

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

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF OHIO

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

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

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

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

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Mark** \_\_\_\_\_  
First name

**A** \_\_\_\_\_  
Middle name

**Evans** \_\_\_\_\_  
Last name and Suffix (Sr., Jr., II, III)

**Nicole** \_\_\_\_\_  
First name

**D** \_\_\_\_\_  
Middle name

**Evans** \_\_\_\_\_  
Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**FKA Nicole Roberts**  
**FKA Nicole Donnini**

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx-xx-7443**

**xxx-xx-6391**

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if known)

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

**DBA Litcon Construction Services LLC**  
**FDBA Evans Brothers Construction LLC**  
**DBA Litcon Consulting**  
**DBA Litcon Construction**

Business name(s)

EINs

I have not used any business name or EINs.

**DBA Nicole Donnini Design**

Business name(s)

EINs

Include trade names and *doing business as* names

**5. Where you live**

**91 Olde N. Church Road**  
**Etna, OH 43147**

Number, Street, City, State & ZIP Code

**Licking**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

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

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**  No.  
 Yes.

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

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No.  
 Yes.

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

11. **Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?

- No. Go to line 12.
- Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

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

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

- No. Go to Part 4.
- Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**See Attachment**

Name of business, if any \_\_\_\_\_

Number, Street, City, State & ZIP Code \_\_\_\_\_

Check the appropriate box to describe your business:

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

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- No.
- Yes.
  - What is the hazard? \_\_\_\_\_
  - If immediate attention is needed, why is it needed? \_\_\_\_\_
  - Where is the property? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Number, Street, City, State & Zip Code \_\_\_\_\_

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if known)

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

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

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

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

**About Debtor 1:**

*You must check one:*

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

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

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

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

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

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

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

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

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

**Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**  
I am currently on active military duty in a military combat zone.

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

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

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

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

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

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

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

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

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

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

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

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

**Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**  
I am currently on active military duty in a military combat zone.

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

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- No. Go to line 16b.
- Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- No. Go to line 16c.
- Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7?
- No. I am not filing under Chapter 7. Go to line 18.
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**
- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- No
- Yes

18. How many Creditors do you estimate that you owe?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

19. How much do you estimate your assets to be worth?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

20. How much do you estimate your liabilities to be?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million          | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**Part 7: Sign Below**

**For you** I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

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

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Mark A Evans**  
**Mark A Evans**  
 Signature of Debtor 1

**/s/ Nicole D Evans**  
**Nicole D Evans**  
 Signature of Debtor 2

Executed on **May 7, 2018**  
 MM / DD / YYYY

Executed on **May 7, 2018**  
 MM / DD / YYYY

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if known)

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

**/s/ Courtney A. Cousino**

Date

**May 7, 2018**

Signature of Attorney for Debtor

MM / DD / YYYY

**Courtney A. Cousino 0082136**

Printed name

**Fesenmyer Law Offices, LLC**

Firm name

**23 E. Kossuth Street  
Columbus, OH 43206**

Number, Street, City, State & ZIP Code

Contact phone **614.228.4435**

Email address

**courtney@fcwlegal.com**

**0082136 OH**

Bar number & State

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

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

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

Debtor 1	<b>Mark A Evans</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Nicole D Evans</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	_____		

Check if this is an amended filing

**FORM 101. VOLUNTARY PETITION ATTACHMENT**

**Additional Sole Proprietorship(s)**

**Sole Proprietorship**

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

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

**Litcon Construction Services LLC**

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

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

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

Debtor 1	<b>Mark A Evans</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Nicole D Evans</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	_____		

Check if this is an amended filing

**Official Form 106Sum**  
**Summary of Your Assets and Liabilities and Certain Statistical Information** 12/15

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

**Part 1: Summarize Your Assets**

		Your assets
		Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>183,600.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>133,329.73</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>316,929.73</u>

**Part 2: Summarize Your Liabilities**

		Your liabilities
		Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>159,789.00</u>
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>13,461.39</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>158,376.57</u>
<b>Your total liabilities</b>		\$ <u>331,626.96</u>

**Part 3: Summarize Your Income and Expenses**

4.	<i>Schedule I: Your Income</i> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>3,350.00</u>
5.	<i>Schedule J: Your Expenses</i> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>3,345.00</u>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
7. **What kind of debt do you have?**
- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

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

\$ 3,565.33

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

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>13,461.39</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>33,921.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>47,382.39</u>

**Fill in this information to identify your case and this filing:**

Debtor 1 **Mark A Evans**  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number \_\_\_\_\_

Check if this is an amended filing

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

12/15

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

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
- Yes. Where is the property?

1.1

**91 Olde North Church Road**

Street address, if available, or other description

**Etna OH 43147-0000**  
City State ZIP Code

**Licking**  
County

**What is the property?** Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

**Parcel ID#010-017772-36.000  
 Debtors' Residence**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$183,600.00</b>	<b>\$183,600.00</b>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Fee simple**

**Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$183,600.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
- Yes

3.1 Make: **Dodge**  
 Model: **Avenger**  
 Year: **2008**  
 Approximate mileage: **192702**  
 Other information:  
**Location: Residence**

**Who has an interest in the property?** Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$2,291.00</b></u>	<u><b>\$2,291.00</b></u>

3.2 Make: **Ford**  
 Model: **F150**  
 Year: **2009**  
 Approximate mileage: **209413**  
 Other information:  
**Location: Residence**

**Who has an interest in the property?** Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$3,363.00</b></u>	<u><b>\$3,363.00</b></u>

3.3 Make: **John Deere**  
 Model: **1025R Tractor**  
 Year: **2015**  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
**Location: Residence**

**Who has an interest in the property?** Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u><b>\$12,500.00</b></u>	<u><b>\$12,500.00</b></u>

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- No
- Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$18,154.00**

**Part 3: Describe Your Personal and Household Items**

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

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

- No
- Yes. Describe.....

**Major appliances, furniture, towels, bedding, kitchenware**  
**Location: Residence**

**\$10,000.00**

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

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

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe.....

**Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, camera, media players, games**  
**Location: Residence**

**\$2,000.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No  
 Yes. Describe.....

**Tent**

**\$200.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- No  
 Yes. Describe.....

**Firearms**

**\$700.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No  
 Yes. Describe.....

**Clothes, shoes, accessories**  
**Location: Residence**

**\$1,000.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No  
 Yes. Describe.....

**Miscellaneous Jewelry**  
**Location: Debtors' Possession or Residence**

**\$3,200.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

- No  
 Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- No  
 Yes. Give specific information.....

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

**\$17,100.00**

**Part 4: Describe Your Financial Assets**

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

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No  
 Yes.....

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No  
 Yes.....

Institution name:

17.1.	<b>Checking Account Telhio Credit Union</b>	<b>\$172.26</b>
17.2.	<b>Checking Account Telhio Credit Union</b>	<b>\$187.32</b>
17.3.	<b>Savings Account Telhio Credit Union</b>	<b>\$5.00</b>
17.4.	<b>Checking Account Capital One</b>	<b>\$6.47</b>
17.5.	<b>Savings Account Capital One</b>	<b>\$3.97</b>
17.6.	<b>Checking Account Kemba Financial Credit Union</b>	<b>\$10.00</b>
17.7.	<b>Checking Account Kemba Financial Credit Union</b>	<b>\$0.00</b>
17.8.	<b>Savings Account Kemba Financial Credit Union</b>	<b>\$10.00</b>
17.9.	<b>Ebay Account</b>	<b>\$12.85</b>

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

**Sole Proprietorship: Graphic Designer**

**Assets:**

**Laptop and Ipad**  
**Minimal office equipment**  
**No accounts receivable** 100 % \$2,600.00

**Evans Brothers Construction LLC**

**Minimal assets:**

**Telhio Checking Account: \$0.01**  
**Telhio Savings Account: \$5.00**  
**Tools \$100.00**  
**Business winding down** 33 % \$34.65

**Litcon Construction, LLC**

**Assets:**

**Telhio Checking Account \$123.21**  
**Telhio Savings Account \$5.00**  
**Kemba Checking Account \$5.00**  
**Kemba Savings Account \$5.00** 100 % \$138.21

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them  
 Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.  
 Type of account: Institution name:

OPERS & Deferred Compensation \$85,089.00

Roth IRA \$0.00

Traditional IRA \$0.00

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes. .... Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABL program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No
- Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- No
- Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
- Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- No
- Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
- Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No
- Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No
- Yes. Name the insurance company of each policy and list its value.

