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| B1 (Official Form | 1)(04/ | 13) | | | | oannon | | go <u> </u> | <u> </u> | | | | |
|--|--|---------------------------|-----------------------------|-------------------------------------|---|-------------------------------------|--------------------------------------|---|--|------------------------------|--------------------------|--------------------------------|---|
| | | | United Nort | | Banki istrict o | | | | | | Vo | luntary | Petition |
| Name of Debtor (in Exford, Brian | | vidual, ente | er Last, First, | Middle): | | | Name | of Joint De | ebtor (Spouse) |) (Last, First | , Middle): | | |
| All Other Names u (include married, n | | | | 8 years | | | | | used by the J | | | 8 years | |
| FDBA Exford | | | , | | | | (IIICIu | de married, | maiden, and | trade frames |). | | |
| | | | | | | | | | | | | | |
| | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-2537 | | | | Last f | our digits o than one, state | f Soc. Sec. or | Individual- | Гахрауег I | .D. (ITIN) No | o./Complete EIN | | |
| Street Address of I | Debtor | (No. and | Street, City, a | and State) | : | | Street | Address of | Joint Debtor | (No. and St | reet, City, a | and State): | |
| 26352 Ridge | | | | | | | | | | | | | |
| Watertown, N | NY | | | | | ZIP Code | | | | | | | ZIP Code |
| | | | | | | 13601 | | | | | | | |
| County of Residen Jefferson | ice or o | of the Princ | cipal Place of | f Business | s: | | Count | y of Reside | ence or of the | Principal Pla | ace of Busi | iness: | |
| Mailing Address o | of Debt | or (if diffe | rent from str | eet addres | s): | | Mailir | ng Address | of Joint Debto | or (if differe | nt from str | eet address): | |
| | | | | | | ZIP Code | | | | | | | ZIP Code |
| | | | | | | | | | | | | | |
| Location of Princip (if different from s | pal Ass street a | sets of Bus ddress abo | iness Debtor ve): | | | | | | | | | | |
| Ty (Form of Orga | - | Debtor | one hox) | | | of Business | 5 | | - | of Bankrup Petition is Fi | | Under Whic | h |
| Individual (inc | ludes J | oint Debto | ors) | | lth Care Bu | siness | | ■ Chapt | | ctition is i | neu (encer | cone box) | |
| See Exhibit D on Corporation (in | | | | | le Asset Re | | s defined | ☐ Chapt | | | | Petition for Re Main Procee | |
| ☐ Partnership | | , LLC und | 221) | in 11 U.S.C. § 101 (51B) ☐ Railroad | | | | ☐ Chapt☐ | | | U | Petition for Re | · · |
| Other (If debtor check this box ar | is not ond | one of the al | ove entities, ty below.) | ☐ Stockbroker ☐ Commodity Broker | | | | ☐ Chapt | | | | Nonmain Pro | _ |
| | | | • | Clea | ring Bank | | | | | | | | |
| | • | Debtors | | - Othe | | mpt Entity | 7 | - | | | e of Debts k one box) | | |
| Country of debtor's | center o | f main inter | ests: | | (Check box | , if applicab | le) | Debts a | are primarily co | nsumer debts, | | | are primarily |
| Each country in which by, regarding, or aga | | | | unde | or is a tax-ex r Title 26 of e (the Interna | the United S | tates | "incurr | d in 11 U.S.C. § red by an individual, family, or l | dual primarily | | busine | ess debts. |
| | Fili | ng Fee (C | heck one box | :) | | Check | one box: | | Chap | ter 11 Debt | ors | | |
| Full Filing Fee at | ttached | | | | | | | | debtor as defin | | | | |
| Filing Fee to be pattach signed app | | | | | | Check | if: | | | | _ | | |
| debtor is unable | | | | | | | | | | | | | ers or affiliates) e years thereafter). |
| Form 3A. | | | | 7 14114 | -11\ M | | all applicabl | | <u> </u> | | | | |
| Filing Fee waiver attach signed app | | | | | | BB. 🗖 | Acceptances | of the plan w | this petition. were solicited pros.C. § 1126(b). | epetition from | one or mor | re classes of cre | ditors, |
| Statistical/Admin | | | | | | | | | | THIS | SPACE IS | FOR COURT I | JSE ONLY |
| ☐ Debtor estimate ☐ Debtor estimate there will be no | es that | , after any | exempt prop | erty is ex | cluded and | administra | | es paid, | | | | | |
| Estimated Number | | | | | | | | | | | | | |
| 1- 50- 49 99 | | 100- 199 | 200- | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | | |
| Estimated Assets | | | | - ,- 50 | ,000 | ,000 | ,000 | ,000 | ,000 | | | | |
| | 001 +> | \$100.001 4 | | \$1,000,001 | \$10,000,001 | \$50,000,001 | \$100,000,001 | \$500,000,001 | More than | | | | |
| \$0 to \$50,0 \$50,000 \$100, | 001 to 0,000 | \$100,001 to \$500,000 | to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | to \$500 million | to \$1 billion | | | | | |
| Estimated Liabilitie | es | _ | _ | | _ | _ | _ | | | | | | |
| \$0 to \$50,00 \$50,000 \$100, | 001 to 0,000 | \$100,001 to \$500,000 | \$500,001 to \$1 | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | | | | | |

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B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Exford, Brian S. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Peter C Schaefer, Esq. **December 22, 2014** Signature of Attorney for Debtor(s) (Date) Peter C Schaefer, Esq. Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Page 3 of 64 Document **B1** (Official Form 1)(04/13) Page 3

Voluntary Petition

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

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

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

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

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

X /s/ Brian S. Exford

Signature of Debtor Brian S. Exford

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 22, 2014

Date

Signature of Attorney*

X /s/ Peter C Schaefer, Esq.

Signature of Attorney for Debtor(s)

Peter C Schaefer, Esq.

Printed Name of Attorney for Debtor(s)

Peter C. Schaefer, Esq.

Firm Name

313 East Willow Street Suite 105

Syracuse, NY 13203-1905

Address

Email: schapc@aol.com

(315)478-2020 Fax: (315)478-5336

Telephone Number

December 22, 2014

Date

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

Signature of Debtor (Corporation/Partnership)

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

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

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Exford, Brian S.

Signatures

Signature of a Foreign Representative

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

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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

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

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

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of New York

| | | Not then District of New York | | |
|-------|-----------------|-------------------------------|----------|--|
| In re | Brian S. Exford | Case No. | | |
| | | Debtor(s) Chapter | 7 | |
| | | | <u> </u> | |

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

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

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

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

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

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

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | | Page 2 | |
|---|----------------------------------|---------------------------------|--|
| mental deficiency so as to be inclinancial responsibilities.); □ Disability. (Defined in | | ional decisions with respect to | |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. | | | |
| I certify under penalty of perju | ury that the information provide | d above is true and correct. | |
| Signature | e of Debtor: /s/ Brian S. Exford | | |
| | Brian S. Exford | | |
| Date: D | December 22, 2014 | | |

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of New York

| In re | Brian S. Exford | | Case No. | |
|-------|-----------------|--------|----------|---|
| - | | Debtor | | |
| | | | Chapter | 7 |
| | | | 1 - | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 217,774.00 | | |
| B - Personal Property | Yes | 3 | 39,189.60 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 297,017.75 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 12,586.98 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 10 | | 82,747.57 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 4,975.10 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 5,642.81 |
| Total Number of Sheets of ALL Schedu | ıles | 24 | | | |
| | T | otal Assets | 256,963.60 | | |
| | | | Total Liabilities | 392,352.30 | |

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of New York

| In re | Brian S. Exford | | Case No. | | |
|-------|-----------------|--------|----------|---|--|
| • | | Debtor | , | | |
| | | | Chapter | 7 | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|-----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 12,586.98 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 49.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 12,635.98 |

State the following:

| Average Income (from Schedule I, Line 12) | 4,975.10 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 5,642.81 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 4,975.10 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 45,723.75 |
|--|-----------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 12,586.98 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 82,747.57 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 128,471.32 |

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B6A (Official Form 6A) (12/07)

| In re | Brian S. Exford | Case No |
|-------|-----------------|---------|
| - | | , |
| | | L)ehtor |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| nily residence 26352 Ridge Rd., | Fee Simple | - | 217,774.00 | 257,378.63 |
|--------------------------------------|--|---|--|----------------------------|
| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |

Sub-Total > **217,774.00** (Total of this page)

Total > **217,774.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Brian S. Exford | | Case No. | |
|-------|-----------------|--------------|----------|--|
| | | , | | |
| | | Debtor | | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|----|--|--|---|---|
| 1. | Cash on hand | Cash on hand | - | 20.00 |
| 2. | | State Farm Bank Checking Account No. x 4847 | - | 2,200.00 |
| | accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit | Community Bank Personal Checking Account No.x 8999 | - | 10.00 |
| | unions, brokerage houses, or cooperatives. | Watertown Savings Bank Personal Checking Account No. x | - | 8.00 |
| | | State Farm Bank Business Account No. x 0760 | - | 47.00 |
| | | State Farm Federal Credit Union Personal Savings Account No. x 8499 | - | 200.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | x | | |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | Misc. Household goods & furnishings | - | 2,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | |
| 6. | Wearing apparel. | Misc. wearing apparel | - | 400.00 |
| 7. | Furs and jewelry. | x | | |
| 8. | Firearms and sports, photographic, and other hobby equipment. | x | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | x | | |
| | | | | |
| | | (Tota | Sub-Tot l of this page) | al > 4,885.00 |

