or part-time	No. Go to Part 4.
business?	Yes. Name and location of business
A sole proprietorship is a business you operate as an individual, and is not a	Institute for Economic Empowerment
separate legal entity such as a corporation, partnership, or LLC.	8785 3rd Ave Number Street
If you have more than one sole proprietorship, use a	
separate sheet and attach it to this petition.	Pleasant Prairie City State
	Check the appropriate box to describe your business:
	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))
	Stockbroker (as defined in 11 U.S.C. § 101(53A))
	Commodity Broker (as defined in 11 U.S.C. § 101(6))
	Vorie of the above
 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). 	 If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flew statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes: I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part 4: Report if You Own	or Have Any Hazardous Property or Any Property That Needs Immediate Attention
14. Do you own or have any	No.
property that poses or is alleged to pose a threat	Yes. What is the hazard?
of imminent and identifiable hazard to	
public health or safety? Or do you own any	
property that needs immediate attention?	If immediate attention is needed, why is it needed?
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	
	Where is the property?
	City State ZIP Code
Official Form 101	Voluntary Petition for Individuals Filing for Bankruptcypage 4e 17-26273-gmhDoc 1Filed 06/26/17Page 4 of 8

Debtor 1

Susan Grace Castagnoli

Case number (# known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

- Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
	I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1	Susan	Grace (Castac	noli
	First Name	Middle Name		i ast Na

Part 6: Answer These Que	stions for Reporting Purpose	28			
16. What kind of debts do vou have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."				
you nave?	No. Go to line 16b.Yes. Go to line 17.	· · · ·		Ô	
	16b. Are your debts primari money for a business or inv	ly business debts? Busing estment or through the operation			
	No. Go to line 16c.Yes. Go to line 17.				
	16c. State the type of debts you	owe that are not consumer de	ebts or business debts.		
17. Are you filing under Chapter 7?	No. I am not filing under Cha	apter 7. Go to line 18.			
Do you estimate that after any exempt property is	Yes. I am filing under Chapte administrative expenses	er 7. Do you estimate that after s are paid that funds will be av	r any exempt property is exclu vailable to distribute to unsecu	uded and red creditors?	
excluded and administrative expenses	No				
are paid that funds will be available for distribution to unsecured creditors?	C Yes	\sim			
18. How many creditors do	1-49	1,000-5,000	25,001-50		
you estimate that you owe?	 ✓ 50-99 □ 100-199 □ 200-999 	5,001-10,000 10,001-25,000	 50,001-10 More that 		
19. How much do you	\$0-\$50,000	\$1,000,001-\$10 millio		001-\$1 billion	
estimate your assets to be worth?	\$50,001-\$100,000 \$100,001-\$500,000	□ \$10,000,001-\$50 milli □ \$50,000,001-\$100 mi	· · · · · ·	00,001-\$10 billion 000,001-\$50 billion	
ana darah sama kara kara kara kara kara kara kara k	\$500,001-\$1 million	□ \$100,000,001-\$500 m	nillion 🔲 More than	1 \$50 billion	
20. How much do you estimate your liabilities	\$0-\$50,000	1 \$1,000,001-\$10 millio		,001-\$1 billion)0,001-\$10 billion	
to be?	\$50,001-\$100,000 \$100,001-\$500,000	☐ \$10,000,001-\$50 milli ☐ \$50,000,001-\$100 mi		00,001-\$10 billion	
Part 7: Sign Below	\$500,001-\$1 million	🖵 \$100,000,001-\$500 n	nillion 🛛 More than	n \$50 billion	
For you	I have examined this petition, an correct.	d I declare under penalty of p	erjury that the information pro	vided is true and	
10	If I have chosen to file under Chapter 7, 1 am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
	If no attomey represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, 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.				
	l understand making a false state with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519, a	It in fines up to \$250,000, or ir			
	* <u>Lusa Gra</u>	ice astand is	Signature of Debtor 2		
	Signature of Debtor 1	/17	Signature of Debtor 2		
	Executed on MM / DD / Y	<u>/////////////////////////////////////</u>	Executed on	<u>~~~</u>	

Case number (if known)

Voluntary Petition for Individuals Filing for Bankruptcy Case 17-26273-gmh Doc 1 Filed 06/26/17 Page 6 of 8

or your attorney, if you are presented by one	to proceed under Chapter 7, 11, 12, or 13 of tavailable under each chapter for which the per-	petition, declare that I have informed the debtor(s) about eligibility ittle 11, United States Code, and have explained the relief erson is eligible. I also certify that I have delivered to the debtor(s) I, in a case in which § 707(b)(4)(D) applies, certify that I have no
you are not represented y an attorney, you do not	knowledge after an inquiry that the informatio	n in the schedules filed with the petition is incorrect.
eed to file this page.	×X	Date
	Signature of Attorney for Debtor	MM / DD /YYYY
	Printed name	
	Firm name	
	Number Street	
	City	State ZIP Code
	Contact phone	Email address
	Bar number	State
	5	
O		

attorney

For you if you are filing this

bankruptcy without an

Case number (if known

The law allows you, as an individual, to represent yourself in bankruptcy court, but you

themselves successfully. Because bankruptcy has long-term financial and legal

should understand that many people find it extremely difficult to represent

consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very If you are represented by technical, and a mistake or inaction may affect your rights. For example, your case may be an attorney, you do not dismissed because you did not file a required document, pay a fee on time, attend a meeting or need to file this page. hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? D No Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No No Z Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No No Yes. Name of Person, Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. Signature of Debtor 2 Signature of Debto Date Date MM / DD / YYYY Contact phone Contact phone Cell phone Cell phone Email address Email address page 8 Voluntary Petition for Individuals Filing for Bankruptcy Official Form 101 Case 17-26273-gmh Doc 1 Filed 06/26/17 Page 8 of 8

|--|--|--|

Titt in th	is information to id	entify your case:				
Debtor 1	Susan Grace		Last Name		2017 JUL 10 PM 1: 40	
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Løst Name		EASTERN MISTER TOT	-
United St	ates Bankruptey Court	or the: Eastern District of W	Visconsin	Y	h™ ≱.c. ≫é. e	
Case nur	mber <u>17-26273</u> (If known)					Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct Information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1e. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ <u>1,085.00</u>
1c. Copy line 63, Total of all property on Schedule A/B	\$12,685.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$0.00
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 	\$416,098.76
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	···· + \$0.00
Your total llabilities	\$416,098.76
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	
 Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J 	\$6,234.00

otor 1	Susan Grace Castagnoli Ca Pirsi Name Middle Name Last Name	ase number (if known) <u>17-20273</u>
urt 4:	Answer These Questions for Administrative and Statistical Records	
Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?	
🗋 No 🗹 Ye	. You have nothing to report on this part of the form. Check this box and submit this f s	orm to the court with your other schedules.
What k	ens sea and the sea of	
Yo fan	ur debts are primarily consumer debts. Consumer debts are those "incurred by ar nily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	nindividual primarily for a personal, oses. 28 U.S.C. § 159.
	ur debts are not primarily consumer debts. You have nothing to report on this par s form to the court with your other schedules.	t of the form. Check this box and submit
From 1	the Statement of Your Current Monthly Income: Copy your total current monthly in 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official
Copy t	he following special categories of claims from Part 4, line 6 of Schedule E/F.	$\langle \cdot \rangle$
		Total claim
Fron	n Part 4 on Schedule E/F, copy the following:	
9a, Do	mestic support obligations (Copy line 6a,)	\$
9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Cla	nims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Stu	udent loans. (Copy line 6f.)	\$
	ligations arising out of a separation agreement or divorce that you did not report as ority claims. (Copy line 6g.)	\$
9f. De	bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$
9g. To	tal. Add lines 9a through 9f.	\$

	Susan Grace	Castagnoli		
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name	
United State	s Bankruptcy Court fo	r the: Eastern District of W	lisconsin	
Case numbe	17-26273			

12/15

Official Form 106A/B Schedule A/B: Property

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

 No. Go to Part 2. Yes. Where is the property? 1.1. 8785 3rd Ave Street address, if available, or other description 	 What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home 	Do not deduct secured claim the amount of any secured Creditors Who Have Claims Current value of the entire property? \$ 165,000.00	claims on ocheoure D.
Pleasant Prairie WI 53158 City State ZIP Code	 Land Investment property Timeshare Other Wisconsin Homestead Who has an interest in the property? Check one. 	Describe the nature of Interest (such as fee s the entireties, or a life Homestead right as	imple, tenancy by estate), if known.
Kenosha County	 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this if property identification number:	Check if this is col (see instructions) tem, such as local	nmunity property
If you own or have more than one, list here:	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cle the amount of any secure Creditors Who Have Clair	r claims on Schedule U.
1,2, Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	Current value of the entire property? \$	Current value of the portion you own? \$
City State ZIP Code	Investment property Timeshare Other	Describe the nature interest (such as fee the entireties, or a li	simple, tenancy by
County	 Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this is property identification number:	Check If this is c (see instructions) tem, such as local	ommunity property

Schedule A/B: Property Case 17-26273-gmh Doc 9 Filed 07/11/17

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1.3. Street address, if available, or other description Duplex or multi-unit building Creditors Who Have Calinas of Schedul Creditors Creditors Creditors and Unexpired Leases. 1.3. Streat Credit Credits Avehices Mether they are registered or not? In	Ministing Lat Name 1.3. Street address, if available, or other description What is the property? Check all that appy. Do not deduct secured dams or scenptions. Provide amount of any secured dams or schedule. Cerditors With Hore Claims Constructed or not amount of any secured dams or schedule. Cerditors With Hore Claims Constructed or not amount of any secured dams or schedule. Cerditors With Hore Claims Constructed or not address. If available, or other description 1.3. 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Official Form 106A/B

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Water	tor 1	Susan Grace Castagnoli First Name Middle Name Last M	Name Course and the second sec	17-26273	20049904904515129491129491251251251251251251251251251251251251251
Year:	3.3.			the amount of any secured	d claims on Schedule
Approximate mileage: □ At least one of the debtors and another Other information: □ Check if this is community property? Check one, instructions) □ Do not deduct secured dating or exampliant, if the secure of the debtors and another 3.4. Make: □ Debtor 1 only □ Do not deduct secure dating or exampliant, if the secure of the debtors and another Year: □ Debtor 1 only □ Debtor 2 only □ Year: □ Debtor 1 and Debtor 2 only □ Debtor 1 only □ Other information: □ Check if this is community property (see instructions) S					Current value of
3.4. Make:		Approximate mileage:	At least one of the debtors and another	entite property.	Po: 0011 Jon 0111
34. Make:		Other information:		¢	e
3.4 Made:				Ψ	
Model:	34	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	tims or exemptions. P
Year: Debtor 2 only Current value of the Current value of the property? Current value of the control y control	0.11	Model	Debtor 1 only		
Approximate mileage:			Debtor 2 only	Current value of the	Current value of
Cher information: Check if this is community property (see instructions) \$					portion you own
Check if this is community property (see instructions) Check if this is community property (see instructions) Mate: Sea Ray Model: Model		Approximate mileage:	At least one of the debtors and another		
Instructions) Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boets, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yess 4.1. Make: Sea Ray Model: Sea Ray Year: 1986 Other information: Boat has no workable engines to Debtors engines to Debtors No 4.2. Make: Model: Year: Debtor 1 and Debtor 2 only Check if this is community property? Check one. Model: Year: Model: Who has an interest in the property? Check one. If you own or have more than one, list here: 4.2. Make: Model: Year: Obetor 1 and Debtor 2 only Debtor 1 an		Other information:	Check if this is community property (see	\$	\$
knowledge.Dry docked for 5 instructions) if you own or have more than one, list here:				auliga	
4.2. Make:	Exan D N 2 Y	oples: Boats, trailers, motors, personal wat o es Make: <u>Sea Ray</u> Model: <u>Sea Ray</u> Year: <u>1986</u> Other information: Boat has no workable	 Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	Do not deduct secured of the amount of any secure <i>Creditors Who Have Clai</i> Current value of the entire property?	d claims on Schedule
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Last Name