Company name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
- Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- No
- Yes. Describe each claim.....

**Sears owes Debtors \$600 gift card for delivery issues**

**\$600.00**

**ThermaTru Claim  
 Incorrect Door Sill, Different Color**

**\$500.00**

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

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

**Kidwell Doors and More Claim  
Improper Door installation & damage to door**

**\$800.00**

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No
- Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No
- Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$90,169.73**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.
- Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- No
- Yes. Describe.....

**Accounts Receivables**

**\$6,006.00**

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

- No
- Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- No
- Yes. Describe.....

**Tools**

**\$1,900.00**

**41. Inventory**

- No
- Yes. Describe.....

**42. Interests in partnerships or joint ventures**

- No
- Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

**43. Customer lists, mailing lists, or other compilations**

- No.  
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
 No  
 Yes. Describe.....

**44. Any business-related property you did not already list**

- No  
 Yes. Give specific information.....

**Website Rights**  
 litconllc.com  
 litconconsulting.com  
 litconconstruction.com  
 booandbrew.com  
 nicoledonnini.com  
 newenglandacres.com  
 evansllc.com

**\$0.00**

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$7,906.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55.	Part 1: Total real estate, line 2 .....	<b>\$183,600.00</b>	
56.	Part 2: Total vehicles, line 5	<b>\$18,154.00</b>	
57.	Part 3: Total personal and household items, line 15	<b>\$17,100.00</b>	
58.	Part 4: Total financial assets, line 36	<b>\$90,169.73</b>	
59.	Part 5: Total business-related property, line 45	<b>\$7,906.00</b>	
60.	Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61.	Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
	+		
62.	<b>Total personal property.</b> Add lines 56 through 61...	<b>\$133,329.73</b>	Copy personal property total <b>\$133,329.73</b>
63.	<b>Total of all property on Schedule A/B.</b> Add line 55 + line 62		<b>\$316,929.73</b>

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

Debtor 1 **Mark A Evans**  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

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

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

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
91 Olde North Church Road Etna, OH 43147 Licking County Parcel ID#010-017772-36.000 Debtors' Residence <small>Line from <i>Schedule A/B</i>: 1.1</small>	\$183,600.00	<input checked="" type="checkbox"/> \$136,925.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2008 Dodge Avenger 192702 miles Location: Residence <small>Line from <i>Schedule A/B</i>: 3.1</small>	\$2,291.00	<input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
2009 Ford F150 209413 miles Location: Residence <small>Line from <i>Schedule A/B</i>: 3.2</small>	\$3,363.00	<input checked="" type="checkbox"/> \$3,775.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
2015 John Deere 1025R Tractor Location: Residence <small>Line from <i>Schedule A/B</i>: 3.3</small>	\$12,500.00	<input checked="" type="checkbox"/> \$1,067.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
Major appliances, furniture, towels, bedding, kitchenware Location: Residence <small>Line from <i>Schedule A/B</i>: 6.1</small>	\$10,000.00	<input checked="" type="checkbox"/> \$10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, camera, media players, games</b> <b>Location: Residence</b> Line from Schedule A/B: 7.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
<b>Firearms</b> Line from Schedule A/B: 10.1	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
<b>Clothes, shoes, accessories</b> <b>Location: Residence</b> Line from Schedule A/B: 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
<b>Miscellaneous Jewelry</b> <b>Location: Debtors' Possession or Residence</b> Line from Schedule A/B: 12.1	<u>\$3,200.00</u>	<input checked="" type="checkbox"/> <u>\$3,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
<b>Checking Account</b> <b>Telhio Credit Union</b> Line from Schedule A/B: 17.1	<u>\$172.26</u>	<input checked="" type="checkbox"/> <u>\$172.26</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking Account</b> <b>Telhio Credit Union</b> Line from Schedule A/B: 17.2	<u>\$187.32</u>	<input checked="" type="checkbox"/> <u>\$187.32</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Savings Account</b> <b>Telhio Credit Union</b> Line from Schedule A/B: 17.3	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking Account</b> <b>Capital One</b> Line from Schedule A/B: 17.4	<u>\$6.47</u>	<input checked="" type="checkbox"/> <u>\$6.47</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Savings Account</b> <b>Capital One</b> Line from Schedule A/B: 17.5	<u>\$3.97</u>	<input checked="" type="checkbox"/> <u>\$3.97</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking Account</b> <b>Kemba Financial Credit Union</b> Line from Schedule A/B: 17.6	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Savings Account</b> <b>Kemba Financial Credit Union</b> Line from Schedule A/B: 17.8	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Ebay Account</b> Line from Schedule A/B: 17.9	<u>\$12.85</u>	<input checked="" type="checkbox"/> <u>\$12.85</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Sole Proprietorship: Graphic Designer</b>  <b>Assets:</b> <b>Laptop and Ipad</b> <b>Minimal office equipment</b> <b>No accounts receivable</b> <b>100 % ownership</b> Line from Schedule A/B: 19.1	<u>\$2,600.00</u>	<input checked="" type="checkbox"/> <u>\$2,400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(5)
<b>OPERS &amp; Deferred Compensation</b> Line from Schedule A/B: 21.1	<u>\$85,089.00</u>	<input checked="" type="checkbox"/> <u>Unknown</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	29 U.S.C.A. § 1056(d)
<b>OPERS &amp; Deferred Compensation</b> Line from Schedule A/B: 21.1	<u>\$85,089.00</u>	<input checked="" type="checkbox"/> <u>\$85,089.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. §§ 2329.66(A)(10)(a), 521.09, 145.56, 145.75, 145.13, 742.47, 3307.71
<b>Roth IRA</b> Line from Schedule A/B: 21.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
<b>Roth IRA</b> Line from Schedule A/B: 21.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	29 U.S.C. § 1056(d)
<b>Traditional IRA</b> Line from Schedule A/B: 21.3	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)
<b>Traditional IRA</b> Line from Schedule A/B: 21.3	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	29 U.S.C. § 1056(d)
<b>Accounts Receivables</b> Line from Schedule A/B: 38.1	<u>\$6,006.00</u>	<input checked="" type="checkbox"/> <u>\$4,504.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)
<b>Accounts Receivables</b> Line from Schedule A/B: 38.1	<u>\$6,006.00</u>	<input checked="" type="checkbox"/> <u>\$183.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
<b>Tools</b> Line from Schedule A/B: <b>40.1</b>	<u><b>\$1,900.00</b></u>	<input checked="" type="checkbox"/> <u><b>\$1,900.00</b></u>	<b>Ohio Rev. Code Ann. § 2329.66(A)(5)</b>
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. **Are you claiming a homestead exemption of more than \$160,375?**  
 (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

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

Debtor 1 **Mark A Evans**  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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

Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

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

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

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>John Deere Financial</b> <small>Creditor's Name</small>  <b>P.O. Box 4450</b> <b>Carol Stream, IL 60197</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$11,433.00</b>	<b>\$12,500.00</b>	<b>\$0.00</b>
	<b>Describe the property that secures the claim:</b> <b>2015 John Deere 1025R Tractor</b> <b>Location: Residence</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Purchase Money Security</u>			
	<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
	Date debt was incurred <u>2015</u> Last 4 digits of account number <u>8830</u>			

2.2	<b>Ohio Housing Finance Agency</b> <small>Creditor's Name</small>  <b>57 E. Main St.</b> <b>Columbus, OH 43215</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$3,750.00</b>	<b>\$183,600.00</b>	<b>\$0.00</b>
	<b>Describe the property that secures the claim:</b> <b>91 Olde North Church Road Etna,</b> <b>OH 43147 Licking County</b> <b>Parcel ID#010-017772-36.000</b> <b>Debtors' Residence</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mortgage</u>			
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			

Debtor 1 **Mark A Evans** Case number (if know) \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
First Name Middle Name Last Name

Date debt was incurred 2015 Last 4 digits of account number \_\_\_\_\_

**2.3 Us Bank Home Mortgage** Describe the property that secures the claim: \$144,606.00 \$183,600.00 \$0.00

Creditor's Name

**4801 Frederica St**  
**Owensboro, KY 42301**

Number, Street, City, State & Zip Code

**91 Olde North Church Road Etna,  
 OH 43147 Licking County  
 Parcel ID#010-017772-36.000  
 Debtors' Residence**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Nature of lien.** Check all that apply.