2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| ш | re Brian S. Exford | | • | ase No. | |
|-----|---|------------------|---|---|--|
| | | | Debtor | | |
| | | SCI | HEDULE B - PERSONAL PROPER (Continuation Sheet) | ГҮ | |
| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
| 10. | Annuities. Itemize and name each issuer. | Х | | | |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 3. | Stock and interests in incorporated and unincorporated businesses. Itemize. | L | LowTrades Act. x9053 | - | 584.60 |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 6. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 8. | Other liquidated debts owed to debtor including tax refunds. Give particulars | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

584.60

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Brian S. Exford | Case No | |
|-------|-----------------|---------|--|
| | | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Proper | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|------------------------------------|---|---|
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | х | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | 2014 (| GMC Siera 1500 with 6,000 miles | - | 33,520.00 |
| 26. | Boats, motors, and accessories. | Troy-E | Built Riding Lawnmower | - | 200.00 |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | X | | | |
| | | | | Sub-Tota | al > 33,720.00 |
| | | | | (Total of this page) Tot | al > 39,189.60 |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Brian S. Exford | Case No. |
|-------|-----------------|----------|
| | | , |

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds |
|---|--|
| (Check one box) | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafted |
| ■ 11 U.S.C. §522(b)(2) | with respect to cases commenced on or after the date of adjustment.) |
| 11 H C C 8522/b)(2) | |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|--|----------------------------------|---|
| Cash on Hand Cash on hand | 11 U.S.C. § 522(d)(5) | 20.00 | 20.00 |
| Checking, Savings, or Other Financial Accounts, State Farm Bank Checking Account No. x 4847 | Certificates of Deposit 11 U.S.C. § 522(d)(5) | 2,200.00 | 2,200.00 |
| Community Bank Personal Checking Account No.x 8999 | 11 U.S.C. § 522(d)(5) | 10.00 | 10.00 |
| Watertown Savings Bank Personal Checking Account No. x | 11 U.S.C. § 522(d)(5) | 8.00 | 8.00 |
| State Farm Bank Business Account No. x 0760 | 11 U.S.C. § 522(d)(5) | 47.00 | 47.00 |
| State Farm Federal Credit Union Personal Savings Account No. x 8499 | 11 U.S.C. § 522(d)(5) | 200.00 | 200.00 |
| Household Goods and Furnishings Misc. Household goods & furnishings | 11 U.S.C. § 522(d)(3) | 2,000.00 | 2,000.00 |
| Wearing Apparel Misc. wearing apparel | 11 U.S.C. § 522(d)(3) | 400.00 | 400.00 |
| Stock and Interests in Businesses LowTrades Act. x9053 | 11 U.S.C. § 522(d)(5) | 584.60 | 584.60 |
| Boats, Motors and Accessories Troy-Built Riding Lawnmower | 11 U.S.C. § 522(d)(5) | 200.00 | 200.00 |

| | | = |
|--------|----------|----------|
| Total: | 5.669.60 | 5,669,60 |
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Brian S. Exford | Case No |
|-------|-----------------|---------|
| _ | | , |
| | | Debtor |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

other security interests.

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

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

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

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

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

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

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu W J C | DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGEN | Q D _ D | S | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|-----------------|-------------------|---|--------------|------------------|-----|--|---------------------------------|
| Account No. xxxx5068 | | | Opened 2/01/07 Last Active 11/08/14 | Т | A T E D | | | |
| Green Tree Servicing L 332 Minnesota St Ste 610 Saint Paul, MN 55101 | | _ | Mortgage Single family residence 26352 Ridge Rd., Watertown, NY 13601 (Full market value per taxes) | | | | | |
| | ╀ | ╀ | Value \$ 217,774.00 | | | | 56,386.63 | 39,604.63 |
| Account No. xxxxxxx3920 Ocwen Loan Servicing L 1661 Worthington R West Palm Beac, FL 33409 | | _ | Opened 2/09/07 Last Active 10/06/14 Mortgage Single family residence 26352 Ridge Rd., Watertown, NY 13601 (Full market value per taxes) | | | | | |
| | | | Value \$ 217,774.00 | | | | 200,992.00 | 0.00 |
| Account No. xxxxxxxxxxxxxx8001 St. Regis/telco Fcu 72 Riverside Dr Deferiet, NY 13628 | | _ | Opened 8/01/14 Last Active 11/30/14 Automotive Loan 2014 GMC Siera 1500 with 6,000 miles Value \$ 33,520.00 | | | | 39,639.12 | 6,119.12 |
| Account No. | t | ╁ | 33,320.00 | | | | 39,039.12 | 0,119.12 |
| | | | Value \$ | | | | | |
| o continuation sheets attached | | | S (Total of th | ubt nis j | | | 297,017.75 | 45,723.75 |
| | | | (Report on Summary of Sci | _ | ota lule | - I | 297,017.75 | 45,723.75 |

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B6E (Official Form 6E) (4/13)

| In re | Brian S. Exford | Case No. | |
|-------|-----------------|----------|--|
| - | | Debtor , | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

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

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

| liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Subtotals" on each sheet. |
|--|
| "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ■ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

| In re | Brian S. Exford | | | Case No. |
|-------|-----------------|--------|---|----------|
| - | | Debtor | • | · |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY UNLIQUIDATED CODEBTOR Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) 2013 Account No. x2537 Taxes **Department of the Treasury** 0.00 **Internal Revenue Service** PO Box 9019 Holtsville, NY 11742 11,266.64 11,266.64 Account No. x2537 2013 Taxes **NYS Department of Taxation and** 0.00 **Finance OPTS Withholding Tax Account** Resulution **WA Harriman Campus** Albany, NY 12227 1,320.34 1,320.34 Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) 12,586.98 Schedule of Creditors Holding Unsecured Priority Claims 12,586.98 0.00 (Report on Summary of Schedules) 12,586.98 12,586.98

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B6F (Official Form 6F) (12/07)

| In re | Brian S. Exford | Case No. | |
|-------|-----------------|----------|--|
| | | Debtor | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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

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

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

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

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

| CREDITOR'S NAME, | C | Н | usband, Wife, Joint, or Community | C | U | D | |
|--|-----------------|---|---|---------------------------------|-----------------|-----|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | J | | N T I N G E N | L I Q U I D A T | l F | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx6623 | | | Opened 4/01/14 Last Active 11/27/14 Credit Card | Ť | T E D | 1 | |
| American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355 | | - | | | | | 1,979.00 |
| Account No. xxxxxxxxxxx7703 | | | Opened 2/01/04 Last Active 7/24/06 Charge Account | | | | ,, |
| American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De | | - | Charge Account | | | | |
| Po Box 3251 Evansville, IN 47731 | | | | | | | 0.00 |
| Account No. xxxxxxxxxxxx9868 American General Financial/Springleaf | | | Opened 2/01/04 Last Active 5/01/06 Charge Account | | | | |
| Fi Springleaf Financial/Attn: Bankruptcy De | | - | | | | | |
| Po Box 3251 Evansville, IN 47731 | | | | | | | 0.00 |
| Account No. xxxxx0895 Americu Credit 1916 Black River Blvd N Rome, NY 13440 | | - | Opened 8/01/95 Last Active 11/05/09 Real Estate Mortgage | | | | |
| | | | | | | | 0.00 |
| 9 continuation sheets attached | | • | (Total | Sub of this | | | 1,979.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No | _ |
|-------|-----------------|---------|---|
| _ | | Debtor | |

| CDEDITORIS NAME | С | Hu | sband, Wife, Joint, or Community | | С | U | D | |
|--|----------|-------------|--|-----------------|-----|------------|---------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C J M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAI IS SUBJECT TO SETOFF, SO STATE. | M | o I | ZI-QU-DAFE | ISPUTED | AMOUNT OF CLAIM |
| Account No. x0002 | | | Consumer Credit | | Т | T E | | |
| AT&T Universal Card PO Box 6500 Sioux Falls, SD 57117-6500 | | - | | | | D | | 1,857.57 |
| Account No. xxxxxxxxxxx2877 | ┢ | | Opened 7/01/05 Last Active 11/24/14 | + | | | | 1,001101 |
| Bank Of America Attention: Recovery Department 4161 Peidmont Pkwy. Greensboro, NC 27410 | | - | Credit Card | | | | | |
| | | | | | | | | 2,450.00 |
| Account No. xxxxxxxxxx7759 Bank Of America P.O. Box 982236 El Paso, TX 79998 | - | - | Opened 10/01/04 Last Active 4/05/06 Automobile | | | | | 0.00 |
| Account No. xxxxxxxxxxx9955 Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899 | | - | Opened 7/01/07 Last Active 12/19/13 Credit Card | | | | | 0.00 |
| Account No. xxxxxxxxx8070 Bk Of Amer 1800 Tapo Canyon Simi Valley, CA 93063 | | - | Opened 2/09/07 Last Active 10/06/08 Real Estate Mortgage | | | | | 0.00 |
| Sheet no. <u>1</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Tot | Su al of thi | | ota | - 1 | 4,307.57 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No. | |
|-------|-----------------|----------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS | COD | Hu H | sband, Wife, Joint, or Community | CON | U N L | DIS | |
|--|-----------|-------------|---|---------|-------------|-----|-----------------|
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODE BT OR | C A M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | TINGENT | Q | PUT | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx9611 | | | Opened 8/06/06 Last Active 7/30/09 |] ⊤ | T E D | | |
| Capital One Po Box 30253 Salt Lake City, UT 84130 | | - | Credit Card | | D | | 0.00 |
| Account No. xxxxxxxxxxxxx1001 | Γ | | Opened 3/01/06 Last Active 9/06/07 | | | | |
| Capital One Auto Finance 3905 N Dallas Pkwy Plano, TX 75093 | | - | Automobile | | | | 0.00 |
| Account No. xxxxxxxxxxxx5962 | Г | | Opened 6/01/05 Last Active 12/24/13 Credit Card | | | | |
| Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130 | | - | Credit Card | | | | |
| Account No. xxxxxxxxxxxx6549 | _ | | Opened 6/01/06 Last Active 12/19/13 | | L | | 0.00 |
| Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130 | | - | Credit Card | | | | 0.00 |
| Account No. xxxx9154 | | T | Opened 8/01/07 Last Active 8/13/09 Automobile | | | | |
| Carthage Federal Svgs& 313 State St Carthage, NY 13619 | | - | Automobile | | | | 0.00 |
| Sheet no. 2 of 9 sheets attached to Schedule of | _ | | 1 | Sub | tota | 1 | 0.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | e) | 0.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No | _ |
|-------|-----------------|---------|---|
| _ | | Debtor | |