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Part 3: Describe Your Personal and Household Items	
Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, furniture, linens, china, kitchenware	
Yes. Describe Average house hold furniture, bed, couch, futon, table, 8 chairs, 15 year old Temperdic Mattress-King Size	\$\$
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
Yes. Describe	\$300.00
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
Vo Ves. Describe	\$0.00
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	¢ 25.00
Yes, Describe Gazelle	\$25.00
10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	د 0.00
	\$0.00
11. Clothes Exemples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
Yes. Describe Average clothes	\$200.00
12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
Ves. Describe	\$ 50.00
Yes. Describe	
1 <mark>3. Non-farm animals</mark>	
Examples: Dogs, cats, birds, horses	
D No	
Yes. Describe	\$10.00
14. Any other personal and household items you did not already list, including any health aids you did not list	
No No	
Yes. Give specific	\$
information.	
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$ 1.085.00
for Part 3. Write that number here	

Debtor 1	Susan Gr	ace
000101	First Name	N

san Grace Castagnoli

Last Name

Case number (# known) 17-26273

Part 4: Describe You	r Financial Assets			
Do you own or have any l	egal or equitable interest in a	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash · Examples: Money you h	nave in vour wallet, in your hom	ne, in a safe deposit box, and on hand when you t	lile your petitio	n
				0
			Cash: ,	\$300.00
17. Deposits of money Examples: Checking, s and other si	avings, or other financial accou milar institutions. If you have m	ints; certificates of deposit; shares in credit union ultiple accounts with the same institution, list eac	s, brokerage h h.	ouses,
D No				
2 Yes		Institution name:		
	17.1. Checking account:	Northshore Bank		<u>\$</u> 1,200.00
	17.2. Checking account:	Associates Bank		\$ 3,500.00
	17.3. Savings account:	North Shore Bank		\$ 700.00
	-		4- <u></u> 4-4-14- <u>-</u>	e
	17.4. Savings account:			
	17.5. Certificates of deposit:			\$ <u>.</u>
	17.6. Other financial account:			<u>\$</u>
	17.7. Other financial account:		<u></u>	\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
		0		
18. Bonds, mutual funds,	or publicly traded stocks			
Examples: Bond funds,	investment accounts with brok	kerage firms, money market accounts		
2 No	\sim			
	Institution or issuer name:			
			<u>, , , , , , , , , , , , , , , , , , , </u>	\$
				\$
				\$
19 Non-publicity traded a	stock and interests in incorp	orated and unincorporated businesses, includ	ling an interes	st in
an LLC, partnership,	and joint venture			
No.	Name of entity:		% of owners	nip:
Yes, Give specific information about	•		09/	% \$
them			00/	% \$
s volgen volgen fra series			0%	% \$
Nep nia dia ma				

Debtor 1	Susan Grac	e Castagnoli		Ca	ase number (if known) 17-26273	
- Unright I	First Name		st Name			
Nerrotiable	a instruments i	nclude personal chec	ks. cashiers' checks, i	n-negotiable instrumen promissory notes, and m one by signing or delivering	oney orders.	alan da mananan na kananan kanan
informa	ive specific ation about	lssuer name:				\$
them						\$\$
Examples	nt or pension : Interests in II	accounts RA, ERISA, Keogh, 40	01(k), 403(b), thrift sav	vings accounts, or other	pension or profit-sharing plans	
Ves. L accou	ist each nt separately.		Institution name:			s
		401(k) or similar plan: Pension plan: IRA:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	$\overline{\langle \cdot \rangle}$	\$ \$
		Retirement account: Keogh:				\$\$
		Additional account: Additional account:		$\sim O$		\$
Your shar Examples	e of all unuse	prepayments d deposits you have m with landlords, prepai	nade so that you may id rent, public utilities	continue service or use f (electric, gas, water), tele	rom a company communications	
No No						
🛛 Yes			stitution name or individ	dual:		¢
		Electric:				>\$
		Heating oil:				\$\$
			ntal unit:		······································	\$
		Prepaid rent:		<u></u>		\$
16	\mathbf{Z}	Telephone:			<u></u>	\$
IX	\bigcirc	Water:				\$
		Rented furniture:				\$
		Other:		<u> </u>	an a	\$
	n (A continued f	or e periodio povment	of money to you eith	er for life or for a number	rofvears)	
23. Annuitie:	(A contract)	и а репоско раушел.	or money to you, dith		;,	
		issuer name and de	scription:		:	
						\$
						\$\$
					0-4. 40-2, 041 M-4-4-4, 19-10-20-20-20-20-411-20-20-20-20-20-20-20-20-20-20-20-20-20-	

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page 6

Debtor 1	Susan Grace Ca First Name Middle		Case number (if known)_	17-26273	
			LE program, or under a qualified state tul	tion program.	ana ngalawalan katala kata
	C. §§ 530(b)(1), 529A(b), and 529(b)(1).			
🗹 No					
Yes		Institution name and description.	Separately file the records of any interests.11	U.S.C. § 521(c):	
					\$
					\$
				1	\$
5 Truete /	equitable or future in	terests in property (other than ar	ything listed in line 1), and rights or pow	ers	
	able for your benefit				
🔲 No			-		
	. Give specific mation about them	Contingent remainderman in by Court on December 6, 20	n Rita G. Harvard Family Trust- dec 016 due to interroum clause-5% of 1	lared gone .9 million	\$0.0
6. Patents	, copyrights, tradem	arks, trade secrets, and other into mes, websites, proceeds from roya	ellectual property		*
	es: internet domain na	mes, websites, proceeds from roya			
No No				1.0.0100.0111.0100 (PROVIDE AND A 10.000) 10.000	
	. Give specific mation about them				\$
7. License Example	es, franchises, and o /es: Building permits, e	ther general intangibles xçlusive liçenses, çooperative asso	ciation holdings, liquor licenses, professiona	l liçenseş	
🗹 No					
	. Give specific				\$
info	rmation about them				<i>۹</i>
					Current value of the
Money or [property owed to you	IT			portion you own?
					Do not deduct secured claims or exemptions.
				alian di seria di seria di seria di	n an garan waan marina gana ana ara ara ara ara ara ara ara ara
	unds owed to you				
	s. Give specific informa	tion			
	about them, includin	g whether	Fed	-	
	you already filed the	returns	Stat	e: \$	
	and the tax years		Loca	al: \$	
29. Family	support				
Exampl	les: Past due or lump	sum alimony, spousal support, child	support, maintenance, divorce settlement, p	property settlemen	t
No No		Second calculation and the second and the second			
	s. Give specific information	ation	Alime	NNY.	¢
				tenance:	\$\$
			Supr		\$\$
				rce settlement:	\$\$
•				erty settlement:	\$
			Гюр	ory contendit.	******
30. Other a	amounts someone o	wes you	the theory of the second s	companyation	
Examp	les: Unpaid wages, di Social Security be	sability insurance payments, disabili enefits; unpaid loans you made to so	ity benefits, sick pay, vacation pay, workers'	winpensation,	
🗹 No		nonio, anpaio todno you mado to di			
	s. Give specific inform	ation			
					\$
					📕

Debtor 1			Case number (# known) 17-26	
	Susan Grace Castagnoli First Name Middle Name	Last Name		
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1. Interes	ts in insurance policies les Health, disability, or life insura	nce; health savings account (HSA); credit, homeowner's, or renter's insurar	ice
	s. Name the insurance company	Company name:	Beneficiary:	Surrender or refund value
	of each policy and list its value		,	
				\$\$
			·	\$
				\$
		. from compone who has d	ed.	. (7
32, Any In	terest in property that is due you	expect proceeds from a life in	surance policy, or are currently entitled to rec	eive
proper	ty because someone has died.			
🗹 No				
🖬 Ye	s. Give specific information			s
22 Claims	against third parties, whether (or not you have filed a laws	uit or made a demand for payment	
Exam	bles: Accidents, employment dispu	ites, insurance claims, or right	s to sue	
	s. Describe each claim			s
34. Other	contingent and unliquidated cla	ims of every nature, includi	ng counterclaims of the debtor and rights	
to set	off claims			
				. 0.
VI Ye	es. Describe each claim	"Possible unclaimed ca	ash in Illinois	\$\$
35. Any f i	nancial assets you did not alrea	ıdy list		
	D		5	
				straating s <u>aas</u>
V No	o es. Give specific information	 The providence of the second se		<u>strant ver</u> \$ <u></u>
2 No 2 Ye 36. Add t	o es. Give specific information he dollar value of all of your ent	ries from Part 4, Including a	any entries for pages you have attached	\$5,700
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 No Ye 36. Add t for Pa Part 5: 37. Do yo N Y Y 38. Accoo N N 	bes. Give specific information the dollar value of all of your ent art 4. Write that number here Describe Any Busines bu own or have any legal or equi lo. Go to Part 6. les, Go to line 38.	s-Related Property Ye	ou Own or Have an Interest In. Li	St any real estate in Pari Current value of the portion you own? Do not deduct secured cl
 No Ye 36. Add t for Pa 36. Add t 37. Do yo 37. Do yo 37. Do yo 38. Accoo 38. Accoo N Y 38. Accoo 38. Accoo Y 38. Accoo Y Y Same and you Same and you Same and you Y Same and you Same and y	bes. Give specific information the dollar value of all of your ent art 4. Write that number here Describe Any Busines bu own or have any legal or equil to. Go to Part 6. les, Go to line 38.	s you already earned	ou Own or Have an Interest In. Lis ss-related property?	Current value of the portion you own? Do not deduct secured cl or exemptions.
 No Ye 36. Add t for Pa 36. Add t 37. Do yo 37. Do yo 37. Do yo 38. Accoo 38. Accoo N Y 38. Accoo 38. Accoo Y 38. Accoo Y Y Same and you Same and you Same and you Y Same and you Same and y	bes. Give specific information the dollar value of all of your ent art 4. Write that number here Describe Any Busines bu own or have any legal or equil to. Go to Part 6. les, Go to line 38.	s you already earned	ou Own or Have an Interest In. Li	Current value of the portion you own? Do not deduct secured cl or exemptions.
 No Ye 36. Add t for Pa 36. Add t 37. Do yo 37. Do yo 37. Do yo 38. Accoo 38. Accoo N Y 38. Accoo 38. Accoo Y 38. Accoo Y Y Same and you Same and you Same and you Y Same and you Same and y	bes. Give specific information the dollar value of all of your ent art 4. Write that number here Describe Any Busines Du own or have any legal or equi- to. Go to Part 6. les, Go to line 38. Sounts receivable or commissions to res. Describe the equipment, furnishings, and s inples: Business-related computers, soft	s you already earned	ou Own or Have an Interest In. Lis ss-related property?	Current value of the portion you own? Do not deduct secured cli or exemptions.