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset)

**Mortgage**

**Opened 09/15 Last Active 4/03/18**

Date debt was incurred 4/03/18 Last 4 digits of account number 9817

Add the dollar value of your entries in Column A on this page. Write that number here:  
 If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here:

<b>\$159,789.00</b>
<b>\$159,789.00</b>

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

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

Name, Number, Street, City, State & Zip Code  
**Licking County Treasurer**  
**P.O. Box 830**  
**Newark, OH 43058-0830**

On which line in Part 1 did you enter the creditor? 2.3  
 Last 4 digits of account number \_\_\_\_\_

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

Debtor 1 **Mark A Evans**  
 First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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

Check if this is an amended filing

**Official Form 106E/F  
 Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

- Do any creditors have priority unsecured claims against you?
  - No. Go to Part 2.
  - Yes.
- List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$12,161.39</b>	<b>\$12,161.39</b>	<b>\$0.00</b>
	When was the debt incurred? <b>2014, 2016 &amp; 2017</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Income Tax</b>				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

2.2	<b>State of Ohio</b> Priority Creditor's Name <b>P.O. Box 182401</b> <b>Columbus, OH 43218-2401</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$800.00</b>	<b>\$800.00</b>	<b>\$0.00</b>
	When was the debt incurred? <b>2017</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Income Tax</b>				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

2.3	<b>State of Ohio</b> Priority Creditor's Name <b>P.O. Box 182401</b> <b>Columbus, OH 43218-2401</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$500.00</b>	<b>\$500.00</b>	<b>\$0.00</b>
	When was the debt incurred? <u>2017</u>	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
		<b>School District Tax</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>1&amp;1 Internet Inc.</b> Nonpriority Creditor's Name <b>701 Lee Road, Suite 300</b> <b>Wayne, PA 19087</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$34.00</b>		
	When was the debt incurred? _____	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Consumer Debt</b>			

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.2	<b>ABC Podiatry</b> Nonpriority Creditor's Name <b>441 N High Street</b> <b>Suite 101</b> <b>Columbus, OH 43214</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$12.23</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	

4.3	<b>Access Urgent Care of Pickerington</b> Nonpriority Creditor's Name <b>LB 3345</b> <b>Columbus, OH 43260</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$57.24</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	

4.4	<b>Acs/panhandle Plains</b> Nonpriority Creditor's Name  <b>C/o Acs</b> <b>Utica, NY 13501</b> Number Street City State Zip Code	Last 4 digits of account number <u>0811</u>	<b>\$0.00</b>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <u>Opened 3/01/93 Last Active 12/14/16</u>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
		<b>Educational</b>	

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.5	<b>Advanced Home Medical</b> Nonpriority Creditor's Name <b>6665 Huntley Road, Suite N</b> <b>Columbus, OH 43229</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	<b>\$832.00</b>
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4.6	<b>Aes/fauquier</b> Nonpriority Creditor's Name <b>P.O. Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0004</u> When was the debt incurred? <u>Opened 3/01/93 Last Active 03/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$4,424.00</b>
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**Educational**

4.7	<b>Aes/fauquier</b> Nonpriority Creditor's Name <b>P.O. Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0003</u> When was the debt incurred? <u>Opened 12/09/93 Last Active 03/18</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$1,869.00</b>
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**Educational**

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.8	<b>Aes/fauquier</b>	Last 4 digits of account number <b>0001</b>	<b>\$1,717.00</b>
	Nonpriority Creditor's Name		
	<b>P.O. Box 2461</b> <b>Harrisburg, PA 17105</b>	When was the debt incurred? <b>Opened 3/01/93 Last Active 03/18</b>	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input checked="" type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
		<b>Educational</b>	

4.9	<b>Aes/fauquier</b>	Last 4 digits of account number <b>0005</b>	<b>\$1,595.00</b>
	Nonpriority Creditor's Name		
	<b>P.O. Box 2461</b> <b>Harrisburg, PA 17105</b>	When was the debt incurred? <b>Opened 10/07/93 Last Active 03/18</b>	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input checked="" type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
		<b>Educational</b>	

4.1 0	<b>Aes/fauquier</b>	Last 4 digits of account number <b>0002</b>	<b>\$689.00</b>
	Nonpriority Creditor's Name		
	<b>P.O. Box 2461</b> <b>Harrisburg, PA 17105</b>	When was the debt incurred? <b>Opened 7/19/93 Last Active 03/18</b>	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input checked="" type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
		<b>Educational</b>	

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.1 1	<b>ANCHORBANK/GLELSI</b> Nonpriority Creditor's Name <b>PO Box 7860</b> <b>Madison, WI 53707</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Educational</b></u>	
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4.1 2	<b>Annie Mac Home Mortgag</b> Nonpriority Creditor's Name <b>700 East Gate Drive</b> <b>Mount Laurel, NJ 08054</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u><b>9665</b></u> <b>\$0.00</b>  When was the debt incurred? <u><b>Opened 9/17/15 Last Active 11/02/15</b></u>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>FHA Real Estate Mortgage</b></u>	
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4.1 3	<b>Anthem Blue Cross Blue</b> Nonpriority Creditor's Name <b>Shield/Cash Unit IN25D-459</b> <b>P.O. Box 7044</b> <b>Indianapolis, IN 46207</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$377.57</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Consumer</b></u>	
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Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know)

4.1 4	<b>Capital One</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>9050</b>	<b>\$6,139.00</b>
	<b>1500 Capital One Dr Richmond, VA 23238</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 02/11 Last Active 11/14/17</b>	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.1 5	<b>Capital One</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>9874</b>	<b>\$3,988.00</b>
	<b>1500 Capital One Dr Richmond, VA 23238</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 08/14 Last Active 12/04/17</b>	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.1 6	<b>Capital One</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>1339</b>	<b>\$1,482.00</b>
	<b>1500 Capital One Dr Richmond, VA 23238</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 01/11 Last Active 12/04/17</b>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.1 7	<b>Capital One</b>	Last 4 digits of account number <b>7176</b>	<b>\$835.00</b>
	Nonpriority Creditor's Name		
	<b>Po Box 26625</b>	<b>Opened 07/11 Last Active</b>	
	<b>Richmond, VA 23261</b>	<b>12/02/17</b>	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.1 8	<b>Capital One</b>	Last 4 digits of account number <b>XXXX</b>	<b>\$2,011.00</b>
	Nonpriority Creditor's Name		
	<b>Po Box 30281</b>	<b>When was the debt incurred?</b>	
	<b>Salt Lake City, UT 84130</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.1 9	<b>Capital One</b>	Last 4 digits of account number <b>XXXX</b>	<b>\$4,150.00</b>
	Nonpriority Creditor's Name		
	<b>Po Box 30281</b>	<b>When was the debt incurred?</b>	
	<b>Salt Lake City, UT 84130</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.2 0	<b>Capital One</b> Nonpriority Creditor's Name <b>Po Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$742.00</b>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Credit Card</b></u>
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4.2 1	<b>Capital One</b> Nonpriority Creditor's Name <b>Po Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$919.00</b>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Credit Card</b></u>
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4.2 2	<b>Capital One</b> Nonpriority Creditor's Name <b>Po Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$1,841.00</b>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Credit Card</b></u>
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Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.2  
3

