| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF ARIZONA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

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.

| Pa | rt 1: Identify Yourself | | |
|----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Brittany First name A Middle name Timiney Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | , | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1817 | |

| | | About Debtor 1: | A | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | siness name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | В | Business name(s) | | |
| | | EINs | E | EINs | | |
| 5. | Where you live | 8510 W. Willow Avenue | If | Debtor 2 lives at a different address: | | |
| | | Peoria, AZ 85381 Number, Street, City, State & ZIP Code | N | lumber, Street, City, State & ZIP Code | | |
| | | Maricopa | | | | |
| | | County | C | 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, P.O. Box, Street, City, State & ZIP Code | N | lumber, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | c | 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.) | | |
| | | | | | | |

| Deb | otor 1 Brittany A Timiney | / | | | Case number (if known) | | |
|-----|--|---|--|--|--|-------------------------------------|--|
| | | | | | | | |
| Par | t 2: Tell the Court About | our Bankruptcy (| Case | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | ☐ Chapter 11 | | | | | |
| | | □ Chapter 12 | | | | | |
| | | ☐ Chapter 13 | | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | about how | you may pay. Typio ur attorney is subm | cally, if you are paying the fee yo | with the clerk's office in your local court fo urself, you may pay with cash, cashier's cho alf, your attorney may pay with a credit card | eck, or money | |
| | | | | allments. If you choose this option (Official Form 103A). | n, sign and attach the Application for Individ | duals to Pay | |
| | | ū | | , | only if you are filing for Chapter 7. By law, | a judge mav. | |
| | | but is not re applies to y | equired to, waive your family size and | our fee, and may do so only if you d you are unable to pay the fee in | ur income is less than 150% of the official p installments). If you choose this option, you ial Form 103B) and file it with your petition. | overty line that u must fill out | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes. | | | | | |
| | | Distric | t | When | Case number | | |
| | | Distric | t | When | Case number | | |
| | | Distric | t | When | Case number | | |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | 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? | ☐ Yes. | | | | | |
| | | Debto | r | | Relationship to you | | |
| | | Distric | t | When | Case number, if known | | |
| | | Debto | r | | Relationship to you | | |
| | | Distric | t | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. Go to | o line 12. | | | | |
| | residence: | ☐ Yes. Has | your landlord obtai | ned an eviction judgment agains | t you and do you want to stay in your reside | nce? | |
| | | | No. Go to line 1 | 2. | | | |
| | | | Yes. Fill out <i>Init</i> bankruptcy petit | | ludgment Against You (Form 101A) and file | it with this | |
| | | | | | | | |

| Den | Brittany A Timine | у | | Case number (ir known) |
|------|---|------------------------------------|---|--|
| | | | | |
| Part | Report About Any Bu | ısinesses | You Own as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of but | siness |
| | A sole proprietorship is a | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Check the appropriate be | ox to describe your business: |
| | | | ☐ Health Care Busi | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (as o | defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | ■ None of the above | e |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | s. If you indicate that you are ns, cash-flow statement, and S.C. 1116(1)(B). | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | No. | I am not filing under Cha | pter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Pari | t 4: Report if You Own or | Have Any | / Hazardous Property or Ar | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | |
| | 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? | |
| | • | | | Number, Street, City, State & Zip Code |
| | | | | |

Debtor 1 Brittany A Timiney

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

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.

About Debtor 1:

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 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.

☐ 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.

| Jeb | tor 1 Brittany A Timine | / | | Case num | ber (if known) | | |
|-----|--|---------------------|---|---|--|--|--|
| ari | 6: Answer These Questi | ons for R | Reporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you o | we that are not consumer debts or busin | ess debts | | |
| 7. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 8. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | ☐ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 |) | □ 5001-10,000 | ☐ 50,001-100,000 | | |
| | owe? | ☐ 100-1 | | 1 0,001-25,000 | ☐ More than100,000 | | |
| | | □ 200-9 | 999 | | | | |
| 9. | How much do you | \$ 0 - \$ | \$50.000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 001 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | |
| | | | ,001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | |
| | | □ \$500, | ,001 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$ | 550,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | \$50,0 | 001 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | ,001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | |
| | | □ \$500, | ,001 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| ar | 7: Sign Below | | | | | | |
| or | you | I have ex | kamined this petition, and I dec | clare under penalty of perjury that the info | ormation provided is true and correct. | | |
| | | | | , I am aware that I may proceed, if eligib elief available under each chapter, and I | le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | |
| | | | | not pay or agree to pay someone who is e notice required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this | | |
| | | I request | relief in accordance with the c | chapter of title 11, United States Code, sp | pecified in this petition. | | |
| | | bankrupt and 357 | tcy case can result in fines up t 1. | | y or property by fraud in connection with a D years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | Brittan | tany A Timiney y A Timiney e of Debtor 1 | Signature of Deb | otor 2 | | |
| | | Executed | d on May 3, 2016 | Executed on | | | |
| | | | MM / DD / YYYY | | IM / DD / YYYY | | |
| | | | | | | | |

| Debtor 1 | Brittany A Timiney | Case number (if known) | |
|----------|--------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Kevin C | C. McCoy | Date | May 3, 2016 |
|-----------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | - | MM / DD / YYYY |
| Kevin C. N | IcCoy | | |
| Printed name | | | |
| Kelly McC | oy, PLC | | |
| Firm name | | | |
| 340 East P | Palm Lane, Suite 300 | | |
| Phoenix, A | AZ 85004 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 602-687-7433 | Email address | kmccoy@kelly-mccoy.com |
| 020333 | | | |
| Bar number & S | tate | | _ |

Certificate Number: 03788-AZ-CC-026916231



CERTIFICATE OF COUNSELING

I CERTIFY that on February 8, 2016, at 3:36 o'clock PM EST, Brittany Timiney received from Alliance Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Arizona, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

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

This counseling session was conducted by internet.

| Date: | February 8, 2016 | By: | /s/Jamica Jones |
|-------|------------------|--------|-----------------------------|
| | | Name: | Jamica Jones |
| | | Title: | Accredited Credit Counselor |

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

| Fill | in this information to identify your ca | ise: | | | |
|--------|---|--|---|---------------|----------------|
| | tor 1 Brittany A Timiney | | | | |
| | First Name | Middle Name | Last Name | | |
| | tor 2 use if, filing) First Name | Middle Name | Last Name | | |
| Uni | ed States Bankruptcy Court for the: | DISTRICT OF ARIZONA | | | |
| Cas | e number | | | | |
| (if kn | | | | _ | if this is an |
| | | | | amen | ded filing |
| ~ (| " ' F 4000 | | | | |
| | ficial Form 106Sum | | d Contain Otatiotical Information | | |
| | • | | d Certain Statistical Information are filing together, both are equally responsible | | 12/15 |
| info | mation. Fill out all of your schedules | first; then complete the | e information on this form. If you are filing amen | | |
| you | original forms, you must fill out a ne | w Summary and check | the box at the top of this page. | | |
| Par | 1: Summarize Your Assets | | | | |
| | | | | Your as | |
| | | | | value | f what you own |
| 1. | Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from 1a. | n 106A/B) m Schedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal prope | erty, from Schedule A/B | | \$ | 9,245.00 |
| | 1c. Copy line 63, Total of all property of | on Schedule A/B | | \$ | 9,245.00 |
| Par | 2: Summarize Your Liabilities | | | | |
| | | | | Your li | abilities |
| | | | | | you owe |
| 2. | Schedule D: Creditors Who Have Clair | | (Official Form 106D) he bottom of the last page of Part 1 of Schedule D | \$ | 8,388.00 |
| _ | , | , | 1 0 | Ψ | |
| 3. | Schedule E/F: Creditors Who Have Un 3a. Copy the total claims from Part 1 | nsecured Claims (Official (priority unsecured claims) | Form 106E/F) s) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 | (nonpriority unsecured cla | aims) from line 6j of Schedule E/F | \$ | 56,700.25 |
| | | | | | |
| | | | Your total liabilities | s \$ | 65,088.25 |
| | | | | | |
| Par | 3: Summarize Your Income and E | xpenses | | | |
| 4. | Schedule I: Your Income (Official Form Copy your combined monthly income | | 1 | \$ | 786.43 |
| 5. | Schedule J: Your Expenses (Official F Copy your monthly expenses from line | | | \$ | 1,183.00 |
| Par | 4: Answer These Questions for A | dministrative and Statis | stical Records | | |
| _ | | | | | |
| 6. | Are you filing for bankruptcy under No. You have nothing to report or | • | neck this box and submit this form to the court with y | our other sch | nedules. |
| | Yes | | | | |
| 7. | What kind of debt do you have? | | | | |
| | | | lebts are those "incurred by an individual primarily fog for statistical purposes. 28 U.S.C. § 159. | r a personal, | family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Desc

Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com $Case \ 2:16\text{-}bk\text{-}04896\text{-}PS \quad D$

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

996.04

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 39,581.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 39,581.00 |

| Fill in this infor | mation to identify your case a | and this filing: | | | |
|--|--|--|------------------------------|--|--|
| Debtor 1 | Brittany A Timiney | | | | |
| Dahtano | First Name | Middle Name L | ast Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name L | ast Name | | |
| United States Ba | ankruptcy Court for the: DIST | RICT OF ARIZONA | | | |
| Case number | | | | | ☐ Check if this is an |
| _ | | | | | amended filing |
| | | | | | |
| Official Fo | orm 106A/B | | | | |
| Schedul | e A/B: Propert | V | | | 12/15 |
| think it fits best. E | separately list and describe items Be as complete and accurate as p re space is needed, attach a sepa stion. | ossible. If two married people a | re filing together, both are | equally responsible for | supplying correct |
| 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 intere | st in any residence, building, la | nd, or similar property? | | |
| ■ No. Go to Pa | rt 2. | | | | |
| ☐ Yes. Where | is the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| someone else dri | ise, or have legal or equitable ives. If you lease a vehicle, also rucks, tractors, sport utility ve | report it on Schedule G: Exec | | | ŕ |
| 3.1 Make: | Kia | Who has an interest in the p | roperty? Check one | | I claims or exemptions. Put ured claims on Schedule D: |
| Wiodoi. | Forte | Debtor 1 only | | | Claims Secured by Property. |
| _ | 2010 te mileage: 80000 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | , | Current value of the entire property? | Current value of the portion you own? |
| Other infor | mation: | ☐ At least one of the debtors | | | , , |
| i i | n: 8510 W. Willow Peoria AZ 85381 | Check if this is communi (see instructions) | ty property | \$8,000.00 | \$8,000.00 |
| Examples: Boa No Yes Add the dolla pages you have | ar value of the portion you ow ave attached for Part 2. Write Your Personal and Household It have any legal or equitable in | atercraft, fishing vessels, snow on for all of your entries from that number here | mobiles, motorcycle acc | essories entries for | \$8,000.00 Current value of the portion you own? Do not deduct secured |
| | oods and furnishings ajor appliances, furniture, linens | s, china, kitchenware | | | claims or exemptions. |