Sus Sus	an Grace Castagnoli	Case number (# known) 17-26273	
	Name Middle Name Last Name		
			a, treating treating
40. Machinery, fix	tures, equipment, supplies you use in business, and	tools of your trade	
D No			
Yes. Desc	ribe		\$100.00
	14 year old desk and 5 year old chair		
41. inventory			
	^{ribe}		\$500.00
	Conee samples		
49 Interacte in n	artnerships or joint ventures		
No.			
	ribe Name of entity:	% of ownership:	
	tane of energ.	%	\$
		%	\$
		%	\$
43. Customer lis	ts, mailing lists, or other compilations	XN	
No No			
	our lists include personally identifiable information ((as defined in 11 U.S.C. § 101(41A))	
	/es. Describe		\$
	s-related property you did not already list		
No No			•
Yes. Give information			3
we de la construcción de la constru			\$
an weather the color			\$
			\$
			\$
			\$
45. Add the doll	ar value of all of your entries from Part 5, including a rite that number here	iny entries for pages you have attached	\$900.00
for Part 5. W	rite that humber here	, 	
		75 6 6 M M M M M M M M M M M M M M M M M	strenen Bisterne en generalista de control de la filosofie de seu en la resulta de terre de Stationes de la fil
Part 6: De	scribe Any Farm- and Commercial Fishing-Rela	ated Property You Own or Have an Interest	In.
if y	ou own or have an interest in farmiand, list it in Part	1.	
	or have any legal or equitable interest in any farm- o	r commercial fishing-related property?	
M No. Go to			
Yes. Go	0 (ine 47)		Current value of the
ne s Brate o rede			portion you own?
			Do not deduct secured claims or exemptions.
47. Farm anima	le .		
	ivestock, poultry, farm-raised fish		
No No			
Ves			
a new province and			\$
	a tradition for the individual of the second sec		
2			

Debtor 1	Susan Grace Castagnoli	Case r	number (<i>if known</i>) 17-26273		
Debior	First Name Middle Name Last Name				
49 Crons	either growing or harvested				- 03/07#70%
					The Talance and Delay Long
	Give specific nation			\$	
	d fishing equipment, implements, machinery, fixture	s. and tools of trade			lin in the state
🗹 No					
🔲 Yes.				\$	rgattell planner o
	d fishing supplies, chemicals, and feed		<u></u>	.0	
50, inarm an	-				
					randi (- ⁻⁰ 80-994 Adda a-
				3	
51. Any fam	n- and commercial fishing-related property you did n	ot already list			on being and the
Yes.	Give specific			¢	a do si d
	mation	1999 - 199		 	.00
52. Add the for Part	dollar value of all of your entries from Part 6, includ 6. Write that number here	ing any entries for pages you		\$	
ga al annas canas cana an an anna an stàite		n Frankensen eine Andread an Brankensen van Frankense eine gesten gesten gesten eine Frankense gesten eine gest	nevan in werken waarde maan de maar waar op die die eerste werken van die de die die die die die die die die		
Part 7:	Describe All Property You Own or Have	an Interest in That Yo	u Did Nat List Abave		
					0 (1 4)
53. Do you Example	have other property of any kind you did not already s: Season tickets, country club membership				
	0.			\$0.0	00
	. Give specific matlon			\$	
All you of the angle				\$	
ea Aulul thu	e dollar value of all of your entries from Part 7. Write	that number here	•	\$0.0	00
34. Adu ure			на 2011 со почени по рако и сборони и проми, 1025 маке и село на укорони и примарита в и наконски и п	an a	m percu su cossu acim
Part 8:	List the Totals of Each Part of this Form	n			
(address -		· · · · · · · · · · · · · · · · · · ·	_	e 0.00	5
55. Part 1:	Total real estate, line 2	\$ 5,500.00		ana	77
56. Part 2:	Total vehicles, line 5	۵			
57. Part 3:	Total personal and household items, line 15	\$1,085.00			
58. Part 4:	Total financial assets, line 36	\$5,700.00			
59. Part 5:	Total business-related property, line 45	\$900.00			
60. Part 6:	Total farm- and fishing-related property, line 52	\$0.00			
	Total other property not listed, line 54	+s 0.00			
		12,685.00 c	opy personal property total 🔿	∔ s 12,685.9	00
62. Total p	ersonal property. Add lines 56 through 61		opy personal property total 💙		
10-111-11-11-11-11-11-11-11-11-11-11-11-	·			\$ 12,685.0	00
63. Total o	f all property on Schedule A/B. Add line 55 + line 62				
1		A CANADA CARADA MANAGA CANADA MANAGA MANA	(A) A OR WARRANT POLING CONTRACTOR IN CONTRACTOR IN CONTRACTOR INTENTION CONTRACTOR INTENTIONE IN CONTRACTOR INCONTRACTOR INTENTIONE INTENT CONTRACTOR INTENTI O DESTRUCTOR INTENTIONE INTENTIONE INTENTIONE INTENTI O DESTRUCTOR INTENTIAL INTENTI O DESTRUCTOR INTENTI O DEST	er en	

Official Form 106A/B Case 17-26273-gmh DOC 9 Flied 07/11/17 Page 12 of 47

page 10

Fill in this in	formation to ide	ntify your case:		
Debtor 1	Susan Grace	Castagnoli		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	Tint blanca	Middle Name	Last Name	
(
United States	Bankruptcy Court fo	r the Eastern District of Wi	sconsin	Ref
Case number	17-26273			
(If known)				

04/16

Official Form 106C Schedule C: The Property You Claim as Exempt

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

P	art 1: Identif	y the Property You Claim	as Exempt		
1.	You are clai	cemptions are you claiming? ming state and federal nonbani ming federal exemptions. 11 U	kruptcy exemptions. 11		
2.	For any proper	ty you list on Schedule A/B th	hat you claim as exem	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
A CONTRACT OF A	Brief description: Line from	Homestead-WI	\$ <u>0.00</u>	 \$ <u>75,000.00</u> 100% of fair market value, up to any applicable statutory limit 	WIsconsin Statute Ann 815.20
one optimized and the set of the	Schedule A/B: Brief description: Line from Schedule A/B:	Chrysler T& C Van	\$ <u>4,500.00</u>	 \$ 100% of fair market value, up to any applicable statutory limit 	Wisconsin Statute Ann 815.18(3)(g) Wisconsin Statute Ann 815
A CONTRACT OF A CO	Brief description: Line from Schedule A/B:	Personal Property	\$ <u>1,085.00</u>	 \$ 100% of fair market value, up to any applicable statutory limit 	Wisconsin Statute Ann 815.18(3)
3.	(Subject to adju		years after that for case	es filed on or after the date of adjustment 1,215 days before you filed this case?)

Debtor 1

Part 2:

Susan Grace Castagnoli
First Name Middle Name Last Name

Additional Page

Case number (if known) 17-26273

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the Schedul	e value from e A/B	Check o	only one box for each exemption		
Brief description:	Financial Assets-	\$	5,700.00		5,000.00	Wis. Stat.Ann. 815.18(3)(k)	
Line from Schedule A/B:	36		ana ang ang ang ang ang ang ang ang ang		9% of fair market value, up to applicable statutory limit		
Brief description:	Social Security	\$	700.00		700.00)% of fair market value, up to	Wis Stat Ann 49.96	
Line from Schedule A/B:	<u>17.3</u>			any	applicable statutory limit	· · · · · · · · · · · · · · · · · · ·	
Brief description:							
Line from Schedule A/B:					0% of fair market value, up to y applicable statutory limit		
Brief description:	ан и на маладирини и на нација (1919) и на	\$			0% of fair market value, up to		
Line from Schedule A/B:			THE REPORT OF TH		y applicable statutory limit		
Brief description:		\$			0% of fair market value, up to		
Line from Schedule A/B:			100 - 10 - 100 - 1		y applicable statutory limit		
Brief description:		. \$			0% of fair market value, up to		
Line from Schedule A/B:					y applicable statutory limit		
Brief description:		. \$	<u></u>		0% of fair market value, up to		
Line from Schedule A/B:			Nur, 1		y applicable statutory limit		
Brief description:		\$			10% of fair market value, up to		
Line from Schedule A/B.	-				y applicable statutory limit		
Brief description:		_ \$			00% of fair market value, up to		
Line from Schedule A/B			and a second or community of a second state of the	ar	y applicable statutory limit		
Brief description:	••••••••••••••••••••••••••••••••••••••	_ \$					
Line from Schedule A/B		a dia 12 mila 12 milangka api masé Mathi	a de la como casa como catalones destructo de composito		00% of fair market value, up to ny applicable statutory limit		
Brief description:		_ \$			 00% of fair market value, up to		
Line from Schedule A/B	3;			a	ny applicable statutory limit		
Brief description:	······································	_ \$		_ 🛛 \$			
Line from Schedule A/B	3:				00% of fair market value, up to ny applicable statutory limit		

Case 17-26273-gilled Doc Property You Claim as Exempt Hied 07/11/17 Page 14 of 47

Fill in this information to identify your case:						
Debtor 1	Susan Grace Castagnoli					
Destor	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States I	Bankruptcy Court fo	or the: Eastern District of Wi	sconsin			
Case number	17-26273					
(If known)						

12/15

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

W No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

for each claim. If more than one creditor h	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2, abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Describe the property that secures the claim:	\$	\$;	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Disputed			
Who owes the debt? Chesk one.	Nature of lien. Check all that apply.		•	
Debtor 1 only	An agreement you made (such as mortgage or secured		and the second sec	
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Judgment lien from a lawsuit			
At least one of the debiots and another	Other (including a right to offset)	-		
Check If this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number		n de ser de s	
-	Last 4 digits of account number Describe the property that secures the claim:	**************************************	1010-0010-0010-0010-0010-001-001-001-00	\$
Date debt was incurred		\$	\$	\$
Date debt was incurred 2.2 Creditor's Name		\$	\$	\$
Date debt was incurred 2.2 Creditor's Name]	\$	\$
Date debt was incurred 2.2 Creditor's Name	Describe the property that secures the claim:]	\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent Unliquidated]	\$\$	\$
Date debt was incurred 2.2 Creditor's Name	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent]	\$	
Date debt was incurred 2.2 Creditor's Name Number Street	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply.]	\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured]	\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)]	\$	
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)		\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)		\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$	\$
Date debt was incurred 2.2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$	\$

Case 17-School Directeditor WBo Have Filed Sectified by Property ge 15 of 47

Debtor 1

Last Name

Case number (# known) 17-26273

Additional Page Part 1: After listing any entries on this p by 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	Describe the property that secures the claim:	\$ <u></u>	\$	\$
Creditor's Name		1		
Number Street				
	As of the date you file, the claim is: Check all that apply.			0
City State ZIP Code	Unliquidated Disputed			V
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			•
Debtor 1 and Debtor 2 only At least one of the debtors and another	Judgment lien from a lawsuit			
At least one of the deptors and another	Other (including a right to offset)	_		
Check if this claim relates to a community debt		XV		
Date debt was incurred	Last 4 digits of account number	11112111111111111111111111111111111111		an subsection of the
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street				
	As of the date you file, the claim is: Check all that apply			
	Contingent			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Judgment lien from a lawsuit			
	Other (including a right to offset)			
Check if this claim relates to a community debt		-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	_ \$	_\$
Creditor's Name	1	1		
		{		
Number Street				
	As of the date you file, the claim is: Check all that apply	<i>ı</i> .		
	Contingent			
City State ZIP Code	Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
Debtor 1 and Debtor 2 only	Judgment lien from a lawsuit			
At least one of the debtors and another	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entrie	s in Column A on this page. Write that number here	s	_	
If this is the last page of your form	, add the dollar value totals from all pages.	s	7	
Write that number here:				

page ____ of ____

9', 1

	Susan Grace Castagnoli			Case number (if known) 17-26273
1	First Name Middle Name	Last Name		
t 2:	List Others to Be Notified	for a Debt T	hat You Already L	isted
ncy is	page only if you have others to be n s trying to collect from you for a dek nore than one creditor for any of t ad for any debts in Part 1, do not fill	he debts that v	ou listed in Part 1, list	debt that you already listed in Part 1. For example, if a collection creditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to
00,744				On which line in Part 1 did you enter the creditor?
Name	······································			Last 4 digits of account number
Name	3			
Numt	ber Street		· · · · · · · · · · · · · · · · · · ·	
City		State	ZIP Code	
			an nga kanang kang bang bang bang bang bang bang bang b	On which line in Part 1 did you enter the creditor?
				Last 4 digits of account number
Nam	lê			
Num	her Street			
City		State	ZIP Code	
120470425699999	tar na productiva na postana na postana na postana na postana na postana postana postana postana postana na sec Na postana na postana postana na postana na postana postana na postana postana postana postana postana postana p		an general and a second se	On which line in Part 1 did you enter the creditor?
				Last 4 digits of account number
Nan	ne			
Nier	nber Street			
NUR				
01		State	ZIP Code	
City	un segura da antica este concentra de la			On which line in Part 1 did you enter the creditor?
]				Last 4 digits of account number
Nat	me	~ 0	J	
Nu	mber Street			
				- Communication of the second se
		State	ZIP Code	- Contraction (1997)
Cit		21010		On which line in Part 1 did you enter the creditor?
				Last 4 digits of account number
Na	ame			
				— ·
N	umber Street			
		Diat-	ZIP Code	-
Ci		State		aquaranaa aa
CASHER AND	NGREACHING NEW YORK CONTRACTOR FROM THE AND THE			On which line in Part 1 did you enter the creditor?
' -	ame			Last 4 digits of account number
N	lumber Street			
7	Dity	State	ZIP Code	

Official Form 106D Case 17-27027 31 Schedule D Greditors Who Have Claims Secured by Property Page 17 of 47

page ____ of ____

are.

