Fill in this inform	ation to identify your	case and this filing:			
Debtor 1	Richard	Eduardo	Repass		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	Western	District of	Washington	-
Case number	25-10499				

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

Official Form 106A/B

12/15

page 1

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.

Pa	rt 1:	Describe Each Residenc	e, Building, Land, or Other Real Estate	You Own or Have an	Interest In
1.	Do yo	ou own or have any legal or equitabl	e interest in any residence, building, land, or simil	ar property?	
	🗋 No	o. Go to Part 2.			
	🗹 Ye	es. Where is the property?			
	1.1	15144 SE 46th Way Street address, if available, or other description	 What is the property? Check all that apply. ✓ Single-family home Duplex or multi-unit building Condominium or cooperative 	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Schedule D: ns Secured by Property.
		description	Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
		Bellevue, WA 98006-3229	 Land Investment property 	\$1,452,800.00	\$1,452,800.00
		City State ZIP Code	 Timeshare Other Who has an interest in the property? Check one. 	Describe the nature of yo (such as fee simple, tena a life estate), if known.	•
		County	Debtor 1 only	Fee Simple	
	 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) 			nunity property	
			Other information you wish to add about this ite property identification number: <u>purchased 4/1</u>		
			Source of Value: zillow.com as of 11/26/2024		
2.			wn for all of your entries from Part 1, including any umber here		\$1,452,800.00
Pa	rt 2:	Describe Your Vehicles			
			nterest in any vehicles, whether they are registered rehicle, also report it on Schedule G: Executory Contra		s
3.	Car	s, vans, trucks, tractors, sport utility	/ vehicles, motorcycles		
		No			
	V	Yes			

Schedule A/B: Property

3.1	Make: Model:	Nissan Leaf	 Who has an interest in the property? Check one. ✓ Debtor 1 only Debtor 2 only 	Do not deduct secured cla the amount of any secure <i>Creditors Who Have Clair</i>	d claims on Schedule D:
	Year:	2020	 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	60000	Check if this is community property (see instructions)	\$13,000.00	\$13,000.00
	Other information:				
,	own or have more than	,			
3.2	Make: Model:	Audi Q7	 Who has an interest in the property? Check one. ✓ Debtor 1 only Debtor 2 only 	Do not deduct secured cla the amount of any secure <i>Creditors Who Have Clair</i>	d claims on Schedule D:
	Year:	2015	 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage: Other information:	70000	Check if this is community property (see instructions)	\$15,000.00	\$15,000.00
3.3		/olkswagen Golf	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	d claims on Schedule D:
	Model: Year:	2010	 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	Creditors Who Have Clair Current value of the entire property?	Current value of the portion you own?
	Approximate mileage: Other information:	120000	Check if this is community property (see instructions)	\$2,000.00	\$2,000.00
	Fair Condition				
	nples: Boats, trailers, mo lo		nd other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle a		
4.1	Make: Model:		 Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only 	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Year:		 Debtor 1 and Debtor 2 only At least one of the debtors and another 	Current value of the entire property?	Current value of the portion you own?
	Other information:		Check if this is community property (see instructions)		
			vn for all of your entries from Part 2, including any umber here		\$30,000.00

Schedule A/B: Property

page 2

Pa	rt 3: Describe Your Personal and Household Items	
Do y	ou 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	
	Mo	
	Yes. Describe	
7.	Electronics	
	<i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	M No	
	Yes. Describe	
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	
0.	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No	
	Yes. Describe	
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	Yes. Describe	
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	M No	
	Yes. Describe	
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	M No	
	Yes. Describe	
Officia	I Form 106A/B Schedule A/B: Property	page 3

13.	Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	1 No		
	Yes. Describe		
14.	Any other personal and household items you did r	not already list, including any health aids you did not list	
	☑ No		
	Yes. Give specific		
	information		
15.	-	rt 3, including any entries for pages you have attached →	\$0.00
		-	
Po	rt 4: Describe Your Financial Assets		
Do y	ou own or have any legal or equitable interest in an	y of the following?	Current value of the portion you own?
			Do not deduct secured
			claims or exemptions.
16.	Cash		
		ome, in a safe deposit box, and on hand when you file your petition	
	No No		
	Q Yes	Cash:	
17.	Deposits of money		
		punts; certificates of deposit; shares in credit unions, brokerage houses,	
	and other similar institutions. If you have r	multiple accounts with the same institution, list each.	
	No		
	☑ Yes	Institution name:	
		Seattle Bank xx7352	
		Balance as of 2/26/2025	
	17.1. Checking account:	Account Number: XXXXX7352	\$298.26
		US Bank balance as of 2/26/2025	
	17.2. Checking account:	Account Number: 9623	\$134.20
		Seattle Bank Savings xx1113	
		Balance as of 2/26/2025	
	17.3. Savings account:	Account Number: XXXXX1113	\$147.29
	-	Seattle Bank Savings xx4379	
		Balance as of 2/26/2025	
	17.4. Savings account:	Account Number: XXXXX4379	\$145.51
	-	Seattle Bank Savings xx4398	
		Balance as of 2/26/2025	
	17.5. Savings account:	Account Number: XXXXX4398	\$150.60

Schedule A/B: Property

18.	Bonds, mutual funds, Examples: Bond funds		tocks s with brokerage firms, money market accounts		
	∑í No	,			
	Yes	Institution or issuer i	name:		
4.0					
19.	Non-publicly traded s LLC, partnership, and		i incorporated and unincorporated businesses, inc	luding an interest in an	
	□ No				
	Yes. Give specific information about them	Name of entity:		% of ownership:	
		Infinity Health 8	Wellness LLC	<u>100.00%</u>	unknown
		Revolution Neu	rotesting, PLLC	100.00%	unknown
		Richard Repass Assets:	, MD, PLLC	100.00%	
			int w/Seattle Bank xx7686 \$836.16 as of		unknown
			int w/US Bank xx0498 \$215.95 as of	_	unknown
		Liabilities:		-	
		Seattle NAD, PL Assets: US Ban	LC k xx1562, \$207.78 balance as of 2/26/2025	100.00%	unknown
20.	Negotiable instruments	include personal che	her negotiable and non-negotiable instruments cks, cashiers' checks, promissory notes, and money or nnot transfer to someone by signing or delivering ther		
	🗹 No				
	Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension Examples: Interests in		401(k), 403(b), thrift savings accounts, or other pensic	on or profit-sharing plans	
	D No	5.			
	Yes. List each account separately.	Type of account:	Institution name:		
	account copulately.	IRA:	Vanguard Voyager Roth IRA xxx3914		¢0.045.40
			Balance as of 09/30/2024		\$3,945.10
Officia	ll Form 106A/B		Schedule A/B: Property		page 5

22.	Security deposits and Your share of all unuse		at you may continue service or use from a company	
	Examples: Agreement others			
	🗹 No			
	Yes	Institution	name or individual:	
		Electric:		
		Gas:		
		Heating oil:		
		Security deposit on rental unit:		
		Prepaid rent:		
		Telephone:		
		Water:		
		Rented furniture:		
		Other:		
	☑ No ☐ Yes	Issuer name and description:		
24.		on IRA, in an account in a qua 529A(b), and 529(b)(1).	alified ABLE program, or under a qualified state tuition program.	
	☐ Yes	Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	for your benefit	ture interests in property (othe	er than anything listed in line 1), and rights or powers exercisable	
	Mo No			
	Yes. Give specific information about the information about the	em		

Schedule A/B: Property

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26.	Patents, copyrights, trademarks, trade set <i>Examples:</i> Internet domain names, websites	crets, and other intellectual property s, proceeds from royalties and licensing agreements	
	🗹 No		
	Yes. Give specific information about them		
27.	Licenses, franchises, and other general in	ntangibles	
	Examples: Building permits, exclusive licens	ses, cooperative association holdings, liquor licenses, professional licenses	
	☑ No		
	Yes. Give specific information about them		
Mon	ey 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	Federal:	
	already filed the returns and the tax years	State:	
		Local:	
29.	Family support	spousal support, child support, maintenance, divorce settlement, property	
	settlement		
	🗹 No		
	Yes. Give specific information	Alimony:	
		Maintenance:	
		Support:	
		Divorce settlement:	
		Property settlement:	
00			
30.	Other amounts someone owes you		
	Social Security benefits; unpaid	ce payments, disability benefits, sick pay, vacation pay, workers' compensation, loans you made to someone else	
	☑ No		
	Yes. Give specific information		

Schedule A/B: Property

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31.	Interests in insurance policies	and hadith any inga appaunt (USA), and it		
	Examples: Health, disability, or life insuran	ice, health savings account (HSA), credit,		
	No			
	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
		Global Atlantic Financial		
		Group, #####3489 as of 2/26/2025		
		Account value \$49,060.81		
		Surrender charge \$16,350		
		Net surrender value:		
		\$32,710.81	Debtor's children	\$32,710.81
		Northwestern Mutual		
		Whole Life Insurance Policy		
		#####9928 Net Accumulated value:		
		\$887.00	Debtor?	\$887.00
32.	Any interest in property that is due you			
	If you are the beneficiary of a living trust, exproperty because someone has died.	xpect proceeds from a life insurance polic	cy, or are currently entitled to receive	
	Mo No			
	Yes. Give specific information]
33.	Claims against third parties, whether or Examples: Accidents, employment dispute	-	a demand for payment	
	V No			
	☐ Yes. Describe each claim			7
34.	Other contingent and unliquidated claim	s of every nature, including countercl	laims of the debtor and rights to set o	ff
	☑ No			
	☐ Yes. Describe each claim			7
35.	Any financial assets you did not already	list		
	🗹 No			
	Yes. Give specific information			7
36.	Add the dollar value of all of your entries for Part 4. Write that number here	· · · · · ·		\$38,418.77
Pa	rt 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 equitab			
01.	_	no moreor in any submeder clated pre		
	 ✓ No. Go to Part 6. ✓ Yes. Go to line 38. 			
	Yes. Go to line 38.			

Schedule A/B: Property

			Current value of the
			portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commission	ns you already earned	
	🗹 No		
	Yes. Describe		
39.	Office equipment, furnishings, and	supplies	
	Examples: Business-related comput electronic devices	ers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs,	
	🗹 No		
	Yes. Describe		
40.	Machinery, fixtures, equipment, su	pplies you use in business, and tools of your trade	
	🗹 No		
	Yes. Describe		
41.	Inventory		
	🗹 No		
	Yes. Describe		
42.	Interests in partnerships or joint ve	entures	
	🗹 No		
	Yes. Describe		
	Name of ent	ty: % of ownership:	
43.	Customer lists, mailing lists, or oth	er compilations	
	🗹 No		
	Yes. Do your lists include personal	onally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
	🗋 No		
	Yes. Describe		

Schedule A/B: Property

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44.	Any business-related property you did not already list	
	$\overline{\mathbf{v}}$ No	
	Yes. Give specific	
	information	
45.	Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached	
+0.	for Part 5. Write that number here	→\$0.00
Ра	rt 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Ha	ve 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.	
		Current value of the portion you own? Do not deduct secured
		claims or exemptions.
47.	Farm animals	
	Examples: Livestock, poultry, farm-raised fish	
	Yes	
48.	Crops—either growing or harvested	
	Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	M No	
	□ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No	
	☐ Yes	

Schedule A/B: Property

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51.	Any farm- and commercial fishing-related property you did not already list	
	Mo No	
	Yes. Give specific information	
50	Add the dellar value of all of your entries from Dart 6, including any entries for pages you have attached	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
Pa	rt 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 Capital Loss (re theft loss)	unknown
	information	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
Pa	rt 8: List the Totals of Each Part of this Form	
55.	Part 1: Total real estate, line 2	\$1,452,800.00
	· · · · · · · · · · · · · · · · · · ·	
56.	Part 2: Total vehicles, line 5 \$30,000.00	
57.	Part 3: Total personal and household items, line 15 \$0.00	
57.		
58.	Part 4: Total financial assets, line 36 \$38,418.77	
59.	Part 5: Total business-related property, line 45 \$0.00	
60.	Part 6: Total farm- and fishing-related property, line 52 \$0.00	
61.	Part 7: Total other property not listed, line 54 + \$0.00	
62.	Total personal property. Add lines 56 through 61	+ \$68,418.77
63.	Total of all property on Schedule A/B. Add line 55 + line 62.	\$1,521,218.77
	• • • • • • • • • • • • • • • • • • • •	

Schedule A/B: Property

Fill in this information	ation to identify your	case:		l i
Debtor 1	Richard	Eduardo	Repass	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for	the: Weste	m District of Washington	
Case number	25-10499			
(if known)				Check if this is amended film

Schedule C: The Property You Claim as Exempt

04/22

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.

F	Part 1: Ide	ntify 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 prope	rty you list on Schedule	A/B that you claim as exe	empt,	fill in the information below.				
		on of the property and <i>ule A/B</i> that lists this	Current value of the portion you own Copy the value from <i>Schedule A/B</i>		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption			
	Brief description: Line from <i>Schedule A/B:</i>	15144 SE 46th Way Bellevue, WA 98006-3229 1.1	\$1,452,800.00	2	\$968,300.00 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.13.030(b) RCW 6.13.070			
	Brief description: Line from <i>Schedule A/B:</i>	2015 Audi Q7	\$15,000.00	⊠́	\$15,000.00 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1) (d)(iv)			
3.	(Subject to adju		ery 3 years after that for ca	ises fi	ed on or after the date of adjustment.) 15 days before you filed this case?				

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

or 1	Richa First Na		Eduardo liddle Name	Repass Last Name		Case number (if known	23-10499
art 2: Briefdes		onal Page	and Curro	nt value of the	۸m	ount of the exemption you claim	Specific laws that allow exemption
		of the property a A/B that lists thi	i s portio Copy t	n you own he value from ule A/B		ount of the exemption you claim	Specific laws that allow exemption
Brief descriptio		010 Volkswage iolf	en	\$2,000.00			
	F	air Condition			V	\$2,000.00	Wash. Rev. Code. § 6.15.010(1
Line from Schedule	A/B:	3.3				100% of fair market value, up to any applicable statutory limit	(d)(ii)
Brief descriptio	n: x o	eattle Bank x7352 Balance f 2/26/2025 hecking account	e as	\$298.26 <u></u>			
	A	cct. No.: XXXXXX7	/352		\checkmark	\$298.26	Wash. Rev. Code. § 6.15.010(1
Line from Schedule	A/B:	17				100% of fair market value, up to any applicable statutory limit	(d)(ii)
Brief descriptio	n: S E	eattle Bank avings xx1113 alance as of /26/2025		\$147.29 <u></u>			
	s	avings account cct. No.: XXXXXX1	113		V	\$147.29	Wash. Rev. Code. § 6.15.010(1
Line from Schedule	A/B:	17				100% of fair market value, up to any applicable statutory limit	(d)(ii)
Brief descriptio	n: S B 2 S	eattle Bank avings xx4379 alance as of /26/2025 avings account		\$145.5 <u>1</u>			
	<u>A</u>	cct. No.: XXXXXX4	1379		\checkmark	\$145.51	Wash. Rev. Code. § 6.15.010(1
Line from Schedule		17				100% of fair market value, up to any applicable statutory limit	(d)(ii)
Brief descriptio	n: S B 2	eattle Bank avings xx4398 alance as of /26/2025 avings account	3	\$150.60 <u></u>			
	<u>A</u>	cct. No.: XXXXXX4	1398		\mathbf{V}	\$150.60	Wash. Rev. Code. § 6.15.010(1
Line from Schedule	A/B:	17				100% of fair market value, up to any applicable statutory limit	<u>(d)(ii)</u>

Official Form 106C

Schedule C: The Property You Claim as Exempt

page <u>2</u> of <u>3</u>

		uardo dle Name	Repass Last Name		Case number (if known)	
Part 2: Ad	ditional Page					
	ion of the property an Iule A/B that lists this	d Current val portion you		mou	unt of the exemption you claim	Specific laws that allow exemption
property		Copy the va	C. lue from	checi	k only one box for each exemption.	
Brief	US Bank balance	Schedule A	5134.20			
description:	as of 2/26/2025 Checking account					
	Acct. No.: 9623		V	1	\$134.20	Wash. Rev. Code. § 6.15.010(1
Line from Schedule A/B:	17				00% of fair market value, up to any applicable statutory limit	<u>(d)(ii)</u>
Brief description:	Vanguard Voyage Roth IRA xxx391		,945.10			
	Balance as of	Ŧ				
	09/30/2024		V	<u> </u>	\$3,945.10	11 U.S.C. § 522(n)
Line from Schedule A/B:	21			_	00% of fair market value, up to any applicable statutory limit	
Brief description:	Northwestern		887.00			
description.	Mutual Whole Life Insurance Policy	e				
	#####9928 Net					
	Accumulated value: \$887.00		V	ń	\$31,314.58	Wash. Rev. Code. § 48.18.410
Line from				-	00% of fair market value, up to	Wash. Nev. Code. 3 40.10.410
Schedule A/B	31				any applicable statutory limit	
Brief description:	Global Atlantic	\$32	,710.81			
	Financial Group, #####3489 as of					
	2/26/2025 Accour	nt				
	value \$49,060.81 Surrender charge					
	\$16,350 Net	;				
	surrender value:					
	\$32,710.81		V	á	\$32,710.81	Wash. Rev. Code. § 48.18.410
Line from Schedule A/B:	31				00% of fair market value, up to any applicable statutory limit	<u>_</u>
Brief description:	Capital Loss (re	un	iknown	1	\$7,000.00	Wash. Rev. Code. § 6.15.010(1
·	theft loss)			_	00% of fair market value, up to any applicable statutory limit	(d)(ii) About \$500k more or less was
Line from Schedule A/B:	53			8	any applicable statutory littlit	lost.

page <u>3</u> of <u>3</u>

Fill in this information to identify your case:						
Richard	Eduardo	Repass				
First Name	Middle Name	Last Name				
First Name	Middle Name	Last Name				
ankruptcy Court for the	: Western	District o	of Washington			
25-10499						
	Richard First Name First Name ankruptcy Court for the	Richard Eduardo First Name Middle Name First Name Middle Name ankruptcy Court for the: Western	Richard Eduardo Repass First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: Western District of			

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.