| CDEDITIONIS MANE | С | Hu | sband, Wife, Joint, or Community | С | U | D | |
|--|----------|-------------|---|-----------|-------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CORFLEGER | L I Q | I S P U T F | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx8664 | | | Opened 11/01/11 Last Active 2/18/14 Automobile | ٦ | T E D | | |
| Cbc/glens Falls Natl B Attn:Bankruptcy 250 Glen St Glen Falls, NY 12801 | | - | Automobile | | | | 0.00 |
| Account No. xxxxxxxxxxxx7786 | t | \vdash | Opened 11/01/11 Last Active 11/01/12 | | | | |
| Cbc/glens Falls Natl B Attn:Bankruptcy 250 Glen St Glen Falls, NY 12801 | | - | Automobile | | | | 0.00 |
| Account No. xxxxxxxxxxx8019 | ╀ | \vdash | Opened 11/01/03 Last Active 11/19/14 | | | | 0.00 |
| Chase Bank Usa, Na Po Box 15298 Wilmington, DE 19850 | | - | Credit Card | | | | 6,117.00 |
| Account No. xxxxxx5772 | ╁ | | Opened 10/01/03 Last Active 3/01/06 | | | | · |
| Chase Manhattan Mortga Attn: Bankruptcy Dept 3415 Vision Dr Columbus, OH 43219 | | - | FHA Real Estate Mortgage | | | | 0.00 |
| Account No. xxxxx20Z1 | $^{+}$ | \vdash | Opened 12/01/04 Last Active 12/02/14 | | \vdash | \vdash | |
| Child Support Enforcem Po Box 14 Albany, NY 12201 | | - | Family Support | | | | 49.00 |
| Sheet no. 3 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | <u> </u> | (Total of | Sub | | | 6,166.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No | _ |
|-------|-----------------|---------|---|
| _ | | Debtor | |

| Г | 1. | l | | Τ. | | _ | |
|--|----------|---------|---|------------|-----------------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | COZHLZGEZH | QU _L | DISPUFED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx9953 | | | Opened 11/01/11 Last Active 11/07/14 | ٦ | D A T E D | | |
| Citibank Sd, Na Attn: Centralized Bankruptcy Po Box 20363 Kansas City, MO 64195 | | - | Credit Card | | D | | 4,871.00 |
| Account No. xxxxxxxxxxxx7526 | t | | Opened 8/01/05 Last Active 11/01/14 | \dagger | | | |
| Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179 | | - | Charge Account | | | | 677.00 |
| Account No. xxxxxxxxxxxx0172 | t | | Opened 11/01/06 Last Active 2/13/07 | | | | |
| Citifinancial 300 Saint Paul Pl Baltimore, MD 21202 | | _ | Unsecured | | | | 0.00 |
| Account No. xxxxxxxxxxxx9007 | ┢ | | Opened 5/01/06 Last Active 2/12/07 | | | | |
| Citifinancial 300 Saint Paul Pl Baltimore, MD 21202 | | - | Real Estate Mortgage | | | | 0.00 |
| Account No. xxxxxxxxxxxx8482 | T | | Opened 12/01/04 Last Active 3/03/06 | + | | | |
| Citifinancial 300 Saint Paul Pl Baltimore, MD 21202 | | _ | Partially Secured | | | | 0.00 |
| Sheet no4 of _9 sheets attached to Schedule of | • | | | Sub | | | 5,548.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | e) | 3,340.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No | _ |
|-------|-----------------|---------|---|
| _ | | Debtor | |

| | С | Ни | sband, Wife, Joint, or Community | С | U | D | |
|--|-----------------|-------------|---|-----------|------------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | J H H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONT_NGEN | Q U I | SPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx3947 | | | Opened 4/01/04 Last Active 12/01/04 | Т | D A T E | | |
| Citifinancial 300 Saint Paul Pl Baltimore, MD 21202 | | - | Unsecured | | D | | 0.00 |
| Account No. xxxxxxxx2291 | ╁ | | Opened 4/01/06 Last Active 7/12/08 Lease | | | | 0.00 |
| G M A C Po Box 535160 Pittsburgh, PA 15253 | | - | | | | | 0.00 |
| | ╀ | | | Ш | | | 0.00 |
| Account No. xxxxxxxxx8438 IndyMac Bank/OneWest Bank Attn:Bankruptcy Department 2900 Esperanza Crossing Austin, TX 78758 | | - | Opened 2/09/07 Last Active 8/19/13 Real Estate Mortgage | | | | 0.00 |
| Account No. | t | | 2014 | | | | |
| James Sonneborn, Esq. 110 West Fayette St Suite 900 Syracuse, NY 13202 | | - | FINRA Action re: Peter Decker; Warren Barkley and Jeffrey Herpel | | X | x | |
| | L | | | | | | Unknown |
| Account No. xxxxxx8629 JB Robinson/Sterling Jewelers Sterling Jewelers Po Box 1799, Attn: Bankruptcy Akron, OH 44309 | | - | Opened 12/01/04 Last Active 7/10/13 Charge Account | | | | 0.00 |
| Sheet no5 _ of _9 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | - | <u> </u> | S ¹ (Total of th | ubto | | | 0.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No. |
|-------|-----------------|----------|
| _ | | Debtor |

| | | | | C O N T | _ | _ | |
|--|----------|------------------------|---|------------------|-----------------|-----|--------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | DISPUTED | AMOUNT OF CLAIM | | |
| Account No. | | | 2014 | NGENT | ΙE | | |
| Jeffrey Herpel P.O. Box 766 Cape Vincent, NY 13618 | | - | FINRA Action | | X | × | Unknown |
| Account No. xxxx8802 | T | | Opened 11/07/00 Last Active 6/01/08 | | | T | |
| Kia Us/Ford Credit/Primus Financial Serv Ford Credit/Attention: Bankruptcy Po Box 17948 Greenville, SC 29606 | | - | Automobile | | | | 13,478.00 |
| Account No. xxxxxxxxxxxxx0001 | | | Opened 4/01/10 Last Active 11/18/11 | | | | |
| M & T Bank Attn: Bankruptcy 1100 Wehrle Dr 2nd Floor Williamsville, NY 14221 | | - | Automobile | | | | 0.00 |
| Account No. xxxxx0156 | | | Opened 3/08/02 Last Active 10/09/06 | | | | |
| Netbank Royal Centre Three Alpharetta, GA 30022 | | - | Check Credit Or Line Of Credit | | | | 0.00 |
| Account No. | ┢ | | 2014 | | \vdash | H | |
| Peter Decker 245 Barben Ave Watertown, NY 13601 | | _ | FINRA Action | | x | × | (Unknown |
| Sheet no. _6 of _9 sheets attached to Schedule of | _ | | | Subt | | | 13,478.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | ge) | 13,470.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No. |
|-------|-----------------|----------|
| _ | | Debtor |

| CDEDITORIS MANE | С | Hu | sband, Wife, Joint, or Community | C | U | D | |
|--|----------|-------------|---|---------------|-----|-------------|---|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. | CODEBTOR | H W H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Co-Defendant in FINRA Action | ONTINGENT | LQU | U T F | AMOUNT OF CLAIM |
| | 1 | | | | Ď | | |
| Richard J. Carlesco/ IBM Financial Svs 8139 Mesa Lane Liverpool, NY 13090 | | - | | | x | x | Unknown |
| Account No. xxxxxxxxxxxx2154 | H | | Opened 11/01/13 Last Active 11/14/14 | | | | O I I I I I I I I I I I I I I I I I I I |
| Sams Club / GEMB Attention: Bankruptcy Department Po Box 103104 Roswell, GA 30076 | | - | Charge Account | | | | 4 400 00 |
| | L | | | | | | 1,188.00 |
| Account No. xxxxxxxxxxxxx8299 Sst/columbus Bank&trus Attn:Bankruptcy Po Box 3997 St. Joseph, MO 64503 | | - | Opened 9/01/07 Last Active 12/11/13 Charge Account | | | | 0.00 |
| Account No. xxxxxxxxxxxxx8002 St. Regis/telco Fcu 72 Riverside Dr Deferiet, NY 13628 | | - | Opened 8/01/14 Last Active 8/13/14 Unsecured | | | | 0.00 |
| Account No. xxxxxxx1900 State Farm Fed Credi One State Farm Plaza Bloomington, IL 61710 | - | _ | Opened 11/01/13 Last Active 12/12/14 Check Credit Or Line Of Credit | | | | 21,825.00 |
| Sheet no7 of _9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total c | Sub f this | | | 23,013.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No | _ |
|-------|-----------------|---------|---|
| _ | | Debtor | |

| | _ | | L LWG Live O | 10 | | _ | |
|--|----------|------------------------|---|---------------|-----------------------|-----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLLQULDA | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. xxxxxxx5001 | | | Opened 12/01/13 Last Active 8/01/14 | Т | D A T E D | | |
| State Farm Fed Credi P.o. Box 5000 Du Pont, WA 98327 | | - | Automobile | | D | | 0.00 |
| Account No. xxxxxxx5000 | ┢ | \vdash | Opened 12/01/13 Last Active 12/01/13 | <u> </u> | | | |
| State Farm Fed Credi P.o. Box 5000 Du Pont, WA 98327 | | _ | Automobile | | | | 0.00 |
| Account No. xxxxxxx0300 State Farm Fed Credi P.o. Box 5000 Du Pont, WA 98327 | | _ | Opened 10/01/12 Last Active 12/01/13 Automobile | | | | |
| Account No. xxxxxxx5500 | | | Opened 11/01/12 Leet Active 12/12/14 | <u> </u> | | | 0.00 |
| State Farm Fed Credi One State Farm Plaza Bloomington, IL 61710 | | _ | Opened 11/01/13 Last Active 12/12/14 Unsecured | | | | 13,414.00 |
| Account No. xxxxxxxxxxxxxx8002 State Farm Financial S Po Box 2328 Bloomington, IL 61702 | | _ | Opened 4/01/13 Last Active 12/15/14 Credit Card | | | | |
| | | | | | | | 4,683.00 |
| Sheet no. 8 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Subt his j | | | 18,097.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Brian S. Exford | Case No |
|-------|-----------------|----------|
| _ | | Debtor , |