	Fill in this information to identify your case:						
1	Debtor 1 Susan Grace Castagnoli						
l		First Name	Middle Name	Last Name			
	Debtor 2			Lest Name			
l	(Spouse, if fitting)	First Name	Middle Name	COSTINUE			
United States Bankruptcy Court for the: Eastern District of Wisconsin							
	Case number	17-26273					
L	(if known)						

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

1 Priority Creditor's Name Last 4 digits of account number\$_\$_\$\$ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Whon incurred the debt? Check one. Disputed Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxas and certain other debts you were the government Check if this claim is for a community debt Initiation of the debtors and another Yes Last 4 digits of account number\$\$	Part	1: List All of Your PRIORITY Unsecure	d Claims		y	
No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each show both priority and nonpriority amounts. As much as possible, list the claim is the data in subhabital and refre according to the creditor's harme. If you have more than two priority unsecured claims, fill out the Confinuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Tetal claim Priority Nonpriority amounts. As much as possible, list the claim is the standard and the priority with priority with priority with priority in the instruction booklet.) Tetal claim Priority Nonpriority amounts. As much as possible, list the claim is the claim	. Do	any creditors have priority unsecured claims	against you?			
Ves. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the drain here and show both priority and nonpriority amounts. But had claim here and show both priority and nonpriority amounts. But had claim here and show both priority and nonpriority amounts. But had claim here and show both priority insecured claims. If our than one priority unsecured claims. If our than one priority and nonpriority amounts. Non how priority more than two priority insecured claims. If our than one page of Part 1. If more than one creditor has particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Monprior 1 Last 4 digits of account number \$ \$ \$ 2 Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated 1 Debtor 1 only State ZIP Code Uniquidated Deputed Taxas and certain other debts you owe the government. Claims for death or personal injury while you were individated 2 Priority Greditor's Name When was the debt incurred?			· · · · · · · · · · · · · · · · · · ·			
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each claim listed, identity what type of claim its in a claim is aphabetical order according is he creditor's name. If you have more than two priority unsecured claims, fit out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Total claim Nonpriority amounts. As mouth as possible, list the claims in signabetical order account number			ditor has more than one priority unsecured claim, list th	e creditor sepai	ately for eacl	n claim. For
1 Phony Creditor's Name Last 4 digits of account number\$\$\$\$\$\$\$	ea no	ch claim listed, identify what type of claim it is if a npriority amounts. As much as possible, list the c	aims in alphabetical order according to the creditor's he Part 1. If more than one creditor holds a particular claim	me If you have	more than th	wo priority
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Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Doebtor 2 only Debtor 1 and Debtor 2 only Doebtor 2 only At least one of the debtors and another Claims for death or personal injury while you were	2		Last 4 digits of account number	\$	\$	\$
As of the date you hie, the date you hie, the date und date uppy. As of the date you hie, the date uppy. City State ZIP Code Unliquidated Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were		Priority Creditor's Name	When was the debt incurred?			
City State ZiP Code Unliquidated Who incurred the debt? Check one. Disputed Disputed Debtor 1 only Type of PRIORITY unsecured claim: Domestic support obligations Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were		Number Street	As of the date you file, the claim is: Check all that app	ly.		
City Disputed Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were			Contingent			
Who incurred the debt? Check one. Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal Injury while you were		City State ZIP Code				
 Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were 			Disputed			
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 Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal Injury while you were 						
At least one of the debtors and another		Debtor 1 and Debtor 2 only		t		
Check if this claim is for a community debt intoxicated						
		Check if this claim is for a community debt	intoxicated			
Is the claim subject to offset?		is the claim subject to offset?	Other. Specify			
		No No			normality was also what for a sum of a sub-sub-sub-	gan tan a tana ka tang ka

tor 1 Susan Grace Castagnoli	Case number (# known)	17-26273		
First Name Middle Name Last Name				
11: Your PRIORITY Unsecured Claims		-		
r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriori amount
	Last 4 digits of account number	\$	_ \$	\$
Priority Creditor's Name				
	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
	_			
	Contingent Uniiquidated			
City State ZIP Code				
Who incurred the debt? Check one.			1	
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were interviewed.			-
Check if this claim is for a community debt	intoxicated Other. Specify			
			*	
Is the claim subject to offset?				
·	Last 4 digits of account number 🔔 🚬 🚬	\$	\$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply	/.		
	Contingent			
City State ZIP Code				
Strip (Disputed			
Who incurred the debt? Check one.	The second plant was a second staim			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
	intoxicated			
Check if this claim is for a community debt	Other. Specify	-		
Is the claim subject to offset?				
		ana ana amin'ny fananana amin'ny fananana		
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name				
	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that app	ly.		
	-			
City State ZIP Code	Contingent Unliquidated			
City State ZIP Gode	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the governmer	nt		
At least one of the debtors and another	Claims for death or personal injury while you were intoxicated	and a standard and a		
Check if this claim is for a community debt	Other. Specify			
Is the claim subject to offset?				
		and the second secon		

Debtor 1	Susan Grace Castagnoli			Case number (if known) 17-26273		
	First Name Middle Name	Last Name				
Part 2						
3. Do	any creditors have nonpriority unservice of the service of the ser	ecured cla	inis against yo	he court with your other schedules.		
- 2	Yes					
noi	at all of your nonpriority unsecured of noriority unsecured claim, list the credi- duded in Part 1. If more than one credit aims fill out the Continuation Page of Pa	tor separati tor holds a	n e alphabetica ely for each clai particular claim	I order of the creditor who holds each claim. If a creditor has n im. For each claim listed, identify what type of claim it is. Do not lis , list the other creditors in Part 3.If you have more than three non	nore than st claim priority t Total c	Insecured
4.1	Capital One Financial Corporati	ion		Last 4 digits of account number 7 0 4 9	; 19	98,004.76
Ň	Nonpriority Creditor's Name		<u></u>	When was the debt incurred? <u>12/14/2009</u>		
1	1680 Capital One Drive					
	Number Street	VA	22102			
	VICUICAN	State	ZZ TUZ ZIP Code	As of the date you file, the claim is: Check all that apply.		
, t	uly .			Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only					
l	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	Check if this claim is for a commur	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	No			Other. Specify		
		-	a an	Least divise of account number 0 0 0 0	\$	50,000.00
4.2	Kelly Pelland/ Co Steven Helm	is Atty		Last 4 digits of account number <u>0 0 0 0</u> When was the debt incurred? <u>12/06/2016</u>		
	Nonpriority Creditor's Name			when was the your mounted in		
	804 N. Washington Street			- 1		
1	Number Street	IL	60540	As of the date you file, the claim is: Check all that apply.		
Į	Naperville City	State	ZIP Code			
	•					
	Who incurred the debt? Check one.	(Disputed		
	Debtor 1 only		СГ	•		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	 Debtor 1 and Debtor 2 only At least one of the debtors and another 			Student loans		
				Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a commu	inity debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	5	
-	Is the claim subject to offset?			Other. Specify ongoing litigation judgment		
(internet)	No No					
	C Yes	n felige ei der Teil an der State der Sta	nang mga salaki kana pang kana sa kana kana kana kana kana kana k		THE REPORT OF THE PARTY OF THE	an a
4,3	John Harvard c/o Steven Heln	ns Atty		Last 4 digits of account number 0 0 0	\$	50,000.0
	Nonpriority Creditor's Name			When was the debt incurred? <u>12/06/2016</u>		
- Contraction	804 N. Washington Street					
	Number Street	۱L	60563	and a the second s		
And the second se	Naperville	IL State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
Carolo James	City			Contingent		
	Who incurred the debt? Check one.			Unliquidated		
-	Debtor 1 only			Disputed		
and the second	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
And and a second se	 Debtor 1 and Debtor 2 only At least one of the debtors and another 	2 7				
(Sector March				Student loans		
	Check if this claim is for a comm	unity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	ts	
				Other. Specify Ongoing litigation judgment	-	
	D Yes					
1						

Susan Grace Castagnoli Last Name

Part	2: Your NONPRIORITY Una	ecured Cl	aims — Continuat	tion Page	
After	listing any entries on this page, i	number the	m beginning with 4	.4, followed by 4.5, and so forth.	Total claim
.4	ARDC			Last 4 digits of account number 7 0 4 9	\$ <u>18,094.00</u>
	Nonpriority Creditor's Name			When was the debt incurred?	
	3161 West White Oaks Drive	e Suite 30	01		
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Springfield	IL State	62704		
	City	State			
	Who incurred the debt? Check one.			2 Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			C Student loans	
	At least one of the debtors and another another and another ano	her		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a comr	nunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?			Other. Specify no notice judgment	
	M No				
	Yes				
	anternetikon konstantialiana ora anternetikana kanakantartak kanakana kanakana kanakana marakanakanakanakanakan	Southern and the second se			
1.5	Thomas Anton Castagnoli c	lo Steven	Helms Atty	Last 4 digits of account number 0 0 0 0	\$ 50,000.00
	Nonpriority Creditor's Name	10 Sleven	Tiems Aug	Without use the debt insurred 2 12/06/2016	
	804 N. Washington Street			When was the debt incurred? 12/06/2016	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Naperville	IL	60563		
	City	State	ZiP Code		
	Who incurred the debt? Check one.			Unliquidated Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		\mathbf{O}	Student loans	
	At least one of the debtors and ano	ther		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a com	munity deb		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
				 Debts to pension or promesnanny plans, and other similar debts Other. Specify ongoing litigation judgment 	
	Is the claim subject to offset?		•	Coner. Specity Congrand States	
	Q No Q Yes				
(-					\$ 50,000.00
4.6				Last 4 digits of account number <u>0 0 0</u>	\$ <u></u>
	Kerry Irwin c/o Steven Heln	ns			
	Nonpriority Creditor's Name			When was the debt incurred? <u>12/06/2016</u>	
	804 N. Washington Street			-	
	Number Street	۱L	60563	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
C.L.M.	Who incurred the debt? Check one			Disputed	
	Debtor 1 only			Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only			Student loans	
Annual State	At least one of the debtors and and	other		 Student loans Obligations arising out of a separation agreement or divorce that 	
				you did not report as priority claims	
	Check if this claim is for a con	nmunity deb	70	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	🗹 No				
	C Yes				

	Susan Grace Castagno	hi		Case number (if known) 17-262/3
Debtor 1	First Name Middle Name	Last N	ame	
Part 3:	List Others to Be Notifi			
	ania if a collection adenCV IS I	rying to t	Ollect nom you	our bankruptcy, for a debt that you already listed in Parts 1 or 2. For I for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the is to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
1	eller, Levitt & Silvertrust			On which entry in Part 1 or Part 2 did you list the original creditor?
Nan	المتحدث والمحادث والمحادث والمحادث والمحادث والمحادث والمحادث والمحادث والمحادث والمحادث والمحاد			Line 4.1 of (Check one): Derived Part 1: Creditors with Priority Unsecured Claims
11	E. Adams Street			Part 2: Creditors with Nonpriority Unsecured Claims
	nber Street			
	uite 800		60563	Last 4 digits of account number
-	hicago	State	ZIP Code	
City	en ander en			On which entry in Part 1 or Part 2 did you list the original creditor?
Na	me			Line of (Check one): Deart 1: Creditors with Priority Unsecured Claims
N	mber Street			Part 2: Creditors with Nonpriority Unsecured
NU				Claims
				Last 4 digits of account number
Cit	У	State	ZIP Code	
and the second se				On which entry in Part 1 or Part 2 did you list the original creditor?
Ña	ame			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
N	umber Street			Claims
-			·····	
-		State	ZIP Code	Last 4 digits of account number
C		COLOR COLOR		On which entry in Part 1 or Part 2 did you list the original creditor?
Ā	ame			Line of (Check one): D Part 1: Creditors with Priority Unsecured Claims
Ñ	lumber Street			Part 2: Creditors with Nonpriority Unsecured
			$\overline{\mathbf{A}}$	Claims
7	City	State	ZIP Code	
products				On which entry in Part 1 or Part 2 did you list the original creditor?
Ī	Name			Line of (Check one): D Part 1: Creditors with Priority Unsecured Claims
- Andre -	Number Street			Claims
- (1999-1977)				
	City	State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
	Name			Line of (Check one): 🛄 Part 1: Creditors with Priority Unsecured Claims
	Number Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
		State	ZIP Code	_ Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
-	Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
a ganga sana na	Number Street			Line or (<i>Check one)</i> .
normali presidente di				_ Claims
				 Last 4 digits of account number