**Capital One**

Nonpriority Creditor's Name  
**Po Box 30281**  
**Salt Lake City, UT 84130**  
 Number Street City State Zip Code

Last 4 digits of account number \_\_\_\_\_ **\$4,994.00**

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Card

4.2  
4

**Cbna**

Nonpriority Creditor's Name  
**50 Northwest Point Road**  
**Elk Grove Village, IL 60007**  
 Number Street City State Zip Code

Last 4 digits of account number **3521** **\$2,318.00**

When was the debt incurred? **Opened 09/17 Last Active 12/01/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Card

4.2  
5

**Cbna**

Nonpriority Creditor's Name  
**50 Northwest Point Road**  
**Elk Grove Village, IL 60007**  
 Number Street City State Zip Code

Last 4 digits of account number **9886** **\$2,201.00**

When was the debt incurred? **Opened 10/17 Last Active 12/19/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Card

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.2 6	<b>Chase Auto</b> Nonpriority Creditor's Name  <b>Po Box 901003</b> <b>Ft Worth, TX 76101</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3309</b>  When was the debt incurred? <b>Opened 02/08 Last Active 2/25/13</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>	<b>\$0.00</b>
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4.2 7	<b>Chase Card</b> Nonpriority Creditor's Name  <b>Po Box 15298</b> <b>Wilmington, DE 19850</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>4643</b>  When was the debt incurred? <b>Opened 07/14 Last Active 12/04/17</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$6,795.00</b>
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4.2 8	<b>Cincinnati Bell Wireless</b> Nonpriority Creditor's Name <b>P.O. Box 748002</b> <b>Cincinnati, OH 45274</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Cell Phone</b>	<b>\$147.00</b>
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Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.2  
9

**Collection Technology**

Last 4 digits of account number \_\_\_\_\_ **\$0.00**

Nonpriority Creditor's Name  
**1200 Corporate Dr Ste 325  
Monterey Park, CA 91754**  
Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.3  
0

**Columbus College of Art & Design**

Last 4 digits of account number \_\_\_\_\_ **\$3,000.00**

Nonpriority Creditor's Name  
**107 N. 9th Street  
Columbus, OH 43215-1758**  
Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **School Fees**

4.3  
1

**Columbus Obstetricians -  
Gynecologists**

Last 4 digits of account number \_\_\_\_\_ **\$190.00**

Nonpriority Creditor's Name  
**750 Mount Carmel Mall  
Ste. 100  
Columbus, OH 43222**  
Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical Services**

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.3 2	<b>Comenity Bank/Inbryant</b> Nonpriority Creditor's Name  <b>Po Box 182789</b> <b>Columbus, OH 43218</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7848</b>	<b>\$2,363.00</b>	<b>Opened 08/14 Last Active</b> <b>12/04/17</b> When was the debt incurred?  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>
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4.3 3	<b>Comenitybank/ny&amp;co</b> Nonpriority Creditor's Name  <b>Po Box 182789</b> <b>Columbus, OH 43218</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1790</b>	<b>\$0.00</b>	<b>Opened 12/11 Last Active</b> <b>6/25/13</b> When was the debt incurred?  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>
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4.3 4	<b>Debt Recovery Solutions</b> Nonpriority Creditor's Name  <b>P.O. Box 1307</b> <b>Mansfield, OH 44901</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	<b>\$0.00</b>	When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collections</b>
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Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.3  
5

**Diversified Collections**

Last 4 digits of account number \_\_\_\_\_ **\$0.00**

Nonpriority Creditor's Name  
**555 McCormick St**  
**San Leandro, CA 94577-1107**  
Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.3  
6

**Diversified Adjustments**

Last 4 digits of account number \_\_\_\_\_ **\$0.00**

Nonpriority Creditor's Name  
**600 Coon Rapids Blvd. NW**  
**Minneapolis, MN 55433-5549**  
Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.3  
7

**Diversified Collection Services**

Last 4 digits of account number \_\_\_\_\_ **\$0.00**

Nonpriority Creditor's Name  
**333 N. Canyons Parkway**  
**Suite 100**  
**Livermore, CA 94551**  
Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.3  
8

**Dsnb Macys**

Nonpriority Creditor's Name

Last 4 digits of account number **4969**

**\$1,927.00**

**Po Box 8218  
 Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? **Opened 08/12 Last Active 12/04/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Charge Account**

4.3  
9

**Duke Energy**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**\$341.00**

**P.O. Box 1326  
 Charlotte, NC 28201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Utility**

4.4  
0

**Elan Financial Service**

Nonpriority Creditor's Name

Last 4 digits of account number **9828**

**\$1,649.00**

**Po Box 108  
 Saint Louis, MO 63166**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? **Opened 01/15 Last Active 3/28/18**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Card**

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.4 1</div>	<b>Emergency Service Inc.</b>	Last 4 digits of account number _____	<b>\$256.80</b>
	Nonpriority Creditor's Name <b>P.O. Box 713189 Columbus, OH 43271</b>	When was the debt incurred? _____	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	

<div style="border: 1px solid black; padding: 2px;">4.4 2</div>	<b>EOS CCA</b>	Last 4 digits of account number _____	<b>\$0.00</b>
	Nonpriority Creditor's Name <b>700 Longwater Dr. Norwell, MA 02061</b>	When was the debt incurred? _____	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Collections</u>	

<div style="border: 1px solid black; padding: 2px;">4.4 3</div>	<b>Evans Brothers Construction</b>	Last 4 digits of account number _____	<b>\$3,800.00</b>
	Nonpriority Creditor's Name <b>605 N High Street, Ste 320 Columbus, OH 43215</b>	When was the debt incurred? _____	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Loan</u>	

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.4 4	<b>Express Scripts</b>	Last 4 digits of account number _____	<b>\$0.00</b>
	Nonpriority Creditor's Name <b>P.O. Box 66582</b> <b>Saint Louis, MO 63166-6582</b>	When was the debt incurred? _____	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	
	<input type="checkbox"/> Yes		

4.4 5	<b>Fed Loan Serv</b>	Last 4 digits of account number <b>0003</b>	<b>\$6,035.00</b>
	Nonpriority Creditor's Name <b>Pob 60610</b> <b>Harrisburg, PA 17106</b>	When was the debt incurred? <b>Opened 08/13 Last Active 9/12/17</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes	<b>Educational</b>	

4.4 6	<b>Fed Loan Serv</b>	Last 4 digits of account number <b>0005</b>	<b>\$4,546.00</b>
	Nonpriority Creditor's Name <b>Pob 60610</b> <b>Harrisburg, PA 17106</b>	When was the debt incurred? <b>Opened 08/14 Last Active 9/12/17</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes	<b>Educational</b>	

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.4 7	<b>Fed Loan Serv</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>0004</b>	<b>\$4,261.00</b>
	<b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 08/14 Last Active 9/12/17</b>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Educational</b>	

4.4 8	<b>Fed Loan Serv</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>0001</b>	<b>\$3,590.00</b>
	<b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 05/13 Last Active 9/12/17</b>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Educational</b>	

4.4 9	<b>Fed Loan Serv</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>0002</b>	<b>\$3,348.00</b>
	<b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 08/13 Last Active 9/12/17</b>	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Educational</b>	

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.5  
0

**Fifth Third Bank**

Nonpriority Creditor's Name

Last 4 digits of account number **5432**

**\$9,573.00**

**5050 Kingsley Dr  
 Cincinnati, OH 45227**

Number Street City State Zip Code

When was the debt incurred? **Opened 02/13 Last Active  
 11/14/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Card**