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | - C | U | P | |
|---|----------|----------|---|---------------|--------|-----|-----------------|
| MAILING ADDRESS | CODEBTOR | н | DATE OF A BAWAR INCUIDDED AND | N | UNLL | s | |
| INCLUDING ZIP CODE, | I E | W | DATE CLAIM WAS INCURRED AND | H | QU | ۱۲ | |
| AND ACCOUNT NUMBER | T | J | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N | Ü | Ť | AMOUNT OF CLAIM |
| (See instructions above.) | R | С | is sobsect to seron, so sinte. | N G E N T | ĺЪ | | |
| Account No. xxxxxx6829 | ╅ | \vdash | Opened 7/01/08 Last Active 6/01/10 | $\frac{1}{1}$ | A T | | |
| Account No. AAAAAAOO23 | - | | Automobile | | E | | |
| | | | Automobile | \vdash | ۲ | H | ┪ |
| Td Auto Finance | | | | | | | |
| 27777 Franklin Rd | | - | | | | | |
| Farmington Hills, MI 48334 | | | | | | | |
| | | | | | | | |
| | | | | | | | 0.00 |
| Account No. | | | 2014 | | | | |
| | | | FINRA Action | | | | |
| Warren Barkley | | | | | | | |
| 272226 County Route 57 | | - | | | X | X | |
| Three Mile Bay, NY 13693 | | | | | | | |
| ' | | | | | | | |
| | | | | | | | Unknown |
| | ┸ | | | 丄 | | | - Cilkilowiii |
| Account No. xxxxx1677 | | | Opened 2/01/13 Last Active 11/13/14 | | | | |
| | | | Installment Sales Contract | | | | |
| Watertown Savings Bank | | | | | | | |
| 111 Clinton St | 1 | - | | | | | |
| Watertown, NY 13601 | | | | | | | |
| , | | | | | | | |
| | | | | | | | 10,159.00 |
| | | | | \bot | | | 10,100.00 |
| Account No. xxxxxxxx1453 | | | Opened 8/01/09 Last Active 11/22/11 | | | | |
| | 1 | | Automobile | | | | |
| Wfs Financial/Wachovia Dealer Srvs | | | | | | | |
| Po Box 3569 | | - | | | | | |
| Rancho Cucamonga, CA 91729 | | | | | | | |
| [| | | | | | | |
| | | | | | | | 0.00 |
| Account No. | t | | | T | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | 丄 | | L | |
| Sheet no. 9 of 9 sheets attached to Schedule of | | | | Subt | tota | 1 | 40.450.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | his | pag | ge) | 10,159.00 |
| | | | · | | | | |
| | | | | | ota | | 82,747.57 |
| | | | (Report on Summary of Se | ched | iule | es) | 02,141.31 |

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B6G (Official Form 6G) (12/07)

| In re | Brian S. Exford | Case No. |
|-------|-----------------|----------|
| _ | | Debtor |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 14-31950-5-mcr Doc 1 Filed 12/24/14 Entered 12/24/14 09:03:31 Desc Main Document Page 27 of 64

B6H (Official Form 6H) (12/07)

| In re | Brian S. Exford | Case No | |
|-------|-----------------|---------|--|
| _ | | | |
| | | Debtor | |

SCHEDULE H - CODEBTORS

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

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Richard J. Carlesco 8139 Mesa Lane Liverpool, NY 13090 Multiple Co-Defendent in FINRA Action

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| Fill | in this information to identify your | rase. | | | | 1 | | | | | |
|--------------------|--|---|---|-----------------------|----------------|---|----------------------------|------------------------------|-----------------|--|--|
| | otor 1 Brian S. Ex | | | | | | | | | | |
| _ | otor 2 | | | | _ | | | | | | |
| Uni | ted States Bankruptcy Court for th | e: NORTHERN DISTRIC | CT OF NEW YORK | | _ | | | | | | |
| | se number lown) | | - | | | | ded filing nent showin | ng post-petition | n chapter | | |
| 0 | fficial Form B 6I | | | | | MM / DD/ | | onewing date. | | | |
| S | chedule I: Your Inc | ome | | | | 1011017 0007 | | | 12/13 | | |
| sup spo atta | plying correct information. If you use. If you are separated and you have separated and you have separated by a separate sheet to this form Describe Employment | u are married and not fili ur spouse is not filing w On the top of any additi | ng jointly, and your sith you, do not include | spouse i de infori | s liv natio | ing with you, inc on about your s _l | lude infori oouse. If m | mation about ore space is | your needed, | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non-f | iling spouse | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | | ☐ Employed ☐ Not employed | | | | |
| | employers. | Occupation | Self Employed | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | | |
| | | How long employed t | here? 2 years | | | | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | | | |
| | mate monthly income as of the cuse unless you are separated. | date you file this form. If | you have nothing to re | eport for | any l | ine, write \$0 in th | e space. In | clude your noi | n-filing | | |
| - | u or your non-filing spouse have n e space, attach a separate sheet to | | ombine the information | n for all e | emplo | oyers for that pers | son on the li | ines below. If y | you need | | |
| | | | | | | For Debtor 1 | | btor 2 or ing spouse | | | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | | | 2. | \$ | 0.00 | \$ | N/A | | | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | | | |
| 4. | Calculate gross Income. Add I | ine 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | | | |

| Deb | tor 1 | Brian S. Exford | | Case n | umber (if known) | | | |
|-----|---|---|--------------------|-------------|---|---|------------|----------|
| | | | | For I | Debtor 1 | For Debte | | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ <u> </u> | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ <u> </u> | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ <u> </u> | 0.00 | \$ | N/A | |
| | 5e. 5f. | Insurance Domestic support obligations | 5e. 5f. | \$ <u> </u> | 0.00 | \$ | N/A N/A | |
| | 5g. | Union dues | 5g. | \$ <u> </u> | 0.00 | φ <u></u> | N/A N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ <u> </u> | | + \$ | N/A N/A | |
| 6 | | | _ | Ψ— | | · · · · · · · · · · · · · · · · · · · | | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. - | • — | 0.00 | \$ | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List 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 | | | | | | |
| | 01 | monthly net income. | 8a. | \$ | 4,975.10 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ <u></u> | 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. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | ф <u> —</u> | 0.00 | φ | N/A N/A | |
| | 8e. | Social Security | 8e. | <u>\$</u> — | 0.00 | \$ <u></u> | N/A | |
| | 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: | | \$ | 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 | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 4,975.10 | \$ | N/A | |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | 4 | ,975.10 + \$ | N/ | A = \$ 4 | 4,975.10 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | L'- | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 1,010110 |
| 11. | 1. 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. Specify: 11. +\$ 0.00 | | | | | | | |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | Combine | |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | monthly | income |
| 10. | | No. Yes. Explain: | • | | | | | |

Official Form B 6I Schedule I: Your Income page 2

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| Fill | in this informa | tion to identify yo | our case: | | | 1 | | | |
|--|-------------------------------|--|---------------|---|--|-----------|---|-------------------------------|--|
| Deb | Debtor 2 (Secure of filling) | | | | | Che | eck if this is: An amended filing A supplement showing post-petition chapter | | |
| (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK | | | | | | | 13 expenses as of the following date: MM / DD / YYYY | | |
| | se number | aptoy Court for the | | ELIT BIOTHER OF THE W | TOTAL | | | | |
| | nown) | | | | | | 2 maintains a sepa | | |
| O | fficial Fo | rm B 6J | | | | | | | |
| | | J: Your | | | | | | 12/1: | |
| info | ormation. If m | | eded, atta | If two married people ar ch another sheet to this n. | | | | | |
| Par | | ibe Your House | hold | | | | | | |
| 1. | □ N | line 2. s Debtor 2 live | - | ate household? arate Schedule J. | | | | | |
| 2. | Do you have | e dependents? | □ No | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | |
| | Do not state dependents' | | | | Son | | 14 | ■ No □ Yes | |
| | | | | | Daughter | | 19 | ■ No □ Yes | |
| | | | | | Son | | 21 | ■ No □ Yes □ No | |
| 3. | expenses of yourself and | penses include f people other t d your depende ate Your Ongoi | han nts? □ | No Yes v Expenses | | | _ | ☐ Yes | |
| Est | imate your ex | penses as of ye | our bankrı | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| the | | n assistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses | |
| 4. | | r home owners | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 1,251.49 | |
| | If not includ | ed in line 4: | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | 0.00 | |
| | 4b. Prope | rty, homeowner's | - | | | 4b. | \$ | 0.00 | |
| | | | | pkeep expenses | | 4c. | | 100.00 | |
| 5. | | owner's associat | | dominium dues o ur residence , such as ho | me equity loops | 4d. 5. | | 0.00 | |
| J. | Auditional | nortyaye payilli | ento for yo | our residence, such as no | me equity loans | Э. | Ψ | 146.32 | |