 \checkmark Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2.	List all secured claims. If a creditor has r separately for each claim. If more than one creditors in Part 2. As much as possible, li 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	Idaho Central Credit Union Creditor's Name Po Box 2469 Number Street	Describe the property that secures the claim: 2020 Nissan Leaf As of the date you file, the claim is: Check all that Contingent	\$35,707.00	\$13,000.00	\$22,707.00
	Pocatello, ID 83206-2469 City State ZIP Code	 Unliquidated Disputed 			
	 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 	 Nature of lien. Check all that apply. An agreement you made (such as mortgage or s Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) 	ecured car loan)		
	community debt Date debt was incurred 1/1/2023	Last 4 digits of account number 530	2 \$35,707.00		

page 1 of <u>3</u>

Debtor 1	Richard	Eduard	0	Repass	Case r	number (if known) 25-	10499	
	First Name	Middle N	ame	Last Name				
						Column A	Column B	Column C
Part	Additiona	al Page				Amount of claim	Value of collateral	Unsecured
Fari	After listin	g any entries on thi y 2.4, and so forth.	s page, nu	mber them beginnin	g with 2.3,	Do not deduct the value of collateral.	that supports this claim	portion If any
	-	Servicing LLC	Describe	the property that se	cures the claim:	\$999,054.52	\$1,452,800.00	\$0.00
	editor's Name <mark>ttn: Bankruptcy</mark>	1	15144 \$	SE 46th Way Bellev	vue, WA 98006-32	29		
Р.	O. Box 630147		As of the	e date you file, the cla	aim is: Check all that	t apply.		
Nu	mber Street		🗋 Conti	ngent				
Li	ttleton, CO 801	63-0147	🗋 Unliq	uidated				
Cit	y Stat	e ZIP Code	🗋 Dispu	ited				
Wł	no owes the debt	? Check one.	Nature o	f lien. Check all that a	pply.			
\checkmark	Debtor 1 only		🗹 An ag	preement you made (s	uch as mortgage or s	secured car loan)		
	Debtor 2 only			tory lien (such as tax li	,			
I =	Debtor 1 and Deb		0	ment lien from a lawsu	it			
	At least one of the another	e debtors and	Other Offset	(including a right to)				
	Check if this claim relates to a community debt							
Da	te debt was incu	rred 8/1/2022	Last 4 di	gits of account num	per <u>2 5 3</u>	7		
2.3 W	hispering Heig	hts HOA	Describe	the property that se	cures the claim:	unknown	\$0.00	\$0.00
Cre	editor's Name					7		
P	o Box 40232							
Nu	mber Street		As of the	e date you file, the cla	aim is: Check all that	t apply.		
			🗋 Conti	ngent				
B	ellevue, WA 980	015-4232	🗋 Unliq	uidated				
Cit	y Stat	e ZIP Code	🗋 Dispu	ited				
Wł	no owes the debt	? Check one.	Nature o	f lien. Check all that a	pply.			
\mathbf{V}	Debtor 1 only		🗋 An ag	reement you made (s	uch as mortgage or s	secured car loan)		
	Debtor 2 only		Statu	tory lien (such as tax li	en, mechanic's lien)			
	Debtor 1 and Deb	otor 2 only	🗋 Judgr	ment lien from a lawsu	it			
	At least one of the another	e debtors and	Other Offset	(including a right to)				
	Check if this cla community debt							
Da	te debt was incu	rred	Last 4 di	gits of account num	oer			
Ad	d the dollar value	e of your entries in (Column A	on this page. Write th	nat number here:	\$999,054.52		
	his is the last pag ite that number h		the dollar	value totals from all	pages.	\$1,034,761.52		

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page <u>2</u> of <u>3</u>

Debtor 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	
Part 2:	List Others to	Be Notified for a D	ebt That You Alrea	dy Listed
agency is try if you have m	ing to collect from	m you for a debt you ov	we to someone else, l ots that you listed in F	y for a debt that you already listed in Part 1. For example, if a collection list the creditor in Part 1, and then list the collection agency here. Similarly, Part 1, list the additional creditors here. If you do not have additional s page.
1. NewRe	ez LLC dba She	Ilpoint Mtg Sving		On which line in Part 1 did you enter the creditor? 2.2
Name				Last 4 digits of account number
55 Bea	attie PI Ste 110			
Number	Street			
Green	ville, SC 29601-	5115		
City		State	ZIP Code	

Official Form 106D

Part 2 of Schedule D: Creditors Who Have Claims Secured by Property

page <u>3</u> of <u>3</u>

				pago
Case 25-10499-CMA	Doc 12	Filed 03/10/25	Ent. 03/10/25 06:58:38	Pg. 18 of 75

Debtor 1	Richard	Eduardo	Repass	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the	western	District of	Washington

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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

Do any creditors have priority unsecured claims against you?
 No. Go to Part 2.
 Yes.

Part 1:

Official Form 106E/F

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim 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.)

List All of Your PRIORITY Unsecured Claims

			Total claim	Priority amount	Nonpriority amount
2.1	Cara Hamilton Priority Creditor's Name 5427 Village Park Dr Se Apt 2934	Last 4 digits of account number	\$8,379.00	\$8,379.00	\$0.00
	Number Street	As of the date you file, the claim is: Check all that apply.			
	Bellevue, WA 98006-6636 City State ZIP Code	 Contingent Unliquidated Disputed 			
	 Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only 	 Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government 			
	 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt 	 Claims for death or personal injury while you were intoxica Other. Specify <u>Wages, salaries, and commissions</u> 			
	Is the claim subject to offset? ☑ No ☑ Yes				

Schedule E/F: Creditors Who Have Unsecured Claims

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12/15

Check if this is an amended filing

Debto	r 1	Richard	Eduardo	Repass	Case n	umber <i>(if l</i>	known) 25-10499				
		First Name	Middle Name	e Last Name			,				
Pa	irt 1:	Your PRIORITY	Y Unsecured C	laims — Continuation Page							
Afte	r listing a	any entries on this	s page, number th	nem beginning with 2.3, followed by	y 2.4, and so	forth.	Total claim	Priority amount	Nonpriority amount		
2.2	Depart	tment of Labor &	& Industries	Last 4 digits of account number	643	8	\$5,449.00	\$5,449.00	\$0.00		
	Priority C	Creditor's Name				_					
	Collec	tions		When was the debt incurred?							
	P.O. B	ox 44171									
	Number	Street		As of the date you file, the claim is	s: Check all th	at apply.					
	Olymp	oia, WA 98504		Contingent							
	City	State	ZIP Code	Unliquidated							
	Who inc	curred the debt?	beck one	Disputed							
			Sheek one.	Type of PRIORITY unsecured clair	n:						
	 Debtor 1 only Debtor 2 only 			Domestic support obligations							
		tor 1 and Debtor 2	only	☑ Taxes and certain other debts you owe the government							
	 At least one of the debtors and another Check if this claim is for a community debt 			Claims for death or personal inju	ry while you w	ere intoxi	cated				
				Other. Specify			_				
	Is the cl	laim subject to off	iset?								
	No No										
	Yes										
2.3		0	D	Lest 4 divite of economy number		•	* 4 - - - - - - -	* 4 777 00	* ~ ~~		
	Emplo	yment Security Creditor's Name	Department	Last 4 digits of account number	600	8	\$4,777.20	\$4,777.20	\$0.00		
	-			When was the debt incurred?	2022 to	2024					
		Admin									
	-	ox 9046		As of the data you file, the claim is		at analy					
	Number			As of the date you file, the claim is Contingent	S: Check all th	at apply.					
	<u> </u>	bia, WA 98507-90	ZIP Code	Unliquidated							
	City	State		Disputed							
		curred the debt? C	Check one.								
		tor 1 only		Type of PRIORITY unsecured clair	n:						
	_	tor 2 only		Domestic support obligations							
		tor 1 and Debtor 2		Taxes and certain other debts yoClaims for death or personal inju			aatad				
	🗋 Che	ck if this claim is t munity debt		Other. Specify							
	Is the cl	laim subject to off	set?								
	Mo No	•									
	Yes										

Schedule E/F: Creditors Who Have Unsecured Claims

Deb	tor 1	Richard	Eduardo	o Repass	Case number (if I	(nown) 25-10499		
		First Name	Middle Na	me Last Name		,		
	Part 1:	Your PRIORITY	Y Unsecured	Claims — Continuation Page	•			
Aft	ter listing a	any entries on this	s page, number	them beginning with 2.3, follow	ed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
2.4		-		Last 4 digits of account number	3 1 3 3	\$138,880.00	\$138,880.00	\$0.00
		editor's Name		When was the debt incurred?	2021			
		21126 Bankrupt	tcy					
	Number	Street		As of the date you file, the claim	is: Chack all that apply			
				Contingent	IS. Check all that apply.			
		Iphia, PA 19114	ZID Code	Unliquidated				
	City	State	ZIP Code	Disputed				
	Who incu	rred the debt? Ch	ieck one.	Type of PRIORITY unsecured cla	aim:			
	Debto	•		Domestic support obligations				
		r 1 and Debtor 2 on	nly	Taxes and certain other debts				
		st one of the debtor	rs and	 Claims for death or personal ir Other. Specify 	njury while you were intoxicat	ed		
	_	er k if this claim is fo nunity debt	or a					
		im subject to offse	ot?					
	Mo No		511					
	Yes							
2.5	IRS Inso	olvency		Last 4 digits of account number	·	unknown	unknown	unknown
	Priority Cr	editor's Name		When was the debt incurred?				
	Po Box							
	Number	Street						
				As of the date you file, the claim	n is: Check all that apply.			
		Iphia, PA 19114- State	0326 ZIP Code	 Contingent Unliquidated 				
	City			Disputed				
		rred the debt? Ch	eck one.		oim.			
	Debto			Type of PRIORITY unsecured cla Domestic support obligations				
		r 1 and Debtor 2 on	nly	✓ Taxes and certain other debts	you owe the government			
		st one of the debtor	rs and	Claims for death or personal ir		ed		
		er c if this claim is fo nunity debt	or a	Other. Specify				
		im subject to offse	et?					
	M No							
	Yes							
	Remarks	: 2024						

page <u>3</u> of <u>24</u>

Debtor 1	Richard	Eduardo	Repass	Case nui	mber (if kno	_{wn)} 25-10499		
	First Name	Middle Nam	ne Last Name					
Part 1:	Your PRIORI	TY Unsecured (Claims — Continuation Page					
After listing	any entries on th	nis page, number f	them beginning with 2.3, followed b	y 2.4, and so fo	orth.	Total claim	Priority amount	Nonpriority amount
2.6 Offic	e of the Attorne	y General	Last 4 digits of account number	0 5 2	4	unknown	unknown	unknown
,	Creditor's Name		When was the debt incurred?					
Bank	ruptcy & Collec	tions						
800 F	ifth Avenue Un	it Suite 2000						
Numbe	er Street		As of the date you file, the claim i	s: Check all that	t apply.			
Seatt	le, WA 98104		Contingent					
City	State	ZIP Code	Unliquidated					
			Disputed					
	ncurred the debt?	Check one.						
	btor 1 only		Type of PRIORITY unsecured clai	m:				
	btor 2 only		Domestic support obligations					
	btor 1 and Debtor 2	,	Taxes and certain other debts yo	0				
	least one of the de		Claims for death or personal inju	iry while you we	re intoxica	ted		
	eck if this claim is mmunity debt	s for a	☑ Other. Specify					
Is the	claim subject to c	offset?						
🗹 No								
🗋 Yes	S							
Remar	ks: Department of	f Labor and Industr	ies Employment Standards Program					

page <u>4</u> of <u>24</u>

Debt	or 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
		First Name	Middle Name	Last Name	
P	art 2:	List All of You	ur NONPRIORITY Uns	secured Claims	
3.	Do any o	creditors have no	npriority unsecured clai	ims against you?	
	🔲 No. Y	/ou have nothing t	o report in this part. Subm	it this form to the court w	ith your other schedules.
	🗹 Yes	-			
		.		a alphabatical ander of	the condition who holds cook claim. If a condition has more than and
4.					the creditor who holds each claim. If a creditor has more than one ch claim listed, identify what type of claim it is. Do not list claims already
	•		<i>i</i>	5	ther creditors in Part 3.If you have more than three nonpriority unsecured
	claims fil	I out the Continuat	ion Page of Part 2.		
					Total claim
4.1				Loot 4 digito of	f account number f c acc ac
	Aetha	ity Creditor's Norm	-		f account number \$6,200.00
	•	ity Creditor's Nam	e	When was the	debt incurred?
		x 14079			
	Number	Street		As of the date	you file, the claim is: Check all that apply.
				Contingent	
	Lexing	ton, KY 40512-	4079	Unliquidated	d
	City	St	ate ZIP	Code Disputed	
	Who inc	urred the debt?	Check one		
		tor 1 only		Type of NONPI	RIORITY unsecured claim:
	_	tor 2 only		Student loar	
		tor 1 and Debtor 2	only	•	arising out of a separation agreement or divorce that you did not report as
		ast one of the deb		priority clain	ns nsion or profit-sharing plans, and other similar debts
			for a community debt	✓ Other. Spec	
					·
		aim subject to of	rset ?		
	☑ No □ Yes				
-					
4.2	Amex			Last 4 digits of	f account number 3 0 0 9 \$31,936.00
	Nonprior	ity Creditor's Name	e		
	Corres	pondence/Ban	kruptcy	When was the	debt incurred? 2021 to 2024
	PO Bo	x 981540			
	Number			As of the date	you file, the claim is: Check all that apply.
		o, TX 79998		Contingent	
	City		ate ZIP	Code Unliquidated	d
				Disputed	
	_	curred the debt?	Check one.	Type of NONPI	RIORITY unsecured claim:
		tor 1 only		Student loar	
		tor 2 only	h		arising out of a separation agreement or divorce that you did not report as
		tor 1 and Debtor 2 ast one of the deb		priority clain	ns
	_		fors and another		nsion or profit-sharing plans, and other similar debts
			ior a community debt	✓ Other. Spec	
	Is the cl	aim subject to of	fset?		
	🗹 No				
	Yes				