4.5  
1

**Fifth Third Bank**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**\$2,795.00**

**21 E. State Street  
 Columbus, OH 43215**

Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Bank Fees**

4.5  
2

**Household Credit Services**

Nonpriority Creditor's Name

Last 4 digits of account number **XXXX**

**\$770.00**

**P.O. Box 98706  
 Las Vegas, NV 89193**

Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Charge Account**

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.5 3	<b>Jefferson Capital Systems</b> Nonpriority Creditor's Name <b>P.O. Box 23051</b> <b>Columbus, GA 31902</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	
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4.5 4	<b>Kohls/capone</b> Nonpriority Creditor's Name <b>N56 W 17000 Ridgewood Dr</b> <b>Menomonee Falls, WI 53051</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u><b>7709</b></u> <b>\$897.00</b>  When was the debt incurred? <u><b>Opened 09/14 Last Active 6/02/17</b></u>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Charge Account</b></u>	
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4.5 5	<b>Medicredit</b> Nonpriority Creditor's Name <b>P.O. Box 7206</b> <b>Columbia, MO 65205</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	
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Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.5  
6

**Merrick Bank Corp**

Nonpriority Creditor's Name

Last 4 digits of account number **7931**

**\$1,722.00**

**Pob 9201  
Old Bethpage, NY 11804**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? **Opened 02/17 Last Active 12/12/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Card**

4.5  
7

**Mount Carmel**

Nonpriority Creditor's Name

**Attention: Patient Accounts  
6150 E. Broad Street  
Columbus, OH 43213-1574**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$2,219.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical Services**

4.5  
8

**Mount Carmel Health**

Nonpriority Creditor's Name

**P.O. Box 89458  
Cleveland, OH 44101-6458**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$195.39**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Medical Services**

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.5 9	<b>Mount Carmel Medical Group</b> Nonpriority Creditor's Name <b>PO Box 951464</b> <b>Cleveland, OH 44193</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$288.00</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	

4.6 0	<b>Mt Carmel</b> Nonpriority Creditor's Name <b>2150 Marble Cliff Office</b> <b>Columbus, OH 43215</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$0.00</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	

4.6 1	<b>Mt Carmel Cardiology</b> Nonpriority Creditor's Name <b>85 McNaughten Rd, Suite 200</b> <b>Columbus, OH 43213</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$0.00</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.6  
2

**Mt Carmel Health Systems**

Last 4 digits of account number \_\_\_\_\_

**\$31.49**

Nonpriority Creditor's Name

**P.O. Box 89458**

**Cleveland, OH 44101-6458**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Services

4.6  
3

**Mt Carmel Health Systems**

Last 4 digits of account number \_\_\_\_\_

**\$31.49**

Nonpriority Creditor's Name

**P.O. Box 932765**

**Cleveland, OH 44193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Services

4.6  
4

**Mt Carmel Medical Group**

Last 4 digits of account number \_\_\_\_\_

**\$56.83**

Nonpriority Creditor's Name

**P.O. box 951464**

**Cleveland, OH 44193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Services

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.6  
5

**Navient**

Nonpriority Creditor's Name

**Po Box 9500  
 Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **1008**

**\$1,114.00**

When was the debt incurred? **Opened 10/01 Last Active 11/14/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

**Educational**

4.6  
6

**Navient**

Nonpriority Creditor's Name

**Po Box 9500  
 Wilkes Barre, PA 18773**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **1008**

**\$733.00**

When was the debt incurred? **Opened 10/01 Last Active 11/14/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify \_\_\_\_\_

**Educational**

4.6  
7

**NCO Financial**

Nonpriority Creditor's Name

**P.O. Box 15618  
 Dept. 58  
 Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collections**

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.6  
8

**Ohio ENT**

Last 4 digits of account number \_\_\_\_\_

**\$749.70**

Nonpriority Creditor's Name

**P.O. Box 951604**

**Cleveland, OH 44193-0018**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical Services

4.6  
9

**Old National Bank**

Last 4 digits of account number \_\_\_\_\_

**\$1,000.00**

Nonpriority Creditor's Name

**100 S. Washington**

**Marion, IN 46952**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Educational

4.7  
0

**Orchard Bank**

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

Nonpriority Creditor's Name

**P.O. Box 5222**

**Carol Stream, IL 60197**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Charge Account

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.7  
1

**OrthoNeuro**

Nonpriority Creditor's Name  
**70 S. Cleveland Ave.**  
**Westerville, OH 43081**  
Number Street City State Zip Code

Last 4 digits of account number \_\_\_\_\_ **\$83.22**

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Services

4.7  
2

**Orthopedic One**

Nonpriority Creditor's Name  
**170 Taylor Station Rd.**  
**Columbus, OH 43213**  
Number Street City State Zip Code

Last 4 digits of account number \_\_\_\_\_ **\$977.49**

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical Services

4.7  
3

**OSU Physicians, Inc.**

Nonpriority Creditor's Name  
**P.O. Box 740727**  
**Cincinnati, OH 45274-0727**  
Number Street City State Zip Code

Last 4 digits of account number \_\_\_\_\_ **\$1,435.00**

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

- Contingent
- Unliquidated
- Disputed

Is the claim subject to offset?

Type of NONPRIORITY unsecured claim:

- No
- Yes

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.7 4	<b>Paypal Credit</b> Nonpriority Creditor's Name <b>P.O. Box 105658</b> <b>Atlanta, GA 30348-5658</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$128.03</b>  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Charge</b></u>	
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4.7 5	<b>Plaza Associates</b> Nonpriority Creditor's Name <b>370 7th Ave.</b> <b>Suite 1501</b> <b>New York, NY 10001</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b>  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	
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4.7 6	<b>Portfolio Reconvert Associates LLC</b> Nonpriority Creditor's Name <b>120 Corporate Blvd.</b> <b>Norfolk, VA 23502</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>\$0.00</b>  When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	
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Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.7  
7

**RJM Acq LLC**

Nonpriority Creditor's Name

**575 Underhill Blvd Suite 2  
Syosset, NY 11791**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.7  
8

**Robert A Schuerger II**

Nonpriority Creditor's Name

**81 S. 5th Street, Suite 400  
Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collections**

4.7  
9

**Sears/cbna**

Nonpriority Creditor's Name

**Po Box 6282  
Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **0935**

**\$10,538.00**

When was the debt incurred? **Opened 12/15 Last Active 12/04/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Credit Card**

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.8 0	<b>Sears/cbna</b> Nonpriority Creditor's Name  <b>Po Box 6282</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6181</b>  When was the debt incurred? <b>Opened 11/15 Last Active 12/18/17</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<b>\$6,081.00</b>
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4.8 1	<b>Syncb/jcp</b> Nonpriority Creditor's Name  <b>Po Box 965007</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2083</b>  When was the debt incurred? <b>Opened 10/14 Last Active 12/05/17</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<b>\$1,222.00</b>
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4.8 2	<b>Syncb/lowes</b> Nonpriority Creditor's Name  <b>Po Box 965005</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2939</b>  When was the debt incurred? <b>Opened 06/14 Last Active 12/03/17</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<b>\$7,588.00</b>
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Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.8 3	<b>Syncb/sams Club</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>0291</b>	<b>\$10,810.00</b>
	<b>Po Box 965005</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 09/05 Last Active 11/15/17</b>	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	

4.8 4	<b>Syncb/walmart</b> Nonpriority Creditor's Name	Last 4 digits of account number <b>7645</b>	<b>\$1,395.00</b>
	<b>Po Box 965024</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code	When was the debt incurred? <b>Opened 01/17 Last Active 12/12/17</b>	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	

4.8 5	<b>T-Mobile</b> Nonpriority Creditor's Name	Last 4 digits of account number _____	<b>\$0.00</b>
	<b>PO Box 53410</b> <b>Bellevue, WA 98015</b> Number Street City State Zip Code	When was the debt incurred? _____	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <b>Utility</b>	