☐ No

 Schedule A/B: Property

page 1

Best Case Bankruptcy

| Debt | or 1 | Brittany A T | Timiney | | Case number (if known) | |
|--------------|--------------------------------------|--|--|---|--------------------------|---------------------------------|
| | Yes. | Describe | | | | |
| | | | IKEA furniture set, includ night table | ing (1) end table, (1) bed, (1) d | resser, (1) | \$500.00 |
| E. | No | es: Televisions a | and radios; audio, video, stereo, a Il phones, cameras, media player | and digital equipment; computers, pri s, games | nters, scanners; music c | collections; electronic devices |
| | | | Computer | | | \$200.00 |
| E. | xampl No | | d figurines; paintings, prints, or ot ions, memorabilia, collectibles | her artwork; books, pictures, or other | art objects; stamp, coin | , or baseball card collections; |
| E. | xampl No | ent for sports a es: Sports, photo musical instr Describe | ographic, exercise, and other hob | by equipment; bicycles, pool tables, | golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | | | Bicycle | | | \$35.00 |
| 11. C | No Yes. Clothe: Examp No | oles: Pistols, rifle Describe | es, shotguns, ammunition, and rel | | | |
| | | | Miscellaneous womens of | lothing | | \$200.00 |
| | No | | ewelry, costume jewelry, engager | nent rings, wedding rings, heirloom je | ewelry, watches, gems, o | gold, silver |
| | Examp No | rm animals ples: Dogs, cats, Describe | birds, horses | | | |
| | No | her personal an | • | t already list, including any health | aids you did not list | |
| | | S O OPOOMO IIII | | | | |
| | | | of all of your entries from Part number here | 3, including any entries for pages | you have attached | \$935.00 |
| Part_4 | 4: De | scribe Your Finan | ncial Assets | | | |

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Schedule A/B: Property Official Form 106A/B page 2

| DE | Brittany A Timin | ey | | Case number (if known) | |
|-----|---|-------|-----------------------------|--|---|
| | | | | | Do not deduct secured claims or exemptions. |
| 16. | Cash Examples: Money you have No □ Yes | • | | home, in a safe deposit box, and on hand when you file your petition | |
| 17. | | | | ccounts; certificates of deposit; shares in credit unions, brokerage honts with the same institution, list each. | uses, and other similar |
| | ■ Yes | | | Institution name: | |
| | 17 | 7.1. | Checking | Desert Schools Federal Credit Union | \$300.00 |
| | 17 | 7.2. | Savings | Desert Schools Federal Credit Union | \$10.00 |
| 18. | Bonds, mutual funds, or pu Examples: Bond funds, inve ■ No | | | brokerage firms, money market accounts | |
| | ☐ Yes | | Institution or issue | er name: | |
| 19. | Non-publicly traded stock a joint venture ■ No | and i | nterests in incor | rporated and unincorporated businesses, including an interest i | n an LLC, partnership, and |
| | ☐ Yes. Give specific informa | | about them ne of entity: | | |
| 20. | Negotiable instruments inclu Non-negotiable instruments | ide p | ersonal checks, c | gotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. | |
| | ■ No □ Yes. Give specific informat | | bout them er name: | | |
| 21. | Retirement or pension according Examples: Interests in IRA, I | | |), 403(b), thrift savings accounts, or other pension or profit-sharing pla | ans |
| | \square Yes. List each account sep | | ely. of account: | Institution name: | |
| 22. | Examples: Agreements with | oosit | s you have made | so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications companie | s, or others |
| | ■ No □ Yes | | | Institution name or individual: | |
| 23. | Annuities (A contract for a p | eriod | lic payment of mo | oney to you, either for life or for a number of years) | |
| | | nam | e and description. | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 529A | | | a qualified ABLE program, or under a qualified state tuition progr | ram. |
| | ■ No □ Yes Instituti | ion n | ame and descripti | tion. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, equitable or future | inter | ests in property | (other than anything listed in line 1), and rights or powers exerc | isable for your benefit |
| | ☐ Yes. Give specific informa | tion | about them | | |

Official Form 106A/B Schedule A/B: Property page 3

| D | ebtor 1 | Brittany A Timiney | Case number (if known) | |
|-----|----------------------------------|--|-----------------------------------|---|
| 26. | | s, copyrights, trademarks, trade secrets, and other intellectual property les: Internet domain names, websites, proceeds from royalties and licensing agreer | nents | |
| | ☐ Yes. | Give specific information about them | | |
| 27. | Examp ■ No | es, franchises, and other general intangibles oles: Building permits, exclusive licenses, cooperative association holdings, liquor lic | enses, professional licenses | |
| | ⊔ Yes. | Give specific information about them | | |
| M | oney or | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | . Tax ref | unds owed to you | | |
| | ■ No | · | | |
| | ☐ Yes. | Give specific information about them, including whether you already filed the returns | s and the tax years | |
| | | | | |
| 29. | . Family Examp ■ No | support oles: Past due or lump sum alimony, spousal support, child support, maintenance, di | vorce settlement, property set | tlement |
| | ☐ Yes. | Give specific information | | |
| 30. | | amounts someone owes you bles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vaca benefits; unpaid loans you made to someone else | ation pay, workers' compensat | tion, Social Security |
| | ■ No □ Yes. | Give specific information | | |
| 31. | Examp | ts in insurance policies bles: Health, disability, or life insurance; health savings account (HSA); credit, home | owner's, or renter's insurance | |
| | ■ No | Name the insurance company of each policy and list its value. | | |
| | — 100. | Company name: Benefi | ciary: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or a ne has died. | are currently entitled to receive | property because |
| | ■ No □ Yes | Give specific information | | |
| | | | | |
| 33. | | against third parties, whether or not you have filed a lawsuit or made a demailes: Accidents, employment disputes, insurance claims, or rights to sue | nd for payment | |
| | _ | Describe each claim | | |
| 34. | Other o | contingent and unliquidated claims of every nature, including counterclaims o | f the debtor and rights to se | t off claims |
| | ■ No | Describe each claim | | |
| 35. | | ancial assets you did not already list | | |
| | ■ No | | | |
| | ⊔ Yes. | Give specific information | | |
| 36 | | he dollar value of all of your entries from Part 4, including any entries for page art 4. Write that number here | | \$310.00 |
| Pa | art 5: Des | scribe Any Business-Related Property You Own or Have an Interest In. List any real estat | e in Part 1. | |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 | Brittany A Timiney | | Case number (if known) | |
|--------------------|---|--------------------------|------------------------------|------------|
| 37. Do yo u | ı own or have any legal or equitable interest in any business-rela | ted property? | | |
| No. G | Go to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | escribe Any Farm- and Commercial Fishing-Related Property Yo you own or have an interest in farmland, list it in Part 1. | u Own or Have an Interes | st In. | |
| 46. Do yo | ou own or have any legal or equitable interest in any farm | - or commercial fishin | ng-related property? | |
| ■ No | o. Go to Part 7. | | | |
| ☐ Ye | es. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That Yo | ou Did Not List Above | | |
| Exan ■ No | ou have other property of any kind you did not already list apples: Season tickets, country club membership . Give specific information | 1? | | |
| 54. Add | the dollar value of all of your entries from Part 7. Write the | nat number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Part | 1: Total real estate, line 2 | | | \$0.00 |
| 56. Part | 2: Total vehicles, line 5 | \$8,000.00 | • | |
| 57. Part | 3: Total personal and household items, line 15 | \$935.00 | | |
| 58. Part | 4: Total financial assets, line 36 | \$310.00 | | |
| 59. Part | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part | 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. Tota | al personal property. Add lines 56 through 61 | \$9,245.00 | Copy personal property total | \$9,245.00 |
| 63. Tota | al of all property on Schedule A/B. Add line 55 + line 62 | | | \$9,245.00 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|---------------------|-----------|--------------------------------------|
| Debtor 1 | Brittany A Timine | Py | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF ARIZONA | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

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.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption |
|--|--|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2010 Kia Forte 80000 miles Location: 8510 W. Willow Avenue, | \$8,000.00 | | \$6,000.00 | Ariz. Rev. Stat. § 33-1125(8) |
| Peoria AZ 85381 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| IKEA furniture set, including (1) end table, (1) bed, (1) dresser, (1) night | \$500.00 | | \$500.00 | Ariz. Rev. Stat. § 33-1123 |
| table Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Computer Line from Schedule A/B: 7.1 | \$200.00 | | \$200.00 | Ariz. Rev. Stat. § 33-1123 |
| Line nom Schedule A/D. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Bicycle Line from Schedule A/B: 9.1 | \$35.00 | | \$1,000.00 | Ariz. Rev. Stat. § 33-1125(7) |
| Line Horr Schedule Av.D. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Miscellaneous womens clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$500.00 | Ariz. Rev. Stat. § 33-1125(1) |
| LINE HOTH Scriedule A/D. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| Del | btor 1 Brittany A Timiney | | | Case number (if known) | | |
|-----|---|--------------------------------------|---------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Checking: Desert Schools Federal Credit Union | \$300.00 | | \$300.00 | Ariz. Rev. Stat. § 33-1126(A)(9 | |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Line from Schedule A/B: 17.1 Are you claiming a homestead exemption | of more than \$160 37 | 52 | · · · · · · · · · · · · · · · · · · · | | |
| ა. | (Subject to adjustment on 4/01/19 and every | | | iled on or after the date of adjustmen | nt.) | |
| | ■ No | | | | | |
| | ☐ Yes. Did you acquire the property cove | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? | |
| | □ No | | | | | |