page <u>5</u> of <u>24</u>

Debto	r1 Ri	ichard	Eduardo	Repass	Case nur	mber <i>(if known)</i> 25-10499	
	Firs	st Name	Middle Name	Last Name			
De				laima Cantinuation I	D		
Pa	nrt 2: Yo		(ITT Unsecured CI	laims — Continuation I	Page		
Afte	r listing any e	entries on this	page, number them b	eginning with 4.4, follow	ed by 4.5, and so fo	orth.	Total claim
4.3	Bankers H	lealth Group I	Mastercard	Last 4 digits of	account number	1 5 6 3	\$13,681.15
	Nonpriority C	reditor's Name		When was the o	debt incurred?		
	Cardmemb	ber Services				·	
	PO Box 33	32509		As of the date i	you file the claim is	: Check all that apply.	
	Number	Street		Contingent	you me, the claim is	. Check all that apply.	
	Murfreesb	oro, TN 37133	3	Unliquidated	1		
	City	State	e ZIP	Code Disputed			
	Who incurre	ed the debt? Ch	eck one.		NORITY unsecured	oloim	
	Debtor 1	only		Student loan		ciaim:	
	Debtor 2					ration agreement or divorce that	at you did not report as
		and Debtor 2 or	•	priority claim	0	allon agreement of divorce the	at you did not report as
		one of the debtor				g plans, and other similar debts	6
	Check if	this claim is fo	r a community debt	🗹 Other. Speci	fy		
	Is the claim	subject to offse	et?				
	🗹 No						
	Yes						
4.4	BHG Bank	ers Healthcar	re Group	Last 4 digits of	account number	6 6 8 6	\$63,841.00
	Nonpriority C	reditor's Name					
		reditor's Name ber Services		When was the o	debt incurred?	12/10/2021	
	Cardmemb	ber Services		When was the o	debt incurred?	12/10/2021	
		ber Services				12/10/2021	
	Cardmemt PO Box 33 Number	ber Services 32509 Street		As of the date y	you file, the claim is		
	Cardmemk PO Box 33 Number Murfreesb	ber Services 32509 Street oro, TN 37133		As of the date y	you file, the claim is		
	Cardmemk PO Box 33 Number Murfreesbe City	ber Services 32509 Street oro, TN 37133 State	e ZIP	As of the date y	you file, the claim is		
	Cardmemb PO Box 33 Number Murfreesbe City Who incurre	ber Services 32509 Street oro, TN 37133 State ed the debt? Ch	e ZIP	As of the date y Code Code As of the date y Code Disputed	you file, the claim is	: Check all that apply.	
	Cardmemt PO Box 33 Number Murfreesbe City Who incurre Debtor 1	ber Services 32509 Street oro, TN 37133 State d the debt? Ch only	e ZIP	As of the date y Code Code Type of NONPR	you file, the claim is	: Check all that apply.	
	Cardmemt PO Box 33 Number Murfreesbe City Who incurre Debtor 1 Debtor 2	ber Services 32509 Street oro, TN 37133 State of the debt? Ch only only	e ZIP eck one.	As of the date y Code Code Type of NONPR Student loan	you file, the claim is RIORITY unsecured	: Check all that apply.	at you did not report as
	Cardmemt PO Box 33 Number Murfreesbe City Who incurre Debtor 1 Debtor 2 Debtor 1	ber Services 32509 Street oro, TN 37133 State of the debt? Ch only only and Debtor 2 or	e ZIP eck one. Ny	As of the date y Code Code Type of NONPR Student loan Obligations a priority claim	you file, the claim is RIORITY unsecured as arising out of a sepai	s: Check all that apply. claim: ration agreement or divorce that	, ,
	Cardmemt PO Box 33 Number Murfreesbo City Who incurre Debtor 1 Debtor 2 Debtor 1 At least o	ber Services 32509 Street oro, TN 37133 State od the debt? Ch only only and Debtor 2 or one of the debtor	e ZIP eck one. nly rs and another	As of the date y Code Code Type of NONPR Student loan Obligations a priority claim Debts to per	you file, the claim is RIORITY unsecured as arising out of a separ asion or profit-sharing	: Check all that apply.	, ,
	Cardmemt PO Box 33 Number Murfreesbo City Who incurre Debtor 1 Debtor 2 Debtor 1 At least o	ber Services 32509 Street oro, TN 37133 State od the debt? Ch only only and Debtor 2 or one of the debtor	e ZIP eck one. Ny	As of the date y Code Code Type of NONPR Student loan Obligations a priority claim	you file, the claim is RIORITY unsecured as arising out of a separ asion or profit-sharing	s: Check all that apply. claim: ration agreement or divorce that	, ,
	Cardmemt PO Box 33 Number Murfreesbo City Who incurre Debtor 1 Debtor 1 Debtor 1 At least o Check if	ber Services 32509 Street oro, TN 37133 State od the debt? Ch only only and Debtor 2 or one of the debtor	e ZIP eck one. nly rs and another r a community debt	As of the date y Code Code Type of NONPR Student loan Obligations a priority claim Debts to per	you file, the claim is RIORITY unsecured as arising out of a separ asion or profit-sharing	s: Check all that apply. claim: ration agreement or divorce that	, ,
	Cardmemt PO Box 33 Number Murfreesbo City Who incurre Debtor 1 Debtor 1 Debtor 1 At least o Check if	ber Services 32509 Street oro, TN 37133 State only only and Debtor 2 or one of the debtor this claim is fo	e ZIP eck one. nly rs and another r a community debt	As of the date y Code Code Type of NONPR Student loan Obligations a priority claim Debts to per	you file, the claim is RIORITY unsecured as arising out of a separ asion or profit-sharing	s: Check all that apply. claim: ration agreement or divorce that	, ,

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

page <u>6</u> of <u>24</u>

First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claims 4.5 Calypso Last 4 digits of account number \$330 MS229 When was the debt incurred? \$330 MS229 As of the date you file, the claim is: Check all that apply. Contingent Contingent Number Street Contingent Unliquidated Disputed Seattle, WA 98111-0327 Debtor 1 only Studen toans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Studen toans 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 M te claim subject to offset? M No M No Yes	Case number (if known) 25-10499	Re	Eduardo	Richard	ebtor 1	Debto
After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total cla 4.5 Calypso Last 4 digits of account number \$350 Nonpriority Creditor's Name When was the debt incurred? \$350 MS229 When was the debt incurred? \$350 Number Street Contingent Contingent Seattle, WA 98111-0327 Unliquidated Disputed Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Monpriority Creditor's Name Other. Specify Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Mo Yes Yes State 4 digits of account number 8 4 4 5 4.6 Chase Last 4 digits of account number 8 4 4 5 Monpriority Creditor's Name When was the debt incurred? 2022 \$48,200 When was the debt incurred? <td< th=""><th></th><th>Last</th><th>Middle Name</th><th>First Name</th><th></th><th></th></td<>		Last	Middle Name	First Name		
After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total cla 4.5 Calypso Last 4 digits of account number \$350 Nonpriority Creditor's Name When was the debt incurred? \$350 MS229 When was the debt incurred? \$350 Number Street Contingent Contingent Seattle, WA 98111-0327 Unliquidated Disputed Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Monpriority Creditor's Name Other. Specify Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Mo Yes Yes State 4 digits of account number 8 4 4 5 4.6 Chase Last 4 digits of account number 8 4 4 5 Monpriority Creditor's Name When was the debt incurred? 2022 \$48,200 When was the debt incurred? <td< th=""><th>e</th><th>Claims —</th><th>RITY Unsecured</th><th>Your NONPRIOR</th><th>Part 2:</th><th>Pa</th></td<>	e	Claims —	RITY Unsecured	Your NONPRIOR	Part 2:	Pa
4.5 Calypso Last 4 digits of account number \$350 Nonpriority Creditor's Name When was the debt incurred? \$350 MS229 Po Box 327 As of the date you file, the claim is: Check all that apply. Contingent Number Street Contingent Unliquidated City State ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Vi A It least one of the debtors and another Obligations or profit-sharing plans, and other similar debts Vi No Yes As the digits of account number 8 4 4 5 4.6 Chase Last 4 digits of account number 8 4 4 5 Nonpriority Creditor's Name When was the debt incurred? 2022 448,202						
Varypso East 4 digits of account number		beginning	page, number mem	• •		
MS229 As of the date you file, the claim is: Check all that apply. Number Street Seattle, WA 98111-0327 Contingent City State ZIP Code Debtor 1 only Disputed Debtor 2 only Student loans Debtor 1 and Debtor 2 only Student loans Debtor 1 and Debtor 2 only Disputed Mate claim is for a community debt Other. Specify Is the claim subject to offset? I Other. Specify Monpriority Creditor's Name Last 4 digits of account number Attn: Bankruptcy When was the debt incurred? PO Box 15298 State	ount number \$350.0					4.5
Po Box 327 As of the date you file, the claim is: Check all that apply. Number Street Contingent Seattle, WA 98111-0327 Unliquidated City State ZIP Code Who incurred the debt? Check one. Disputed Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Material At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Monpriority Creditor's Name Monpriority Creditor's Name Last 4 digits of account number 8 4 4 5 \$48,20 When was the debt incurred? 2022	incurred?					
Number Street As of the date you file, the claim is: Check all that apply. Number Street Contingent Seattle, WA 98111-0327 Unliquidated City State ZIP Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as portivy claims Other. Specify Other. Specify Is the claim subject to offset? Other. Specify Is the claim subject to offset? Stat 4 digits of account number Attn: Bankruptcy Last 4 digits of account number PO Box 15298 When was the debt incurred?				-		
Seattle, WA 98111-0327 □ Unliquidated City State ZIP Code Disputed Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Value At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Volter. Specify Is the claim subject to offset? Is the claim subject to offset? Is no Yes 4.6 Chase Nonpriority Creditor's Name Last 4 digits of account number 8 4 4 5 \$48,20 When was the debt incurred? 2022 PO Box 15298 PO Box	ile, the claim is: Check all that apply.			-		
City State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor and other similar debts Mathematical claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other. Specify Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset? Monpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 2022 PO Box 15298 PO Box 15298			,	e, WA 98111-0327	Seattle	
Image: Section of the debt of and petror 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Image: Section 2 only Debtor 1 and Debtor 2 only Image: Section 2 only Image: Section 2 only Image: Section 2 only Image: Debtor 1 and Debtor 2 only Image: Section 2 only Image: Section 2 only Image: Debtor 1 and Debtor 2 only Image: Section 2 only		P Code		,		
□ Debtor 1 only □ Student loans □ Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Check if this claim is for a community debt □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts □ Student loans □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify 4.6 Chase Nonpriority Creditor's Name ■ A 4 5 Attn: Bankruptcy 2022 PO Box 15298 When was the debt incurred?	ITY unsecured claim:		neck one.	curred the debt? Che	Who inc	
 □ 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 ④ Chase Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 						
 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 Chase Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 	g out of a separation agreement or divorce that you did not report as					
□ Check if this claim is for a community debt ✓ Other. Specify Is the claim subject to offset? ✓ No ✓ No Yes 4.6 Chase Nonpriority Creditor's Name Last 4 digits of account number Attn: Bankruptcy When was the debt incurred? PO Box 15298 48.20	as madia abasing plana, and other similar data					
Is the claim subject to offset? ✓ No ✓ Yes 4.6 Chase Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298						
Image: Second system Image: Second system <td< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td></td<>			-			
Yes 4.6 Chase Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298			iet?	laim subject to offse	-	
4.6 Chase Last 4 digits of account number 8 4 5 \$48,20 Nonpriority Creditor's Name When was the debt incurred? 2022 PO Box 15298 PO Box 15298 2022						
Chase Clast 4 digits of account number 6 4 4 5 \$46,20 Nonpriority Creditor's Name Mhen was the debt incurred? 2022 PO Box 15298						<u> </u>
Attn: Bankruptcy When was the debt incurred? 2022 PO Box 15298	ount number <u>8 4 4 5</u> \$48,201.0			•	4.6 Chase	4.6
Attn: Bankruptcy	incurred? 2022			rity Creditor's Name	Nonprior	
				Bankruptcy	Attn: E	
	ile the claim is: Check all that apply					
Number Street Contingent				Street	Number	
Wilmington, DE 19850						
City State ZIP Code Disputed		P Code	ie Z	State	City	
Who incurred the debt? Check one.			neck one.	curred the debt? Che	Who inc	
Debtor 1 only Type of NONPRIORITY unsecured claim:	I Y unsecured claim:			tor 1 only	🗋 Debt	
Debtor 2 only	a out of a concration agreement or diverse that you did not report on					
Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims	g out of a separation agreement of divorce that you did not report as					
At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts	or profit-sharing plans, and other similar debts					
□ Check if this claim is for a community debt ☑ Other. Specify			or a community deb	ck if this claim is for	⊔ Che	
Is the claim subject to offset?			et?	laim subject to offse	Is the cl	
🗹 No					🗹 No	
C Yes					Yes	

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Debtor	r 1	Richard	Eduardo	Repass	Case number (if known) 25-1049	9
		First Name	Middle Name	Last Name		
					_	
Pa	rt 2:	Your NONPRIC	DRITY Unsecured C	laims – Continuatio	1 Page	
After	listing	any entries on this	s page, number them b	eginning with 4.4, foll	wed by 4.5, and so forth.	Total claim
4.7	Citiba	nk		Last 4 digits	of account number 4 5 0 7	\$1,652.00
	Nonprio	rity Creditor's Name	9	When was t	e debt incurred? 11/1/2023	
	Po Bo	x 6190				
	Number	Street			e ver file the claim is. Check all that apply	
				As of the da	e you file, the claim is: Check all that apply.	
	-	Falls, SD 57117		— Unliquid		
	City	Sta	ate ZII	Code Disputed		
		curred the debt?	Check one.		PRIORITY unsecured claim:	
	_	tor 1 only		Student		
		tor 2 only tor 1 and Debtor 2	only		is arising out of a separation agreement or dive	orce that you did not report as
		east one of the debt	,	priority c		
			for a community debt		pension or profit-sharing plans, and other simila ecify CreditCard	Ir dedts
	Is the c	laim subject to of	fset?			-
	No No					
	Yes					
4.8	Come	nity Bank		Last 4 digit	of account number 1 5 8 6	\$0.00
		rity Creditor's Name	9			
	Attn: I	Bankruptcy		When was t	e debt incurred? 6/21/2017	
	PO Bo	ox 182125				
	Number			_	e you file, the claim is: Check all that apply.	
	Colum	nbus, OH 43218		Continge 🗌 🗌 🗌		
	City	Sta	ate ZI	Code Disputed	ea	
	Who in	curred the debt?	Check one.			
	🗹 Deb	tor 1 only			PRIORITY unsecured claim:	
		tor 2 only		Student	ans is arising out of a separation agreement or dive	arce that you did not report as
		tor 1 and Debtor 2 east one of the debt	,	priority c	lims	
			for a community debt		pension or profit-sharing plans, and other simila	ar debts
			-	Uner. S	ecify CreditCard	-
	Is the c	laim subject to of	ISET?			