Case number (if known) 17-26273

ZIP Code

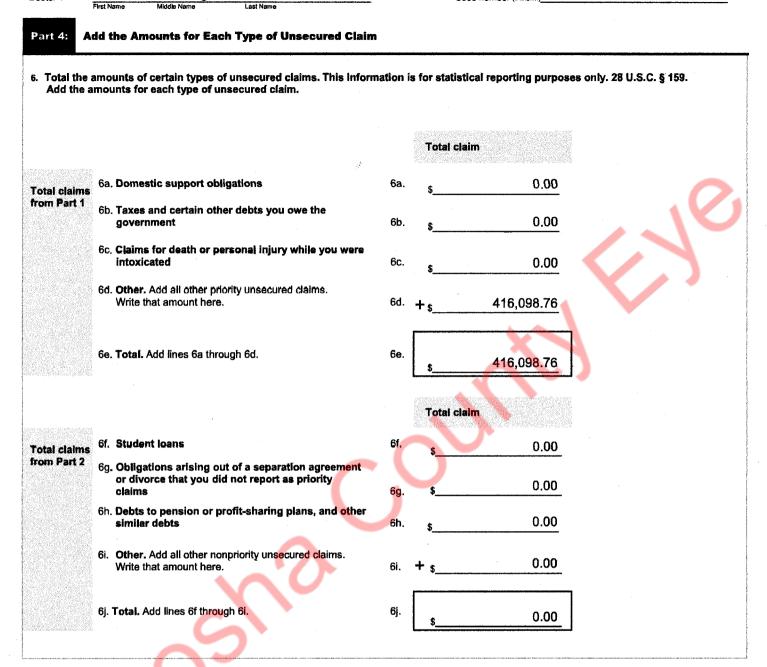
State

City

Debtor 1	
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Susan Grace Castagnoli

Case number (if known) 17-26273



page6_of6

Fill in this in	nformation to ide	entify your case:		
Debtor	Susan Grace	Castagnoli		
D'ODIO.	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse If filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	or the: Eastern District of Wise	consin	-
Case number	17-26273			
(If known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct Information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

 List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or compa	iny with whom you have the contract or lease	State what the contract or lease is for
2.1		(
	Name		
	Number Street		
	City	State ZIP Code	
2.2			
	Name		
and and and and and and and and	Number Street		
-	City	State ZIP Code	
2.3	N		
-	Name		
	Number Street		
-	City	State ZIP Code	
2.4	Name	an an a an	
	Number Street		
	City		
2.5	Name		
	Number Street		
	City	State ZIP Code	

Debtor	1

Susan Grace Castagnoli First Name Middle Name

Last Name

Case number (# known) 17-26273

	A	iditional Page	e if You Ha	ve More Contracts or Lease	5
	Person o	company with	whom you h	ave the contract or lease	What the contract or lease is for
2 <u>2</u>					
3	Name		······		_
	Number	Street	P-10-10-10-00		_
		30660			
	City	ant of Defension and the Agric Party of the Defension of	State	ZIP Code	
2					
	Name				
	Number	Street		••••••••••••••••••••••••••••••••••••••	- ,
	City		State	ZIP Code	-
2	a a vinselte Ringel (Print) (Conse		a la constante provinsi or a di arraditi di la	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Name				- X
	Number	Street			
			· · · · · · · · · · · · · · · · · · ·		
	City		State	ZIP Code	
2					\sim
	Name			~	
	Number	Street			
	City		State	ZIP Code	+
2	Cares and the second second second		artikolar nya manganik tikanan kitala	#1460171318396456201497641,499496446466204612078659439549546764695945954959526656997732059797	
<u></u>	Name		<u></u>		
				ΛU	
	Number	Street			
	City		State	ZIP Code	
2	anna charaithe da thailean an an an				
	Name				
	Number	Street			
_	City		State	ZIP Code	
2	Name	/			
				·	
	Number	Street			
	City		State	ZIP Code	
2	1000-1000-1000-1000-1000-1000-1000-100	nan yang dipatan gita dipatan kan kan kan kan kan kan kan kan kan k		no se za name oddinika i minan polinika na name na	
	Name				
	Number	Street			
	City		State	ZIP Code	
1	ULY.	ALL COMPANY AND A REAL OF A DESCRIPTION OF A			

Case 17-2 Server and the contracts and the provided Leases Page 25 of 47

1.5

Fill in this m	formation to ide	entity your case:				
Debtor 1	Susan Grace Castagnoli					
	First Name	Middle Name	Last Name			
Dobtor 2 (Spouse, if filing)	First Name	Middle Name	Lest Name			
United States	Bankruptcy Court fo	r the: Eastern District of Wis	consin	•		
Case number (If known)	17-26273					

12/15

Official Form 106H

Schedule H: Your Codebtors

Codebtors are people or entitles who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	a are ning a joint babe, a	lo not list either spouse as	
☑ No □ Yes			
	llved in a community pro a, Nevada, New Mexico, I	operty state or territory? Puerto Rico, Texas, Washi	(Community property states and territories include ngton, and Wisconsin.)
No. Go to line 3.			
Ves. Did your spouse, former sp	oouse, or legal equivalent	live with you at the time?	
No No			
Yes. In which community state	ate or territory did you live	.1	Fill in the name and current address of that person.
Keith Michael Krokos	z	$r \cup$	
Name of your spouse, former spous	se, or legal equivalent		
8785 3rd Ave			
Number Street	WI 🦱	53158	
Pleasant Prairie	VVI State	ZIP Code	
			if your spouse is filing with you. List the person
Schedule E/F, or Schedule G to f	Schedule E/F (Official F	form 196E/F), or Schedul	e G (Official Form 106G). Use Schedule D,
Schedule D (Official Form 106D),	Schedule E/F (Official F	orm 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi	Schedule E/F (Official F	orm 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D,
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor	Schedule E/F (Official F	orm 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply:
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi Column 1: Your codebtor	Schedule E/F (Official F	orm 106E/F), or Schedul	e @ (Official Form 106G). Use Schedule D, <i>Column 2:</i> The creditor to whom you owe the debt Check all schedules that apply: I Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor	Schedule E/F (Official F	orm 106E/F), or Schedul	 e @ (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor .1 56 Name Number Street	Schedule E/F (Official F III out Column 2.	orm 196E/F), or Schedul	e @ (Official Form 106G). Use Schedule D, <i>Column 2:</i> The creditor to whom you owe the debt Check all schedules that apply: I Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor .1 56 Name Number Street Oity	Schedule E/F (Official F	Form 106E/F), or Schedul ZiP Code	 e @ (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi Column 1: Your codebtor 1 56 Name Number Street Oity	Schedule E/F (Official F III out Column 2.	orm 196E/F), or Schedul	 e @ (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor .1 56 Name	Schedule E/F (Official F III out Column 2.	orm 196E/F), or Schedul	 e @ (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi Column 1: Your codebtor 1 56 Name Number Street Oity	Schedule E/F (Official F III out Column 2.	orm 196E/F), or Schedul	 e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi Column 1: Your codebtor .1 56 Name Oity .2 Name Number Street Oity .2	Schedule E/F (Official F III out Column 2.	orm 196E/F), or Schedul	 e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor 1 56 Name Number Street 0ity 2 Name Number Street City	Schedule E/F (Official F III out Column 2.	Form 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Check all schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to f Column 1: Your codebtor .1 56 Name Number Street .2 Name Number Street City	Schedule E/F (Official F III out Column 2.	Form 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule E/F, line Schedule G, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi Column 1: Your codebtor	Schedule E/F (Official F III out Column 2.	Form 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Check all schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule G, line Schedule G, line
Schedule D (Official Form 106D), Schedule E/F, or Schedule G to fi Column 1: Your codebtor	Schedule E/F (Official F III out Column 2.	Form 106E/F), or Schedul	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule E/F, line Schedule G, line

Debtor	1
Denmi	

Susan Grace Castagnoli First Name Middle Name

Last Name

	Additional Page	to List More Codebtors		
C	Column 1: Your codebtor			Column 2: The creditor to whom you owe the deb
	· · · /			Check all schedules that apply:
_]				_ Greedule D, line
Ī	Name			General Schedule E/F, line
1	Number Street			- 🗋 Schedule G, line
		State 	ZIP Code	
-				_ 🔲 Schedule D, line
	Name			Schedule E/F, line
	Number Street			- 🛛 Schedule G, line
	City		ZIP Code	
-				Schedule D, line
_	Name			Schedule E/F, line
	Number Street		an a	- Schedule G, line
	City		ZIP Code	
_				Grand Schedule D, line
	Name	/	\sim ()	Schedule E/F, line
				Schedule G, line
	Number Street			
	City	State	ZIP Code	
_				Schedule D, line
	Name			Schedule E/F, line
	ht. h.		·	Schedule G, line
	Number Street			
	City	State	ZIP Code	
				Schedule D, line
	Name			Schedule E/F, line
				Schedule G, line
	Number Street			
	City	State	ZIP Code	
				Schedule D, line
	Name			Schedule E/F, line
				Schedule G, line
	Number Street			
_	City	State	ZIP Code	
_	and a second			Griedule D, line
	Name	<u></u>		Schedule E/F, line
				Schedule G, line
	Number Street			· · · · · · · · · · · · · · · · · · ·
	City	State	ZIP Code	

÷.

Fill in this ir	nformation to ide	entify your case:			
Debtor 1	Susan Grace Castagnoli				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse_if filing)) First Name	Middle Name	l ạợt Name		
United States	Bankruptcy Court fo	r the: Eastern District of Wi	sconsin		
Case number (If known)	17-26273				Check if this is:
					An amended filing
<u> </u>				<u>, , , , , , , , , , , , , , , , , , , </u>	A supplement showing postpetition chapter 13 income as of the following date:

Official Form 1061

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

MM / DD / YYYY

	Part 1: Describe Employm	ent	X	
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed	Employed
	Include part-time, seasonal, or self-employed work.	0	Consulting	Mercury Skyline Yacht Charters In
	Occupation may include student or homemaker, if it applies.	Occupation		
		Employer's name	Institute for Economic Empowerm	
		Employer's address	8785 3rd Ave Number Street	1242 W Northwest Highway
			Pleasant Prairie WI 53158	Palatine IL 60067
			City State ZIP Code	City State ZIP Code
		How long employed ther	e? 8 years	8 years
				· · · · · · · · · · · · · · · · · · ·
	Part 2: Give Details About	t Monthly Income		

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1			lebtor 2 or Illing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	0.00	\$	3,600.00
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+ \$_	1,400.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	0.00	\$	5,000.00