Yes

| Fill in | this informa | tion to identify yo | ur case: | | | | |
|------------------|-------------------------------------|-------------------------|---|-------------------|---|--|--------------------------|
| Debto | or 1 | Brittany A Timi | i ney Middle Name | Loot Nome | | | |
| Debto | or 2 | First Name | Middle Name | Last Name | | | |
| | e if, filing) | First Name | Middle Name | Last Name | | | |
| United | d States Bank | ruptcy Court for the | E: DISTRICT OF ARIZONA | | | | |
| Cana | n.,mh.a.r | | | | | | |
| (if know | number | | | | | ☐ Check | if this is an |
| ` | | | | | | _ | ded filing |
| Offic | cial Form | 106D | | | | | |
| - | | | s Who Have Claims | Secure | d by Property | 1 | 12/15 |
| is need numbe | ded, copy the A er (if known). | dditional Page, fill it | If two married people are filing toget out, number the entries, and attach in | | | | |
| _ | - | ve claims secured b | | | | | |
| | No. Check th | is box and submit | this form to the court with your othe | r schedules. Y | ou have nothing else to | report on this form. | |
| | Yes. Fill in a | I of the information | below. | | | | |
| Part 1 | List All S | Secured Claims | | | | | |
| 2. List | t all secured cla | ims. If a creditor has | more than one secured claim, list the cr | editor separately | Column A | Column B | Column C |
| for eac | ch claim. If more | e than one creditor ha | s a particular claim, list the other credito tical order according to the creditor's nar | rs in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 1211 | Desert School | ools Federal n | Describe the property that secures | the claim: | \$8,388.00 | \$8,000.00 | \$388.00 |
| | Creditor's Name | | 2010 Kia Forte 80000 miles Location: 8510 W. Willow A Peoria AZ 85381 | venue, | | | |
| | P.O. Box 29 | 45 | As of the date you file, the claim is | : Check all that | | | |
| | | 2 85062-2945 | apply. Contingent | | | | |
| - | | ty, State & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ De | ebtor 1 only | | An agreement you made (such as | mortgage or sec | cured | | |
| | btor 2 only | | car loan) | | | | |
| | ebtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| _ | | debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | neck if this clair ommunity debt | n relates to a | Other (including a right to offset) | Vehicle Lie | en | | |
| Date o | debt was incurr | ed <u>8/28/15</u> | Last 4 digits of account nun | nber XXXX | | | |
| | | | | | | | |
| Add | the dollar valu | e of your entries in (| Column A on this page. Write that nur | nber here: | \$8,388 | 3.00 | |
| If thi | is is the last pa | ge of your form, add | I the dollar value totals from all pages | | \$8,388 | | |
| Writ | e that number l | nere: | · - | | \$0,300 | 5.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Priority Creditor's Name P.O Box 29079 Phoenix, AZ 85038 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check iff this claim is for a community debt is the claim subject to offset? No Yes Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 ond 5 one of the debtors and another Domestic support obligations Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government | | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|---|-------|
| Debtor 2 (Stocas A, Brigs) First Name Middle Name Law Name United States Bankruptcy Court for the: DISTRICT OF ARIZONA Case number (stocas) First Name DISTRICT OF ARIZONA Case number (stocas) Check if this is an amended filing | Fill in this informa | tion to identify your c | ase: | | | | | | | |
| Debtor 2 Growers, Hisroy First Name Middle Name Last Name | Debtor 1 | | | | | | | | | |
| Check if this is an amended filing | Dobtor 2 | First Name | Middle Nar | ne | Last Name | | | | | |
| Case number Check if this is an amended filing 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. List the other painty executory contracts or unexpired leases that could result in a claim. Also list executory contracts or dischault in a claim. Also list executory contracts or additional to the entries in the boss or stockhole. Defending the entries in the boss or stockhole in the entries with the country of the entries in the boss or stockhole in the entries in the boss of the entries in the entr | | First Name | Middle Nar | me | Last Name | | | | | |
| Case number (filthown) Check if this is an amended filting | United States Bank | ruptcy Court for the: | DISTRICT O | F ARIZONA | | | | | | |
| 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 that the support of the part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims that the other part pare security contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AVB: Properly (Official Form 166A) on not include any creditors with partially secured claims that are listed in continuation Page to this page. If you have no information to report in a Fart, do not file that Part. On the top of any additional pages, write you have not information to report in a Fart, do not file that Part. On the top of any additional pages, write you have not information to report in a Fart, do not file that Part. On the top of any additional pages, write you have not information to report in a Fart, do not file that Part. On the top of any additional pages, write you have not provide the page of the page. If you have not information to report in a Fart, do not file that Part. On the top of any additional pages, write you have not provide the page of the pag | Omiou Glaros Barri | rapto, Countries and | | | | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Schedule E/F: Creditors Who Have Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other pany executory contracts or unseptired leases that could result in a claim. Also list executory contracts on Schedule ABP Property (Official Form 1604/8) and Unseptired Losses (Official Form 1606, 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 Attact the Continuation Page of the year to information to report in a Part, do not file that Part. On the top of any additional pages, write years are not case number (in fill with a part of the page). If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write years are not case number (in fill with a part of the page). If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write years are not paged to the page of the value in the page of the page of the page of the value in the page of the p | | | | | | | | Chook if t | thic ic on | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 22/15 23 as a complete and accurrate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other pay executory contracts or unscripted leases that could result in a claim. Also list sexectiony contracts on Schedule A/B: POPRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other pay executory contracts and Unexpired Leases (Official Form 1066), Do not include any creditors with partialty 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 of this own. 4. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you are not also emitted in the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you are not also emitted to the Continuation Page to the page and the page and the page and the continuation Page of the page and the page | (ii kilowii) | | | | | | _ | | | |
| Schedule E/F: Creditors Who Have Unsecured Claims Ba 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 pare yeacutory contracts or unkeyling diseases that could result in a claim. Also list executory contracts on Schedule AR: Property (Official From 160-8) and year of the Art of the Continuation Page of the Space of the Continuation Page of the | | | | | | | 1 | | 9 | |
| an accomplete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditions with NORPHORITY claims. List the other pay executory contracts or unexpired leases that coult result in a claim. Also list executory contracts or Schedule Aft. Propriety (Official Form 10640) and Schedule Aft. Propriety (Official Form 10640) be not include any creditors with part ally secured claims that are listed in schedule Dr. Creditors with part (Salms Secured by Property, It more space is needed, copy the Part you need, fill it out, need, fil | | | | | | | | | | |
| any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired claims that are isseed in Schedule 6. Executory Contracts and Unexpired Leases (Official Form 1060). Do not include any creditors with partially secured sold in the claim is continuation. Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write ye warms and case number (if known). Part 11: Let All for Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claims, is the claim is in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, is lit out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the dre creditor's name. If you have more than two priority unsecured claims, is lit out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the dre creditor's name. If you have more than two priority unsecured claims, if the other creditor's name. If you have more than two priority unsecured claims, if the other creditor's name. If you have more than two priority unsecured claims. If a creditor share it is not all the creditor's name. If you have more than two priority unsecured claims. If creditor share it is not all the creditor's name. If you have more than two priority unsecured claims. If creditor is name. If you have more than two priority unsecured claims. If creditor is name. If you have more than two priority unsecured claims, is the other creditors in Part 3. (For an explanation of each type of claim is it. If a claim has both priority and nonpriority amount. Arizona Department of Revenue Pionetry Creditor's Name Pio Box 29079 Phoenix, Az 85038 Nu | Schedule E/F | -: Creditors W | no Have | <u>Unsecured</u> | Claims | | | | 12/15 | |
| List All of Your PRIORITY Unsecured Claims | any executory contract Schedule G: Executor Schedule D: Creditors left. Attach the Contin | cts or unexpired leases the ry Contracts and Unexpir s Who Have Claims Secu nuation Page to this page | hat could resul ed Leases (Off red by Property | lt in a claim. Also lis icial Form 106G). Do y. If more space is n | st executory contract to not include any cre needed, copy the Part | ts on Schedule A/B: ditors with partially tyou need, fill it out, | Property (Offic secured claim number the e | cial Form 1 s that are ntries in th | 106A/B) and listed in he boxes or | d on |
| 1. Do any creditors have priority unsecured claims against you? Yes. | | , , | secured Claim | ns | | | | | | |
| No. Go to Part 2. Yes. | | | | | | | | | | |
| 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 claim liste identify what type of claim is is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much possible, list the claim is alphabetical order according to the creditor's name. If you have more than two prority unsecured claims, life other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Arizona Department of Revenue Priority Creditor's Name Priority Creditor's Name Probe that one of the debtors and another Claims for each type of claims is for a community debt Is the claim subject to offset? Priority Creditor's Name Probe State Zip Code Who incurred the debt? Check one. Claims for death or personal injury while you were intoxicated Priority Creditor's Name Probe State Zip Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Priority Creditor's Name Prob Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Priority Creditor's Name Prob Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Priority Creditor's Name Prob Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for | _ ′ | . , | | • | | | | | | |
| 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 claim liste identify what type of claim is is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much possible, list the claim is alphabetical order according to the creditor's name. If you have more than two prority unsecured claims, life other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Arizona Department of Revenue Priority Creditor's Name Priority Creditor's Name Probe that one of the debtors and another Claims for each type of claims is for a community debt Is the claim subject to offset? Priority Creditor's Name Probe State Zip Code Who incurred the debt? Check one. Claims for death or personal injury while you were intoxicated Priority Creditor's Name Probe State Zip Code Who incurred the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Priority Creditor's Name Prob Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Priority Creditor's Name Prob Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Priority Creditor's Name Prob Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for | _ | | | | | | | | | |
| 2.1 Arizona Department of Revenue Priority Creditor's Name P.O Box 29079 Phoenix, AZ 85038 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Yes As of the date you file, the claim is: Check all that apply Domestic support obligations Taxes and certain other debts you owe the government Contingent | 2. List all of your pridentify what type possible, list the c | of claim it is. If a claim has laims in alphabetical order | both priority an according to the | d nonpriority amounts e creditor's name. If y | s, list that claim here a you have more than tw | and show both priority | and nonpriority | amounts. | As much as | |
| Arizona Department of Revenue Priority Creditor's Name P.O. Box 29079 Phoenix, AZ 85038 Number Street City, State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Tyes of Priority Creditor's Name P.O. Box 29079 Phoenix, AZ 85038 Number Street City, State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you were intoxicated Contingent Contingent Dematic support obligations Taxes and certain other debts you owe the government State Claims is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government | (For an explanation | on of each type of claim, se | e the instruction | ns for this form in the | instruction booklet.) | | | | | |
| Phoenix, AZ 85038 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 4 and Debtors and another Claims is for a community debt is the claim is for a community debt is the claim subject to offset? No Yes Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 ond 5 one of the debtors and another Domestic support obligations Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government | | | | | | l otal claim | - | | | |
| P.O. Box 29079 Phoenix, AZ 85038 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Debtor 1 only Disputed Debtor 2 only Disputed Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Yes Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you | 2.1 Arizona D | epartment of Reve | nue Las | st 4 digits of accour | nt number | \$0.00 | ; | \$0.00 | \$ | 0.00 |
| Phoenix, AZ 85038 Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor Specify Yes Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government | , | | Wh | on was the daht inc | ourrad? | | | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Total Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Total for account number For Notice Only Last 4 digits of account number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Type of PRIORIT | | | VVII | en was the dept inc | | | - | | | |
| Debtor 1 only | | | As | of the date you file, | , the claim is: Check a | all that apply | | | | |
| □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Demostic support obligations □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify □ Cother. Specify □ Other. Specify | Who incurred the | ne debt? Check one. | | Contingent | | | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Taxes and certain other debts you owe the government Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ For Notice Only 2.2 Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Taxes and certain other debts you owe the government □ Taxes and certain other debts you owe the government □ Taxes and certain other debts you owe the government □ Taxes and certain other debts you owe the government □ Taxes and certain other debts you owe the government □ Taxes and certain other debts you owe the government | Debtor 1 only | / | | Unliquidated | | | | | | |
| At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or perso | Debtor 2 only | <i>y</i> | | Disputed | | | | | | |
| □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ No □ Yes □ Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a comm | Debtor 1 and | Debtor 2 only | Тур | oe of PRIORITY uns | secured claim: | | | | | |
| Is the claim subject to offset? No Yes Claims for death or personal injury while you were intoxicated Other. Specify | ☐ At least one of | of the debtors and another | | Domestic support ob | oligations | | | | | |
| No | ☐ Check if this | s claim is for a communi | ty debt | Taxes and certain of | ther debts you owe the | government | | | | |
| Yes For Notice Only | Is the claim sub | ject to offset? | | Claims for death or p | personal injury while yo | ou were intoxicated | | | | |
| Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government S0.00 \$0.00 | ■ No | | | | | | | | | |
| Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government | ☐ Yes | | | Fo | r Notice Only | | | | | |
| P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government | | | Las | st 4 digits of accour | nt number | \$0.00 | | \$0.00 | \$ | 50.00 |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government | P.O. Box | 7346 | | en was the debt inc | curred? | | _ | | | |
| Who incurred the debt? Check one. ☐ Contingent ☐ Debtor 1 only ☐ Unliquidated ☐ Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only ☐ Type of PRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government | Philadelp Number Stre | hia, PA 19101-7346 et City State Zln Code | | of the date you file | the claim is: Check a | all that apply | | | | |
| □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government | | | _ | • | , and diaminion official c | ан инас арргу | | | | |
| □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government | ■ Debtor 1 only | V | _ | 5 | | | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government | , | • | | • | | | | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government | _ | | | • | secured claim: | | | | | |
| ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government | | Ť | | | | | | | | |
| | _ | | | • • | | | | | | |
| | | | • | | | - | | | | |
| Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other Specify | _ | Ject to offset? | _ | · | bersonai injury while yo | ou were intoxicated | | | | |
| ■ No □ Other. Specify □ For Notice Only | | | Ц | | r Notice Only | | | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 10