| ebtor 1 | Brian S. Exford | Case num | nber (if known) | |
|-------------|---|----------------|-----------------|----------------------------|
| . Utilit | ties: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | . \$ | 260.00 |
| 6b. | Water, sewer, garbage collection | 6b. | . \$ | 14.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | . \$ | 260.00 |
| 6d. | Other. Specify: | 6d. | | 0.00 |
| Food | d and housekeeping supplies | 7. | . \$ | 320.00 |
| Chile | dcare and children's education costs | 8. | . \$ | 0.00 |
| Clot | hing, laundry, and dry cleaning | 9. | . \$ | 88.00 |
| Pers | onal care products and services | 10. | . \$ | 40.00 |
| | ical and dental expenses | 11. | . \$ | 0.00 |
| Tran | sportation. Include gas, maintenance, bus or train fare. | | | _ |
| | ot include car payments. | 12. | · | 75.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | | 65.00 |
| Cha | ritable contributions and religious donations | 14. | . \$ | 20.00 |
| | rance. | | | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance | 15a. | \$ | 32.00 |
| | Health insurance | 15a. 15b. | · | 350.00 |
| | Vehicle insurance | 15b. | · - | 96.00 |
| | Other insurance. Specify: | 15d. | | |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | | . Ψ | 0.00 |
| | cify: Income Tax | 16. | \$ | 1,600.00 |
| | allment or lease payments: | | | 1,000.00 |
| | Car payments for Vehicle 1 | 17a. | . \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. | . \$ | 0.00 |
| 17c. | Other. Specify: | 17c. | \$ | 0.00 |
| | Other. Specify: | 17d. | | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | • | |
| dedu | acted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. | . \$ | 925.00 |
| Othe | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spec | | 19. | | |
| | er real property expenses not included in lines 4 or 5 of this form or on Sche | | | 0.00 |
| | Mortgages on other property | 20a. | · - | 0.00 |
| | Real estate taxes | 20b. | · | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | Homeowner's association or condominium dues | 20e. | · | 0.00 |
| Otne | er: Specify: | 21. | +\$ | 0.00 |
| You | r monthly expenses. Add lines 4 through 21. | 22. | . \$ | 5,642.81 |
| The | result is your monthly expenses. | | | <u> </u> |
| | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | · - | 4,975.10 |
| 23b. | Copy your monthly expenses from line 22 above. | 23b. | \$ | 5,642.81 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 23c. | s | -667.71 |
| | The result is your monthly net income. | 200. | · [* | ••••• |
| For e | YOU EXPORT ON INCREASE OR DECREASE IN YOUR EXPENSES WITHIN THE YEAR AFTER YOU EXAMPLE, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage? | | | e or decrease because of a |
| ■ N | 0. | | | |
| \square Y | es. | | | |
| Expl | ain: | | | |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

Date **December 22, 2014**

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United States Bankruptcy Court Northern District of New York

| In re | Brian S. Exford | | Case No. | | | | |
|-------|--|----------------------------------|---------------------|------|--|--|--|
| | | Debtor(s) | Chapter | 7 | | | |
| | | | | | | | |
| | | | | | | | |
| | DECLADATION A | | | E.G. | | | |
| | DECLARATION (| CONCERNING DEBTOR | CS SCHEDULI | ES | | | |
| | | | | | | | |
| | DECLARATION UNDER | PENALTY OF PERJURY BY I | NDIVIDUAL DEF | BTOR | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of | | | | | | |
| | sheets, and that they are true and correct to | the best of my knowledge, inform | nation, and belief. | | | | |
| | | | | | | | |
| | | | | | | | |

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

Signature /s/ Brian S. Exford

Debtor

Brian S. Exford

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of New York

| In re | Brian S. Exford | | Case No. | |
|-------|-----------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| 7111100111 | BOCKEL |
|-------------|--------------------------------|
| \$64,000.00 | 2014: Self employment |
| \$53,833.00 | 2013: Debtor Employment Income |
| \$38,204.00 | 2012: Debtor Employment Income |
| \$40,769.00 | 2013: Debtor Business Income |
| \$24,363.00 | 2012: Debtor Business Income |

SOURCE

AMOUNT

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$315.00 2013: Debtor Pension Income \$169.00 2012: Debtor Pension Income

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL AMOUNT PAID OF CREDITOR **PAYMENTS** OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT DATES OF PAID OR PAYMENTS/ AMOUNT STILL VALUE OF NAME AND ADDRESS OF CREDITOR **TRANSFERS OWING TRANSFERS**

None

All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL DATE OF PAYMENT AMOUNT PAID RELATIONSHIP TO DEBTOR **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER **PROCEEDING** AND LOCATION DISPOSITION Peter Decker, Warren Barkley and Jeffrey Herpel **Civil FINRA** Financial Industry Regulatory Authority Pending v. Brian Exford and Richard J. Carlesco Arbitration **One Liberty Plaza**

165 Broadway, 27th Floor New York, NY 10006

 $[^]st$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR. IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE
OF PROPERTY

Ganbling Losses \$2,500.00

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

2014

Gambling at The Turning Stone, Las Vegas and Hard Rock Casino in Oklahoma

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9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

Peter C. Schaefer, Esq. 313 East Willow Street Suite 105 Syracuse, NY 13203-1905

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

RELATIONSHIP TO DEBTOR **F. X. Caprara**

Watertown, NY 13601 None DATE

July, 2014

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

Traded in 2014 Ford Taurus LTD toward 2014 GMC 1500 Sierra. Received \$0.00 net from

\$1,200.00

trade-in.

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

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13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

LAW

GOVERNMENTAL UNIT NOTICE

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

ENVIRONMENTAL

GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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B7 (Official Form 7) (04/13)

NAME AND ADDRESS OF **GOVERNMENTAL UNIT**

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six **years** immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN

ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

State Farm Agent **Brian Exford**

x2537

18987 US Route 11 Watertown, NY 13601 Insurance sales and service

April. 2013

Exford & Exford

x2537 165 Mechanis Street Insurance and Financial

Financial

Watertown, NY 13601

Services

2001 - 2012

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS **Krystal Pitts North Pearl Ave** Watertown, NY 13601 DATES SERVICES RENDERED January, 2014 - Present

None

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

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B7 (Official Form 7) (04/13)

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None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d List all financial institutions creditors and other parties including mercantile and trade

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None a. If the

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS
TITLE
NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY Case 14-31950-5-mcr Doc 1 Filed 12/24/14 Entered 12/24/14 09:03:31 Desc Mair Document Page 40 of 64

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24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 22, 2014 Signature /s/ Brian S. Exford
Brian S. Exford
Debtor

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

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of New York

| In re | Brian S. Exford | | Case No. | |
|-------|-----------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

| property of the estate. Attach ad | ditional pages if neo | cessary.) |
|--|-----------------------|---|
| Property No. 1 | | |
| Creditor's Name: Green Tree Servicing L | | Describe Property Securing Debt: Single family residence 26352 Ridge Rd., Watertown, NY 13601 (Full market value per taxes) |
| Property will be (check one): | | |
| ☐ Surrendered | Retained | |
| If retaining the property, I intend to (check a ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | | oid lien using 11 U.S.C. § 522(f)). |
| Property is (check one): | | |
| ■ Claimed as Exempt | | ☐ Not claimed as exempt |
| Property No. 2 | | |
| Creditor's Name: Ocwen Loan Servicing L | | Describe Property Securing Debt: Single family residence 26352 Ridge Rd., Watertown, NY 13601 (Full market value per taxes) |
| Property will be (check one): | | |
| ☐ Surrendered | Retained | |
| If retaining the property, I intend to (check a ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain | ŕ | oid lien using 11 U.S.C. § 522(f)). |
| Property is (check one): | | |
| ■ Claimed as Exempt | | ☐ Not claimed as exempt |

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| B8 (Form 8) (12/08) | | _ | Page 2 | | | | |
|---|--------------------------|--|--|--|--|--|--|
| Property No. 3 | | | | | | | |
| roperty No. 3 Creditor's Name: A. Regis/telco Fcu roperty will be (check one): Surrendered Retain retaining the property, I intend to (check at least one): Redeem the property Reaffirm the debt Other. Explain (for example troperty is (check one): Claimed as Exempt ART B - Personal property subject to unexpired leases. (All ttach additional pages if necessary.) ART B - Personal property subject to unexpired leases. (All ttach additional pages if necessary.) Croperty No. 1 Describe Lease declare under penalty of perjury that the above indicates ersonal property subject to an unexpired lease. | | Describe Property Securing Debt: 2014 GMC Siera 1500 with 6,000 miles | | | | | |
| Property will be (check one): | | 1 | | | | | |
| ☐ Surrendered | ■ Retained | | | | | | |
| ☐ Redeem the property ■ Reaffirm the debt | | oid lien using 11 U.S.C | C. § 522(f)). | | | | |
| Property is (check one): | | | | | | | |
| | | ☐ Not claimed as ex | empt | | | | |
| PART B - Personal property subject to unexpand Attach additional pages if necessary.) Property No. 1 | pired leases. (All three | e columns of Part B mu | ast be completed for each unexpired lease. | | | | |
| Lessor's Name: -NONE- | Describe Leased Pr | operty: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO | | | | |
| | lease. | intention as to any professional stress of the stress of t | roperty of my estate securing a debt and/or | | | | |