Case 17-26273-gmh 50009 * 1911/17

12/15

Debtor 1

Susan Grace Castagnoli First Name Middle Name

Last Name

Case number (if known) 17-26273

		Foi	r Debtor 1	127012.35.53.5	ebtor 2 or Ing spouse	
Copy line 4 here	₹ 4.	\$	0.00	\$	5,000.00	
5. List all payroll deductions:	5a.	\$	0.00	\$	800.00	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans	5a. 5b.	 ج	0.00	\$	0.00	
50. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans	5c.	* \$	0.00	\$	0.00	
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
50. Requires repayments of retirement fund touris	5e.	\$	0.00	\$	1,460.00	
5f. Domestic support obligations	5f.	\$	0.00	\$	0.00	
5g. Union dues	5g.	\$	0.00	\$	0.00	
5h. Other deductions. Specify: Uniforms	- 5. 5h.	+\$	0.00	+ \$	50.00	
 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h 	. 6.	\$	0.00	\$	2,310.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	2,690.00	
8. List all other income regularly received:						
8a. Net income from rental property and from operating a business, profession, or farm			~ ^		-	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8 a.	\$	0.00	\$	0.00	
8b. Interest and dividends	8b.	\$	0.00	\$	0.00	
8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	lent					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	Šc.	\$	0.00	\$	0.00	
8d. Unemployment compensation	8d.	\$_	0.00	\$	390.00	
8e. Social Security	8e.	\$_	1,690.00	৯		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$		\$	1,097.00	
8g. Pension or retirement income	8g.	\$		\$		
8h. Other monthly income. Specify: Child portion of unemploymen		+s		+ \$	150.00	
 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 	- 0n. - 9.	<u>s</u>	1,690.00	\$	1,637.01	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	1.0	. \$_	1,690.00	+ \$_	4,327.00	= \$ <u>6,117.00</u>
11. State all other regular contributions to the expenses that you list in Sch Include contributions from an unmarried partner, members of your household friends or relatives.	edule , your (J. depend	dents, your roor	nmates, a	and other	
Do not include any amounts already included in lines 2-10 or amounts that an Specify:	e not a	vailab	le to pay expen	ses listed 	in Schedule J. 11.	+ \$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain	ne resu Statis	lt is th tical In	e combined mo formation, if it a	nthly inco pplies	me. 12.	\$6,117.00 Combined
13. Do you expect an increase or decrease within the year after you file this	s form	?				monthly income
V No. Yes. Explain:						

Fill in this i	nformation to identi	fy your case:		
Debtor 1	Susan Grace Ca	Astagnoli Middle Name	Last Name	Check if this is:
Debtor 2 (Spouse, if filing		Middle Name Ne: Eastern District of W	Last Name	 An amended filing A supplement showing postpetition chapter 13 expenses as of the following date:
Case number (If known)	47 06070			MM / DD / YYYY

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household			
 Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for a separate household. 	Separate Household of Debtor 2.	3	
 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. 		Dependent's age 12	Does dependent live with you? No Yes No Yes No Yes No Yes No Yes No No
 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you expenses as of a date after the bankruptcy is filed. If this is a suppler applicable date. Include expenses paid for with non-cash government assistance if your 	are using this form as a supplen nental <i>Schedule J</i> , check the box ou know the value of	nent in a Chapter 13 d at the top of the form	n and fill in the

sucn a	ssistance and have included it on schedule it four moonia formati form total		THE REPORT OF	
	e rental or home ownership expenses for your residence. Include first mortgage payments and y rent for the ground or lot.	4.	\$	0.00
lf ı	not included in line 4:	4-	¢	340.00
4a	Real estate taxes	4a.	Ψ	
4b	Property, homeowner's, or renter's insurance	4b.	\$	100.00
4c	Home maintenance, repair, and upkeep expenses	4c.	\$	300.00
4d		4d.	\$	0.00

Schedule J: Your Expenses Case 17-26273-gmh Doc 9 Filed 07/11/17

btor 1		se number (if known) 17-20	0213	
	First Name Middle Name Last Name			
			Your exp	enses
Addi	tional mortgage payments for your residence, such as home equity loans	- 5.	\$	0.00
Utilit 6a.	ees: Electricity, heat, natural gas	6a.	\$	270.00
6b.	Water, sewer, garbage collection	6b.	\$	125.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	<u>600.00</u>
6d.	Other, Specify:	6d.	\$	
	d and housekeeping supplies	7.	\$	800.00
	dcare and children's education costs	8.	\$	500.00
		9.	\$	250.00
	hing, laundry, and dry cleaning sonal care products and services	10.	\$	100.00
	ical and dental expenses	11.	\$	150.00
	nsportation. Include gas, maintenance, bus or train fare.			600.00
	not include car payments.	12.	>	
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
	uritable contributions and religious donations	14.	\$	200.00
Insu	urance. not include insurance deducted from your pay or included in lines 4 or 20.			
		15a.	\$	
	, Life insurance	15b.	\$	
	Health insurance	15c.	\$	250.00
	Other insurance	15d.	\$	<u></u>
15d.	. Other insurance. Specify:		* <u></u>	
Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		•	50.00
Spe	ecify: Non resident income taxes	16.	a	
Inst	tallment or lease payments:			040.00
17a	. Car payments for Vehicle	17a.	\$	649.00
	Car payments for Vehicle 2	17b.	\$	
	, Other. Specify.	17c.	\$	
	Other. Specify:	17d.	\$	
	ur payments of alimony, maintenance, and support that you did not report as ded	lucted from		
You you	r pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Oth	ner payments you make to support others who do not live with you.			
Sne	city: non[filing spouse portion of lease for winter leased hom	19.	\$	350.00
	her real property expenses not included in lines 4 or 5 of this form or on Schedule	e I: Your Income.		
	a. Mortgages on other property	20a.	\$	
		20b.	\$	
	D. Real estate taxes	 29e.		
	c. Property, homeowner's, or renter's insurance	20d.		
	d. Maintenance, repair, and upkeep expenses	20e.	\$	
200	e. Homeowner's association or condominium dues		موجا وجاري والمنافع والمروسان والمرومين	and the second sec

Schedule J: Your Expenses Case 17-26273-gmh Doc 9 Filed 07/11/17 Page 31 of 47

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Debtor 1

Case number (if known) 17-26273

Calculate your monthly expenses.			
22a. Add lines 4 through 21.	22a.	\$	6,234.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	6, 23 4.00
Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,117.00
23b. Copy your monthly expenses from line 22c above.	235.	-\$	6,234.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23с.	\$	-117.00
			<u></u>
Do you expect an increase or decrease in your expenses within the year after you file			
For example, do you expect to finish paying for your car loan within the year or do you experimortgage payment to increase or decrease because of a modification to the terms of your model. No,	ct your nortgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your loortgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your lootgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your loortgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your lortgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your loorgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your lortgage?		
mortgage payment to increase or decrease because of a modification to the terms of your m	ct your lortgage?		

Debtor 1	Susan Grace	Castagnoli	
	First Name	Middle Name	Lest Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
		r the: Eastern District of W	fisconsin

FILED

2017 JUL 10 PM 1: 40

Check if this is an amended filing

12/15

Official Form 106Dec Declaration About an Individual Debtor's Schedules

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
	NOT an attorney to help you fill out bankruptcy forms?
	NOT all allothey to help you in out paint proy remot
V No Ves. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
	\mathbf{O}
Under penalty of perjury, I declare that I have	read the summary and schedules filed with this declaration and
that they are true and correct.	
* Junan (mar Ort	Tx
Signature of Debtor 1	Signature of Debtor 2
2/0/19	
	Date MM / DD / YYYY

Fill in this in	formation to ide	entify your case:		
Debtor 1	Susan Grace	Krokosz		
Deptor	First Name	Middle Name	Last Name	
Debtor 2		Middle Name	Last Name	
(Spouse, if filing)	First Name	MICCHE Name		AUCDORFORM
United States	Bankruptcy Court fo	or the: Eastern District of W	Isconsin	\mathbf{x}
Case number	17-26273			
(if known)				

Check if this is an amended filing

04/16

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is your current mari	tal status?			()	
Not married					
During the last 3 years, h	ave you lived anywhere	other than where y	ou live now?		
No .					
Yes. List all of the plac	es you lived in the last 3 y	ears. Do not include	e where you live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
	9	$\boldsymbol{\lambda}$	Same as Debtor 1		Same as Debtor
		From			From
Number Street		To	Number Street		Το
	S	-			
City	State ZIP Code	and the second		State ZIP Code	erzen werden der einen Stellen ander soner ein bestehen merzen und bestehen soner einen soner soner soner soner
an a			Same as Debtor 1		Same as Debtor
		_			From
Number Street		_ From	Number Street		То
U.		To			
	State ZIP Code		City	State ZIP Code	
City			•		
states and territories inclu	did you ever live with a s ude Arizona, California, Id ill out Schedule H: Your C	ano, cousiana, nov	uivalent in a community pr ada, New Mexico, Puerto Ri orm 106H).	operty state or territory? co, Texas, Washington, ar	(Community property nd Wisconsin.)
	amuladika gara ami'ne zi e kenda dala e wa na giye a wangan sa kana ana ana anga ku ka			ne nationanaliteta universitatieta provinsi responsenteta italiateta entranol Contrara de Contrara de Contrara	andan bilan kantan dari badan dari kantan
art 2: Explain the So	urces of Your Income				

Pid you have any income from employment Fill in the total amount of income you received If you are filing a joint case and you have inco	from all jobs and all busi	nesses, including part-tin	ne activities.	ndar years?
No				
Yes. Fill in the details.				
	Beblo/ 4		Debitor 2	
	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	 Wages, commissions, bonuses, tips Operating a business 	\$0.00	 Wages, commissions, bonuses, tips Operating a business 	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$5,500.00	Wages, commissions, bonuses, tips	ани на продати на продати се обрани на продати на продати на продати на продати на продати на продати на прода В
(January 1 to December 31, <u>2016</u>)	Operating a business		Operating a business	upper ne prezident se prezident ander a provinsionelle beit en en se ander ander ander ander an en en en en en
For the calendar year before that:	Wages, commissions,		Wages, commissions, bonuses, tips	
(January 1 to December 31, <u>2015</u> <u>YYYY</u> Did you receive any other income during th Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing	come is taxable. Example nents; pensions; rental inc g a joint case and you hav	lous calendar years? s of other income are alir come; interest; dividends ve income that you receiv	Operating a business nony; child support; Social ; money collected from law red together, list it only onc	suits; royaities; and
(January 1 to December 31,2015 YVYY Did you receive any other income during ti Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	Operating a business his year or the two previous come is taxable. Example nents; pensions; rental inc g a joint case and you have	lous calendar years? s of other income are alir come; interest; dividends ve income that you receiv	Operating a business nony; child support; Social ; money collected from law red together, list it only onc	suits; royaities; and
(January 1 to December 31, <u>2015</u> <u>yvvv</u> Did you receive any other income during ti Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	Operating a business his year or the two previous come is taxable. Example nents; pensions; rental inc g a joint case and you have	lous calendar years? s of other income are alir come; interest; dividends ve income that you receiv	Operating a business nony; child support; Social ; money collected from law red together, list it only onc	suits; royaities; and
(January 1 to December 31,2015 <u>YYYY</u> Did you receive any other income during ti Include income regardless of whether that inco unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	Operating a business his year or the two previous come is taxable. Example nents; pensions; rental inc g a joint case and you have	lous calendar years? s of other income are alir come; interest; dividends ve income that you receiv	Operating a business nony; child support; Social ; money collected from law red together, list it only onc	suits; royaides; and e under Debtor 1. Gross income from each source
(January 1 to December 31,2015 <u>YYYY</u> Did you receive any other income during ti Include income regardless of whether that inco unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	Operating a business his year or the two previous come is taxable. Examplements; pensions; rental income g a joint case and you have each source separately. Depter 1 Sources of income	lous calendar years? s of other income are alin come; interest; dividends; ve income that you receiv to not include income that Gross income from each source (before deductions and	 Operating a business nony; child support; Social money collected from law red together, list it only once at you listed in line 4. Debtor 2 Sources of income 	Suits; royaites; and a under Debtor 1. Gross income from each source (before deductions ar exclusions)
(January 1 to December 31,2015 YVYY Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit payring gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy:	Depreting a business his year or the two previous come is taxable. Examplements; pensions; rental income g a joint case and you have each source separately. Depresent Depresent Sources of income Describe below.	lous calendar years? s of other income are alin come; interest; dividends; ve income that you receiv to not include income that Gross income from each source (before deductions and exclusions)	Operating a business onony; child support; Social money collected from law red together, list it only once the sources of line 4. Describe below.	Suits; royaites; and a under Debtor 1. Gross income from each source (before deductions ar exclusions)
(January 1 to December 31,2015 YVYY Did you receive any other income during ti Include income regardless of whether that inc unemployment, and other public benefit payre gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. Frem January 1 of current year until	Operating a business Sources of income Describe below.	Ious calendar years? s of other income are alin come; interest; dividends; come; income that you receive comot include income that Gross income from sach source (before deductions and exclusions) \$	Operating a business onony; child support; Social money collected from law red together, list it only once the sources of line 4. Describe below.	Gross income from each source (before deductions ar exclusions)
(January 1 to December 31,2015 YVYY Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit payring gambling and lottery winnings. If you are filling List each source and the gross income from e No Yes. Fill in the details. From Januäry 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2016)	Operating a business Sources of income Describe below.	Ious calendar years? s of other income are alin come; interest; dividends; come; income that you receive comot include income that Gross income from sach source (before deductions and exclusions) \$	Operating a business nony; child support; Social money collected from law red together, list it only once tyou listed in line 4. Debtor:2 Sources of income Describe below.	Gross income from each source (before deductions ar exclusions)