| Debtor | 1 Brittany A Timiney | | Case number (if know) | |
|---------|--|---|--|---------------------------|
| Part 2: | | ed Claims | | |
| | any creditors have nonpriority unsecured claims | | | |
| _ | No. You have nothing to report in this part. Submit this | - | dulos | |
| _ | | is form to the court with your other sche | edules. | |
| | Yes. | | | |
| uns | t all of your nonpriority unsecured claims in the a ecured claim, list the creditor separately for each clai n one creditor holds a particular claim, list the other creative. | m. For each claim listed, identify what t | ype of claim it is. Do not list claims already inc | cluded in Part 1. If more |
| ı uı | | | | Total claim |
| 4.1 | Alpha Psychiatric Associates PLLC | Last 4 digits of account number | 4899 | \$50.00 |
| | Nonpriority Creditor's Name | | | |
| | 10640 N. 28th Drive Suite A109 | When was the debt incurred? | 12/7/15 | - |
| | Phoenix, AZ 85029-2900 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | ☐ At least one of the debtors and another | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | - |
| 4.2 | ASU Student Business Services | Last 4 digits of account number | 1948 | \$1,475.00 |
| | Nonpriority Creditor's Name P.O. Box 870303 | When was the debt incurred? | | |
| | Tempe, AZ 85287-0303 | | | - |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | | | |
| | □ 165 | Other. Specify | | - |

| Debt | or 1 Brittany A Timiney | | Case number (if know) | | |
|------|---|---|--|--------------|--|
| 4.3 | Citicards CBNA | Last 4 digits of account number | xxxx | \$3,323.00 | |
| | Nonpriority Creditor's Name P.O. Box 6241 | When was the debt incurred? | 7/2314 | | |
| | LBS Cdv Disputes | When was the dest mounted. | 1/2314 | | |
| | Sioux Falls, SD 57117-6241 | _ | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | _ | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.4 | Discover Financial Services | Last 4 digits of account number | xxxx | \$2,228.00 | |
| | Nonpriority Creditor's Name | _ | | , | |
| | P.O. Box 30943 | When was the debt incurred? | 5/10/13 | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's | S. Oncok an that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | _ | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | and the second s | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.5 | GEICO Casualty Company | Last 4 digits of account number | 2134 | \$63.65 | |
| | Nonpriority Creditor's Name c/o Credit Collection Services | When was the debt incurred? | | | |
| | 725 Canton Street | | | | |
| | Norwood, MA 02062 Number Street City State Zlp Code | As of the date you file, the claim i | in Check all that apply | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан тат арргу | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | □ Yes | Other. Specify | | | |
| | | - · · · - · · · · · · · · · · · · · · · | | | |

| <u>3196</u> <u>10/6/15</u> | \$171.92 |
|--|---|
| 10/6/15 | |
| | |
| s: Check all that apply | |
| | |
| | |
| | |
| d claim: | |
| | |
| ration agreement or divorce that you did not | |
| g plans, and other similar debts | |
| | |
| 1654 | \$50.00 |
| 7/15-12/15 | |
| s: Check all that apply | |
| | |
| | |
| | |
| I claim: | |
| | |
| ration agreement or divorce that you did not | |
| g plans, and other similar debts | |
| | |
| xxxx | \$1,069.00 |
| | 41,00010 |
| 8/11/14 | |
| s: Check all that apply | |
| | |
| | |
| | |
| d claim: | |
| ration agreement or divorce that you did not | |
| | |
| g plans, and other similar debts | |
| | |
| i: :: :: :: :: :: :: :: :: :: :: :: :: : | ration agreement or divorce that you did not g plans, and other similar debts 1654 7/15-12/15 s: Check all that apply d claim: ration agreement or divorce that you did not g plans, and other similar debts xxxx 8/11/14 s: Check all that apply |

| Debt | or 1 Brittany A Timiney | Case number (if know) | | | | |
|----------|---|---|--|------------|--|--|
| 4.9 | Navient | Last 4 digits of account number | xxxx | \$4,231.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9655 | When was the debt incurred? | 8/11/14 | | | |
| | Wilkes Barre, PA 18773-9655 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | □Yes | Other. Specify | | | | |
| | | Student Lo | | | | |
| 4.1 0 | Navient | Last 4 digits of account number | хххх | \$1,085.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9655 Wilkes Barre, PA 18773-9655 | When was the debt incurred? | 10/22/13 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify | | | | |
| | | Student Lo | an | | | |
| 4.1 1 | Navient | Last 4 digits of account number | xxxx | \$3,807.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9655 Wilkes Barre, PA 18773-9655 | When was the debt incurred? | 9/4/13 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | Student loansObligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |
| | | Student Lo | an | | | |

| or 1 Brittany A Timiney | | Case number (if know) | |
|--|--|---|------------|
| Navient | Last 4 digits of account number | XXXX | \$3,736.00 |
| Nonpriority Creditor's Name P.O. Box 9655 | When was the debt incurred? | 8/30/12 | · |
| Wilkes Barre, PA 18773-9655 Number Street City State Zlp Code | As of the date you file, the claim i | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | is. Offeck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| | Student Lo | an | |
| | <u> </u> | | |
| Navient Nonpriority Creditor's Name | Last 4 digits of account number | xxxx | \$3,752.00 |
| P.O. Box 9655 | When was the debt incurred? | 9/20/11 | |
| Wilkes Barre, PA 18773-9655 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ☐ Other. Specify | | |
| | Student Lo | an | |
| Navient | Last 4 digits of account number | xxxx | \$676.00 |
| Nonpriority Creditor's Name P.O. Box 9655 | When was the debt incurred? | 9/20/11 | |
| Wilkes Barre, PA 18773-9655 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , to or the date you me, the claim. | or chook an that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |

| Debtor 1 Brittany A T | iminey | | Case number (if know) | |
|---------------------------------------|----------------------------------|--|--|------------|
| .1 Sallie Mae | | Last 4 digits of account number | XXXX | \$7,225.00 |
| Nonpriority Credito 300 Continent | al Drive | When was the debt incurred? | 9/5/14 | · |
| Newark, DE 19 Number Street City | | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the | • | , | | |
| Debtor 1 only | | ☐ Contingent | | |
| Debtor 2 only | | ☐ Unliquidated | | |
| ☐ Debtor 1 and D | ebtor 2 only | ☐ Disputed | | |
| ☐ At least one of t | the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this c | laim is for a community | Student loans | | |
| debt Is the claim subje | • | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | | ☐ Other. Specify | | |
| | | Student Lo | an | |
| | | | | |
| I racy and Rol | | Last 4 digits of account number | | \$980.00 |
| Nonpriority Credito 8439 S. 22nd S | Street | When was the debt incurred? | 8/21/15 | |
| Phoenix, AZ 8 Number Street City | State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the | debt? Check one. | • | , | |
| ■ Debtor 1 only | | ☐ Contingent | | |
| Debtor 2 only | | ☐ Unliquidated | | |
| Debtor 1 and D | ebtor 2 only | ☐ Disputed | | |
| ☐ At least one of t | the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | laim is for a community | ☐ Student loans | | |
| debt Is the claim subje | ct to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | | Other. Specify Unpaid ren | t | |
| United Collect | tion Bureau, Inc. | Last 4 digits of account number | 7335 | \$3,199.68 |
| • | r's Name rck Boulevard, Suite | When was the debt incurred? | | |
| 206 Toledo, OH 43 | 1614 | | | |
| Number Street City | | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the | debt? Check one. | | | |
| ■ Debtor 1 only | | ☐ Contingent | | |
| Debtor 2 only | | ☐ Unliquidated | | |
| Debtor 1 and D | ebtor 2 only | Disputed | | |
| ☐ At least one of t | the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this c | laim is for a community | ☐ Student loans | | |
| debt Is the claim subje | ct to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | | Other. Specify | | |