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Debto	r 1	Richard	Eduardo	Re	epass	Case nu	mber (if known) 25	-10499	
		First Name	Middle Name	Las	t Name				
Pa	rt 2:			laime -	- Continuation Page				
	listing a	any entries on this	s page, number them	beginnin	g with 4.4, followed by	4.5, and so f	orth.		Total claim
4.9	Comm	unity Health Pla	an		Last 4 digits of acco	unt number		_	\$86.00
	Nonprior	ity Creditor's Name)		When was the debt i	ncurred?			
		rd Ave Ste 400							
	Number	Street			As of the date you fi	le the claim i	s. Check all that a	only	
					Contingent			·p·j.	
		e, WA 98101-320			Unliquidated				
	City	Sta	ate ZI	P Code	Disputed				
	Who inc	urred the debt? (Check one.		Type of NONPRIOR	TY unsecured	claim:		
	_	or 1 only			Student loans				
		or 2 only or 1 and Debtor 2			Obligations arising	g out of a sepa	ration agreement of	or divorce that you did r	not report as
		ast one of the debt	,		priority claims Debts to pension	or profit charin	a plane, and other	cimilar dobte	
			for a community debt		☑ Other. Specify				
	la tha al	aim subject to off	inet?		p) <u>_</u>				
	No No		361:						
4.10	Casta	o Citi Card			Last 4 digits of acco	unt numbor	7 2 0 7		\$17,813.00
		ity Creditor's Name	2				7 3 0 2	<u> </u>	\$17,813.00
	•	Bankruptcy			When was the debt i	ncurred?	2022 to 202	4	
	PO Bo	Street			As of the date you fi	le, the claim i	s: Check all that a	oply.	
		Falls, SD 57117			Contingent				
	City		ate ZI	P Code	Unliquidated				
	Who inc	urred the debt? (back one		Disputed				
		or 1 only	neck one.		Type of NONPRIORI	TY unsecured	claim:		
		or 2 only			Student loans				
	Debt	or 1 and Debtor 2	only		Obligations arising priority claims	g out of a sepa	ration agreement of	or divorce that you did r	not report as
		ast one of the debt			Debts to pension	or profit-sharin	g plans, and other	similar debts	
		ck if this claim is	for a community debt		✓ Other. Specify				
		aim subject to off	set?						
	☑ No								
	Yes								

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Debtor	r 1	Richard	Eduardo	Re	pass	Case number (if known) 25-10499	
		First Name	Middle Name	Last	t Name		
Do	rt 2:			Claima	Continuation Dava		
Pe	rt 2:	TOUT NONPRIC	JRITT Unsecured		Continuation Page		
· · · · · ·	listing a	any entries on this	s page, number them	beginning	g with 4.4, followed by	4.5, and so forth. Total	claim
4.11	Cotivit	i			Last 4 digits of acco	unt number unl	known
	Nonprior	ity Creditor's Name	9		When was the debt i	ncurred?	
	PO Bo	x 12012					
	Number	Street			As of the date you fi	le, the claim is: Check all that apply.	
					Contingent	ie, the claim is. Check an that apply.	
	S Jord	lan, UT 84035			Unliquidated		
	City	Sta	ate 2	ZIP Code	Disputed		
	Who inc	curred the debt?	Check one.			TY unsecured claim:	
	Debt	tor 1 only			Student loans		
		tor 2 only				g out of a separation agreement or divorce that you did not repo	ort as
		tor 1 and Debtor 2 ast one of the debt			priority claims		
			for a community det	ot		or profit-sharing plans, and other similar debts	
			-				
		aim subject to off	set?				
	Mo Ves						
4.12		hoice Health			Last 4 digits of acco	unt number \$	110.00
	•	rity Creditor's Name	9		When was the debt i	ncurred?	
		x 12659					
	Number	Street			As of the date vou fi	le, the claim is: Check all that apply.	
					Contingent	, , , , , , , , , , , , , , , , , , , ,	
		e, WA 98111-465			Unliquidated		
	City	Sta	ate 2	ZIP Code	Disputed		
		curred the debt?	Check one.		Type of NONPRIORI	TY unsecured claim:	
		tor 1 only			Student loans		
		tor 2 only tor 1 and Debtor 2	only		v .	g out of a separation agreement or divorce that you did not repo	rt as
	-	ast one of the debt	•		priority claims	or profit-sharing plans, and other similar debts	
			for a community deb	ot	☑ Other. Specify	or pront-sharing plans, and other similar debts	
		aim subject to of					
		ann Subject to on	361 :				

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Debto	r 1	Richard	Eduardo	Rep	ass	Case nu	umber	(if known) 25-10499	
		First Name	Middle Name	Last N	lame				
Pa	rt 2:	Your NONPRIC	ORITY Unsecured C	Claims — C	Continuati	ion Page			
After	listing a	any entries on this	s page, number them I	beginning	with 4.4, fo	llowed by 4.5, and so f	forth.		Total claim
4.13	Joese	ph Toro			Last 4 digi	ts of account number			unknown
	Nonprio	rity Creditor's Name)		Whon was	the debt incurred?			
	4717 7	76th St E			when was	the debt incurred :			
	Number	- Street							
						late you file, the claim	is: Ch	eck all that apply.	
	Tacom	na, WA 98443-22	38		Conting				
	City	Sta	ate ZI	IP Code	Dispute				
	Who in	curred the debt?	beck one						
		tor 1 only			Type of NC	ONPRIORITY unsecure	ed clair	n:	
		tor 2 only			Student				
		tor 1 and Debtor 2	only		Obligati priority		aratior	agreement or divorce th	at you did not report as
	🗋 At le	At least one of the debtors and another			_ ' /		ing plai	ns, and other similar deb	ts
	Check if this claim is for a community debt Is the claim subject to offset?				Other. S	Specify			
	🗹 No								
	🗋 Yes								
	Remark	s. Former client as	sserts refund is owed. \$	\$3500					
4.14				,0000.					
<u></u>		EN WALTERS PI			Last 4 digi	ts of account number	<u>P</u>	LLC	\$138.00
	•	rity Creditor's Name	3		When was the debt incurred?				
	Number	Ne 2nd St Street							
	Number	Sileet			As of the d	late you file, the claim	is: Ch	eck all that apply.	
					Conting	gent		,	
	-	rue, WA 98004-8		ID Code	Unliquio	dated			
	City	Sta	ate Zi	IP Code	Dispute	ed			
		curred the debt? (Check one.		Type of NC	ONPRIORITY unsecure	d clair	n.	
		tor 1 only			Student		a olali		
		tor 2 only					aratior	agreement or divorce th	nat you did not report as
		tor 1 and Debtor 2 east one of the debt	,		priority	claims		Ū	
			for a community debt	·				ns, and other similar deb	ts
					Uther. S	Specify			
		laim subject to off	set?						
	No No								
	Yes								

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Debto	or 1	Richard	Eduardo	Re	pass	Case nu	mber (if knov	vn)	25-10499	
		First Name	Middle Name	Las	t Name				,		
Pa	art 2:	Your NONPRIC	ORITY Unsecured C	laims -	- Continuation P	age					
	r listing a	any entries on this	s page, number them k	peginnin	g with 4.4, followe	d by 4.5, and so fo	orth.				Total claim
4.15	Macy's	s/ DSNB			Last 4 digits of a	ccount number	2	5	2	9	\$182.00
	Nonprior	rity Creditor's Name			When was the d	ebt incurred?		11/1/	/202	24	
			E. 60th Street Nort	h				1 1/ 1/	202		
	Number	Street				<i></i>	0				
					_ •	ou file, the claim is	s: Che	ck all	that	apply.	
	Sioux	Falls, SD 57104			 Contingent Unliquidated 						
	City	Sta	te ZIF	P Code	Disputed						
	Who inc	curred the debt? C	heck one.								
	🗹 Debi	tor 1 only				ORITY unsecured	claim	:			
	Debt	tor 2 only			Student loans						
	Debt	tor 1 and Debtor 2 o	only		Obligations an priority claims	•	ration	agree	emer	nt or divorce	that you did not report as
		ast one of the debt				ion or profit-sharing	g plans	s, and	d oth	er similar de	bts
	Che	ck if this claim is f	or a community debt			ChargeAccou		,			
	Is the cl	aim subject to off	set?								
	🗹 No	-									
	Yes										
4.16	Mohel	a Student Loans			Last 4 digits of a	ccount number	2	9	6	5	\$69,005.00
		rity Creditor's Name			-		_	<u> </u>	-		
	633 Sp				When was the d	ebt incurred?					
	Number										
					As of the date ye	ou file, the claim is	s: Che	ck all	that	apply.	
	Chast	erfield, MO 6300	5 1042		Contingent						
	City	Sta		P Code	Unliquidated						
				Coue	Disputed						
		curred the debt? C	heck one.			ORITY unsecured	claim				
		tor 1 only			Student loans		orann				
		tor 2 only					ration	auree	mer	nt or divorce	that you did not report as
	_	tor 1 and Debtor 2 of	,		priority claims	v .		agree	inci		that you did not report as
		ast one of the debt				ion or profit-sharing	g plans	s, and	d oth	er similar de	bts
	L Che	CK If this claim is f	or a community debt		Other. Specify						
	Is the cl	aim subject to off	set?								
	🗹 No										
	🗋 Yes										

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Debto	r 1	Richard	Eduardo	Repass Case number (if known) 25-10499	
		First Name	Middle Name	Last Name	
		1			
Pa	nrt 2:	Your NONPRIC	ORITY Unsecured C	laims - Continuation Page	
After	r listing	any entries on this	page, number them	beginning with 4.4, followed by 4.5, and so forth.	tal claim
4.17	Navier	nt		Last 4 digits of account number 1 0 1 7 \$	39,209.00
	Nonprio	rity Creditor's Name			
	Attn: E	Bankruptcy		When was the debt incurred? 10/1/2003	
	PO Bo	ox 9500			
	Number	r Street		As of the date you file, the claim is: Check all that apply.	
	Wilkes	s Barre, PA 1877	3		
	City	Sta	te ZI	Code Disputed	
	Who in	curred the debt? C	heck one.		
	🗹 Deb	otor 1 only		Type of NONPRIORITY unsecured claim:	
	🗋 Deb	otor 2 only		Student loans	
	🗋 Deb	otor 1 and Debtor 2 o	only	Obligations arising out of a separation agreement or divorce that you did not re priority claims	port as
	🗋 At le	east one of the debto	ors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Che	eck if this claim is f	or a community debt	Other. Specify	
	Is the c	laim subject to off	set?		
	🗹 No	-			
	C Yes				
4.18	Navier	nt		Last 4 digits of account number 0 0 8 9 \$	29,810.00
		rity Creditor's Name			
	Attn: I	Bankruptcy		When was the debt incurred? 9/1/2001	
	PO Bo	ox 9500			
	Number			As of the date you file, the claim is: Check all that apply.	
	Wilkes	s Barre, PA 1877	3	Contingent	
	City	Sta		Code Dunliquidated	
		curred the debt? C	heck one.	Type of NONPRIORITY unsecured claim:	
		tor 1 only		Student loans	
		tor 2 only		Obligations arising out of a separation agreement or divorce that you did not re	port as
		otor 1 and Debtor 2 c		priority claims	
			a waa la waa ah a waa ah a wa		
	🗋 At le	east one of the debto		Debts to pension or profit-sharing plans, and other similar debts	
	🗋 At le		ors and another or a community debt	 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 	
	At le		or a community debt		
	At le	eck if this claim is f laim subject to off	or a community debt		

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Debtor	· 1	Richard	Eduardo	Repass	Case number (if known) 25-104	199
		First Name	Middle Name	Last Name		
Pa	rt 2:	Your NONPRIC	ORITY Unsecured C	laims — Continua	ntion Page	
After	listing	any entries on this	s page, number them	peginning with 4.4,	followed by 4.5, and so forth.	Total claim
4.19	NCS	Companies		Last 4 di	gits of account number 3 0 5 6	\$1,084.34
	Nonprio	rity Creditor's Name)			
	Patier	ntPop, Inc.		When wa	as the debt incurred?	-
	Ро Во	x 50276		As of the	e date you file, the claim is: Check all that apply.	
	Number	r Street		Conti	• • • • • • • • • • • • • • • • • • • •	
	Saras	ota, FL 34232-03	802	Unlig	8	
	City	Sta	ate ZI	P Code		
	Who in	curred the debt?	Check one.			
		otor 1 only			NONPRIORITY unsecured claim:	
		otor 2 only		Stude		
		otor 1 and Debtor 2	onlv		ations arising out of a separation agreement or di	vorce that you did not report as
		east one of the debt			ty claims s to pension or profit-sharing plans, and other sim	ilar debts
	🗋 Che	eck if this claim is	for a community debt		Specify Collection Agency	
	le the e	laim subject to off	icot?			
	M No	ann subject to on	361:			
4.20	Preme	eral+		Last 4 di	gits of account number	\$1,586.00
	Nonprio	rity Creditor's Name)	When w	as the debt incurred?	
	MS242	2				-
	PO Bo	ox 97059		As of the	e date you file, the claim is: Check all that apply.	
	Number	r Street				
	Seattle	e, WA 98111-915	9	🔲 Conti	0	
	City	Sta		P Code Dispu		
	Who in	curred the debt?	beck one	·		
		otor 1 only	blieck one.	Type of I	NONPRIORITY unsecured claim:	
		otor 2 only		Stude		
		otor 1 and Debtor 2	only	•	ations arising out of a separation agreement or di	vorce that you did not report as
	-	east one of the debt	,		ty claims s to pension or profit-sharing plans, and other sim	ilar debts
			for a community debt	🗹 Othe	: Specify	
	Che	eck if this claim is	for a community debt	🗹 Othe	: Specify	
	Che		for a community debt	☑ Othe	: Specify	_
	Che	eck if this claim is t	for a community debt	☑ Othe	: Specify	

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Debto	r 1	Richard	Eduardo	Repa	case number (if known) 25-10499						
		First Name	Middle Name	Last N	lame		. ,				
De					antinuation Dava						
Pa	nrt 2:	four NONPRIO	RITY Unsecured C		ontinuation Page						
	r listing any entries on this page, number them beginning				with 4.4, followed by 4.5,	and so forth.		Total claim			
4.21	Project Bionic			l	Last 4 digits of account	number		\$7,406.33			
	Nonpriority Creditor's Name				When was the debt incu	rred?	2024				
	2219	Nw Market St			When was the debt med		2024				
	Number Street										
					As of the date you file, the claim is: Check all that apply.						
	Seattle	e, WA 98107-402	5		 Contingent Unliquidated 						
	City State ZIP Code			D (, OUD	Disputed						
	Who incurred the debt? Check one.										
		tor 1 only		-	Type of NONPRIORITY u	insecured clai	m:				
	_	tor 2 only			Student loans						
		 Debtor 1 and Debtor 2 only At least one of the debtors and another 			 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 						
	🗹 At le										
	Check if this claim is for a community debt				M Other. Specify						
	Is the c	laim subject to off	set?								
	Yes										
4.22	Regence Health Insurance				Last 4 digits of account	number		unknown			
	Reger	rity Creditor's Name			Last 4 digits of account			unknown			
	•	x 1106			When was the debt incurred?						
	Number										
	Number	Olleet			As of the date you file, t	he claim is: Ch	neck all that apply.				
					Contingent						
	Lewiston, ID 83501-1106 City State ZIP Code				Unliquidated						
	,			P Code	Disputed						
		curred the debt? C	check one.		Type of NONPRIORITY u	Insecured clai	m:				
		tor 1 only			Student loans						
	 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 				Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
		Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other similar debts Other. Specify						
			-								
	Is the claim subject to offset?										
	M No										
	Yes										
	Remark	s: Disputed as to p	ersonal liability.								