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United States Bankruptcy Court Northern District of New York

| In re | Brian S. Exford | | Case No. | | |
|-------|---|--|------------------------|----------------------|-------------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR D | EBTOR(S) | |
|] | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 paid to me within one year before the filing of the petiti behalf of the debtor(s) in contemplation of or in connec | on in bankruptcy, or agreed to b | be paid to me, for ser | | |
| | For legal services, I have agreed to accept | | \$ | 1,200.00 | |
| | Prior to the filing of this statement I have received | | | 1,200.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are men | abers and associate | s of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | y law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to r | ender legal service for all aspec | ts of the bankruptcy | case, including: | |
| i | a. [Other provisions as needed] Preparation and filing of Re-Affirmation | agreements | | | |
| 6. | By agreement with the debtor(s), the above-disclosed for Preparation and filing of motion pursual Representation of the debtors in any di proceeding. | nt to 11 USC Section 522(f |) for avoidance of | | |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of are bankruptcy proceeding. | ny agreement or arrangement fo | r payment to me for | representation of th | e debtor(s) in |
| Dated | d: December 22, 2014 | /s/ Peter C Schae | efer, Esq. | | |
| | · | Peter C Schaefer Peter C. Schaefe 313 East Willow Suite 105 | r, Esq. er, Esq. | | |
| | | Syracuse, NY 13 | ax: (315)478-5336 | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Rankruntcy Court

| | thern District of New York | |
|------------------------------|---|----------------------------|
| In re Brian S. Exford | Case No. | |
| | Debtor(s) Chapter | 7 |
| | F NOTICE TO CONSUMER DEBTOR(b) OF THE BANKRUPTCY CODE | S) |
| | Certification of Debtor received and read the attached notice, as required by | § 342(b) of the Bankruptcy |
| Brian S. Exford | X /s/ Brian S. Exford | December 22, 2014 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | _ X | |
| | Signature of Joint Debtor (if any) | Date |
| | | |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

| In re Brian S. Ex | ford rd and Exford Financial | , | |
|---------------------|---|----------------------------|---------------------------------|
| | Debtor | Case No. | |
| Social Security N | To(s). and all Employer's Tax Identification | Chapter on No(s). [if any] | 7 |
| | CERTIFICATION OF M | IAILING MATRIX | |
| · · · · · | ter C Schaefer, Esq. , the attorney for the observation by certify under the penalties of perjury t | • | |
| compared to and c | contains the names, addresses and zip coo | les of all persons and | entities, as they appear on the |
| schedules of liabil | lities/list of creditors/list of equity securit | y holders, or any amo | endment thereto filed herewith |
| Dated: December | er 22, 2014 | | |
| | | Peter C Schaefer, Esq. | |

Attorney for Debtor/Petitioner (Debtor(s)/Petitioner(s))

American Express Po Box 3001 16 General Warren Blvd Malvern, PA 19355

American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Americu Credit 1916 Black River Blvd N Rome, NY 13440

AT&T Universal Card PO Box 6500 Sioux Falls, SD 57117-6500

Bank Of America Attention: Recovery Department 4161 Peidmont Pkwy. Greensboro, NC 27410

Bank Of America P.O. Box 982236 El Paso, TX 79998

Barclays Bank Delaware Attn: Bankruptcy P.O. Box 8801 Wilmington, DE 19899

Bk Of Amer 1800 Tapo Canyon Simi Valley, CA 93063

Capital One Po Box 30253 Salt Lake City, UT 84130

Capital One Auto Finance 3905 N Dallas Pkwy Plano, TX 75093

Capital One, N.a. Capital One Bank (USA) N.A. Po Box 30285 Salt Lake City, UT 84130

Carthage Federal Svgs& 313 State St Carthage, NY 13619

Cbc/glens Falls Natl B Attn:Bankruptcy 250 Glen St Glen Falls, NY 12801

Chase Bank Usa, Na Po Box 15298 Wilmington, DE 19850

Chase Manhattan Mortga Attn: Bankruptcy Dept 3415 Vision Dr Columbus, OH 43219

Child Support Enforcem Po Box 14 Albany, NY 12201

Citibank Sd, Na Attn: Centralized Bankruptcy Po Box 20363 Kansas City, MO 64195

Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citifinancial 300 Saint Paul Pl Baltimore, MD 21202

Department of the Treasury Internal Revenue Service PO Box 9019 Holtsville, NY 11742 G M A C Po Box 535160 Pittsburgh, PA 15253

Green Tree Servicing L 332 Minnesota St Ste 610 Saint Paul, MN 55101

IndyMac Bank/OneWest Bank Attn:Bankruptcy Department 2900 Esperanza Crossing Austin, TX 78758

James Sonneborn, Esq. 110 West Fayette St Suite 900 Syracuse, NY 13202

JB Robinson/Sterling Jewelers Sterling Jewelers Po Box 1799, Attn: Bankruptcy Akron, OH 44309

Jeffrey Herpel P.O. Box 766 Cape Vincent, NY 13618

Kia Us/Ford Credit/Primus Financial Serv Ford Credit/Attention: Bankruptcy Po Box 17948 Greenville, SC 29606

M & T Bank Attn: Bankruptcy 1100 Wehrle Dr 2nd Floor Williamsville, NY 14221

Netbank Royal Centre Three Alpharetta, GA 30022

NYS Department of Taxation and Finance OPTS Withholding Tax Account Resulution WA Harriman Campus Albany, NY 12227

Ocwen Loan Servicing L 1661 Worthington R West Palm Beac, FL 33409

Peter Decker 245 Barben Ave Watertown, NY 13601

Richard J. Carlesco 8139 Mesa Lane Liverpool, NY 13090

Richard J. Carlesco/ IBM Financial Svs 8139 Mesa Lane Liverpool, NY 13090

Sams Club / GEMB Attention: Bankruptcy Department Po Box 103104 Roswell, GA 30076

Sst/columbus Bank&trus Attn:Bankruptcy Po Box 3997 St. Joseph, MO 64503

St. Regis/telco Fcu 72 Riverside Dr Deferiet, NY 13628

State Farm Fed Credi One State Farm Plaza Bloomington, IL 61710

State Farm Fed Credi P.o. Box 5000 Du Pont, WA 98327

State Farm Financial S Po Box 2328 Bloomington, IL 61702

Td Auto Finance 27777 Franklin Rd Farmington Hills, MI 48334

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Warren Barkley 272226 County Route 57 Three Mile Bay, NY 13693

Watertown Savings Bank 111 Clinton St Watertown, NY 13601

Wfs Financial/Wachovia Dealer Srvs Po Box 3569 Rancho Cucamonga, CA 91729

| HIII | in this information to identify your case: | | | s directed in this form a | nd in Form |
|------------------------|--|---------------------------------|---|--|-----------------------|
| Deb | otor 1 Brian S. Exford | 22 | A-1Supp: | | |
| Dob | otor 2 | | ☐ 1. There is no pres | sumption of abuse | |
| | ouse, if filing) | | _ | • | |
| Linit | tod States Bankruptey Court for the Northern District of New York | | | to determine if a presumpti made under <i>Chapter 7 Mea</i> | |
| Offic | ted States Bankruptcy Court for the: Northern District of New York | | | ficial Form 22A-2). | 110 1000 |
| | nown) | | | t does not apply now becau y service but it could apply | |
| | | | ☐ Check if this is a | n amended filing | |
| Off | ficial Form 22A - 1 | | | · | |
| | napter 7 Statement of Your Current Monthly | / Inc | ome | | 12/14 |
| spac addit you (| is complete and accurate as possible. If two married people are filing together is needed, attach a separate sheet to this form. Include the line number tional pages, write your name and case number (if known). If you believe the do not have primarily consumer debts or because of qualifying military sets aumption of Abuse Under § 707(b)(2) (Official Form 22A-1Supp) with this form the Calculate Your Current Monthly Income | to which hat you rvice, c | th the additional info | ormation applies. On the t a presumption of abuse | top of any because |
| 1. | What is your marital and filing status? Check one only. | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | |
| | ☐ Married and your spouse is filing with you. Fill out both Columns A and | B. lines | 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you. You and your spouse | - | | | |
| | ☐ Living in the same household and are not legally separated. Fill out l | ooth Co | lumns A and B, lines | 2-11. | |
| | ☐ Living separately or are legally separated. fill out Column A, lines 2-11 penalty of perjury that you and your spouse are legally separated under living apart for reasons that do not include evading the Means Test requ | nonbar | kruptcy law that appli | es or that you and your spo | |
| c: of in | ill in the average monthly income that you received from all sources, derivase. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the four monthly income varied during the 6 months, add the income for all 6 months amount more than once. For example, if both spouses own the same renound have nothing to report for any line, write \$0 in the space. | 6-month ths and | n period would be Mar divide the total by 6. | rch 1 through August 31. If Fill in the result. Do not inc | the amount lude any |
| | | | Column A | Column B | |
| | | | Debtor 1 | Debtor 2 or non-filing spouse | |
| , | Vour gross wages calery tipe horuses evertime and commissions (her | foro all | | non-ming spouse | |
| ۷. | Your gross wages, salary, tips, bonuses, overtime, and commissions (be payroll deductions). | iore all | \$0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include payments from a spour Column B is filled in. | se if | \$ | \$ | |
| 4. | All amounts from any source which are regularly paid for household export of you or your dependents, including child support. Include regular contribution an unmarried partner, members of your household, your dependents, par and roommates. Include regular contributions from a spouse only if Column B filled in. Do not include payments you listed on line 3. | utions ents, | \$0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | | | | |
| | Gross receipts (before all deductions) \$ 20,009.69 | | | | |
| | Ordinary and necessary operating expenses -\$ 15,034.59 | _ | | | |
| | profession, or farm \$ 4,975.10 | Copy here -> | \$ 4,975.10 | \$ | |
| 6. | | | | | |
| | Cross rescripts (perore all deductions) | | | | |
| | | here -> | \$ 0.00 | \$ | |
| _ | | | \$ 0.00 | \$ | |
| 7. | Interest, dividends, and royalties | | Ψ <u> </u> | | |

Official Form 22A-1

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Brian S. Exford Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. 10a. 10b. 0.00 10c. Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 4,975.10 \$ 4.975.10 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **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 Copy line 11 here=> 12a 4,975.10 Multiply by 12 (the number of months in a year) **x** 12 59,701.20 12b. The result is your annual income for this part of the form 12b 13. Calculate the median family income that applies to you. Follow these steps: NY Fill in the state in which you live. Fill in the number of people in your household. 48,840.00 Fill in the median family income for your state and size of household. 13. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14a. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 22A-2. Go to Part 3 and fill out Form 22A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Brian S. Exford Brian S. Exford Signature of Debtor 1 Date December 22, 2014 MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 22A-2. If you checked line 14b, fill out Form 22A-2 and file it with this form.