| Debtor | 1 Brittany A Timiney | Case number (if know) | |
|--------|--|---|--------------------|
| 4.1 | Wells Forms Cord Sorvings | | \$5.578.00 |
| 8 | Wells Fargo Card Services Nonpriority Creditor's Name P.O. Box 30086 | Last 4 digits of account number When was the debt incurred? 9/20/09 | \$5,576.00 |
| | Los Angeles, CA 90030 | When was the dept incurred: 3/20/03 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce report as priority claims | e that you did not |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar of | debts |
| | Yes | Other. Specify Credit Card | |
| 4.1 | Wells Fargo EFS | Last 4 digits of account number XXXX | \$4,000.00 |
| 9 | Nonpriority Creditor's Name | | |
| | P.O. Box 84712 Sioux Falls, SD 57118-4712 | When was the debt incurred? 9/8/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce report as priority claims | e that you did not |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar of | debts |
| | □Yes | | |
| | | | |
| 4.2 | | | |
| 0 | Wells Fargo EFS Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$10,000.00 |
| | P.O. Box 84712 | When was the debt incurred? 8/18/14 | |
| | Sioux Falls, SD 57118-4712 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce | e that you did not |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar of | dahta |
| | ■ No | <u> </u> | YEDIO |
| | ☐ Yes | ☐ Other. Specify | · <u>·</u> |
| Dart 2 | List Others to Be Notified About a Deb | | |

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 10

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Brittany A Timiney | | Case number (if know) |
|---|---|--|
| CitiCards CBNA 701 E. 60th Street N | | ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Sioux Falls, SD 57104 | Last 4 digits of account number | xxxx |
| Name and Address Discover P.O. Box 3025 New Albany, OH 43054-3025 | | u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| New Albany, On 45054-5025 | Last 4 digits of account number | |
| Name and Address Discover Bank P.O. Box 15316 | | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Wilmington, DE 19850-5316 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims XXXX |
| Name and Address Navient | On which entry in Part 1 or Part 2 did yo Line 4.8 of (<i>Check one</i>): | u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 9635 Wilkes Barre, PA 18773-9635 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient | On which entry in Part 1 or Part 2 did yo Line 4.10 of (<i>Check one</i>): | u list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 9635 Wilkes Barre, PA 18773-9635 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient | On which entry in Part 1 or Part 2 did yo Line 4.11 of (Check one): | u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 9635 Wilkes Barre, PA 18773-9635 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient | On which entry in Part 1 or Part 2 did yo Line 4.12 of (Check one): | u list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 9635 Wilkes Barre, PA 18773-9635 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient | On which entry in Part 1 or Part 2 did yo Line 4.13 of (Check one): | u list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 9635 Wilkes Barre, PA 18773-9635 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient | On which entry in Part 1 or Part 2 did yo Line 4.14 of (<i>Check one</i>): | u list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 9635 Wilkes Barre, PA 18773-9635 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Portfolio Recovery Associates, LLC | | ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 12914 Norfolk, VA 23541 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Sallie Mae | On which entry in Part 1 or Part 2 did yo Line 4.15 of (<i>Check one</i>): | u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| P.O. Box 3229 Wilmington, DE 19804 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Transworld Systems, Inc. 507 Prudential Road | | u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Horsham, PA 19044 | Last 4 digits of account number | Fait 2. Greditors with Moriphority Offsecured Glaims |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 10

| Debtor 1 Brittany A Timiney | | Case number (if know) | | |
|--|--|---|--|--|
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| United Collection Bureau, Inc. | Line 4.3 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 5620 Southwyck Boulevard, Suite 206 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Toledo, OH 43614 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| Wells Fargo Card Services | Line 4.18 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| P.O. Box 14517 Des Moines, IA 50306-3517 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| 200 Memos, 17, 00000 0017 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | |
| Williams & Fudge, Inc. | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 300 Chatham Avenue P.O. Box 11590 Rock Hill, SC 29731-1590 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| NOCK 11111, OO 23731-1330 | Last 4 digits of account number | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|---------|---|-----|----|-----------------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | _ |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim 39,581.00 |
| Total claims | | | 0 | Ψ | 33,361.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 17,119.25 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 56,700.25 |

| Fill in this information to identify your case: | | | | | | | |
|---|---------------------|--|--|--|--|--|--|
| Debtor 1 Brittany A Timiney | | | | | | | |
| First Name | Middle Name | Last Name | | | | | |
| | | | | | | | |
| First Name | Middle Name | Last Name | | | | | |
| nkruptcy Court for the: | DISTRICT OF ARIZONA | | | | | | |
| | | | ☐ Check if this is an amended filing | | | | |
| | Brittany A Timine | Brittany A Timiney First Name Middle Name First Name Middle Name | Brittany A Timiney First Name Middle Name Last Name First Name Middle Name Last Name | | | | |

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).

- 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 contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/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 | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

| Fill in this info | ormation to identify your | case: | | | |
|---------------------------------------|---|---|---|--|--------------------------------------|
| Debtor 1 | Brittany A Timine | y | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | DISTRICT OF ARIZONA | | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | |
| | form 106H | | | | |
| <u>Schedul</u> | e H: Your Cod | ebtors | | | 12/15 |
| 1. Do you No Yes 2. Within Arizona, C | the last 8 years, have you california, Idaho, Louisiana, to line 3. | Answer every question. you are filing a joint case, do not be a lived in a community property Nevada, New Mexico, Puertouse, or legal equivalent live wi | not list either spouse erty state or territor o Rico, Texas, Wash | as a codebtor. y? (Community property: | of any Additional Pages, write |
| | Yes. | | | | |
| | In which community state | e or territory did you live? | -NONE- | . Fill in the name and | current address of that person. |
| | Name of your spouse, former sp Number, Street, City, State & Zip | | | | |
| in line 2 a Form 106 out Colun | n 1, list all of your codebt gain as a codebtor only i D), Schedule E/F (Official nn 2. mn 1: Your codebtor e, Number, Street, City, State and Z | ors. Do not include your spo f that person is a guarantor Form 106E/F), or Schedule | or cosigner. Make | sure you have listed the 16G). Use Schedule D, S | e |
| Numl City | ber Street | State | ZIP Code | _ | |
| 3.2 Name | | | | _ ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐ | |
| Numl City | ber Street | State | ZIP Code | | |

Schedule H: Your Codebtors

| | in this information to | o identify your co Brittany A T | | | | | | | | | |
|--------------------|--|--|--|---|------------------|----------------|------------------------|-----------------------|---------------------------|-----------------------------|-------------------|
| | otor 2 | | | | | _ | | | | | |
| ` ' | • | tcy Court for the | : DISTRICT OF ARIZO | NA | | | | | | | |
| | se number | | | | | | ☐ Ar | | ed filing ent showin | g postpetitio | |
| 0 | fficial Form | 1061 | | | | | | | | ollowing date | |
| | chedule I: | | ome | | | | MI | M / DD/ Y | YYY | | 12/15 |
| sup spo atta | plying correct info use. If you are sep ch a separate shee | rmation. If you arated and you | sible. If two married peo are married and not filin Ir spouse is not filing wi On the top of any addition | ng jointly, and your s th you, do not includ | pouse e infor | is liv mati | ing with y on about | you, incl your spo | ude inforn ouse. If mo | nation abou ore space is | t your needed, |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more | | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | information about | attach a separate page with information about additional | | ☐ Not employed | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. | | Occupation | Tanning Consult | ant | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | Celebrity Tannin | g | | | | | | |
| | Occupation may i or homemaker, if | | Employer's address | 6811 W. Peoria <i>A</i> Peoria, AZ 85382 | |) | | | | | |
| | | | How long employed the | here? 3 month | s | | | _ | | | |
| Par | t 2: Give Det | tails About Mor | nthly Income | | | | | | | | |
| | mate monthly incouse unless you are | | ate you file this form. If y | you have nothing to re | port for | any | line, write | \$0 in the | space. Inc | clude your no | on-filing |
| | ou or your non-filing e space, attach a se | | ore than one employer, co | ombine the information | for all | empl | oyers for t | hat perso | on on the li | nes below. If | you need |
| | | | | | | | For Deb | tor 1 | | btor 2 or ng spouse | |
| 2. | | | ry, and commissions (be calculate what the month) | | 2. | \$ | | 898.04 | \$ | N/A | = |
| 3. | Estimate and list | t monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | _ |
| 4. | Calculate gross | Income. Add lir | ne 2 + line 3 | | 4. | \$ | 89 | 8 N4 | \$ | N/A | |

| | | | | | Debtor 1 | | or Debtor 2 or on-filing spouse | |
|-----|---|---|------------|-----------|-------------|-------------------|------------------------------------|----------|
| | Сору | line 4 here | 4. | \$ | 898.04 | \$ | N/A | |
| 5. | List a | all payroll deductions: | | _ | | _ | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 107.95 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$- | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$_ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$- | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: Uniforms | 5h.+ | : - | | + \$ ⁻ | N/A | |
| c | | · · · · · · · · · · · · · · · · · · · | _ | · – | | | | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ _ | 111.61 | \$ __ | N/A | |
| 7. | | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ _ | 786.43 | \$_ | N/A | |
| 8. | 8a. | All other income regularly received: 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. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 90 | \$ | | • | | |
| | 04 | | 8c. | -\$ \$ | 0.00 | \$_ | N/A | |
| | 8d. | Unemployment compensation Social Security | 8d. 8e. | \$_ \$ | 0.00 | \$ \$ | N/A | |
| | 8e. 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$_ \$ | 0.00 | \$_ \$ | N/A | |
| | 8g. | Pension or retirement income | - 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ _ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | N/A | |
| 10. | Calcı | ulate monthly income. Add line 7 + line 9. | 0. \$ | | 786.43 + \$ | | N/A = \$ | 786.43 |
| | | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | 7 001 10 |
| 11. | State Include other Do no | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. | | | | | 0.00 | |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | | | | 786.43 |
| | | | | | | | Combine | |
| 13. | Do ye | ou expect an increase or decrease within the year after you file this form? No. | • | | | | monthly | income |
| | | Yes. Explain: | | | | | | |