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.8  
6

**Telhio Credit Union**

Nonpriority Creditor's Name  
**96 North Fourth Street**  
**Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,702.09**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Charge Account

4.8  
7

**Thd/cbna**

Nonpriority Creditor's Name

**Po Box 6497**  
**Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number **1947**

**\$6,774.00**

When was the debt incurred? **Opened 06/14 Last Active 12/12/17**

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Charge Account

4.8  
8

**The Ohio State University**

Nonpriority Creditor's Name

**Wexner Medical Center**  
**PO Box 933020**  
**Cleveland, OH 44193**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

**\$602.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Medical

Debtor 1 **Mark A Evans**  
Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.8  
9

**University Reference Laboratories**

Last 4 digits of account number \_\_\_\_\_ **\$131.00**

Nonpriority Creditor's Name

**Dept. 713194**  
**Columbus, OH 43271-3194**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Medical

4.9  
0

**UPS Store**

Last 4 digits of account number \_\_\_\_\_ **\$100.00**

Nonpriority Creditor's Name

**3116 W Montgomery Rd**  
**Maineville, OH 45039**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Consumer

4.9  
1

**Vectren Energy Delivery**

Last 4 digits of account number \_\_\_\_\_ **\$458.00**

Nonpriority Creditor's Name

**1300 Experiment Farm**  
**Troy, OH 45373**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Utility

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

4.9 2	<b>Vengroff, Williams &amp; Assoc.</b>	Last 4 digits of account number _____	<b>\$0.00</b>
	Nonpriority Creditor's Name <b>P.O. Box 4150</b> <b>Sarasota, FL 34230</b>	When was the debt incurred? _____	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u><b>Collections</b></u>	

4.9 3	<b>Wright State University</b>	Last 4 digits of account number _____	<b>\$700.00</b>
	Nonpriority Creditor's Name <b>3640 Colonel Glenn Hwy.</b> <b>Dayton, OH 45435</b>	When was the debt incurred? _____	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u><b>School Fees</b></u>	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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

Name and Address <b>Balanced Healthcare Receivables</b> <b>164 Burke Street, Suite 201</b> <b>Nashua, NH 03060</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number _____	

Name and Address <b>First Credit</b> <b>PO Box 630838</b> <b>Cincinnati, OH 45263</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.57</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number _____	

Name and Address <b>JP Recovery Services, Inc.</b> <b>20220 Center Ridge Rd</b> <b>Rocky River, OH 44116</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number _____	

Name and Address <b>Keymed Data Services</b> <b>P.O. Box 1180</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.71</u> of (Check one):	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number _____	

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if know) \_\_\_\_\_

**Sharpsburg, GA 30277**

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Ohio Attorney General  
 Collections Enforcement  
 150 E. Gay St., 21st Fl.  
 Columbus, OH 43215**

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

Line **4.93** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

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

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

		<b>Total Claim</b>	
<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a.	\$ <u>0.00</u>
	6b. <b>Taxes and certain other debts you owe the government</b>	6b.	\$ <u>13,461.39</u>
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c.	\$ <u>0.00</u>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$ <u>13,461.39</u>
<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f.	<b>Total Claim</b> \$ <u>33,921.00</u>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g.	\$ <u>0.00</u>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h.	\$ <u>0.00</u>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>124,455.57</u>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j.	\$ <u>158,376.57</u>

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

Debtor 1 **Mark A Evans**  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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

Check if this is an amended filing

## Official Form 106G Schedule G: Executory Contracts and Unexpired Leases

12/15

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

- Do you have any executory contracts or unexpired leases?**
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.2	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.3	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.4	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	
2.5	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____	

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

Debtor 1 **Mark A Evans**  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

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

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
 Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
 Check all schedules that apply:

3.1 \_\_\_\_\_  
 Name

\_\_\_\_\_  
Number Street  
City State ZIP Code

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.2 \_\_\_\_\_  
 Name

\_\_\_\_\_  
Number Street  
City State ZIP Code

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Mark A Evans

Debtor 2 Nicole D Evans  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (If known) \_\_\_\_\_

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

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

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>		
If you have more than one job, attach a separate page with information about additional employers.	<b>Employment status</b>	<b>Employment status</b>
	<input checked="" type="checkbox"/> Employed	<input checked="" type="checkbox"/> Employed
	<input type="checkbox"/> Not employed	<input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	<b>Occupation</b>	<b>Occupation</b>
	<u>Inspector</u>	<u>Graphic Designer</u>
Occupation may include student or homemaker, if it applies.	<b>Employer's name</b>	<b>Employer's name</b>
	<u>Self-Employed</u>	<u>Self-Employed</u>
	<b>Employer's address</b>	<b>Employer's address</b>
	<u>Litcon Construction Services LLC</u>	<u>Nicole Donnini Designs</u>
	<b>How long employed there?</b>	<b>How long employed there?</b>
	<u>16 yrs</u>	<u>5 yrs</u>

Part 2: Give Details About Monthly Income

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

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

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>0.00</u>
<b>3. Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .....	4.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ <u>0.00</u>	\$ <u>0.00</u>
5b. Mandatory contributions for retirement plans	5b.	\$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c.	\$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d.	\$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e.	\$ <u>0.00</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f.	\$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g.	\$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h.+	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ <u>2,650.00</u>	\$ <u>500.00</u>
8b. Interest and dividends	8b.	\$ <u>0.00</u>	\$ <u>0.00</u>
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.	\$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d.	\$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e.	\$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g.	\$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: <b>Side Income over 12 months</b>	8h.+	\$ <u>200.00</u>	\$ <u>0.00</u>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ <u>2,850.00</u>	\$ <u>500.00</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>2,850.00</u>	+ \$ <u>500.00</u> = \$ <u>3,350.00</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> 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.	+\$ <u>0.00</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12.	\$ <u>3,350.00</u>	
<b>Combined monthly income</b>			
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 Mark A Evans

Debtor 2 Nicole D Evans  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (If known) \_\_\_\_\_

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

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

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents?  No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- No
- Yes
- No
- Yes
- No
- Yes
- No
- Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  No  Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**Your expenses**

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,170.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 30.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 95.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<u>325.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>145.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
<b>7. Food and housekeeping supplies</b>	7. \$	<u>500.00</u>
<b>8. Childcare and children's education costs</b>	8. \$	<u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<u>50.00</u>
<b>10. Personal care products and services</b>	10. \$	<u>45.00</u>
<b>11. Medical and dental expenses</b>	11. \$	<u>120.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>315.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<u>0.00</u>
<b>14. Charitable contributions and religious donations</b>	14. \$	<u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>165.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		16. \$
		<u>0.00</u>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: <b>Tractor Payment</b>	17c. \$	<u>335.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>		18. \$
		<u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b>		\$
		<u>0.00</u>
Specify: _____		19.
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
<b>21. Other:</b> Specify: _____		21. +\$
		<u>0.00</u>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<u>3,345.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<u>3,345.00</u>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<u>3,350.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<u>3,345.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<u>5.00</u>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
 For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

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

Debtor 1	<b>Mark A Evans</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Nicole D Evans</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	_____		

Check if this is an amended filing

Official Form 106Dec

# Declaration About an Individual Debtor's Schedules

12/15

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

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

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Mark A Evans  
**Mark A Evans**  
Signature of Debtor 1

X /s/ Nicole D Evans  
**Nicole D Evans**  
Signature of Debtor 2

Date May 7, 2018

Date May 7, 2018

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

Debtor 1 **Mark A Evans**  
First Name Middle Name Last Name

Debtor 2 **Nicole D Evans**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

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

Check if this is an amended filing

**Official Form 107**  
**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

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

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

- Married
- Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
- Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
8188 Wyncrest Blacklick, OH 43004	From-To: until 11/15/2015	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
- Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
- Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$16,269.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$2,546.00</b>