Official Form 22A-1

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| Fill in this i | nformation to identify your case: | Check one box only as directed in lines 40 |
|-------------------------------|--|---|
| Debtor 1 | Brian S. Exford | or 42: |
| Debtor 2 (Spouse, if f | filing) | According to the calculations required by this Statement: |
| | es Bankruptcy Court for the: Northern District of New York | ■ 1. There is no presumption of abuse. |
| Case number | | ☐ 2. There is a presumption of abuse. |
| | | ☐ Check if this is an amended filing |
| | Form 22A - 2 er 7 Means Test Calculation | 12/· |
| - | is form, you will need your completed copy of Chapter 7 Stateme | |
| space is nee additional pa | lete and accurate as possible. If two married people are filing tog eded, attach a separate sheet to this form, Include the line numbe ages, write your name and case number (if known). Calculate Your Adjusted Income | |
| 1. Copy y | your total current monthly income. Copy line 11 fr | om Official Form 22A-1 here=> 1. \$ 4,975.10 |
| 2. Did yo | ou fill out Column B in Part 1 of Form 22A-1? | |
| ■ No. | Fill in \$0 on line 3d. | |
| ☐ Yes | s. Is your spouse Filing with you? | |
| | No. Go to line 3. | |
| □Y | es. Fill in \$0 on line 3d. | |
| | t your current monthly income by subtracting any part of your spe hold expenses of you or your dependents. Follow these steps: | ouse's income not used to pay for the |
| ■ No. | Fill in \$0 on line 3d. | |
| ☐ Yes | s. Fill in the information below: | |
| \$ | State each purpose for which the income was used | Fill in the amount you |
| | For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | are subtracting from your spouse's income |
| ; | 3a | \$ |
| ; | 3b | \$ |
| <u>.</u> | 3c | <u> </u> |
| | | 0.00 |
| , | 3d. Total. Add lines 3a, 3b, and 3c | ¥ <u> </u> |
| | | Copy total here=>3d \$ 0.00 |
| 4. Adjust | t your current monthly income. Subtract line 3d from line 1. | \$ <u>4,975.10</u> |

| art 2 | : Calculate Your Deductions from Your Income | | | | |
|---------------------------------|--|--|--|--|----------|
| to a | Internal Revenue Service (IRS) issues National and Louswer the questions in lines 6-15. To find the IRS stantructions for this form. This information may also be a | dards, go online | using the link speci | fied in the separate | unts |
| you | duct the expense amounts set out in lines 6-15 regardless or actual expenses if they are higher than the standards. Do not bome in line 3 and do not deduct any operating expenses th | not deduct any ar | mounts that you subti | racted fro your spouse's | ne of |
| If yo | our expenses differ from month to month, enter the average | e expense. | | | |
| Wh | enever this part of the from refers to you, it means both you | u and your spouse | if Column B of Form | 22A-1 is filled in. | |
| 5. | The number of people used in determining your dedu | uctions from inco | me | | |
| | Fill in the number of people who could be claimed as exerplus the number of any additional dependents whom you the number of people in your household. | | | | |
| Nat | ional Standards You must use the IRS National | Standards to answ | ver the questions in li | nes 6-7. | |
| 6.7. | Food, clothing, and other items: Using the number of p Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have a higher than this IRS amount, you may deduct the addition | other items. er of people you er ber of people is sp a higher IRS allowa | ntered in line 5 and th lit into two categories ance for health car co | \$ e IRS National Standards people who are under 6 | 5 and |
| Pec | ople who are under 65 years of age | | | | |
| | 7a. Out-of-pocket health care allowance per person | \$ 60 | | | |
| | 7b. Number of people who are under 65 | X <u>1</u> | • | | |
| | 7c. Subtotal. Multiply line 7a by line 7b. | \$ 60.00 | Copy line 7c here | e=> \$ <u>60.00</u> | |
| Pec | ople who are 65 years of age or older | | | | |
| | 7d. Out-of-pocket health care allowance per person | \$ 144 | _ | | |
| | 7e. Number of people who are 65 or older | X <u> </u> | | | |
| | 7f. Subtotal. Multiply line 7d by line 7e. | \$ 0.00 | Copy line 7f here | => \$ | |
| | 7g. T otal. Add line 7c and line 7f | | \$60.00_ | Copy total here=> 7g. | \$60.00_ |

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| Loc | al Sta | andards | You must use the IRS | Local Standards to answ | wer the qu | uestions in line | es 8-1 | 15. | | | | | |
|------|----------|--------------|--|--|-------------|------------------|--------|-------------------|----------|-----------|---------------------------|---------|---------|
| | | | ion from the IRS, the ses into two parts: | U.S. Trustee Program | has divid | led the IRS Lo | ocal | Standa | rd for h | ousing | for | | |
| | | | es - Insurance and o es - Mortgage or rent | | | | | | | | | | |
| To a | nsw | er the que | stions in lines 8-9, u | se the U.S. Trustee Pro | gram cha | art. | | | | | | | |
| | nd th | | online using the link s | specified in the separate | nstructio | ns for this form | n. Thi | is chart | may als | o be av | ailable at | the ban | kruptcy |
| 8. | | | | nd operating expenses ounty for insurance and o | | | peopl | e you e | ntered i | n line 5, | fill \$ | | 499.00 |
| 9. | Hou | sing and | utilities - Mortgage o | rent expenses: | | | | | | | | | |
| | 9a. | | number of people you your county for mortga | entered in line 5, fill in the ge or rent expenses. | ne dollar a | amount | | | 9a. \$ _ | 74 | 16.00 | | |
| | 9b. | Total ave | rage monthly payment | for all mortgages and otl | ner debts | secured by yo | our h | ome. | | | | | |
| | | contractu | | nonthly payment, add all a ed creditor in the 60 mon 60. | | | | | | | | | |
| | | Name of | he creditor | | Average | monthly | | | | | | | |
| | | Green T | ree Servicing L | | \$ | 146.00 | | | | | | | |
| | | Ocwen | Loan Servicing L | | \$ | 1,105.17 | | | | | | | |
| | | | | ge monthly payment | \$ | 1,251.17 | | py line here=> | -\$ | 1,2 | 251.17 | | |
| | 9c. | Net morto | gage or rent expense. | | | | Г | | | | | | |
| | | | | nonthly payment) from lir is less than \$0, enter \$0. | | | 9c. S | \$ | | 0.00 | Copy line 9c here=> | \$ | 0.00 |
| 10. | | | | rogram's division of th othly expenses, fill in ar | | | | | is inco | rrect a | nd | \$ | 0.00 |
| | Ex | plain why: | | | | | | | | | | | |
| 11. | Loc | al transpo | rtation expenses: Ch | eck the number of vehicl | es for wh | ich you claim | an ov | wnership | o or ope | erating e | xpense. | | |
| | | . Go to line | e 14. | | | | | | | | | | |
| | 1 | . Go to line | e 12. | | | | | | | | | | |
| | | or more. | Go to line 12. | | | | | | | | | | |
| 12. | | | | he IRS Local Standards ing Costs that apply for y | | | | | | | | \$ | 278.00 |

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| 13. | | | pense: Using the IRS Local sif you do not make any loan o | | | et owner | ship or lease e | expense for eac | h vehicle below. |
|------|---------|---|--|-----------------|---------------------|----------|-------------------|--|------------------|
| Ve | hicle 1 | Describe Vehicle 1: | 2014 GMC Siera 1500 w | ith 6,000 | miles | | | | |
| 13a. | . Owner | ship or leasing costs using | g IRS Local Standard | | 13a. | \$ | 517.00 | | |
| 13b. | • | ge monthly payment for all include costs for leased v | debts secured by Vehicle 1. vehicles. | | | | | | |
| | are cor | | y payment here and on line 1 cured creditor in the 60 montl | | | | | | |
| | N | ame of each creditor for | Vehicle 1 | Average payment | • | | | | |
| | S | t. Regis/telco Fcu | | \$ | 552.00 | | | | |
| | | | | | Copy 13b here => | -\$ | 552.00 | | |
| 13c. | | ct line 13b from line 13a. | e expense if this amount is less than \$0, | enter \$0. | 13c. | \$ | 0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Ve | hicle 2 | Describe Vehicle 2: | | | | | | _ | |
| 13d. | . Owner | ship or leasing costs using | g IRS Local Standard | | 13d. | \$ | 0.00 | | |
| 13e | | ge monthly payment for al vehicles. | debts secured by Vehicle 2. | Do not inc | lude costs for | | | | |
| | N | ame of each creditor for | · Vehicle 2 | Average payment | | | | | |
| | | | | \$ | | | | | |
| | _ | | | . Ψ | Copy 13e here => | -\$ | 0.00 | | |
| 13f. | | ct line 13b from line 13a. | e expense If this amount is less than \$0, | enter \$0. | 13f. | \$ | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | | | : If you claimed 0 vehicles in ce regardless of whether you | | | | ards, fill in the | Public \$ _ | 0.00 |
| 15. | also de | educt a public transportati | on expense: If you claimed 1 on expense, you may fill in what Standard for Public Transp | nat you bel | | | | | 0.00 |
| | | | | | | | | | |