| EIII | in this informa | tion to identify yo | our case. | | | 1 | | |
|------------|-------------------------------|---|-----------------|---|-----------------------|-------------|------------------------------------|-------------------------------|
| | | | | | | Ol. | and the data to | |
| Deb | otor 1 | Brittany A Ti | miney | | | □ Che | eck if this is: An amended filing | |
| | tor 2 | | | | | | A supplement show | ving postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ed States Bankr | ruptcy Court for the: | DISTRI | CT OF ARIZONA | | | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| | | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your I | | | | | | 12/15 |
| info | ormation. If m | | eded, atta | If two married people ar ch another sheet to this n. | | | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | |
| 1. | Is this a joir | nt case? | | | | | | |
| | ■ No. Go to □ Yes. Doe | line 2. s Debtor 2 live i | n a separa | ate household? | | | | |
| | □N | | • | | | | | |
| | ☐ Y | es. Debtor 2 mus | t file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | _ | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of | oenses include f people other tl d your depende | han $_{f \Box}$ | No Yes | | | | |
| Est exp | imate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | n assistance and | | government assistance i luded it on <i>Schedule I:</i> Y | | | Your exp | enses |
| • | | , | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. It r lot. | nclude first mortgage | e 4. | \$ | 200.00 |
| | If not includ | led in line 4: | | | | | | |
| | | estate taxes | | | | 4a. | · | 0.00 |
| | | rty, homeowner's | | | | 4b. | | 0.00 |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. 4d. | \$ \$ | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4a. 5. | · | 0.00 0.00 |

| ebtor 1 | Brittany A Timine | ev . | | | | | |
|--|--|--|--|---|-----------------------------------|---------------------------------|----------------|
| | First Name | Middle Name | Last Name | | | | |
| btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | | |
| | | | Zuot Mario | | | | |
| ited States Ba | ankruptcy Court for the: | DISTRICT OF ARIZONA | | | | | |
| se number | | | | | _ | | |
| nown) | | | | | | Check if this is amended filing | an |
| | | | | | | g | |
| o married p | eople are filing togethe | r, both are equally respons | Debtor's Sched | rmation. | | | |
| wo married po u must file thi aining mone | eople are filing togethe | r, both are equally respons ile bankruptcy schedules o n connection with a bankru | | rmation. | | | ty, or |
| wo married po u must file thi aining mone ers, or both. 1 | eople are filing together s form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct info | rmation. a false stater p to \$250,000 | | | ty, or |
| wo married pour must file this taining mone ars, or both. 1 | eople are filing together s form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct info | rmation. a false stater p to \$250,000 | | | ty, or |
| wo married pour must file this taining mone ars, or both. 1 | eople are filing together s form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct info | rmation. a false stater p to \$250,000 | | | |
| wo married pour must file this caining mone ars, or both. 1 Sig Did you pa | eople are filing together s form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct info | rmation. a false stater p to \$250,000 cy forms? Attach Bankr | , or impi | | ty, or to 20 |
| wo married point in must file this aining mone in section in the s | eople are filing together s form whenever you fi y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below y or agree to pay some | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct info | rmation. a false stater to \$250,000 cy forms? Attach Bankr Declaration, a | , or impi uptcy Pe and Sign | tition Preparer's | ty, or o to 20 |
| wo married point in must file this aining money. Sig Did you pa No Yes. Under penathat they ar | eople are filing together s form whenever you fi y or property by fraud it 8 U.S.C. §§ 152, 1341, 1 In Below Y or agree to pay some Name of person | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct info ramended schedules. Making ptcy case can result in fines of y to help you fill out bankrup | rmation. a false stater to \$250,000 cy forms? Attach Bankr Declaration, a | , or impi uptcy Pe and Sign | tition Preparer's | ty, or o to 2 |
| wo married point in must file this aining moners, or both. 1 Sig Did you pa No Yes. Under penathat they ar X /s/ Britar | eople are filing together s form whenever you fi y or property by fraud it 8 U.S.C. §§ 152, 1341, 1 In Below Y or agree to pay some Name of person Ilty of perjury, I declare e true and correct. | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct information and schedules. Making ptcy case can result in fines of the second state of the second seco | rmation. a false stater to \$250,000 cy forms? Attach Bankr Declaration, and | , or impi uptcy Pe and Sign | tition Preparer's | ty, or o to 2 |
| wo married pour must file this aining moneurs, or both. 1 Sig Did you pa No Yes. Under penathat they ar X /s/ Brittar Signatu | eople are filing together s form whenever you fi y or property by fraud it 8 U.S.C. §§ 152, 1341, 1 In Below Y or agree to pay some Name of person Ity of perjury, I declare e true and correct. Itany A Timiney by A Timiney | r, both are equally respons ile bankruptcy schedules o n connection with a bankru 1519, and 3571. | ble for supplying correct information and schedules. Making ptcy case can result in fines of the second state of the second seco | rmation. a false stater to \$250,000 cy forms? Attach Bankr Declaration, and | , or impi uptcy Pe and Sign | tition Preparer's | ty, or o to 20 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

| Fill in this info | ormation to identify you | r case: | | | |
|-------------------------------|-------------------------------------|---|---|--|---|
| Debtor 1 | Brittany A Timin | Middle Name | Loot Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | DISTRICT OF ARIZONA | | | |
| Case number (if known) | | | | | Check if this is an amended filing |
| Be as complet information. If | nt of Financial | Affairs for Individual ble. If two married people a attach a separate sheet to stion | are filing together, both are | equally responsible for su | |
| | , , , | rital Status and Where You | Lived Before | | |
| 1. What is ye | our current marital statu | s? | | | |
| ☐ Marri ■ Not n | ed narried | | | | |
| 2. During the | e last 3 years, have you | lived anywhere other than | where you live now? | | |
| □ No ■ Yes. | List all of the places you I | ived in the last 3 years. Do no | ot include where you live nov | v. | |
| Debtor 1 | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| #248 | Civic Center Plaza ale, AZ 85251 | From-To: 9/1/14 - 8/31/1 : | Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| states and terri | <i>tories</i> include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Ne nedule H: Your Codebtors (Of | vada, New Mexico, Puerto R | | |
| Part 2 Exp | olain the Sources of You | r Income | | | |
| Fill in the t | otal amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | -time activities. | endar years? |
| □ No | | | | | |
| Yes. | Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 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) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case 2:16-bk-04896-PS

| 7. | Inside of which | n 1 year before you filed for bankruptours include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1 by. | rtners; relatives of any gene control, or owner of 20% or | ral partners; partne more of their voting | erships of which yo g securities; and a | ou are a genera ny managing a | al partner; corporations gent, including one for |
|-----|-----------------|---|--|--|--|----------------------------------|---|
| | _ | No | | | | | |
| | | es. List all payments to an insider. Ier's Name and Address | Dates of payment | Total amount | Amount you | Reason for | this payment |
| | IIISIU | or a name and Address | bates of payment | paid | still owe | reason for | uns payment |
| 3. | inside | n 1 year before you filed for bankruptoer? e payments on debts guaranteed or cos | | nents or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | | No | | | | | |
| | | es. List all payments to an insider | | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Par | + 1- | Identify Logal Actions Ponessession | es and Forcelosures | • | | | |
| rai | t 4: | Identify Legal Actions, Repossession | is, and Foreciosures | | | | |
| 9. | List all | n 1 year before you filed for bankrupted I such matters, including personal injury cations, and contract disputes. | | | | | |
| | _ | No Emiliary III. | | | | | |
| | | es. Fill in the details. | Noture of the case | Court or aganay | | Status of th | |
| | Case Case | e number | Nature of the case | Court or agency | | Status of th | ie case |
| 10. | | n 1 year before you filed for bankrupto call that apply and fill in the details below | | ty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | _ | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| | Cred | itor Name and Address | Describe the Property | | | | Value of the |
| | | | Explain what happened | | | | property |
| 11. | accou | n 90 days before you filed for bankrup unts or refuse to make a payment bec | | ıding a bank or fir | nancial institutior | n, set off any a | amounts from your |
| | _ | No /es. Fill in the details. | | | | | |
| | | itor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount |
| 12. | | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a | | ty in the possess | ion of an assigne | e for the bene | efit of creditors, a |
| | _ | No | | | | | |
| | ⊔ Y | ⁄es | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | |
| 13. | _ | n 2 years before you filed for bankrup No | tcy, did you give any gifts | with a total value | of more than \$60 | 00 per person | ? |
| | □ Y | es. Fill in the details for each gift. | | | | | |
| | | with a total value of more than \$600 person | Describe the gifts | | Date: the g | s you gave ifts | Value |
| | Perso Addr | on to Whom You Gave the Gift and ress: | | | | | |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Brittany A Timiney

| Deb | otor 1 Brittany A Timiney | Case | e number (<i>if known</i>) | |
|--|--|---|--|------------------------|
| | - | | | |
| 14. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or contri | | vith a total value of more than \$ | 600 to any charity? |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankruptc or gambling? | ry or since you filed for bankruptcy, did you | lose anything because of theft, | fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | |
| | Describe the property you lost and how the loss occurred | escribe any insurance coverage for the loss clude the amount that insurance has paid. List psurance claims on line 33 of Schedule A/B: Prop | | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | |
| Within 1 year before you filed for bankruptcy, dic consulted about seeking bankruptcy or preparin Include any attorneys, bankruptcy petition preparers No Yes. Fill in the details. | | paring a bankruptcy petition? | | y to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Kelly McCoy, PLC 340 East Palm Lane, Suite 300 Phoenix, AZ 85004 kmccoy@kelly-mccoy.com | Attorney Fees | 2/22/16 | \$1,335.00 |
| | Alliance Bankruptcy Counseling | Credit Counseling Certificate | 2/8/2016 | \$25.00 |
| | bankruptcy@knowdebt.org | | | |
| 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | y to anyone who | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details. | rusiness or financial affairs? ade as security (such as the granting of a secur | | |
| | Person Who Received Transfer Address Person's relationship to you | property transferred p | Describe any property or payments received or debts paid in exchange | Date transfer was made |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