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or 1	Susan Grace Krokosz	Case number (if known) 17-	26273
	First Name Last Name Last Name		
rt 3:	List Certain Payments You Made Bef	ore You Filed for Bankruptcy	
	ither Debtor 1's or Debtor 2's debts primarily		
N	"incurred by an individual primarily for a pers	ily consumer debts. Consumer debts are defined in 11 U sonal, family, or household purpose."	
	During the 90 days before you filed for bank	ruptcy, did you pay any creditor a total of \$6,425* or more	
	No. Go to line 7.		
	the second state of the se	ou paid a total of \$6,425* or more in one or more payment Do not include payments for domestic support obligations o not include payments to an attorney for this bankruptcy c	,
	* Subject to adjustment on 4/01/19 and evel	ry 3 years after that for cases filed on or after the date of a	djustment.
— .	es. Debtor 1 or Debtor 2 or both have primar		
LΗΥ	Ces. Debtor 1 or Debtor 2 or bour have prima	ruptcy, did you pay any creditor a total of \$600 or more?	
	No. Go to line 7.		aid that
	ditage De pot include navments	you paid a total of \$600 or more and the total amount you p for domestic support obligations, such as child support an	
	alimony. Also, do not include payments	nents to an attorney for this bankruptcy case.	
		Dates of Total amount paid Amount you	atili owe Was this payment for.
		Dates of Total amount paid Amount you payment	
	Creditor's Name	\$ \$	Mortgage
			Credit card
	Numilier Street		Loan repayment
			Suppliers or vendo
		λ	Other
	City State ZIP Cert	de	• (000
			n de la fantañ de fan general de la fan de fan de fan de fan de la fan de la fan de la fan de la fan de fan de Inderen de fan general de fan de f
		\$\$	Mortgage
	Creditor's Name		🖵 Car
			Credit card
	Number Street		Loan repayment
			Suppliers or vendo
			Other
	City State ZIP Co	xxe	
		\$ \$	Mortgage
	Creditor's Name		Car
•	Number Street		Credit card
	Millingi Quest		Loan repayment
			Suppliers or vend
	City State ZIP C	ode.	Other
	City State ZIP C		

page 3

	Alddie Name Last Name	****	, i i i i i i i i i i i i i i i i i i i	Case number (if known)_	· · · · · · · · · · · · · · · · · · ·
Insiders include your rel corporations of which yo agent, including one for such as child support ar	ou are an officer, director, pe a business you operate as	s; relatives of any ge erson in control, or c	eneral partners; pa wner of 20% or n	artnerships of whic hore of their voting	yho was an insider? h you are a general partner; securities; and any managing domestic support obligations,
Mo No					
📮 Yes. List all paymen	its to an insider.			Seconda de la constante de la c	
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name			\$	\$	
more of a market					
Number Street					
	<u></u>	<u></u>			
City	State ZIP Code			×	
		unuu aanaa aanaa ahaa ahaa ahaa ahaa aha		an sana kana kanan sa kuru na masara na kana na mata sa kana mata kana sa kana sa kana sa kana sa kana sa kana	
			9	9	
Insider's Name	- <u></u>				
Number Street	with the Charles and the second second second	·			
NUMBOF OUCSI					
·					
City	State ZIP Code				
Within 1 year before yo	ou filed for bankruptcy, di	d you make any pa	yments or transf	er any property o	n account of a debt that benefited
an insider?					
	bts guaranteed or cosigned	d by an insider.			
Include payments on de					
		0			
Include payments on de	nts that benefited an insider.	0			
Include payments on de		Dates of	Total amount	Amount you still	Reason for this payment
Include payments on de		💛 – polos os sistemas se	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Include payments on de		Dates of			
Include payments on de		Dates of			
Include payments on de		Dates of			
Include payments on de		Dates of			
Include payments on de		Dates of			
Include payments on de		Dates of			
Include payments on de		Dates of			
Include payments on de	nts that benefited an insider.	Dates of			
Include payments on de	nts that benefited an insider.	Dates of			
Include payments on de	nts that benefited an insider.	Dates of			
Include payments on de	nts that benefited an insider.	Dates of			
Include payments on de	nts that benefited an insider.	Dates of			
Include payments on de	nts that benefited an insider.	Dates of			
Include payments on de	nts that benefited an insider.	Dates of			

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r 1	Susan Grace Krokosz First Name Middle Name Lest N	Name	Case number (#)	known) 17-26273	
rt 4:	Identify Legal Actions, Reposs	essions, and Foreclosures			
Within List all	n 1 year before you filed for bankrupt I such matters, including personal injury ontract disputes.	cy, were you a party in any laws	uit, court action, or a ces, collection suits, pa	dministrative proceedin aternity actions, support	ng? or custody modifica
No	-				
Ž Ye	es. Fill in the details.	Nature of the case	Court or agency		Status of the cas
		Tort for Tortious	DuPage Count	y Court	- Pending
	_{Case title} Susan Grace Krokosz vs John Harvard et al Consolidate	Interference with an inheritance expectancy;	Court Name 555 North Cou	nty Farm Road	On appeal
	Case number 2014 CH 1650	undue influence	Number Street Wheaton,	IL 60163	Concluded
C	Lase number	- 1	City	State ZIP Code	
54205010	ገው የገኘ አመሪመራ ምድረም እንደቀም ለማንገሥታችን ላይ የጀመር የሰው የመጠሩ የተሰጥ ለመረግበር ይች በሥራ ላለ ጥጥ የሚያ ር የጀመር የርስ ይም ለማመመ ለመስከት የጀመር መጠ		999994413999529997999979999999999999999999999999	* Construction for a series particular for a series of the series of	
c	Case title	-	Court Name		 Pending On appeal
~~			Number Street		Concluded
				•	
Within Check	Case number n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11.	tcy, was any of your property rej	City possessed, foreclose	State ZIP Code	seized, or levied
Within Check	n 1 year before you filed for bankrup k all that apply and fill in the details belo	w.		d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11.	tcy, was any of your property re w. Describe the property			seized, or levied Value of the prope
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11.	w.		d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11.	w.		d, garnished, attached,	
Within Check	n 1 year before you filed for bankrup k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	w.	possessed, foreclose	d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property	possessed, foreclose	d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property Explain what happened Property was rep Property was for	possessed, foreclose d bossessed. eclosed.	d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupf k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property Explain what happened Property was rep Property was for Property was gat	possessed, foreclose d possessed. eclosed. mished.	d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property Explain what happened Property was rep Property was for Property was gai Code Property was att	possessed, foreclose d bossessed. eclosed.	d, garnished, attached,	
Within Check	n 1 year before you filed for bankrupf k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property Explain what happened Property was rep Property was for Property was gat	possessed, foreclose d possessed. eclosed. mished.	d, garnished, attached,	Value of the prope
Within Check	n 1 year before you filed for bankrupf k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property Explain what happened Property was rep Property was for Property was gai Code Property was att	possessed, foreclose d possessed. eclosed. mished.	d, garnished, attached,	Value of the prope
Within Check	n 1 year before you filed for bankrupf k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below.	Describe the property Explain what happened Property was rep Property was for Property was gai Code Property was att	possessed, foreclose d possessed. eclosed. mished.	d, garnished, attached,	Value of the prope
Within Check	n 1 year before you filed for bankrupf k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City State ZIP C	Describe the property Explain what happened Property was rep Property was for Property was gai Code Property was att	d possessed, foreclose d possessed. eclosed. mished. ached, seized, or levied	d, garnished, attached,	Value of the prope
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City State ZIP of Creditor's Name	Describe the property Explain what happened Property was rep Property was gai Property was gai Oescribe the property Explain what happened Explain what happened Property was rep	d possessed. eclosed. mished. ached, seized, or levier	d, garnished, attached,	Value of the prope
Within Check	n 1 year before you filed for bankrupt k all that apply and fill in the details belo o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City State ZIP of Creditor's Name	Describe the property Explain what happened Property was rep Property was for Property was gat Describe the property Explain what happened Explain what happened	d d oossessed. eclosed. mished. ached, seized, or levier d d possessed. rediosed.	d, garnished, attached,	Value of the prope

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ebtor 1	Susan Gr	Middle Name Las	t Name	Odde Harmoor	(if known) 17-26273	
			aptey, did any creditor, inclue	ding a bank or financial	institution, set off any a	mounts from your
ac	counts or refus	e to make a payment be	cause you owed a debt?			
Ø	No					
	Yes. Fill in the	details.				
			Describe the action the cred	litor took	Date action	Amount
					was taken	
	Creditor's Name			an tanàn amin'ny faritr'o any mandritry dia mandritry dia kaominina dia kaominina dia kaominina dia kaominina d		
						\$
	Number Street	· · · · · · · · · · · · · · · · · · ·	-			
				·		
	City	State ZIP Code	Last 4 digits of account nu	mber: XXXX		
			otcy, was any of your propert		in assignee for the bene	tit of
	-	-appointed receiver, a cu	ustodian, or another official?			
	No					
L	Yes					
Part	5: List Cert	ain Gifts and Contrib	utions			
	No	fore you filed for bankru details for each gift.	ptcy, did you give any gifts w	vith a total value of more	e than \$600 per person?	?
	No Yes. Fill in the Gifts with a tot		C	vith a total value of more	Dates you gave	
	No Yes. Fill in the	details for each gift.	C	vith a total value of more		
	No Yes. Fill in the Gifts with a tot	details for each gift.	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot	details for each gift. al value of more than \$600	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person	details for each gift. al value of more than \$600	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person	details for each gift. al value of more than \$600	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo	details for each gift. al value of more than \$600	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person	details for each gift. al value of more than \$600	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street	details for each gift. Lat value of more than \$600 Su Gave the Gift	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo	details for each gift. al value of more than \$600	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street	details for each gift. al value of more than \$600 ou Gave the Gift State ZIP Code	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City	details for each gift. al value of more than \$600 ou Gave the Gift State ZIP Code	C	vith a total value of more	Dates you gave	
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota	details for each gift. al value of more than \$600 ou Gave the Gift State ZIP Code	C	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation	details for each gift. Lai value of more than \$600 Su Gave the Gift State ZIP Code Iship to you	Describe the gifts	vith a total value of more	Dates you gave the gifts	Value. \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota	details for each gift. Lai value of more than \$600 Su Gave the Gift State ZIP Code Iship to you	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value. \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value. \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person Person to Whom Yo	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person Person to Whom Yo Number Street Number Person to Whom Yo Number Street Number	details for each gift.	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$
	No Yes. Fill in the Gifts with a tot per person Person to Whom Yo Number Street City Person's relation Gifts with a tota per person Person to Whom Yo	details for each gift. Lai value of more than \$600 ou Gave the Gift State ZIP Code ship to you I value of more than \$600	Describe the gifts	vith a total value of more	Dates you gave	Value \$ \$