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Debto	r 1	Richard	Eduardo	Repass	Case number (<i>if known</i>) 25-10499					
		First Name	Middle Name	Last Nam						
		I								
Pa	rt 2:	Your NONPRIC	ORITY Unsecured C	laims — Con	tinuation Page					
After	listing	any entries on this	s page, number them b	eginning with	1 4.4, followed by 4.5, and so forth.	Total claim				
4.23	Schram & Associates			Las	at 4 digits of account number	unknown				
	Nonpriority Creditor's Name									
	Po Box 9379				en was the debt incurred?					
	Number Street									
				As	of the date you file, the claim is: Check all that apply.					
	Kant				Contingent					
	Kent, WA 98042-0075 City State ZIP Code				Unliquidated					
					Disputed					
	Who incurred the debt? Check one.				e of NONPRIORITY unsecured claim:					
	☑ Debtor 1 only				Student loans					
		otor 2 only		_	Obligations arising out of a separation agreement or divorce tha	t vou did not report as				
	Debtor 1 and Debtor 2 only				priority claims					
		east one of the debt			Debts to pension or profit-sharing plans, and other similar debts					
	Check if this claim is for a community debt			\checkmark	Other. Specify					
	Is the claim subject to offset?									
	V No									
	Yes									
	Romarl	s . Debtor intends	on repaying this creditor	(cna)						
4.24	Remarks: Debtor intends on repaying this creditor (cpa)									
7.27	Sharo	n Mayo		Las	t 4 digits of account number	unknown				
	Nonpriority Creditor's Name			Wh	en was the debt incurred?					
	22816 Edmonds Way Apt 204									
	Number Street			As	of the date you file, the claim is: Check all that apply.					
					Contingent					
	Edmonds, WA 98020-5963				Unliquidated					
	City	Sta	ate ZIF		Disputed					
	Who incurred the debt? Check one.									
					e of NONPRIORITY unsecured claim:					
	 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 				 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 					
				_						
					Debts to pension or profit-sharing plans, and other similar debts					
	Che	eck if this claim is	for a community debt	\mathbf{V}	Other. Specify					
	Is the claim subject to offset?									
	🗹 No									
	Yes									
	Pomori	c: Dont of L & Lot	aim; Wage Complaint 17	3788						
	Neniali		ann, wage complaint 17	0100						

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Debto	or 1	Richard	Eduardo	Repass	Case n	umber (if known) 25-10499					
		First Name	Middle Name	Last Name		. ,					
					_						
	art 2:	Your NONPRIC	ORITY Unsecured C	laims – Continuat	ion Page						
		any entries on this	s page, number them b	eginning with 4.4, fo	llowed by 4.5, and so	forth.	Total claim				
4.25	Small	Business Admin	istration	Last 4 digits	Last 4 digits of account number 8 1 0 1 When was the debt incurred? 2020 to 2021						
	Nonprior	rity Creditor's Name		When weed							
	2401 4	th Ave Ste 450		when was t							
	Number	Street									
					As of the date you file, the claim is: Check all that apply.						
	Seattle	e, WA 98121		Continge							
	City	Sta	te ZIP	Code Disputed	•						
	Who inc	curred the debt? C	heck one.								
	Debt	tor 1 only			Type of NONPRIORITY unsecured claim:						
	Debtor 2 only				 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 						
	 Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt 										
				Debts to							
				🗹 Other. S							
		Is the claim subject to offset?									
	Mo No										
	Yes										
4.26	Sweep	o Aquina		Last 4 digits	s of account number	ΡΑΟΙ	\$78,337.50				
	Nonprior	Nonpriority Creditor's Name			he debt incurred?						
	Aquina Health			when was t	ne debt incurred?	2020					
	3300 H	lighlands Pkwy	Se Ste 290								
	Number	Number Street			As of the date you file, the claim is: Check all that apply.						
	Smyrna, GA 30082-5131										
	City	Sta	te ZIP	Code							
	Who inc	curred the debt? C	heck one.								
	Debt	tor 1 only		Type of NO	NPRIORITY unsecured	l claim:					
		tor 2 only			 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 						
		tor 1 and Debtor 2 c	•	•							
		east one of the debto									
	Che	ck if this claim is f	or a community debt	🗹 Other. S	pecify						
	Is the cl	laim subject to offs	set?								
	🗹 No										
	🗋 Yes										

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Debtor	r 1	Richard	Eduardo	Re	pass	Cas	e number	(if known) 25-104	99	
		First Name	Middle Name	Last	Name	_		. ,		
		1								
Pa	rt 2:	Your NONPRIC	ORITY Unsecured C	Claims —	Continuati	on Page				
After	listing	any entries on this	s page, number them	beginning	g with 4.4, fol	lowed by 4.5, and	so forth.			Total claim
4.27	Symbiosis				Last 4 digit	s of account num	ber			\$4,085.00
	Nonprio	rity Creditor's Name	9		When was	the debt incurred?	2	2024		
	Practi	ce in a Box			When was		·	2024	-	
	1331 H	St Nw Ste 200								
	Number Street				As of the date you file, the claim is: Check all that apply.					
	Washington, DC 20005-4706 City State ZIP Code			Conting						
				Dispute						
	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 				Student	NPRIORITY unsec	cured clair	n:		
							separation	agreement or div	vorce that you did	not report as
				 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. S	pecify			—		
	Is the claim subject to offset?									
	V No									
	Yes									
4.28	Syncb/Venmo				Last 4 digit	s of account num	ber 6	264		\$826.00
	Nonpriority Creditor's Name				When was the debt incurred? 7/1/2023					
	FL 32896 Attn: Bankruptcy Orlando,				when was	the dept incurred ?	·	7/1/2023	-	
	P.O. B	ox 965064								
	Number Street				_	ate you file, the cla	aim is: Ch	eck all that apply.		
				Conting						
	City	Sta	ate ZI	IP Code						
	Who in	curred the debt?	Check one.		•					
	🗹 Deb	tor 1 only			Type of NONPRIORITY unsecured claim:					
	 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? 				 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 CreditCard 					
									—	
	🗹 No									
	Yes									

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1	Richard	Eduardo	Repass Case number (if known) 25-10499						
	First Name	Middle Name	Last Name						
rt 2:		RITY Unsecured (Claims - Continuation Bage						
			-	Total claim					
	-	s page, number menn		\$145.00					
		9		φ1+3.00					
•	,		BT When was the debt incurred? <u>11/1/2010</u>						
PO Box	x 9475	-							
Number	Street								
Minneapolis, MN 55440 City State ZIP Code			0						
			IP Code Disputed						
Who inc	urred the debt?	Check one.							
🗹 Debto	or 1 only								
				at you did not report as					
 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 			priority claims						
			Other. Specify CreditCard						
Yes									
Tebra			Last 4 digits of account number 2 5 4 5	\$1,084.34					
Nonpriori	ty Creditor's Name	9		·					
1111 Ba	ayside Dr Ste 2	70	when was the debt incurred?						
Number	Street								
				As of the date you file, the claim is: Check all that apply.					
Corona	a Del Mar, CA 9	2625	5						
			IP Codo						
Who inc	urred the debt? (Check one							
_			Type of NONPRIORITY unsecured claim:	Type of NONPRIORITY unsecured claim: Student loans					
			Student loans						
 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 				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debte to percent or prefit sharing plane, and other similar debte 					
				>					
Chec	k if this claim is	for a community debt	• V Other. Specify						
	k if this claim is aim subject to off		☑ Other. Specify						
			✓ Other. Specify						
	Target Nonpriori C/O Fir PO Boz Number Minnea City Who inc ① Debte ① Debte ① Debte ① Debte ② Debte ③ Debte ③ Debte ③ Debte ③ Chect Is the cla ☑ No ⑨ No Yes Tebra Number Corona City Who inc ○ Debte ○ Debte ○ Debte	First Name First Name Iisting any entries on this Target NB Nonpriority Creditor's Name C/O Financial & Retail PO Box 9475 Number Street Minneapolis, MN 5544 City St Who incurred the debt? O I Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim is Is the claim subject to of I No Yes Tebra Nonpriority Creditor's Name 1111 Bayside Dr Ste 2 Number Street Corona Del Mar, CA 9 City St Who incurred the debt? O Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only <	First Name Middle Name First Name Middle Name rt 2: Your NONPRIORITY Unsecured C Iisting any entries on this page, number them Target NB Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop PO Box 9475 Number Street Minneapolis, MN 55440 City State ZI Who incurred the debt? Check one.	First Name Middle Name Last Name First Name Middle Name Last Name 12 Your NONPRIORITY Unsecured Claims - Continuation Page listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Target NB Last 4 digits of account number Nonpriority Creditor's Name Last 4 digits of account number C/O Financial & Retail Services Mailstop BT When was the debt incurred? PO Box 9475 As of the date you file, the claim is: Check all that apply. Number Street Minneapolis, MN 55440 Onliquidated Disputed Unliquidated Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce the priority claims Debtor 4 and bebtor 2 only Obligations arising out of a separation agreement or divorce the priority claims Monpriority Creditor's Name Last 4 digits of account number 2 5 4 5 Mumber Street As of the date you file, the claim is: Check all that apply. CreditCard Street 5 Monpriority Creditor's Name U					

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Debtor 1		Richard Eduardo		Re	pass	Case nu	Case number (if known) 25-10499		
		First Name Middle Name Last		st Name					
Da	rt 2:		ORITY Unsecured	Claime _	Continuation	Paga			
						•			
	listing a	any entries on thi	s page, number them	beginnin	g with 4.4, follow	wed by 4.5, and so f	orth.	Total claim	
4.31		Healthcare			Last 4 digits o	of account number		\$69.31	
	Nonprior	ity Creditor's Name	e		When was the	debt incurred?			
		x 31362							
	Number	Street			As of the date	vou file. the claim i	s: Check all that apply.		
					Contingent	-			
		ake Cty, UT 8413			Unliquidate	d			
	City	St	ate Z	IP Code	Disputed				
	Who inc	urred the debt?	Check one.		Type of NONP	RIORITY unsecured	l claim:		
	_	or 1 only			Student loa				
		or 2 only or 1 and Debtor 2	anh		Obligations	arising out of a sepa	ration agreement or divorce	that you did not report as	
		ast one of the deb			priority clair		g plans, and other similar de	abte	
			for a community debt	t	☐ Debts to pe		g plans, and other similar de	5013	
	la tha al	aim aubiaatta af	fact2						
	IS the cl ☑ No	aim subject to of	ISEL?						
4.32		•						• · · • • • • • •	
4.02	US Ba	nk ity Creditor's Name			Last 4 digits of account number <u>6 1 1 6</u> \$16				
	•		3		When was the debt incurred? 5/1/2023				
		Bankruptcy							
		collet Mall			As of the date	you file, the claim i	s: Check all that apply.		
	Number	Street			Contingent	-			
	City	apolis, MN 5540 دع		IP Code	Unliquidate	d			
					Disputed				
		urred the debt?	Check one.		Type of NONP	RIORITY unsecured	l claim:		
		or 1 only			Student loa	ans			
	 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 						ration agreement or divorce	that you did not report as	
					priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured 				
	Check if this claim is for a community debt								
	Is the claim subject to offset?								
	🗹 No								
	Yes								

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First Name Midde Name Last Name Part 21 Your NONPRIORITY Unsecured Claims - Continuation Page Atter listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4:33 US Bank Equipment Finance Last 4 digits of account number 4 7 6 4 \$174,500.00 Nonpriority Creditor's Name When was the debt incurred?	Debto	or 1	Richard	Eduardo	Eduardo Repass		Case number <i>(if known)</i> 25-10499			
After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4:33 US Bank Equipment Finance Last 4 digits of account number 4 7 6 4 \$174,500.00 Nonpriority Creditor's Name PO Box 790448 When was the debt incurred?			First Name Middle Name La		Last Name					
After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4:33 US Bank Equipment Finance Last 4 digits of account number 4 7 6 4 \$174,500.00 Nonpriority Creditor's Name PO Box 790448 When was the debt incurred?	Pa	art 2:		ORITY Unsecured Cl	aims — Continuation	Page				
4.3 US Bank Equipment Finance Last 4 digits of account number 4 7 6 4 \$174,500.00 Nonpriority Creditor's Name PO Box 790448 When was the debt incurred?										
Volume Very state		-	•			•		Iotal claim		
PO Box 790448 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. City State Debtor 1 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Monipointy Creditor's Name Last 4 digits of account number 3 9 8 0 \$18,180.00 433 Volkswagen Credit, Inc Last 4 digits of account number 3 9 8 0 \$18,180.00 Number Struce ZIP Code Other. Specify Yies Yies Yies \$10,112,1224 \$18,180.00 At resonance When was the debt incurred? 7/1/2024 \$18,180.00 \$18,180.00 Nonpriority Creditor's Name When was the debt incurred? 7/1/2024 \$18,180.00 Number Struce State ZIP Code State toringent Uniquidated Nonpriority Creditor's Name Mine was the debt incurred? 7/1/2024 \$18,180.00 When was the debt incurred? Thize of thebebor 2 only	4.33				Last 4 digits of	account number	<u>4 7 6 4</u>	\$174,500.00		
Number Street As of the date you file, the claim is: Check all that apply. Saint Louis, MO 63179 Inliquidated City State ZIP Code Who incurred the debt? Check one. Disputed Debtor 1 only Student loans Obloat on the debtor 2 only Student loans Obloat on the debtor 2 only Other stress At least one of the debtors and another Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Attri: Bankruptcy When was the debt incurred? 7/1/2024 Z200 Woodland Pointe Ave As of the date you file, the claim is: Check all that apply. Number Street Contingent Uniquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 only State ZIP Code Who incurred the debt? Check one. Type of NONPRICRITY unsecured claim: Debtor 1 only Debtor 1 and Debtor 2 onl		•		•	When was the	debt incurred?				
As of the date you file, the claim is: Check all that apply. Saint Louis, MO 63179 City State ZIP Code Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts 1 and Debtor 2 only Other, Specify At least one of the debtors and another Check if this claim is for a community debt Yes As of the date you file, the claim is: Check all that apply. Valkswagen Credit, Inc Nonpriority Creditor's Name Attn: Bankruptcy Z200 Woodland Pointe Ave Number Number Street City State ZIP Code Debtor 1 only Student loans Other, Specify Yes As of the date you file, the claim is: Check all that apply. Xindent agreement or divorce that you did not report as priority creditor's Name When was the debt incurred? 7/1/2024 Xindent agreement or divorce that apply. Contingent Win incurred the debt? Check one. Debtor 1 and Debtor 2 only Student loans Debtor 1 and Debtor 2 only At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts										
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City State ZIP Code Uniquidated Disputed Disputed Who incurred the debt? Check one. Debtor 1 only Student loans Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset? Individued Yes Volkswagen Credit, Inc Last 4 digits of account number 3 9 8 0 \$18,180.00 Nonpriority Creditor's Name When was the debt incurred? 7/1/2024 Attn: Bankruptcy State ZIP Code Uniquidated Uniquidated Disputed State Disputed Who incurred the debt? Check one. Debtor 1 only Disputed Disputed Disputed Student loans Disputed Who incurred the debt? Check one. City State ZIP Code Student loans Disputed Debtor 1 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not re		Coint I	aula MO 62470		Contingent					
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 4 nd 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? Is the claim subject to offset? Is the claim subject to offset? In Nonpriority Creditor's Name Attn: Bankruptcy 2200 Woodland Pointe Ave Number Street Herndon, VA 20171 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only State Debtor 1 only City State ZIP Code Wate neare Woo incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Student loans Debtor 1 only Check at heabtors and another					lode					
□ Debtor 1 only □ Debtor 2 only □ Student loans □ Debtor 1 and Debtor 2 only □ Objection 2 only □ Objection 2 only □ Debtor 1 and Debtor 2 only □ Objection 2 only □ Objection 2 only □ Debtor 1 and Debtor 2 only □ Objection 2 only □ Objection 2 only □ Debtor 1 and Debtor 2 only □ Objection 2 only □ Objection 2 only □ At least one of the debtors and another □ Debts to pension or profit-sharing plans, and other similar debts □ Debts □ Debts to pension or profit-sharing plans, and other similar debts □ Objection 2 only □ Debts ↓ Yes Last 4 digits of account number 3 9 8 0 \$18,180.00 4.33 Volkswagen Credit, Inc Last 4 digits of account number 3 9 8 0 \$18,180.00 Nonpriority Creditor's Name When was the debt incurred? 7/1/2024 2200 Woodland Pointe Ave As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Student Ioans □ Disputed □ Debtor 1 only □ Debtor 2 only □ Student Ioans □ Diligati		,			Disputed					
□ Debtor 2 only □ Student loans □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ 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 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ State □ Peters 4:34 Volkswagen Credit, Inc Last 4 digits of account number 3 9 8 0 \$18,180.00 Nonpriority Creditor's Name When was the debt incurred? 7/1/2024 \$18,180.00 \$18,180.00 Number Street □ Contingent □ Unliquidated □ Disputed Who incurred the debt? Check one. □ Debtor 1 only □ Student loans □ Student loans □ Debtor 2 only □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 2 only □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 2 only □ Debtor 2 only □ Student loans □ Debligations arising out of a separation agreement or divorce that you				Sheck one.	Type of NONPF	IORITY unsecured	claim:			
□ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debtor 1 and Debtor 2 only □ Student loans □ Debtor 1 and Debtor 2 only □ Student loans □ Debtor 1 and Debtor 2 only □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		_	,		Student loar	IS				
				only	0	• •	ration agreement or dive	prce that you did not report as		
Is the clain subject to offset? Image: Street in the claim is: Check all that apply. Attn: Bankruptcy 2200 Woodland Pointe Ave Number Street Herndon, VA 20171 City State ZIP Code Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Materia bet in curred the debtors and another							g plans, and other simila	ar debts		
Image: No Image: Yes 4.34 Volkswagen Credit, Inc Nonpriority Creditor's Name Attn: Bankruptcy 2200 Woodland Pointe Ave Number Street Image: Nome Street		Chec	k if this claim is f	for a community debt	d Other. Spec	fy		_		
Yes 4.34 Volkswagen Credit, Inc Last 4 digits of account number 3 9 8 0 \$18,180.00 Nonpriority Creditor's Name When was the debt incurred? 7/1/2024 7/1/2024 Attn: Bankruptcy 7/1/2024 7/1/2024 2200 Woodland Pointe Ave As of the date you file, the claim is: Check all that apply. Contingent Number Street Contingent Unliquidated City State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 5 opension or profit-sharing plans, and other similar debts		Is the claim subject to offset?								
4.34 Volkswagen Credit, Inc Last 4 digits of account number 3 9 8 0 \$18,180.00 Nonpriority Creditor's Name When was the debt incurred? 7/1/2024 7/1/2024 Attn: Bankruptcy 7/1/2024 As of the date you file, the claim is: Check all that apply. Contingent Number Street Contingent Unliquidated Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts										
Wonswigen orean, me Late rengine or descar manuals. 0		Yes								
Attn: Bankruptcy When was the debt incurred? 7/1/2024 2200 Woodland Pointe Ave As of the date you file, the claim is: Check all that apply. Number Street Contingent Herndon, VA 20171 Unliquidated City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims A t least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts	4.34	Volksw	agen Credit, In	с	Last 4 digits of	account number	3 9 8 0	\$18,180.00		
Attn: Bankruptcy And the data was and another Integration 2200 Woodland Pointe Ave As of the date you file, the claim is: Check all that apply. Number Street Contingent Herndon, VA 20171 Unliquidated City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Student loans Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Materia Debts to pension or profit-sharing plans, and other similar debts		Nonpriori	ty Creditor's Name	•	When wee the	laht ingurrad?				
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Herndon, VA 20171 City State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Mathematical Action of the debtors and another Debts to pension or profit-sharing plans, and other similar debts		2200 W	oodland Pointe	e Ave		<i></i>				
Herndon, VA 20171 Unliquidated City State ZIP Code Who incurred the debt? Check one. Disputed Debtor 1 only Student loans Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Image: Market All least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts		Number	Street			ou file, the claim is	s: Check all that apply.			
City State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts		Herndo	on, VA 20171		Unliquidated					
 □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Debts to pension or profit-sharing plans, and other similar debts 		City	Sta	ate ZIP (odo .					
 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only 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 		Who inc	urred the debt? C	Check one.			claim:			
 Debtor 2 only Debtor 1 and Debtor 2 only 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 			•				ciann.			
At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts			•	only			ration agreement or divo	prce that you did not report as		
					priority claim	IS	-			
Is the claim subject to offset?		Is the cla	aim subject to off	set?				-		
∑Í No										
Yes		Yes								