| Del | btor 1 Brittany A Timiney | | Ca | ase number (if known) | |
|-----|--|--|--|------------------------------------|---|
| 19. | Within 10 years before you filed for bankru | | ny property to a sel | lf-settled trust or similar device | e of which you are a |
| | beneficiary? (These are often called asset-p No | protection devices.) | | | |
| | Yes. Fill in the details. | | | | |
| | Name of trust | Description and v | alue of the proper | ty transferred | Date Transfer was made |
| Pa | rt 8: List of Certain Financial Accounts, I | nstruments, Safe Deposi | t Boxes, and Stora | ge Units | |
| 20. | Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass No Yes, Fill in the details. | , or other financial accou | nts; certificates of | - | - |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | J. | | Last balance before closing or transfer |
| | MidFirst Bank Attn: Special Assets P.O. Box 268879 Oklahoma City, OK 73126-8879 Checking Savings Money Market Brokerage Other | | transferred 8/3/15 | \$0.00 | |
| | Wells Fargo P.O. Box 30086 Los Angeles, CA 90030 | XXXX-6797 | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | 9/14/15 | \$0.00 |
| 21. | Do you now have, or did you have within cash, or other valuables? | 1 year before you filed for | r bankruptcy, any s | safe deposit box or other depo | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Do you still have it? |
| 22. | Have you stored property in a storage uni | t or place other than you | r home within 1 yea | ar before you filed for bankrup | tcy? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or l to it? Address (Number, S State and ZIP Code) | | escribe the contents | Do you still have it? |
| Pa | rt 9: Identify Property You Hold or Contro | ol for Someone Else | | | |
| 23. | Do you hold or control any property that s for someone. | omeone else owns? Incl | ude any property y | ou borrowed from, are storing | for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | Value |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Brittany A Timiney Case number (if known)

| Par | t 10 | Give Details About Environmental Informa | tion | | | | | |
|-----|--|---|---|-------|-------------------------------------|--------------------|--|--|
| For | the | purpose of Part 10, the following definitions a | apply: | | | | | |
| | tox | vironmental law means any federal, state, or lic substances, wastes, or material into the air ulations controlling the cleanup of these sub | r, land, soil, surface water, ground | _ | • | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | |
| Rep | ort a | all notices, releases, and proceedings that yo | u know about, regardless of when | 1 the | ey occurred. | | | |
| 24. | Has | s any governmental unit notified you that you | may be liable or potentially liable | unc | der or in violation of an environme | ntal law? | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | nme of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | ve you notified any governmental unit of any one of the No Yes. Fill in the details. | release of hazardous material? | | | | | |
| | | ume of site Idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | ve you been a party in any judicial or adminis No Yes. Fill in the details. | trative proceeding under any envi | ronr | mental law? Include settlements a | nd orders. | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11 | Give Details About Your Business or Conr | nections to Any Business | | | | | |
| 27. | Wit | hin 4 years before you filed for bankruptcy, d | lid you own a business or have an | y of | the following connections to any | business? | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | | ☐ A member of a limited liability company | (LLC) or limited liability partnershi | ip (L | LLP) | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | | ☐ An officer, director, or managing executi | ve of a corporation | | | | | |

Official Form 107

Business Name

(Number, Street, City, State and ZIP Code)

Address

Statement of Financial Affairs for Individuals Filing for Bankruptcy

No. None of the above applies. Go to Part 12.

Desc

Employer Identification number

Dates business existed

Do not include Social Security number or ITIN.

Describe the nature of the business

Name of accountant or bookkeeper

☐ An owner of at least 5% of the voting or equity securities of a corporation

Yes. Check all that apply above and fill in the details below for each business.

| Debt | or 1 <u>E</u> | Brittany A Timiney | | Case number (if known) |
|---------------------------------|--|---|--|---|
| | | e years before you filed for bankruons, creditors, or other parties. | ıptcy, did you give a financial statement | to anyone about your business? Include all financial |
| 1 | ■ No | s. Fill in the details below. | | |
| | Name Addres (Number, | S Street, City, State and ZIP Code) | Date Issued | |
| Part | 12: Si | gn Below | | |
| vith : 8 U. /s/ E Brit | a bankr S.C. §§ Brittany tany A | uptcy case can result in fines up 152, 1341, 1519, and 3571. A Timiney Timiney | Signature of Debtor 2 | or obtaining money or property by fraud in connection 0 years, or both. |
| Sign | ature o | f Debtor 1 | | |
| Date | May | 3, 2016 | Date | |
| Did y ■ No |) | ch additional pages to Your State | ment of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)? |
| | | | | |
| oid y ■ No | | or agree to pay someone who is i | not an attorney to help you fill out bankru | uptcy forms? |
| | | e of Person Attach the Rank | cruntov Petition Preparer's Notice Declarati | ion, and Signature (Official Form 119) |

| Fill in this inform | | | | |
|---------------------------------|---|---------------------|--|--------------------------------------|
| | nation to identify your | | | |
| Debtor 1 | Brittany A Timine | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | nkruptcy Court for the: | DISTRICT OF AR | | |
| | initiapity Court for the. | DISTRICT OF AR | IZONA | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | rm 108 | | | |
| Statemen | nt of Intentio | n for Indiv | riduals Filing Under Chapte | er 7 |
| Marian and an institu | uidual filiaa uudaa abaa | | Loud Abio Committee | |
| | vidual filing under char claims secured by you | | out this form it: | |
| _ | ed personal property a | | ot expired. | |
| | | | you file your bankruptcy petition or by the date so e time for cause. You must also send copies to th | |
| on the f | | | | |
| | ople are filing together d date the form. | in a joint case, bo | th are equally responsible for supplying correct in | nformation. Both debtors must |
| | and accurate as possible our name and case nun | | s needed, attach a separate sheet to this form. On | the top of any additional pages, |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | |
| - | | rt 1 of Schedule D | : Creditors Who Have Claims Secured by Property | y (Official Form 106D), fill in the |
| | editor and the property th | at is collateral | What do you intend to do with the property that | |
| | | | secures a debt? | as exempt on Schedule C? |
| Creditor's D | esert Schools Feder | al Cradit | | Пи |
| | nion | ai Credit | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| | | | Retain the property and enter into a | Yes |
| Description of | 2010 Kia Forte 800 Location: 8510 W. | | Reaffirmation Agreement. | |
| property securing debt: | Avenue, Peoria AZ | | ☐ Retain the property and [explain]: | |
| | | | | _ |
| | our Unexpired Personal of personal property lea | | in Schedule G: Executory Contracts and Unexpire | ed Leases (Official Form 106G), fill |
| in the information | n below. Do not list rea | l estate leases. Un | expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p) | e lease period has not yet ended. |
| Describe your u | nexpired personal prop | erty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lea | sed | | | _ |
| Property: | | | | ☐ Yes |
| Lessor's name: | and | | | □ No |
| Description of lea Property: | isea | | | □ Yes |
| | | | | |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Chapter 7 | page 1 |

Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

| Debto | tor 1 Brittany A Timiney | Case number (if known) | |
|--------|---|--|------------------------------|
| | | | |
| | or's name: cription of leased | 1 | □ No |
| Prope | | 1 | □ Yes |
| | or's name: | 1 | □ No |
| Prope | cription of leased eerty: | · · | ☐ Yes |
| | sor's name: cription of leased | | □ No |
| Prope | • | 1 | □ Yes |
| | sor's name: | 1 | □ No |
| Prope | cription of leased eerty: | , | ☐ Yes |
| | or's name: | 1 | □ No |
| Prope | cription of leased erty: | 1 | ☐ Yes |
| Part 3 | 3: Sign Below | | |
| | er penalty of perjury, I declare that erty that is subject to an unexpired | have indicated my intention about any property of my estate that sec lease. | ures a debt and any personal |
| | /s/ Brittany A Timiney | X | |
| | Brittany A Timiney Signature of Debtor 1 | Signature of Debtor 2 | |
| 1 | Date May 3, 2016 | Date | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 2

Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

| Fill ir | this infor | mation to identify your case: | | | | | x only as c | directed in this form and | in Form |
|------------------|---|--|------------------------|---------------------|--|--------------------------------|-----------------------------|---|---------------------------------|
| Debt | or 1 | Brittany A Timiney | | | 122 | 2A-1Supp: | | | |
| Debt (Spou | or 2 se, if filing) | | | | | ■ 1. There | is no pres | sumption of abuse | |
| Unite | ed States | Bankruptcy Court for the: District of Arizona | | | ' | appli | es will be r | to determine if a presun made under <i>Chapter 7 I</i> | • |
| | number | | | | . | _ | • | ficial Form 122A-2). | |
| (if kno | wn) | | | | | | | t does not apply now be y service but it could ap | |
| | | | | | | ☐ Check | if this is a | an amended filing | |
| Off | icial F | orm 122A - 1 | | | | | | | |
| Ch | apter | 7 Statement of Your Cur | rent | Moı | nthly Inc | ome | | | 12/1 |
| attach case r | a separate number (if ying milita | and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fron ry service, complete and file Statement of Exemp alculate Your Current Monthly Income | hich the | addition | nal information a of abuse becau | applies. On i | the top of a ot have pri | ny additional pages, writ marily consumer debts o | e your name and r because of |
| 1 | What is v | rour marital and filing status? Check one on | lv | | | | | | |
| | _ ` | arried. Fill out Column A, lines 2-11. | .,. | | | | | | |
| | _ | ed and your spouse is filing with you. Fill ou | t hoth C | olumns | A and B lines | 2-11 | | | |
| | _ | ed and your spouse is NOT filing with you. | | | | 2 11. | | | |
| | _ | ng in the same household and are not legal | | - | • | lumns Δ ar | d R lines | 2-11 | |
| | □ Livi per | ng separately or are legally separated. Fill on alty of perjury that you and your spouse are lest apart for reasons that do not include evading | out Colur egally se | nn A, li parated | nes 2-11; do no d under nonban | ot fill out Co akruptcy lav | lumn B. By that appli | y checking this box, you es or that you and your | |
| 10 the | 1(10A). For e 6 months, | erage monthly income that you received from all see example, if you are filing on September 15, the 6-mm add the income for all 6 months and divide the total the same rental property, put the income from that property. | onth perio | d would n the re | l be March 1 throusult. Do not include | ugh August 3 de any incom | 11. If the amo | ount of your monthly incom nore than once. For examp | e varied during le, if both |
| | | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
| | | ss wages, salary, tips, bonuses, overtime, aductions). | and con | nmissio | ons (before all | \$ | 996.04 | \$ | |
| 3. | | and maintenance payments. Do not include is filled in. | paymen | ts from | a spouse if | \$ | 0.00 | \$ | |
| | of you or from an u and room | nts from any source which are regularly pa your dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a spo to not include payments you listed on line 3. | Include , your de | regulai epende | contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. | Net inco | ne from operating a business, profession, o | or farm | | | | | | |
| | | | • | | otor 1 | | | | |
| | Gross red | eipts (before all deductions) | \$ | 0.00 | | | | | |
| | • | and necessary operating expenses | - \$ | 0.00 | 0 | • | 0.00 | Φ. | |
| | | nly income from a business, profession, or farm | n\$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 6. | Net inco | me from rental and other real property | | Dal | stor 1 | | | | |
| | | | \$ | 0.00 | otor 1 | | | | |
| | | reipts (before all deductions) | · — | 0.00 | | | | | |
| | • | and necessary operating expenses | -\$ | | Copy here -> | ¢ | 0.00 | ¢ | |
| | Net mont | nly income from rental or other real property | \$ | 0.00 | copy nere -> | Φ | 0.00 | \$ | |