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2017)</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$75,813.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$6,065.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2016)</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$88,156.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input checked="" type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>For the calendar year before that: (January 1 to December 31, 2016)</b>	<b>Retirement Income</b>	<b>\$669.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
- Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- No
- Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No
- Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- No. Go to line 11.
- Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- No
- Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- No
- Yes

**Part 5: List Certain Gifts and Contributions**

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- No
- Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
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**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Fesenmyer Law Offices, LLC 23 E. Kossuth Street Columbus, OH 43206	\$750.00 Legal Fee \$335.00 Filing Fee \$ 50.00 Credit Reports	2018	\$1,135.00
www.summitfe.org	\$34.95 for CCC	2018	\$34.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
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Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if known)

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you <b>Bona Fide Purchaser</b>	<b>Sold Capital One Stock</b>	<b>\$190.55</b>	<b>4/2018</b>

None

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- No
- Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
- Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Fifth Third Bank 21 E. State Street Columbus, OH 43215</b>	<b>XXXX-</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u><b>Evans Brother's Business Checking</b></u>	<b>2/2017</b>	<b>\$0.00</b>

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
- Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
- Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
<b>Great Value Storage 7821 Taylor Road SW Reynoldsburg, OH 43068</b>	<b>Debtor</b>	<b>Used a workshop for business. Materials and a few boxes of household items.</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

Case number (if known)

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
- Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
<b>Sole Proprietorship</b>	<b>Graphic Design services No employees Minimal assets on Schedule B</b>	EIN: From-To <b>2013 to present</b>
<b>Litcon Construction Services LLC</b>	<b>Inspections No Employees Minimal Assets on Schedule B</b>	EIN: From-To <b>2002 to present</b>
<b>Evans Brothers Construction LLC</b>	<b>Construction Services 33% Interest Winding down Minimal assest remain on Schedule B</b>	EIN: From-To <b>1998 to 1/2018</b>

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
- Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark A Evans  
 Mark A Evans  
 Signature of Debtor 1

/s/ Nicole D Evans  
 Nicole D Evans  
 Signature of Debtor 2

Date May 7, 2018

Date May 7, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
- Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Ohio

In re Mark A Evans Nicole D Evans

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 750.00); Prior to the filing of this statement I have received (\$ 750.00); Balance Due (\$ 0.00).

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

Debtor (checked) Other (specify):

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

Debtor (checked) Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

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

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed.

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 7, 2018

Date

/s/ Courtney A. Cousino

Courtney A. Cousino 0082136

Signature of Attorney

Fesenmyer Law Offices, LLC

23 E. Kossuth Street

Columbus, OH 43206

614.228.4435 Fax: 614.228.3882

courtney@fcwlegal.com

Name of law firm

Fill in this information to identify your case:

Debtor 1 Mark A Evans

Debtor 2 Nicole D Evans  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

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

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

1. There is no presumption of abuse

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

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

### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.
- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

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

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 4,373.67	\$ 729.33
Ordinary and necessary operating expenses	-\$ 1,299.83	-\$ 237.83
Net monthly income from a business, profession, or farm	\$ 3,073.83	\$ 491.50
		Copy here -> \$ 3,073.83
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
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 .....	\$ <b>0.00</b>	
For your spouse .....	\$ <b>0.00</b>	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> 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 below.		
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
.....	\$ <b>0.00</b>	\$ <b>0.00</b>
Total amounts from separate pages, if any.	+ \$ <b>0.00</b>	\$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>3,073.83</b>	+ \$ <b>491.50</b> = \$ <b>3,565.33</b>
		Total current monthly income

**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=>** \$ **3,565.33**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ **42,783.96**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **OH**

Fill in the number of people in your household. **2**

Fill in the median family income for your state and size of household. 13. \$ **60,834.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* 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 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

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/ Mark A Evans**  
**Mark A Evans**  
 Signature of Debtor 1

**X /s/ Nicole D Evans**  
**Nicole D Evans**  
 Signature of Debtor 2

Date **May 7, 2018**  
 MM / DD / YYYY

Date **May 7, 2018**  
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

**Current Monthly Income Details for the Debtor**

**Debtor Income Details:**

Income for the Period **11/01/2017** to **04/30/2018**.

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

Source of Income: **Evans Brothers Distribution**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>11/2017</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
5 Months Ago:	<b>12/2017</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
4 Months Ago:	<b>01/2018</b>	<b>\$800.00</b>	<b>\$0.00</b>	<b>\$800.00</b>
3 Months Ago:	<b>02/2018</b>	<b>\$804.00</b>	<b>\$0.00</b>	<b>\$804.00</b>
2 Months Ago:	<b>03/2018</b>	<b>\$405.00</b>	<b>\$0.00</b>	<b>\$405.00</b>
Last Month:	<b>04/2018</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Average per month:		<b>\$334.83</b>	<b>\$0.00</b>	
Average Monthly NET Income:				<b>\$334.83</b>

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

Source of Income: **Litcon Construction Services LLC**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>11/2017</b>	<b>\$3,227.00</b>	<b>\$1,074.00</b>	<b>\$2,153.00</b>
5 Months Ago:	<b>12/2017</b>	<b>\$4,202.00</b>	<b>\$1,254.00</b>	<b>\$2,948.00</b>
4 Months Ago:	<b>01/2018</b>	<b>\$2,735.00</b>	<b>\$1,391.00</b>	<b>\$1,344.00</b>
3 Months Ago:	<b>02/2018</b>	<b>\$1,179.00</b>	<b>\$916.00</b>	<b>\$263.00</b>
2 Months Ago:	<b>03/2018</b>	<b>\$2,847.00</b>	<b>\$1,661.00</b>	<b>\$1,186.00</b>
Last Month:	<b>04/2018</b>	<b>\$9,508.00</b>	<b>\$1,503.00</b>	<b>\$8,005.00</b>
Average per month:		<b>\$3,949.67</b>	<b>\$1,299.83</b>	
Average Monthly NET Income:				<b>\$2,649.83</b>

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

Source of Income: **Side Job - Snow removal**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>11/2017</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
5 Months Ago:	<b>12/2017</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
4 Months Ago:	<b>01/2018</b>	<b>\$345.00</b>	<b>\$0.00</b>	<b>\$345.00</b>
3 Months Ago:	<b>02/2018</b>	<b>\$190.00</b>	<b>\$0.00</b>	<b>\$190.00</b>
2 Months Ago:	<b>03/2018</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Last Month:	<b>04/2018</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Average per month:		<b>\$89.17</b>	<b>\$0.00</b>	
Average Monthly NET Income:				<b>\$89.17</b>

Debtor 1 **Mark A Evans**  
 Debtor 2 **Nicole D Evans**

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

**Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:**

Income for the Period **11/01/2017** to **04/30/2018**.

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

Source of Income: **Nicole Donnini Designs**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<b>11/2017</b>	<b>\$966.00</b>	<b>\$202.00</b>	<b>\$764.00</b>
5 Months Ago:	<b>12/2017</b>	<b>\$864.00</b>	<b>\$318.00</b>	<b>\$546.00</b>
4 Months Ago:	<b>01/2018</b>	<b>\$272.00</b>	<b>\$181.00</b>	<b>\$91.00</b>
3 Months Ago:	<b>02/2018</b>	<b>\$592.00</b>	<b>\$221.00</b>	<b>\$371.00</b>
2 Months Ago:	<b>03/2018</b>	<b>\$578.00</b>	<b>\$241.00</b>	<b>\$337.00</b>
Last Month:	<b>04/2018</b>	<b>\$1,104.00</b>	<b>\$264.00</b>	<b>\$840.00</b>
	Average per month:	<b>\$729.33</b>	<b>\$237.83</b>	
Average Monthly NET Income:				<b>\$491.50</b>

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

### This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

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

### The types of bankruptcy that are available to individuals

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

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

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

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
<u>+ \$15</u>	<u>trustee surcharge</u>
\$335	total fee

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

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

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

most taxes;

most student loans;

domestic support and property settlement obligations;