page <u>21</u> of <u>24</u>

Debtor 1	Richard	ard Eduardo Repass		Case number (if known) 25-10499					
	First Name	Middle Name	Last Name						
Part 2:	Your NONPRI	ORITY Unsecured Cla	ims — Continuation	Page					
After listing	any entries on thi	s page, number them beg	jinning with 4.4, follow	ed by 4.5, and so forth. Total claim					
4.35 West	Building & Desi	gn	Last 4 digits of	account number \$2,312.10					
	ority Creditor's Nam 8 52nd Ave W	e	When was the	debt incurred?					
Numbe	r Street			you file, the claim is: Check all that apply.					
Moun	tlake Terrace, W	/A 98043	Contingent	Contingent Unliquidated					
City	S	tate ZIP C							
Det Det Det At I	curred the debt? botor 1 only botor 2 only botor 1 and Debtor 2 east one of the deb eck if this claim is	only	 Student loar Obligations priority clain 	arising out of a separation agreement or divorce that you did not report as ns nsion or profit-sharing plans, and other similar debts					
Is the o ☑ No ❑ Yes	claim subject to of	ifset?							

Deb	tor 1	Richard	Edua	rdo R	epass _C	ase number (if known) 25-10499				
		First Name	Middle	Name La	st Name					
	Part 3:	List Others to	Be Notifie	ed About a Debi	That You Already Listed					
5.	collection agency h	n agency is trying ere. Similarly, if y	to collect fi ou have mo	om you for a deb re than one credit	t you owe to someone else, lis	that you already listed in Parts 1 or 2. For example, if a t the original creditor in Parts 1 or 2, then list the collection u listed in Parts 1 or 2, list the additional creditors here. If fill out or submit this page.				
1.	CCMR3				On which entry in Part 1 or	Part 2 did you list the original creditor?				
	Name					Part 1: Creditors with Priority Unsecured Claims				
	318 S. C	linton St., Ste 4	00 & 500		Line 4.4 of (Check one):	\checkmark Part 2: Creditors with Nonpriority Unsecured Claims				
	Number	Street			_					
					Last 4 digits of account nu	mber				
	Syracus	se, NY 13202			_					
	City State ZIP Code									
2.	U.S Dep	artment of Edu	cation		On which entry in Part 1 or	Part 2 did you list the original creditor?				
	Name					Part 1: Creditors with Priority Unsecured Claims				
	Bankru	kruptcy Litigation Support			Line 4.16 of (Check one):	✓ Part 1: Creditors with Phony Onsecured Claims				
	50 Beale	e St Ste 862			_ Last 4 digits of account number					
	Number	Street								
	San Fra	ncisco, CA 9410	05-1863							
	City		State	ZIP Code	_					
3.	Small B	usiness Admini	stration		On which entry in Part 1 or	Part 2 did you list the original creditor?				
	Name				-	Part 1: Creditors with Priority Unsecured Claims				
	Attentio	on Bankruptcy			Line <u>4.25</u> of (Check one):	✓ Part 2: Creditors with Nonpriority Unsecured Claims				
	2401 4tł	n Ave Ste 450			 Last 4 digits of account number 					
	Number	Street								
	Washing	gton, DC 20416								
	City		State	ZIP Code	_					
4.	Attorne	y General of the	United Sta	ates	On which entry in Part 1 or	Part 2 did you list the original creditor?				
	Name					Part 1: Creditors with Priority Unsecured Claims				
	Departn	nent of Justice			Line 4.25 of (Check one):	✓ Part 2: Creditors with Nonpriority Unsecured Claims				
	950 Pen	nsylvania Ave N	Nw Rm B10)3	Last 4 digits of account nu	mber				
	Number	Street								
	Washing	gton, DC 20530-	0001							
	City		State	ZIP Code						
5.	United S	States Attorney'	s Office		On which entry in Part 1 or	Part 2 did you list the original creditor?				
	Name Attn: Bankruptcy Assistant U.S. Courthouse				Line <u>4.25</u> of (Check one):	 Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 				
		wart St., Room §								
	Number	Street	/		Last 4 digits of account number					
		WA 98101								
	City		State	ZIP Code	_					

page <u>23</u> of <u>24</u>

Debtor 1	Rich	ard Eduardo	Repass		Ca	ase number <i>(if known)</i> 25-10499	
First Name		lame Middle Name	Last Name		_	· · · · ·	
Part 4:	Add 1	the Amounts for Each Type of	of Unsecured Claim				
		ts of certain types of unsecured s for each type of unsecured cla		n is for sta	atisti	ical reporting purposes only. 28 U.S.C. § 15	Э.
						Total claim	
Total claims from Part 1	6a.	Domestic support obligations		6a.		\$0.00	
nomrait i	6b.	Taxes and certain other debts	you owe the governmen	nt 6b.		\$10,226.20	
	6c.	Claims for death or personal in intoxicated	njury while you were	6c.		\$0.00	
	6d.	Other. Add all other priority unse Write that amount here.	ecured claims.	6d.	+	\$147,259.00	
	6e.	Total. Add lines 6a through 6d.		6e.		\$157,485.20	
						Total claim	
Total claims from Part 2	6f.	Student loans		6f.		\$69,019.00	
	6g.	Obligations arising out of a se divorce that you did not report		6g.		\$0.00	
	6h.	Debts to pension or profit-sha similar debts	ring plans, and other	6h.		\$0.00	
	6i.	Other. Add all other nonpriority u Write that amount here.	insecured claims.	6i.	+	\$828,847.07	
	6j.	Total. Add lines 6f through 6i.		6j.	1	\$897,866.07	

Official Form 106E/F

Fill in this information	n to identify your case		
Debtor 1	Richard	Eduardo	Repass
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bank	ruptcy Court for the:	West	tern District of Washington
Case number	25-10499)	
(if known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

2. 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 ha	ve the contract or lease	State what the contract or lease is for				
2.1		agen Credit, Inc			2024 VW ID4 (co-debtor intends to keep making payments). —— Contract to be REJECTED				
	Name								
	Attn: Ba	ankruptcy							
	2200 Wo	odland Pointe Av	'e						
	Number	Street							
	Herndo	n, VA 20171							
	City		State	ZIP Code					
2.2									
	Name								
	Number Street								
	City State ZIP Code		ZIP Code						
2.3									
	Name								
	Number	Street							
	City		State	ZIP Code					
2.4									
	Name								
	Number	Street							
	City		State	ZIP Code					

page 1 of 1

Debtor 1	Richard	Eduardo	Repass	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	ankruptcy Court f	or the: West	ern District of Washington	<u>n</u>
Case number	25-10499			
(if known)				Check if this is a amended filing
official Form	a 106U			
fficial Forn				
schedul	e H: You	ur Codebto	rs	

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 ☐ No ☑ Yes	-	t ors? (If you are filing a join	nt case, do not list either spouse a	s a codebtor.)
2.				nunity property state or territory Puerto Rico, Texas, Washington, a	? (Community property states and territories include Arizona, nd Wisconsin.)
		. Go to line 3. s. Did your spouse,	former spouse, or legal ec	quivalent live with you at the time?	
		No			
	_		munity state or territory dic	you live?	Fill in the name and current address of that person.
		Name of your spo	ouse, former spouse, or leg	al equivalent	
		Number	Street		
		City	State	ZIP Code	
3.	2 agair Sched	n as a codebtor or	nly if that person is a gua orm 106E/F), or <i>Schedule</i>	rantor or cosigner. Make sure y	r if your spouse is filing with you. List the person shown in line ou have listed the creditor on <i>Schedule D</i> (Official Form 106D), <i>hedule D</i> , <i>Schedule E/F</i> , or <i>Schedule G</i> to fill out Column 2. <i>Column 2:</i> The creditor to whom you owe the debt Check all schedules that apply:
3.1	SEAT	TLE NAD PLLC			
	Name				Schedule D, line
	Po Bo	ox 1775			Schedule E/F, line4.14
	Numbe	er	Street		Schedule G, line
	Merce	er Island, WA 98	8040-1775		
	City		State	ZIP Co	de
3.2	Lean	na Franklin			
	Name				Schedule D, line
	15144	4 SE 46th Way			Schedule E/F, line
	Numbe	er	Street		Schedule G, line 2.1
	98006	6			
	City		State	ZIP Co	de

Schedule H: Codebtors

Debtor	1 Richard	ichard Eduardo Repass		Case number (<i>if known</i>) 25-10499		
	First Name	Middle Name	Last Name			
	Additional Pa	age to List More Cod	ebtors			
	Column 1: Your codebto	or		Column 2: The creditor to whom you owe the debt		
				Check all schedules that apply:		
3.3	Richard Repass, MD), PLLC		Schedule D, line		
	2737 78th Ave SE #1	00		☑ Schedule E/F, line		
	Number	Street		2.1, 4.1, 4.2, 4.3, 4.4, 2.4, 4.5, 4.6, 4.9, 4.10, 4.1		
	Mercer Island, WA 9	8040		4.12, 4.13, 4.20, 4.21, 4.22, 4.25, 4.26, 4.27, 4.3 4.31, 4.33, 4.35	30,	
	City State		ZIP	P Code Schedule G, line		
3.4	Richard Repass, MD), PLLC				
	Name			Schedule D, line		
	dba REVOLUTION P	SYCHIATRIC AND A	DDICTION TREATMENT	Schedule E/F, line		
	2737 78th Ave SE #1	00		2.1, 4.1, 4.2, 4.3, 4.4, 2.4, 4.5, 4.6, 4.9, 4.10, 4.1 4.12, 4.13, 4.20, 4.21, 4.22, 4.25, 4.26, 4.27, 4.3	•	
	Number	Street		4.31, 4.33, 4.35	00,	
	Mercer Island, WA 9	8040				
	City State Z		ZIP	P Code Schedule G, line		

Official Form 106H

Schedule H: Codebtors

Official Form 1061 Case 25-10499-CMA	Doc 12	Schedule I: Your Filed 03/10/25	Income Ent. 03/10/25 06:58:38	Pg. 45 of 75
				U

Official Form 106I

Schedule I: Your Income

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

Part 1: Describe Employment

1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-1	filing spouse
	If you have more than one job, attach a separate page with information about additional employers. Include part time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status Occupation Employer's name Employer's address	✓ Employed □ N Chief Medical C Comprehensive 402 S 4th Ave Number Street	Officer	Employed Not I	Employed
Ра	rt 2: Give Details About Mont	How long employed there?	Yakima, WA 98 ^{City} 6 months	902 State Zip Code	City	State Zip Code
	Estimate monthly income as of the unless you are separated. If you or your non-filing spouse hav more space, attach a separate shee	e more than one employer, c	-			
2.	List monthly gross wages, salary, deductions.) If not paid monthly, cal			\$36,472.19		
3.	Estimate and list monthly overtime	e pay.	3.	+\$0.00	+	
4.	Calculate gross income. Add line 2	2 + line 3.	4.	\$36,472.19		

Richard First Name	Eduardo Middle Name	Repass
First Name	Middle Name	Last Namo
		Last Maine
First Name	Middle Name	Last Name
cy Court for the:	West	tern District of Washington
25-10499		
	cy Court for the:	ccy Court for the: West

An amended filing	
A supplement showing postpetition chapter 13 income as of the following	g date:

MM / DD / YYYY

Check if this is:

12/15

Debto	ebtor 1 Richard Eduardo Repass		RichardEduardoRepassCase numb					
	First Name	Middle Name	Last Name					
					For Debtor 1	For Debtor 2 or non-filing spouse		
	Copy line 4 here		→	4.	\$36,472.19			
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Socia	al Security deductions		5a.	\$11,726.33			
	5b. Mandatory contributions	for retirement plans		5b.	\$0.00			
	5c. Voluntary contributions	for retirement plans		5c.	\$1,458.88			
	5d. Required repayments of	retirement fund loans		5d.	\$0.00			
	5e. Insurance			5e.	\$678.71			
	5f. Domestic support obliga	tions		5f.	\$0.00			
	5g. Union dues			5g.	\$0.00			
	5h. Other deductions. Speci	fv: Legal Plan		5h.	+ \$6.93	+		
	Add the payroll deductions.		5d + 50 +5f + 5a + 5b	6.	\$13,870.85			
			C	0. 7.	\$22,601.35			
	Calculate total monthly take List all other income regular		e 6 from line 4.	7.	ψ22,001.00			
	8a. Net income from rental p profession, or farm	•	ating a business,					
	Attach a statement for ea receipts, ordinary and new monthly net income.			8a.	\$0.00			
	8b. Interest and dividends			8b.	\$0.00			
	8c. Family support payment dependent regularly rece		spouse, or a	ου.				
	Include alimony, spousal settlement, and property	support, child support,	maintenance, divorce	8c.	\$0.00			
	8d. Unemployment compension	sation		8d.	\$0.00			
	8e. Social Security			8e.	\$0.00			
	8f. Other government assis	tance that you regularl	y receive					
	Include cash assistance a assistance that you recein Supplemental Nutrition A	ve, such as food stamp	s (benefits under the					
	Specify:			8f.	\$0.00			
	8g. Pension or retirement in	come		8g.	\$0.00			
	8h. Other monthly income.	Specify:		8h	+ \$0.00	+		
	Add all other income. Add lir		8e + 8f +8g + 8h.	9.	\$0.00			
	Calculate monthly income. A Add the entries in line 10 for		or non-filing spouse	10.	\$22,601.35	+= \$22,601.		
	State all other regular contri Include contributions from an friends or relatives. Do not include any amounts a	unmarried partner, me	mbers of your househ	old, your de				
	Specify:					11. + \$0.0		
12.	Add the amount in the last c amount on the Summary of Y							
						Combined monthly incom		
	Do you expect an increase of No.	or decrease within the	year after you file this	form?				
M:-:-	Fresters Plain:		Sabadula	l: Your Inc.	ome Ent. 03/10/25 (

Debtor 1	Richard Eduardo Repass		Case number (if known) 25-104	199	
	First Name	Middle Name	Last Name		
8a. Attache	d Statement				
			Richard Repass,	MD, PLLC	
PART A - E	STIMATED AVERAG	GE FUTURE GROSS N	•	ormation directly related to the business operation.)	¢0.00
	oss Monthly Income			-	\$0.00
		GE FUTURE MONTHLY			
	lyments to be Made lisiness Debts	Directly by Debtor to Se	ecured Creditors for Pre-Peti	tion	
тс	DTAL PAYMENTS TO	D SECURED CREDITO	RS	\$0.00	
3. Ot	her Expenses				
тс	OTAL OTHER EXPE	NSES		\$0.00	
4. TC	OTAL MONTHLY EXI	PENSES(Add item 2 - 2	1)	-	\$0.00
PART C - E	STIMATED AVERAC	GE NET MONTHLY INC	OME:		
5. AV	ERAGE NET MONT	THLY INCOME(Subtrac	t item 22 from item 1)		\$0.00
				-	

Fill in this informatio	n to identify your case:			
Debtor 1	Richard	Eduardo	Repass	Check if this is:
	First Name	Middle Name	Last Name	An amended filing
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	A supplement showing postpetition chapter 13 expenses as of the following date:
United States Bank	cruptcy Court for the:	West	ern District of Washington	
Case number (if known)	25-10499			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 sepa	arate household?				
No	Official Form 106J-2, Expenses for	Sanarata Housahold of Dabtor 2			
2. Do you have dependents?					
Do not list Debtor 1 and Debtor 2.	 ❑ No ✓ 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.		Child	15	No. Ves.	
humoo.		Child	17	No. Ves.	
				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 M	Ionthly Expenses				
Estimate your expenses as of your ban date after the bankruptcy is filed. If this					
Include expenses paid for with non-cas such assistance and have included it o			You	ur expenses	
 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$6,902.00 					
If not included in line 4:					
4a. Real estate taxes			4a	\$0.00	
4b. Property, homeowner's, or rente	er's insurance		4b	\$0.00	
4c. Home maintenance, repair, and	upkeep expenses		4c.	\$0.00	
4d. Homeowner's association or co	ndominium dues		4d.	\$10.00	

Schedule J: Your Expenses

Debtor 1		Richard	Eduardo Repass		Case number (i	f known) 25-10499
		First Name	Middle Name	Last Name		
						Your expenses
5.	Additiona	al mortgage payme	nts for your residence,	such as home equity loans	5.	\$0.00
δ.	Utilities:					
	6a. Elec	tricity, heat, natural	gas		6a.	\$400.00
	6b. Wate	er, sewer, garbage o	collection		6b.	\$450.00
	6c. Tele	phone, cell phone, I	nternet, satellite, and ca	able services	6c.	\$600.00
	6d. Othe	er. Specify: Pest C	ontrol		6d.	\$45.00
7.	Food and	l housekeeping su	oplies		7.	\$1,000.00
8.	Childcare	e and children's edu	ication costs		8.	\$100.00
9.	Clothing,	laundry, and dry c	leaning		9.	\$500.00
10.	Personal	care products and	services		10.	\$40.00
11.	Medical a	and dental expense	S		11.	\$200.00
			maintenance, bus or tra	ain fare.	12.	\$1,000.00
		clude car payments				\$50.00
			ition, newspapers, mag	gazines, and books	13.	
14.	Charitabl	e contributions and	d religious donations		14.	\$0.00
	Insurance Do not ine		lucted from your pay or	included in lines 4 or 20.		
	15a. Life i	insurance			15a.	\$250.00
	15b. Heal	Ith insurance			15b.	\$0.00
	15c. Vehi	cle insurance			15c.	\$800.00
	15d. Othe	er insurance. Specify	y:		15d.	\$0.00
16.	Taxes. Do	o not include taxes o	deducted from your pay	or included in lines 4 or 20.		
	Specify:	See Additional P	age		16.	\$2,972.00
17.	Installme	ent or lease paymen	its:			.
		payments for Vehicl			17a.	\$0.00
		payments for Vehicl			17b.	\$0.00
					17c.	\$0.00
					17d.	\$0.00
			naintenance, and supp nedule I, Your Income (oort that you did not report as deducte Official Form 106I).	d 18.	\$5,000.00
19.	Other pay	yments you make t	o support others who o	do not live with you.		
	Specify:	See Additional P	age		19.	\$2,682.00
20.	Other rea	al property expense	s not included in lines	4 or 5 of this form or on Schedule I: Y	our Income.	
:	20a. Mort	gages on other prop	perty		20a.	\$0.00
:	20b. Real	estate taxes			20b.	\$0.00
	20c. Prop	perty, homeowner's,	or renter's insurance		20c.	\$0.00
1	20d. Mair	ntenance, repair, and	d upkeep expenses		20d.	\$0.00
	20e. Hom	eowner's associatio	n or condominium dues		20e.	\$0.00

ebtor 1	Richard	Eduardo	Repass	Case number (if know	Case number (if known) 25-10499		
	First Name	Middle Name	Last Name				
1. Other. S	Specify: See Addition	onal Page		21. +	\$3,371.00		
2. Calcula	te your monthly expe	enses.					
22a. Ad	d lines 4 through 21.			22a.	\$26,372.00		
22b. Co	py line 22 (monthly e	xpenses for Debtor 2),	if any, from Official Form 106J-2	22b.	\$0.00		
22c. Ad	d line 22a and 22b. T	he result is your month	22c.	\$26,372.00			
23. Calcula	te your monthly net i	income.					
23a. Co	py line 12 (your comb	bined monthly income)	23a.	\$22,601.35			
23b. Co	py your monthly expe	enses from line 22c abc	23b	\$26,372.00			
23c. Su	btract your monthly e	expenses from your mor	thly income.		<i>(</i> 12 - - - - - - - - - -		
Th	e result is your month	hly net income.		23c.	(\$3,770.66)		
24. Do vou	expect an increase o	or decrease in your exr	enses within the year after you file t	this form?			
For exa	mple, do you expect t	to finish paying for your	car loan within the year or do you ex of a modification to the terms of you	pect your			
☑ No. ☐ Yes.							
_							

ebtor 1	Richard Eduardo Repass		Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	
				Amount
6c. Telepho	ne, cell phone, Inter	rnet, satellite, and cable	e services	
Cell				\$400.0
Internet				\$200.0
12 Transpo	rtation: as mainte	enance, bus or train far	•	
Fuel			5	\$400.0
Mainten				\$600.0
				· · ·
16. Taxes		00		40 770 0
	ack taxes w interest		-it	\$2,772.0
		back Employment Secu	rity over 60	\$100.0
Estimate	ed Tax Payment re t	back L&I over 60 mos		\$100.0
19. Other su	upport payments			
Child Su	upport			\$1,788.0
Back CS	8			\$894.0
21. Other				
Rental i	n Yakima			\$3,000.0
Continu	ing Medical Education	on		\$125.0
Medical	Licensing			\$46.0
Drug Er	nforcement Agency I	Fees		\$100.0
Pet Car	e			\$100.0

Fill in this information to identify your case:						
Debtor 1	Richard	Eduardo	Repass			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Weste	ern District of Washington			
Case number (if known)	25-10499					

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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

Part 1: Summarize Your Assets

 Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B 1b. Copy line 62, Total personal property, from Schedule A/B 1c. Copy line 63, Total of all property on Schedule A/B 	Your assets Value of what you own \$1,452,800.00 \$68,418.77 \$1,521,218.77
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$1,034,761.52
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 	\$157,485.20
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$897,866.07
Your total liabilities	\$2,090,112.79
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$22,601.35
5. <i>Schedule J: Your Expenses</i> (Official Form 106J) Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$26,372.00

Debtor 1	Richard	Eduardo	Repass		Case number (if know	n) 25-10499
	First Name	Middle Name	Last Name			
Part 4: Ans	wer These Quest	ions for Administr	ative and Statistical Re	cords		
-		nder Chapters 7, 11, or ort on this part of the fo	13? orm. Check this box and subm	it this form to the	e court with your other sche	dules.
Your de family, c	r household purpose	nsumer debts. Consul ." 11 U.S.C. § 101(8). / consumer debts. You	<i>ner debt</i> s are those "incurred Fill out lines 8-9g for statistica I have nothing to report on thi	l purposes. 28 L	J.S.C. § 159.	it
		rrent Monthly Income: 122B Line 11; OR, For	Copy your total current mont m 122C-1 Line 14.	nly income from	Official	
9. Copy the fo	llowing special cate	gories of claims from	Part 4, line 6 of Schedule E/F	:	Total claim	
From Par	t 4 on Schedule E/F	, copy the following:				
9a. Domes	tic support obligation	ns (Copy line 6a.)				
9b. Taxes	and certain other de	ots you owe the govern	nment. (Copy line 6b.)			
9c. Claims	for death or persona	al injury while you were	intoxicated. (Copy line 6c.)			
9d. Studer	it loans. (Copy line 6	f.)				
9e.Obligat claims.	ions arising out of a (Copy line 6g.)	separation agreement	or divorce that you did not rep	oort as priority		
9f. Debts t	o pension or profit-sl	naring plans, and othe	similar debts. (Copy line 6h.)		+	-
9g. Total . /	Add lines 9a through	9f.				

Fill in this information	to identify your case:		
Debtor 1	Richard	Eduardo	Repass
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankr	ruptcy Court for the:	West	tern District of Washington
Case number (if known)	25-10499)	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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

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

12/15

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to hel	ip you fill out bankruptcy forms?
N o	
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.
XRichard E. Repaçs	
Richard Eduardo Repass, Debtor 1	
Date 03/07/2025 MM/ DD/ YYYY	

Fill in this information	to identify your case:			
Debtor 1	Richard	Eduardo	Repass	
	First Name	Middle Name	Last Name	_
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bankru	ptcy Court for the:	West	ern District of Washington	
Case number (if known)	25-10499			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy 04/22

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

 What is your current marita Married Not married During the last 3 years, have No Yes. List all of the places 	e you lived anywhere	-		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	State ZIP Code	From To	Same as Debtor 1 Number Street City State Zi	Same as Debtor 1 From To P Code
Number Street		From To	Same as Debtor 1 Number Street	Same as Debtor 1 From To
City	State ZIP Code		City State ZI	P Code

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).

or 1	Richard	Eduardo	o Repass		Case number (if know	n) 25-10499
	First Name	Middle Nar				
't 2: E>	xplain the Sources	of Your In	come			
l in the to	otal amount of income	you received	nt or from operating a busi from all jobs and all busine me that you receive togethe	esses, including part-time a		ears?
No						
Yes. I	Fill in the details.					
			Debtor 1		Debtor 2	
			Sources of income	Gross Income	Sources of income	Gross Income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	nuary 1 of current yea filed for bankruptcy:		 ✓ Wages, commissions, bonuses, tips ✓ Operating a business 	\$33,666.64 \$18,993.01	 Wages, commissions, bonuses, tips Operating a business 	
	calendar year: 1 to December 31, 2 0		Wages, commissions, bonuses, tips	\$108,149.34	Uwages, commissions, bonuses, tips	
Junuary			Operating a business	\$1,112,918.36	Operating a business	
	calendar year before the 1 to December 31, 20		Wages, commissions, bonuses, tips	\$37,221.00	Uwages, commissions, bonuses, tips	
· · · · · · · · · · · · · · · · · · ·		YYYY	Operating a business	\$1,090,631.24	Operating a business	

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.