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| 0 | ther Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|----|---|-------------|----------|
| 10 | 5. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, sales, or use taxes. | \$ <u> </u> | 1,500.00 |
| 17 | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | | |
| | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18 | B. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ | 30.00 |
| 19 | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. | | |
| | Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 935.00 |
| 20 | D. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 0. | | | |
| 2 | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. | \$ | 0.00 |
| 22 | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23 | 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. | | |
| | Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24 | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 3,885.00 |

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| Add | Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. | | | | | |
|-----|---|---|---|------|--------|--|
| 25. | | | | | | |
| | Health insurance \$ | 350.00 | | | | |
| | Disability insurance \$ | 0.00 | | | | |
| | Health savings account +\$ | 0.00 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | İ | | | |
| | Total \$ | 350.00 | Copy total here=> | \$ | 350.00 | |
| | Do you actually spend this total amount? | • | | | | |
| | □ No. How much do you actually spend?■ Yes \$ | | | | | |
| 26. | Continued contributions to the care of household or family continue to pay for the reasonable and necessary care and suppyour household or member of your immediate family who is una | y, chronically ill, or disabled member of | \$ | 0.00 | | |
| 27. | 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | | |
| | By law, the court must keep the nature of these expenses confic | dential. | | \$ | 0.00 | |
| 28. | Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. | | | | | |
| | If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. | | | | | |
| | You must give your case trustee documentation of your actual e amount claimed is reasonable and necessary. | expenses, and ye | ou must show that the additional | \$ | 0.00 | |
| 29. | Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. | | | | | |
| | You must give your case trustee documentation of your actual e claimed is reasonable and necessary and not already accounted | | | | | |
| | * Subject to adjustment on 4/01/16, and every 3 years after that | for cases begur | n on or after the date of adjustment. | \$ | 0.00 | |
| 30. | Additional food and clothing expense. The monthly amount be higher than the combined food and clothing allowances in the IR than 5% of the food and clothing allowances in the IRS National | | | | | |
| | To find a chart showing the maximum additional allowance, go of instructions for this form. This chart may also be available at the | online using the bankruptcy cle | link specified in the separate rk's office. | | | |
| | You must show that the additional amount claimed is reasonable | e and necessary | <i>I</i> . | \$ | 0.00 | |
| 31. | Continuing charitable contributions. The amount that you will instruments to a religious or charitable organization. 26 U.S.C. § | | ntribute in the form of cash or financial | \$ | 30.00 | |
| 32. | Add all of the additional expense deductions Add lines 25 through 31. | | | \$ | 380.00 | |

| Deductions for Debt Payment | | | | | | |
|--|--|--|-------|---------------------------------------|-------------------------|---------------------|
| 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g. | | | | | | |
| | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | |
| | Mortgages on your home: | | | | | verage monthly |
| 33a. | Copy line 9b here | | | | => \$ | 1,251.17 |
| | Loans on your first two vehicles | | | | | |
| 33b. | Copy line 13b here | | | | => \$ | 552.00 |
| 33c. | Copy line 13e here | | | | => \$ | 0.00 |
| Name o | of each creditor for other secured debt | Identify property that secures the debt | | Does payment include taxes insurance? | | |
| | | | | □ No | | |
| 33d | -NONE- | | | ☐ Yes | \$ | |
| _ | | | | □ No | · | _ |
| 33e. | | | | ☐ No | \$ | |
| _ | | _ | | 00 | Ψ. | |
| | | | | □ No | | |
| 33f. | | | | ☐ Yes | +\$ | |
| 33g. | Total average monthly payment. Add lin | nes 33a through 33f | \$ | 1,803.17 | Copy total here=> | \$1,803.17 |
| | | secured by your primary residence, a vehic pport or the support of your dependents? | | | | |
| | No. Go to line 35. | | | | | |
| ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. | | | | | | |
| Name | of the creditor | Identify property that secures the debt | | Total cure amount | | Monthly cure amount |
| -NOI | NE- | | \$ | - | ÷ 60 = \$ | |
| | | | | | 7 | |
| | | Tot | al \$ | 0.00 | Copy total here=> | \$ |
| 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. | | | | | | |
| | No. Go to line 36. | | | | | |
| • | Yes. Fill in the total amount of all of tongoing priority claims, such as | nese priority claims. Do not include current or those you listed in line 19. | | | | |
| | Total amount of all past-due p | iority claims | \$ | 12,586.98 | ÷ 60 = | \$ 209.79 |

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| 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for <i>Bankruptcy Basics</i> specified in the separate instructions for this form. <i>Bankruptcy Basics</i> may also be available at the bankruptcy clerk's office. | | | | | | |
|---|---|--|--|--|--|--|
| ■ No. Go to line 37. | No. Go to line 37. | | | | | |
| ☐ Yes. Fill in the following information. | | | | | | |
| Projected monthly plan payment if you were filing under | er Chapter 13 \$ | | | | | |
| Administrative Office of the United States Courts (for d | Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). | | | | | |
| Average monthly administrative expense if you were fi | ling under Chapter 13 \$ Copy total here=> \$ | | | | | |
| Add all of the deductions for debt payment. Add lines 33g through 36. | \$ | | | | | |
| Total Deductions from Income | | | | | | |
| 38. Add all of the allowed deductions. | | | | | | |
| Copy line 24, All of the expenses allowed under IRS expense allowances | \$3,885.00 | | | | | |
| Copy line 32, All of the additional expense deductions | \$380.00 | | | | | |
| Copy line 37, All of the deductions for debt payment | +\$2,012.96 | | | | | |
| Total deductions Part 3: Determine Whether There is a Presumption of Abuse | \$ \$ Copy total here=> \$ 6,277.96 | | | | | |
| 39. Calculate monthly disposable income for 60 months | | | | | | |
| 39a. Copy line 4, adjusted current monthly income | \$ 4,975.10 | | | | | |
| 39b. Copy line 38, Total deductions | - \$ 6,277.96 | | | | | |
| 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a | \$ -1,302.86 Copy line 39c here=>\$ -1,302.86 | | | | | |
| For the next 60 months (5 years) | x 60 | | | | | |
| 39d. Total. Multiply line 39c by 60 | 39d. \$ | | | | | |
| 40. Find out whether there is a presumption of abuse. Check the box that applies: | | | | | | |
| ■ The line 39d is less than \$7,475*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. | | | | | | |
| ☐ The line 39d is more than \$12,475*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. | | | | | | |
| ☐ The line 39d is more than \$7,475*, but not more than \$12,475*. Go to line 41. | | | | | | |
| *Subject to adjustment on 4/01/16, and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | |

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| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you fill A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official form 6), you may refer to line 5 on that form. | | x .25 | | |
|---------|--|--|-----------|---|---------------------------|--|
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(| (A)(i)(1) | r c | copy ere=> \$ | |
| | | Multiply line 41a by 0.25. | | | | |
| 2 | 25% of y | ne whether the income you have left over after subtracting all allower our unsecured, nonpriority debt. e box that applies: | d dedu | ctions is enough to pay | | |
| [| | 39d is less than line 41b. On the top of page 1 of this form, check box 1 o Part 5. | , There | is no presumption of abuse | е. | |
| [| | 39d is equal to or more than line 41b. On the top of page 1 of this form <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstance | | | | |
| Part 4: | Giv | ve Details About Special Circumstances | | | | |
| | | ve any special circumstances that justify additional expenses or adjusternative? 11 U.S.C. § 707(b)(2)(B). | ıstmen | ts of current monthly inco | ome for which there is no | |
| - | No. Go | o to Part 5. | | | | |
| | | I in the following information. All figures should reflect your average monthm. You may include expenses you listed in line 25. | nly expe | ense or income adjustment | for each | |
| | You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. | | | | | |
| | G | tive a detailed explanation of the special circumstances | Av | erage monthly expense income adjustment | | |
| | | | 9 | B | | |
| | | | _ (| <u> </u> | • | |
| | | | _ | | • | |
| | _ | | _ | | | |
| | _ | | _ | | - | |
| Part 5: | Sig | ın Below | | | | |
| | By si | gning here, I declare under penalty of perjury that the information on this | stateme | ent and in any attachments | is true and correct. | |
| | X /s/ | Brian S. Exford | | | I | |
| | Br | ian S. Exford | | | | |
| _ | | gnature of Debtor 1 | | | | |
| L | | ecember 22, 2014 M / DD / YYYY | | | | |
| | | | | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2014 to 11/30/2014.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: **State Farm** Income/Expense/Net by Month:

| _ | Date | Income | Expense | Net |
|---------------|--------------------|-------------|-----------------------------|------------|
| 6 Months Ago: | 06/2014 | \$19,790.19 | \$20,744.84 | \$-954.65 |
| 5 Months Ago: | 07/2014 | \$20,253.97 | \$13,071.04 | \$7,182.93 |
| 4 Months Ago: | 08/2014 | \$23,353.03 | \$17,032.14 | \$6,320.89 |
| 3 Months Ago: | 09/2014 | \$18,719.42 | \$15,557.42 | \$3,162.00 |
| 2 Months Ago: | 10/2014 | \$20,469.99 | \$11,029.96 | \$9,440.03 |
| Last Month: | 11/2014 | \$17,471.53 | \$12,772.14 | \$4,699.39 |
| _ | Average per month: | \$20,009.69 | \$15,034.59 | |
| | | | Average Monthly NET Income: | \$4,975.10 |