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

1 Susan Grace Krokosz	Case number (if known)	17-26273	
First Nama Middle Name	Last Name		
lithin 7 years before you filed for har	kruptcy, did you give any gifts or contributions with a total val	ue of more than \$f	100 to any charity?
	Richter, die you give any gins of contributions with a total var		to to any unarry i
No			
Yes. Fill in the details for each gift or	contribution.		
Gifts or contributions to charities	Describe what you contributed	Date you	Value
that total more than \$600		contributed	
	Religious Cash Contribution		
Portage United Methodist Ch		01/01/2016	s 1,500.0
Charity's Name			
		01/01/2015	\$ 2,200.0
,,,,,,,,,_,_,_,_			Ψ
1618 New Pinery Road			
Number Street			
Portage WI		we can be a set of the	
City State ZIP Code			
		J	
6: List Certain Losses			
the second s	kruptcy or since you filed for bankruptcy, did you lose anything		
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
	claims on line 33 of Schedule A/B: Property.		
			\$
A CONTRACTOR OF A CONTRACTOR O		22 No CARTER MARCHINE CONTRACTOR CONTRACTOR CONTRACTOR STOLEN	CARD : ANY OLD WELL STORY OF SHOULD STORE STORE
7: List Certain Payments or 1	nen er en	22-14 - NGC BERLEY OF MENNEMENT OF STREET AND AN	est with a diversifier of redighter of the rediction of the rediction of the rediction of the rediction of the
		menter any properties	
Vithin 1 year before you filed for ban	kruptcy, did you or anyone else acting on your behalf pay or tra	ansfer any propert	y to anyone
Vithin 1 year before you filed for ban ou consulted about seeking bankrup			y to anyone
Vithin 1 year before you filed for ban ou consulted about seeking bankrup include any attorneys, bankruptcy petitio	kruptcy, did you or anyone else acting on your behalf pay or tra otcy or preparing a bankruptcy petition?		y to anyone
Vithin 1 year before you filed for ban ou consulted about seeking bankrup include any attorneys, bankruptcy petitic No	kruptcy, did you or anyone else acting on your behalf pay or tra otcy or preparing a bankruptcy petition?		y to anyone
Vithin 1 year before you filed for ban ou consulted about seeking bankrup include any attorneys, bankruptcy petitic No	kruptcy, did you or anyone else acting on your behalf pay or tra otcy or preparing a bankruptcy petition? on preparers, or credit counseling agencies for services required in	your bankruptcy.	· .
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Deptor :	First Name	Middle Name	Last Name

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	-	understeller von		<u>م</u>
	-			
City State ZIP Code	-			X
Email or website address				
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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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and the second

	Middle Name Last	t Name	Case number (# know	_{n)} <u>17-26273</u>	<u> </u>
Within 10 years befor	e you filed for bankru	uptcy, dìd you transfer any p	roperty to a self-settled trust	or similar device of w	rhich you
		asset-protection devices.)			
No No					
Yes. Fill in the deta	ails.				
		Description and value of the	property transferred		Date transfer
					was made
Name of trust		-			
		линин на улууну (1619-10-10-11), 169-10-10-10-10-10-10-10-10-10-10-10-10-10-	an na ann an tha an tha an tha ann		
t 8: List Certain l	Financial Account	ts, Instruments, Safe De	posit Boxes, and Storage	Units	
Nithin 1 year before y	you filed for bankrup	tcv. were any financial acco	unts or instruments held in y	our name, or for your	benefit,
closed, sold, moved,					
nclude checking, sav	vings, money market		; certificates of deposit; shar	es in banks, credit un	ions,
	ension funds, cooper	ratives, associations, and ot	her financial institutions.		
No					
Yes. Fill in the del	talls.				
		Last 4 digits of account nur	nber Type of account or Instrument	Date account was closed, sold, moved,	Last balance before closing or transference of the closing or transference of the closed of the clos
				or transferred	closing of transit
	414-41-4				
Name of Financia j i ns	titution	XXXX	Checking		\$
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	Last Name	uraber (# known) 17-26273
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	nt of any release of hazardous materials	
No		
Yes. Fill in the details.	Governmental unit Environmen	ntal law, if you know it Date of notic
Name of site	Governmental unit	
Number Street	Number Street	
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	City State ZIP Code	
City State ZIP Cod	A 1999 CONTRACTOR OF CONTRACTOR AND C CONTRACTOR AND CONTRACTOR	
ave you been a party in any judicial o	or administrative proceeding under any environme	ntal law? Include settlements and orders.
1 No		
Yes. Fill in the details.		
	Court or agency Natur	e of the case Case Case
Case title	Court Name	Pendir
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	Number Street	Conclu
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Debtor 1	Susan C	Grace Krokosz
	Pirst Name	Middle Name

Last Name

	Describe the nature of the business	Employer identification number
Business Name	r	Do not include Social Security number or ITIN.
		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
,		
City State ZIP Code		From To
	tcy, did you give a financial statement to ar	nyone about your business? Include all financial
institutions, creditors, or other parties.		
No Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		P
City State ZIP Code		
i		
Part 12: Sign Below	\mathbf{O}	
I have read the answers on this Statemen	t of Financial Affairs and any attachments,	and I declare under penalty of perjury that the g property, or obtaining money or property by fraud
in connection with a bankruptcy case car	result in fines up to \$250,000, or imprison	ment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.		
	AP	
* Supphaled a	×	
Signature of Debtor 1	Signature of Debtor 2	
Thelit		
Date 10/17	Date	
Did you attach additional pages to Your S	itatement of Financial Affairs for Individuals	s Filing for Bankruptcy (Official Form 107)?
No No		
Yes		
	o is not an attorney to help you fill out bank	ruptcy forms?
M No		
Yes. Name of person		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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4

Fill in this in	nformation to i	dentify your case:		
Debtor 1	Susan Grace	e Castagnoli Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States i	Bankrupicy Court	for the: Western District of Wiscu	nsin	
Case number	17-26273		-	
(

Check one box only as directed in this form and in Form 122A-1Supp:

- There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

12/15

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Bresumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

D Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
 Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). 	\$0.00	\$ <u>5,000.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.0</u> 0	\$0.00
5. Net income from operating a business, profession, or farm Gross receipts (before all deductions) Debtor 1 Debtor 2 \$_0.00 \$_0.00		
Ordinary and necessary operating expenses - \$ 0.00 - \$ 0.00		
Net monthly income from a business, profession, or farm <u>\$_0.00</u> <u>\$_0.00</u> here	\$0.00	\$0.00
6. Net income from rental and other real property Gross receipts (before all deductions)		
Ordinary and necessary operating expenses - \$_0.00 - \$_0.00		
Net monthly income from rental or other real property \$ 0.00 \$ 0.00 here	\$ <u>0.0</u> 0	\$ <u>0.00</u>
7. Interest, dividends, and royalties	\$ <u>0.0</u> 0	\$ <u>0.0</u> 0

Debtor i <u>Susan Grace Castagnoli</u> Fisi Name Midde Name Last Name	Case number (# known) <u>17-26273</u>
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ <u>0.00</u> \$ <u>390.00</u>
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you	
For your spouse	
 Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 	\$ <u>0.00</u> \$ <u>0.00</u>
10. Income from all other sources not listed above. Specify the source and amoun Do not include any benefits received under the Social Security Act or payments re as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total bel	eceived
	\$ <u>0.00</u> \$ <u>0.00</u>
	\$ <u>0.00</u>
Total amounts from separate pages, if any.	+ <u>\$ 0.00</u> + <u>\$ 0.00</u>
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ + \$ 5,390.00 = \$ Total current
Dani24 Determine Whether the Means Test Applies to You	monthly inco
12. Calculate your current monthly income for the year. Follow these steps:	
12a. Copy your total current monthly income from line 11.	
Multiply by 12 (the number of months in a year).	x 12
12b. The result is your annual income for this part of the form.	12b. \$ <u>64,680.0</u>
13. Calculate the median family income that applies to you. Follow these steps:	
Fill in the state in which you live.	
Fill in the number of people in your household.	The second se
Fill in the median family income for your state and size of household To find a list of applicable median income amounts, go online using the link speci instructions for this form. This list may also be available at the bankruptcy clerk's	ified in the separate
14. How do the lines compare?	
14a. Line 12b is less than or equal to line 13. On the top of page 1, check box Go to Part 3.	x 1, There is no presumption of abuse.
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The pr</i> Go to Part 3 and fill out Form 122A–2.	resumption of abuse is determined by Form 122A-2.
Part 3: Sign Below	
By signing here, I declare under penalty of perjury that the information or	n this statement and in any attachments is true and correct.
× Jun Gran Contar	×
Signature of Debtor 1	Signature of Debtor 2
Date 7/10/17 MM/ DD / YYYY	Date
If you checked line 14a, do NOT fill out or file Form 122A-2.	
If you checked line 14b, fill out Form 122A-2 and file it with this form.	•

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Information to identify the case:

Debtor 1 Susan Grace Castagnoli

First Name Middle Name Last Name

Debtor 2 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court Eastern District of Wisconsin

Case number: 17–26273–gmh

Social Security number or ITIN xxx-xx-7049

EIN ____

Social Security number or ITIN ___

EIN _____

Date case filed for chapter 7 6/26/17

<u>Official Form 309A (For Individuals or Joint Debtors)</u> Notice of Chapter 7 Bankruptcy Case –– No Proof of Claim Deadline

12/15

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

Debtors must attend this meeting Meeting of Creditors: August 10, 2017 at 01:30 PM Kenosha County Center, Room A, 19600 75th Street, Bristol, WI 53104

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors or the debtors' property. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadlines specified in this notice. (See line 9 for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at <u>www.pacer.gov</u>).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

	C	About Debtor	1:	About Debtor 2:	
1.	Debtor's full name	Susan Grace Cas	tagnoli	Keith Michael Krokosz xxx-xx-6354	(Non–Filing Spouse)
2.	All other names used in the last 8 years		Krokosz, dba Law Offices of Susan Institute for Economic		
3.	Address	8785 3rd Ave Pleasant Prarie, W	I 53158		
4.	4. Debtor's attorney Name and address		None		
5.	Meeting of creditors		August 10, 2017 at 01:30 PM	Location:	
	Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.		The meeting may be continue adjourned to a later date. If so date will be on the court dock	, the Room A,	County Center, 19600 75th Street, VI 53104
	*** Valid photo identification and proof of social security number required ***				

For more information, see page 2 >

page 1

Official Form 309A (For Individuals or Joint Debtors) Notice of Chapter 7 Bankruptcy Case -- No Proof of Claim Deadline

6.	Bankruptcy trustee Name and address	Douglas F. Mann 740 North Plankinton Avenue Suite 210 Milwaukee, WI 53203	Contact phone 414–276–5355
7.	Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.	Room 126, U.S. Courthouse 517 East Wisconsin Avenue Milwaukee, WI 53202–4581	Office Hours: <u>Monday through Friday</u> , <u>8:30 A.M. until 4:30 P.M., except legal</u> <u>holidays.</u> Contact phone (414) 297–3291 Date: 6/26/17
8.	Presumption of abuse If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances.	The presumption of abuse does not arise.	
9.	Deadlines The bankruptcy clerk's office must receive documents and any required filing tee by the following deadlines.	 File by the deadline to object to discharge or to challenge whether certain debts are dischargeable: You must file a complaint: if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. § 727(a)(2) through (7), or if you want to have a debt excepted from discharge under 11 U.S.C § 523(a)(2), (4), or (6). You must file a motion: if you assert that the discharge should be denied under § 727(a)(8) or (9). Deadline to object to exemptions: The law permits debtors to keep certain property as 	Filing deadline: 10/10/17 Filing deadline: 30 days after the conclusion of the meeting of creditors
10.	Proof of claim Please do not file a proof of claim unless you receive a notice to do so.	No property appears to be available to pay crea will send you another notice telling you that you deadline.	ditors. Therefore, please do not file a s are available to pay creditors, the clerk
11.	Creditors with a foreign address	If you are a creditor receiving a notice mailed to motion asking the court to extend the deadlines familiar with United States bankruptcy law if yo this case.	s in this notice. Consult an attorney
12.	Exempt property	The law allows debtors to keep certain property not be sold and distributed to creditors. Debtor exempt. You may inspect that list at the bankru <u>www.pacer.gov</u> . If you believe that the law doe debtors claim, you may file an objection. The b objection by the deadline to object to exemptio	s must file a list of property claimed as ptcy clerk's office or online at s not authorize an exemption that the ankruptcy clerk's office must receive the