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

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

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

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

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

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

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

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

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

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	<u>\$550</u>	<u>administrative fee</u>
	\$1,717	total fee

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

**Read These Important Warnings**

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

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

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

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Chapter 12: Repayment plan for family farmers or fishermen**

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

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

**Chapter 13: Repayment plan for individuals with regular income**

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

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

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

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

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

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

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

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

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

### **Make sure the court has your mailing address**

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

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

### **Understand which services you could receive from credit counseling agencies**

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

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

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

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

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

1&1 Internet Inc.  
701 Lee Road, Suite 300  
Wayne, PA 19087

ABC Podiatry  
441 N High Street  
Suite 101  
Columbus, OH 43214

Access Urgent Care of Pickerington  
LB 3345  
Columbus, OH 43260

Acs/panhandle Plains  
C/o Acs  
Utica, NY 13501

Advanced Home Medical  
6665 Huntley Road, Suite N  
Columbus, OH 43229

Aes/fauquier  
P.O. Box 2461  
Harrisburg, PA 17105

ANCHORBANK/GLELSI  
PO Box 7860  
Madison, WI 53707

Annie Mac Home Mortgag  
700 East Gate Drive  
Mount Laurel, NJ 08054

Anthem Blue Cross Blue  
Shield/Cash Unit IN25D-459  
P.O. Box 7044  
Indianapolis, IN 46207

Balanced Healthcare Receivables  
164 Burke Street, Suite 201  
Nashua, NH 03060

Capital One  
15000 Capital One Dr  
Richmond, VA 23238

Capital One  
Po Box 26625  
Richmond, VA 23261

Capital One  
Po Box 30281  
Salt Lake City, UT 84130

Cbna  
50 Northwest Point Road  
Elk Grove Village, IL 60007

Chase Auto  
Po Box 901003  
Ft Worth, TX 76101

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Cincinnati Bell Wireless  
P.O. Box 748002  
Cincinnati, OH 45274

Collection Technology  
1200 Corporate Dr Ste 325  
Monterey Park, CA 91754

Columbus College of Art & Design  
107 N. 9th Street  
Columbus, OH 43215-1758

Columbus Obstetricians - Gynecologists  
750 Mount Carmel Mall  
Ste. 100  
Columbus, OH 43222

Comenity Bank/lnbryant  
Po Box 182789  
Columbus, OH 43218

Comenitybank/ny&co  
Po Box 182789  
Columbus, OH 43218

Debt Recovery Solutions  
P.O. Box 1307  
Mansfield, OH 44901

Diversified Collections  
555 McCormick St  
San Leandro, CA 94577-1107

Diversified Adjustments  
600 Coon Rapids Blvd. NW  
Minneapolis, MN 55433-5549

Diversified Collection Services  
333 N. Canyons Parkway  
Suite 100  
Livermore, CA 94551

Dsnb Macys  
Po Box 8218  
Mason, OH 45040

Duke Energy  
P.O. Box 1326  
Charlotte, NC 28201

Elan Financial Service  
Po Box 108  
Saint Louis, MO 63166

Emergency Service Inc.  
P.O. Box 713189  
Columbus, OH 43271

EOS CCA  
700 Longwater Dr.  
Norwell, MA 02061

Evans Brothers Construction  
605 N High Street, Ste 320  
Columbus, OH 43215

Express Scripts  
P.O. Box 66582  
Saint Louis, MO 63166-6582

Fed Loan Serv  
Pob 60610  
Harrisburg, PA 17106

Fifth Third Bank  
5050 Kingsley Dr  
Cincinnati, OH 45227

Fifth Third Bank  
21 E. State Street  
Columbus, OH 43215

First Credit  
PO Box 630838  
Cincinnati, OH 45263

Household Credit Services  
P.O. Box 98706  
Las Vegas, NV 89193

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Jefferson Capital Systems  
P.O. Box 23051  
Columbus, GA 31902

John Deere Financial  
P.O. Box 4450  
Carol Stream, IL 60197

JP Recovery Services, Inc.  
20220 Center Ridge Rd  
Rocky River, OH 44116

Keymed Data Services  
P.O. Box 1180  
Sharpsburg, GA 30277

Kohls/capone  
N56 W 17000 Ridgewood Dr  
Menomonee Falls, WI 53051

Licking County Treasurer  
P.O. Box 830  
Newark, OH 43058-0830

Medicredit  
P.O. Box 7206  
Columbia, MO 65205

Merrick Bank Corp  
Pob 9201  
Old Bethpage, NY 11804

Mount Carmel  
Attention: Patient Accounts  
6150 E. Broad Street  
Columbus, OH 43213-1574

Mount Carmel Health  
P.O. Box 89458  
Cleveland, OH 44101-6458

Mount Carmel Medical Group  
PO Box 951464  
Cleveland, OH 44193

Mt Carmel  
2150 Marble Cliff Office  
Columbus, OH 43215

Mt Carmel Cardiology  
85 McNaughten Rd, Suite 200  
Columbus, OH 43213

Mt Carmel Health Systems  
P.O. Box 89458  
Cleveland, OH 44101-6458

Mt Carmel Health Systems  
P.O. Box 932765  
Cleveland, OH 44193

Mt Carmel Medical Group  
P.O. box 951464  
Cleveland, OH 44193

Navient  
Po Box 9500  
Wilkes Barre, PA 18773

NCO Financial  
P.O. Box 15618  
Dept. 58  
Wilmington, DE 19850

Ohio Attorney General  
Collections Enforcement  
150 E. Gay St., 21st Fl.  
Columbus, OH 43215

Ohio ENT  
P.O. Box 951604  
Cleveland, OH 44193-0018

Ohio Housing Finance Agency  
57 E. Main St.  
Columbus, OH 43215

Old National Bank  
100 S. Washington  
Marion, IN 46952

Orchard Bank  
P.O. Box 5222  
Carol Stream, IL 60197

OrthoNeuro  
70 S. Cleveland Ave.  
Westerville, OH 43081

Orthopedic One  
170 Taylor Station Rd.  
Columbus, OH 43213

OSU Physicians, Inc.  
P.O. Box 740727  
Cincinnati, OH 45274-0727

Paypal Credit  
P.O. Box 105658  
Atlanta, GA 30348-5658

Plaza Associates  
370 7th Ave.  
Suite 1501  
New York, NY 10001

Portfolio Reconvert Associates LLC  
120 Corporate Blvd.  
Norfolk, VA 23502

RJM Acq LLC  
575 Underhill Blvd Suite 2  
Syosset, NY 11791

Robert A Schuerger II  
81 S. 5th Street, Suite 400  
Columbus, OH 43215

Sears/cbna  
Po Box 6282  
Sioux Falls, SD 57117

State of Ohio  
P.O. Box 182401  
Columbus, OH 43218-2401

Syncb/jcp  
Po Box 965007  
Orlando, FL 32896

Syncb/lowes  
Po Box 965005  
Orlando, FL 32896

Syncb/sams Club  
Po Box 965005  
Orlando, FL 32896

Syncb/walmart  
Po Box 965024  
Orlando, FL 32896

T-Mobile  
PO Box 53410  
Bellevue, WA 98015

Telhio Credit Union  
96 North Fourth Street  
Columbus, OH 43215

Thd/cbna  
Po Box 6497  
Sioux Falls, SD 57117

The Ohio State University  
Wexner Medical Center  
PO Box 933020  
Cleveland, OH 44193

University Reference Laboratories  
Dept. 713194  
Columbus, OH 43271-3194

UPS Store  
3116 W Montgomery Rd  
Maineville, OH 45039

Us Bank Home Mortgage  
4801 Frederica St  
Owensboro, KY 42301

Vectren Energy Delivery  
1300 Experiment Farm  
Troy, OH 45373

Vengroff, Williams & Assoc.  
P.O. Box 4150  
Sarasota, FL 34230

Wright State University  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435