Official Form 122A-1

7. Interest, dividends, and royalties

0.00

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|---|--|------------|-------------------|-------------|-----------------------------------|---|--|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here: | nt received was a benef | it under | | | | | |
| | For you \$ For your spouse \$ | 0.0 | 00 | | | | | |
| | For your spouse \$ | S | | | | | | |
| | Pension or retirement income. Do not include any ar penefit under the Social Security Act. | | | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Spo Do not include any benefits received under the Social streeceived as a victim of a war crime, a crime against hudomestic terrorism. If necessary, list other sources on a cotal below. | Security Act or paymen manity, or international | its or | ¢ | 0.00 | ¢ | | |
| | • | | | Ф | 0.00 | \$ \$ | | |
| | Total amounts from separate pages, if any. | | — . | \$ \$ | 0.00 | \$ | | |
| | | | + | Ψ | 1 | Ψ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to | | \$ | 996.04 | + 5 _ | | 996.04 | |
| | | | | | J L | | Total current monthly income | |
| Part | Determine Whether the Means Test Applies | to You | | | | | | |
| 12. | Calculate your current monthly income for the year | . Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сору | line 11 h | ere=> | \$996.04 | |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 | |
| | 12b. The result is your annual income for this part of th | e form | | | | 12b. | \$11,952.48_ | |
| 13. | Calculate the median family income that applies to | you. Follow these step | os: | | | | | |
| | Fill in the state in which you live. | AZ | | | | | | |
| | Fill in the number of people in your household. | 1 | | | | | | |
| | Fill in the median family income for your state and size | | | | | 13. | \$45,988.00_ | |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | | pecified | in the separa | te instruc | ions | | |
| 14. | How do the lines compare? | | | | | | | |
| | Line 12b is less than or equal to line 13. CGo to Part 3. | On the top of page 1, ch | eck box | 1, There is r | no presum | ption of abuse | Э. | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2, | , The pre | esumption of | abuse is (| determined by | Form 122A-2. | |
| Part | | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information or | n this sta | atement and i | in any atta | chments is tru | ue and correct. | |
| | X /s/ Brittany A Timiney | | | | | | | |
| | Brittany A Timiney Signature of Debtor 1 | | | | | | | |
| | Date May 3, 2016 | | | | | | | |
| | MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file For | m 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and | file it with this form. | | | | | | |

Official Form 122A-1

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 11/01/2015 to 04/30/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Celebrity Tanning, LLC

Income by Month:

| 6 Months Ago: | 11/2015 | \$0.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 12/2015 | \$0.00 |
| 4 Months Ago: | 01/2016 | \$540.38 |
| 3 Months Ago: | 02/2016 | \$704.50 |
| 2 Months Ago: | 03/2016 | \$865.51 |
| Last Month: | 04/2016 | \$1,077.00 |
| | Average per month: | \$531.23 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Kierland

Income by Month:

| 6 Months Ago: | 11/2015 | \$1,352.30 |
|---------------|--------------------|------------|
| 5 Months Ago: | 12/2015 | \$709.05 |
| 4 Months Ago: | 01/2016 | \$727.50 |
| 3 Months Ago: | 02/2016 | \$0.00 |
| 2 Months Ago: | 03/2016 | \$0.00 |
| Last Month: | 04/2016 | \$0.00 |
| | Average per month: | \$464.81 |

Best Case Bankruptcy

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. 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.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Entered 05/03/16 13:37:09

United States Bankruptcy Court District of Arizona

| In re | Brittany A Timiney | | | Case N | lo. | |
|--------------|--|---|---|--|--|------------------------|
| •• | | | Debtor(s) | Chapte | | |
| | DISCLOSUR | E OF COMPENS | SATION OF ATTO | RNEY FOR | DEBTOR(S |) |
| co | ursuant to 11 U.S.C. § 329(a) and ompensation paid to me within one rendered on behalf of the debtor | e year before the filing of | of the petition in bankruptcy | , or agreed to be p | aid to me, for ser | |
| | For legal services, I have agre | ed to accept | | \$ | 1,335.0 | 0 |
| | Prior to the filing of this states | | | | 1,335.0 | 0 |
| | Balance Due | | | | 0.0 | 0 |
| 2. T | he source of the compensation pa | id to me was: | | | | |
| | ■ Debtor □ Other (| specify): | | | | |
| 3. T | he source of compensation to be p | paid to me is: | | | | |
| | ■ Debtor □ Other (| specify): | | | | |
| 4 . | I have not agreed to share the a | bove-disclosed compens | sation with any other person | unless they are m | nembers and asso | ciates of my law firm. |
| | I have agreed to share the above copy of the agreement, togethe | | | | | of my law firm. A |
| 5. Iı | n return for the above-disclosed for | ee, I have agreed to rende | er legal service for all aspec | ts of the bankrupt | cy case, including | g: |
| b. c. | | tition, schedules, statem the meeting of creditors ured creditors to red ents and applications | ent of affairs and plan which and confirmation hearing, a uce to market value; ex as needed; preparation | n may be required and any adjourned emption planni | ; hearings thereof; ng; preparatio | n and filing of |
| 6. B | y agreement with the debtor(s), th Representation of the any other adversary p | debtors in any disch | oes not include the following argeability actions, judi | | ances, relief fro | om stay actions or |
| | | | CERTIFICATION | | | |
| I of this ba | certify that the foregoing is a comnkruptcy proceeding. | plete statement of any a | greement or arrangement for | payment to me f | or representation | of the debtor(s) in |
| Ma | ny 3, 2016 | | /s/ Kevin C. McCo | оу | | |
| Da | te | | Kevin C. McCoy | | | |
| | | | Signature of Attorne Kelly McCoy, PL | ey C | | |
| | | | 340 East Palm La | | | |
| | | | Phoenix, AZ 8500 | 04 | | |
| | | | 602-687-7433 Fa | | 6 | |
| | | | kmccoy@kelly-m Name of law firm | iccoy.com | | |
| | | | | | | |

United States Bankruptcy Court District of Arizona

| In re | Brittany A Timiney | | Case No | |
|------------|-----------------------------------|---|----------------------|----------------|
| | | Debtor(s) | Chapter | 7 |
| | | DECLARATION | | |
| | I, Brittany A Timiney , do ho | ereby certify, under penalty of perjury, that th | ne Master Mailing Li | st, consisting |
| f <u>3</u> | sheet(s), is complete, correct an | d consistent with the debtor(s)' schedules. | | |
| | | | | |
| Date: | May 3, 2016 | /s/ Brittany A Timiney | | |
| | | Brittany A Timiney | | |
| | | Signature of Debtor | | |
| Date: | May 3, 2016 | /s/ Kevin C. McCoy | | |
| | | Signature of Attorney | | |
| | | Kevin C. McCoy 020333 | | |
| | | Kelly McCoy, PLC | 20 | |
| | | 340 East Palm Lane, Suite 30 Phoenix, AZ 85004 | JU | |
| | | 602-687-7433 Fax: 602-687- | 7466 | |

MML-5

Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

ALPHA PSYCHIATRIC ASSOCIATES PLLC 10640 N. 28TH DRIVE SUITE A109 PHOENIX AZ 85029-2900

ARIZONA DEPARTMENT OF REVENUE P.O BOX 29079 PHOENIX AZ 85038

ASU STUDENT BUSINESS SERVICES P.O. BOX 870303 TEMPE AZ 85287-0303

CITICARDS CBNA
P.O. BOX 6241
LBS CDV DISPUTES
SIOUX FALLS SD 57117-6241

CITICARDS CBNA
701 E. 60TH STREET N
SIOUX FALLS SD 57104

DESERT SCHOOLS FEDERAL CREDIT UNION P.O. BOX 2945 PHOENIX AZ 85062-2945

DISCOVER
P.O. BOX 3025
NEW ALBANY OH 43054-3025

DISCOVER BANK P.O. BOX 15316 WILMINGTON DE 19850-5316

DISCOVER FINANCIAL SERVICES P.O. BOX 30943 SALT LAKE CITY UT 84130

GEICO CASUALTY COMPANY C/O CREDIT COLLECTION SERVICES 725 CANTON STREET NORWOOD MA 02062 INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA PA 19101-7346

MIDFIRST BANK ATTN: SPECIAL ASSETS P.O. BOX 268879 OKLAHOMA CITY OK 73126-8879

MINUTECLINIC OF ARIZONA P.O. BOX 8448 BELFAST ME 04915

NAVIENT
P.O. BOX 9655
WILKES BARRE PA 18773-9655

NAVIENT
P.O. BOX 9635
WILKES BARRE PA 18773-9635

PORTFOLIO RECOVERY ASSOCIATES, LLC P.O. BOX 12914 NORFOLK VA 23541

SALLIE MAE 300 CONTINENTAL DRIVE NEWARK DE 19713-4322

SALLIE MAE P.O. BOX 3229 WILMINGTON DE 19804

TRACY AND ROB KOSSEL 8439 S. 22ND STREET PHOENIX AZ 85042

TRANSWORLD SYSTEMS, INC. 507 PRUDENTIAL ROAD HORSHAM PA 19044

UNITED COLLECTION BUREAU, INC. 5620 SOUTHWYCK BOULEVARD, SUITE 206 TOLEDO OH 43614

WELLS FARGO CARD SERVICES P.O. BOX 30086 LOS ANGELES CA 90030

WELLS FARGO CARD SERVICES P.O. BOX 14517 DES MOINES IA 50306-3517

WELLS FARGO EFS
P.O. BOX 84712
SIOUX FALLS SD 57118-4712

WILLIAMS & FUDGE, INC. 300 CHATHAM AVENUE P.O. BOX 11590 ROCK HILL SC 29731-1590