🗹 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 from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY				
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY				
iol Form 107		ffeirs for Individuals Filing f		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

tor 1	Richard	Eduardo	Repass		Case n	umber (if I	(nown) 25-10499
	First Name	Middle Name	Last Name		-		
rt 3: L	ist Certain Pa	yments You Made	Before You Filed	for Bankruptcy			
Aro oith	or Dobtor 1's or	Debtor 2's debts prima	rily consumer debts	2			
		Debtor 2 S debts prima					
Mo.	an individual p	rimarily for a personal,	family, or household	purpose."	s are defined in 11 U.S.	. .	8) as "incurred by
	During the 90	days before you filed fo	or bankruptcy, did you	a pay any creditor a t	otal of \$7,575* or more?	?	
	🗋 No. Go to li	ne 7.					
	paid not i	that creditor. Do not in nclude payments to an	clude payments for c attorney for this ban	lomestic support obli kruptcy case.	in one or more paymer gations, such as child s	support an	d alimony. Also, do
	* Subject to ac	justment on 4/01/25 ar	nd every 3 years after	r that for cases filed of	on or after the date of a	djustment	
Yes.	Debtor 1 or De	btor 2 or both have p	imarily consumer de	ebts.			
		days before you filed fo	,		otal of \$600 or more?		
	🗋 No. Go to li	ne 7.					
	_		whom you paid a tota	al of \$600 or more ar	d the total amount you	paid that	creditor. Do not
	inclu		stic support obligatio		port and alimony. Also,		
			Dates of payment	Total amount pai	d Amount you st	till owe	Was this payment for
	Kapitus Serv	icing, Inc.	09/08/2022	\$96,445	00		Mortgage
	Creditor's Name						Car
	Number Otherst						Credit card
	Number Street						Loan repayment
	City	State ZIP Code	_				Suppliers or vendors
	City	State ZIF Code					☑ Other <u>Settlement</u>
					wed anyone who was		☐ Suppliers or vendors ☑ Other <u>Settlement</u>
ou are ar	n officer, director,	person in control, or o	wner of 20% or more	of their voting secur	ties; and any managing	g agent, in	cluding one for a business yo
_	s a sole proprieto	r. 11 U.S.C. § 101. Incl	ude payments for do	mestic support obliga	ations, such as child sup	pport and	alimony.
N o							
Yes.	List all payments	to an insider.					
			Dates of payment	Total amount paid	Amount you still owe	Reason	for this payment
	Name						
Insider's							
Insider's							
Insider's	Street						
	Street						
	Street						

	Richard First Name	Eduardo Middle Nar			Case	number (if know	n) <u>25-10499</u>
			tcy, did you make any p signed by an insider.	payments or transfer	r any property on acco	ount of a debt th	hat benefited an insider?
No							
Yes. List a	Il payments that	benefited an i	nsider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for t	t his payment tor's name
nsider's Name							
lumber Str	eet						
			_				
City	State	ZIP Code					
	State	ZIP Code	sessions, and Fored	closures			
rt 4: Identi Within 1 year st all such ma intract dispute	ify Legal Acti before you file tters, including p es.	ons, Reposs d for bankrupt	sessions, and Forec tcy, were you a party in cases, small claims act	any lawsuit, court a			r custody modifications, a
Within 1 year	ify Legal Acti before you file tters, including p es.	ions, Reposs Id for bankrupf personal injury	tcy, were you a party in	any lawsuit, court a tions, divorces, collec			
rt 4: Identi Within 1 year st all such ma ntract dispute No Ves. Fill in	ify Legal Acti before you file tters, including p s. the details. Department v. Richard R dba Revolut	ons, Reposs d for bankrupt personal injury of L & I Repass tion	tcy, were you a party in cases, small claims act	tions, divorces, collect colle	ction suits, paternity ac	tions, support o	r custody modifications, a Status of the case □ Pending ☑ On appeal
tt 4: Identi Within 1 year st all such ma ntract dispute ☐ No ☑ Yes. Fill in	ify Legal Acti before you file tters, including p ss. the details. Department v. Richard R	ons, Reposs d for bankrupt personal injury of L & I Repass tion	tcy, were you a party in cases, small claims act Nature of the case Wage complaint file	ed by Mayo Mago	urt or agency <u>ce of the Attorney</u> Name Ikruptcy & Collecti Fifth Avenue Unit	tions, support o General ons	r custody modifications, a Status of the case
rt 4: Identi Within 1 year st all such ma ontract dispute No V Yes. Fill in Case title	ify Legal Acti before you file tters, including p s. the details. Department v. Richard R dba Revolut Psychiatric	ons, Reposs of for bankrupt bersonal injury of L & I Repass tion and	tcy, were you a party in cases, small claims act Nature of the case Wage complaint file	any lawsuit, court a tions, divorces, collec d by Mayo <u>Offi</u> Court <u>Ban</u> 800 Numb	urt or agency <u>ce of the Attorney</u> Name Ikruptcy & Collecti Fifth Avenue Unit	tions, support o General ons	r custody modifications, a Status of the case □ Pending ☑ On appeal

No. Go to line 11.

 $\hfill \ensuremath{\square}$ Yes. Fill in the information below.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

ebtor 1	Richard	Eduardo	Repass	Case number (if kno	own) 25-10499
	First Name	Middle Name	Last Name		
			Describe the property	Date	Value of the property
Creditor's I	Name				
Number	Street		Explain what happened		
			Property was repossessed.		
			Property was foreclosed.		
			Property was garnished.		
City	Q+/	ate ZIP Code	Property was attached, seized, or levied.		

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?

MNo

Yes. Fill in the details.

			Describe the action the creditor took	Date action was taken	Amount
Creditor's Name					
Number Street			-		
City	State	ZIP Code	Last 4 digits of account number: XXXX		

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 courtappointed receiver, a custodian, or another official?

MNo

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?

MNo

Yes. Fill in the details for each gift.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Richard	Eduardo	Repass	Case number (if known) 25-10499
First Name	Middle Name	Last Name	
a total value of m n	nore than \$600	Describe the gifts	Dates you gave Value the gifts
hom You Gave the G	Gift		
		-	
Street			
Si	tate ZIP Code	-	
lationship to you			
	First Name a total value of m n hom You Gave the G Street	First Name Middle Name a total value of more than \$600 n horn You Gave the Gift Street State ZIP Code	First Name Middle Name Last Name a total value of more than \$600 Describe the gifts n

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?

	NIa
Y	INO

 \hfill Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charit /a Nama			
Charity's Name			
Number Street			
City State ZIP Code			

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?

MNo

Yes. Fill in the details.

Describe the property you lost and	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Official Form 107

Debtor 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	
Part 7: Lis	t Certain Paym	ents 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.

Law Office of Mark McClure, PS	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid 1103 W Meeker St 101	Attorney's Fee		\$8,750.00
Number Street			
Kent, WA 98032			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

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.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

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.

MNo

Yes. Fill in the details.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Person's relationship f Within 10 years before hese are often called Mo Yes. Fill in the deta Name of trust Name of trust	D tr	ame Last Name Description and value of property ransferred	Describe any property or payments received or debts paid in exchange	
Number Street City S Person's relationship to the seare often called Image: Street of the seare of the sear	ved Transfer State ZIP Code			
Number Street City S Person's relationship to Within 10 years before nese are often called Image: No Yes. Fill in the deta Name of trust Vame of trust Within 1 year before transferred? Jude checking, saving ds, cooperatives, ass	State ZIP Code			
City S Person's relationship Within 10 years before rese are often called Image: A second sec	State ZIP Code			
Verson's relationship f Within 10 years before ese are often called No Yes. Fill in the deta lame of trust List Certain Within 1 year before ransferred? ude checking, saving ds, cooperatives, ass				
Within 10 years before ese are often called INO Yes. Fill in the deta lame of trust List Certain Within 1 year before ransferred? ude checking, saving ds, cooperatives, ass				
ese are often called No Yes. Fill in the deta lame of trust List Certain Within 1 year before transferred? lude checking, saving ds, cooperatives, ass				
Within 1 year before ransferred? ude checking, saving ds, cooperatives, ass		Description and value of the property	y transferred	Date transfer was
t 8: List Certain Within 1 year before transferred? lude checking, saving ds, cooperatives, ass	D	escription and value of the property	y transferred	Date transfer was made
Within 1 year before ransferred? ude checking, saving ds, cooperatives, ass				
Within 1 year before transferred? lude checking, saving ds, cooperatives, ass				
ransferred? ude checking, saving ds, cooperatives, ass	tain Financial Accoun	its, Instruments, Safe Deposit	Boxes, and Storage Units	
1	-	other financial accounts; certificates	or instruments held in your name, or for y of deposit; shares in banks, credit unions	
Yes. Fill in the deta	etails.			
		Last 4 digits of account number	Type of account or Date account instrument closed, sold, r transferred	
lame of Financial Institu				

			Money market
			Diokelage
			Other
City	State	ZIP Code	

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?

MNo

Yes. Fill in the details.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case 25-10499-CMA Doc 12 Filed 03/10/25 Ent. 03/10/25 06:58:38 Pg. 62 of 75

	Richard	Eduard	0	Repass		Case number (if k	mown) 25-10499
	First Name	Middle Na	ame	Last Name			
			Who else had	l access to i	t?	Describe the contents	Do you still have it?
							No
Name of Fi	inancial Institution	i	Name				Yes
Number	Street	I	Number Stre	et			
		(City	State	ZIP Code		
City	State	ZIP Code					
N o	ou stored property i	in a storage u	nit or place ot	her than you	ur home within	1 year before you filed for bankrupto	sy?
	in in the details.		Who else has	or had acco	ess to it?	Describe the contents	Do you still have it?
							No
Name of St	torage Facility	i	Name				Yes
Number	Street	I	Number Stre	et			
			City	State	ZIP Code		
		ZIP Code					
rt 9: Ide . Do you I Mo	entify Property ` hold or control any	ZIP Code You Hold or	Control for	Someone	Else	erty you borrowed from, are storing f	or, or hold in trust for some
rt 9: Ide 3. Do you Mo	entify Property `	ZIP Code You Hold or	Control for t someone els	Someone eowns?lnc	Else		
rt 9: Ide . Do you Mo	entify Property ` hold or control any	ZIP Code You Hold or	Control for	Someone eowns?lnc	Else	erty you borrowed from, are storing f Describe the property	or, or hold in trust for some
rt 9: Ide 5 . Do you I ☑ No □ Yes. Fi	entify Property ` hold or control any 'ill in the details.	ZIP Code You Hold or y property that	Control for t someone els Where is the	Someone eowns?inc property?	Else		
rt 9: Ide 5. Do you I ∑Í No □ Yes. Fi	entify Property ` hold or control any 'ill in the details.	ZIP Code You Hold or y property that	Control for t someone els	Someone eowns?inc property?	Else		
rt 9: Ide 3. Do you 1 1 1 No 1 Yes. Fi Owner's Na	entify Property ` hold or control any 'ill in the details.	ZIP Code You Hold or y property that	Control for t someone els Where is the	Someone eowns?inc property?	Else		
rt 9: Ide 3. Do you I ☑ No ☑ Yes. Fi Owner's Na	entify Property ` hold or control any 'ill in the details. ame	ZIP Code You Hold or y property that	Control for t someone els Where is the	Someone eowns?inc property?	Else		
rt 9: Ide 3. Do you I ☑ No ☑ Yes. Fi Owner's Na	entify Property ` hold or control any 'ill in the details. ame	ZIP Code You Hold or y property that	Control for t someone els Where is the Number Stre	Someone eowns?inc property? et	Else Bude any prop		
rt 9: Ide 3. Do you I ☑ No ☑ Yes. Fi Owner's Na	entify Property ` hold or control any 'ill in the details. ame Street	ZIP Code You Hold or y property that	Control for t someone els Where is the Number Stre	Someone eowns?inc property? et	Else Bude any prop		
3. Do you I Yes. Fi Owner's Na Number	entify Property ` hold or control any 'ill in the details. ame Street	ZIP Code You Hold or y property that	Control for t someone els Where is the Number Stre	Someone eowns?inc property? et	Else Bude any prop		
nt 9: Ide 3. Do you I ☑ No □ Yes. Fi Owner's Na Number	entify Property ` hold or control any 'ill in the details. ame Street	ZIP Code You Hold or y property that	Control for t someone els Where is the Number Stre	Someone eowns?inc property? et	Else Bude any prop		
rt 9: Ide 3. Do you I ☑ No ☑ Yes. Fi Owner's Na Number	entify Property ` hold or control any 'ill in the details. ame Street	ZIP Code You Hold or y property that	Control for t someone els Where is the Number Stre	Someone eowns?inc property? et	Else Bude any prop		
art 9: Ide 3. Do you I ☑ No ☑ Yes. Fi Owner's Na Number	entify Property ` hold or control any 'ill in the details. ame Street	ZIP Code You Hold or y property that	Control for t someone els Where is the Number Stre	Someone eowns?inc property? et	Else Bude any prop		
nt 9: Ide 3. Do you I ☑ No □ Yes. Fi Owner's Na Number	entify Property ` hold or control any "Ill in the details. ame Street State	ZIP Code You Hold or y property that 	Control for t someone els Where is the Number Stre City	Someone e owns? Inc property? et State	Else Elude any prop		

١F

rt 10: Give	First Name				S	• • • •	se number (if known	23-10-33
the purpos Environme		Middle Na	ame	Last Na	me			
Environme	e Details Ab	out Environm	nental Info	ormation	ı			
Environmei	o of Port 10 t	ha fallowing da	finitions on	nhu				
		-			r regulation co	ncerning pollution, contaminat	tion, releases of ha	zardous or toxic
	s, wastes, or m		air, land, soi			water, or other medium, includ		
	s any location, including disp		erty as define	ed under a	any environme	ntal law, whether you now ow	n, operate, or utiliz	e it or used to own, oper
	s <i>material</i> mear contaminant, or		environment	al law defi	ines as a haza	rdous waste, hazardous subs	stance, toxic substa	ance, hazardous material
port all notic	ces, releases,	and proceeding	gs that you	know abo	ut, regardless	of when they occurred.		
. Has any go	overnmental u	nit notified you	that you ma	ay be liabl	e or potentiall	y liable under or in violation	of an environment	tal law?
🗹 No								
Yes. Fill in	the details.							
			Governmen	tal unit		Environmental law, if you	know it	Date of notice
Name of site			overnmental	unit				
Number Str	reet		umber St	reet				
		C	itv	State	ZIP Code			
		c	ity	State	ZIP Code			
-	State notified any go	ZIP Code	-			rial?		
5. Have you n o ∑ No	otified any go	ZIP Code	-			rial?		
5. Have you n	otified any go	ZIP Code vernmental uni	t of any rele	ease of ha				
. Have you n o ∑ No	otified any go	ZIP Code vernmental uni	-	ease of ha		rial? Environmental law, if you	know it	Date of notice
. Have you n 1 No ☐ Yes. Fill in	otified any go	ZIP Code vernmental uni	t of any rele Governmen	ease of ha			know it	Date of notice
5. Have you no	otified any go	ZIP Code vernmental uni	t of any rele	ease of ha			know it	Date of notice
5. Have you no Mo Yes. Fill in Name of site	otified any go	ZIP Code vernmental uni	t of any rele Governmen	ease of ha			know it	Date of notice
5. Have you no Mo Yes. Fill in Name of site	notified any go	ZIP Code vernmental uni	t of any rele Governmen	ease of ha tal unit unit			know it	Date of notice
☑ No □ Yes. Fill in Name of site	notified any go	ZIP Code vernmental uni	t of any rele Governmen	ease of ha tal unit unit			know it	Date of notice
5. Have you no No Yes. Fill in Name of site	notified any go	ZIP Code vernmental uni	t of any rele Governmen overnmental umber Sta	ease of ha tal unit unit reet	zardous mate		know it	Date of notice

	Elect MI.	Mistal N				
	First Name	Middle Name	Last Name			
		Court	or agency	Nature of the o	ase	Status of the cas
ase title						Pending
		Court N	ame			On appeal
		Number	Street			
ase numb	per	City	State ZIP Code			
11: Gi	ive Details Abou	ut Your Busines:	s or Connections to A	ny Business		
Within 4	vears before vou f	iled for bankruptcy	, did vou own a business	or have any of the fo	llowing connections to any t	ousiness?
			ade, profession, or other a	-		
_			LLC) or limited liability par	-		
	partner in a partner	ship				
L An	n officer, director, or	r managing executiv	e of a corporation			
_	n officer, director, or n owner of at least 5			pration		
🗋 An	n owner of at least 5	5% of the voting or e	equity securities of a corpo	pration		
An 🗋 No. No	n owner of at least 5 one of the above ap	5% of the voting or e plies. Go to Part 12	equity securities of a corpo			
An No. No Yes. Ch	n owner of at least 5 one of the above app heck all that apply a	5% of the voting or e plies. Go to Part 12 above and fill in the Desc	equity securities of a corpo	siness.	Employer Identification nur	
An No. No Yes. Ch <u>Richard</u>	n owner of at least 5 one of the above ap	5% of the voting or e plies. Go to Part 12 above and fill in the _LC	equity securities of a corpo details below for each bus	siness. siness	Employer Identification nur Do not include Social Secu	
☐ An] No. No [1] Yes. Cf Richard lame	n owner of at least 5 one of the above ap heck all that apply a I Repass, MD, PL	5% of the voting or e plies. Go to Part 12 above and fill in the _LC Healt	equity securities of a corpo details below for each bus	siness. siness		rity number or ITIN.
An No. No Yes. Ch <u>Richard</u> ame dba RE\	n owner of at least 5 one of the above app heck all that apply a	5% of the voting or e plies. Go to Part 12 above and fill in the _LC Healt U.S.C	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as o	siness. siness	Do not include Social Secu EIN: <u>6</u> 0 – <u>3</u> 2 9	rity number or ITIN.
☐ An] No. No 1⁄ Yes. Cł <u>Richard</u> lame dba <u>RE\</u> PSYCHI	n owner of at least 5 one of the above app heck all that apply a I Repass, MD, PL VOLUTION	5% of the voting or e plies. Go to Part 12 above and fill in the <u>LC</u> DICTION	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as o	siness. siness defined in 11	Do not include Social Secu	rity number or ITIN.
☐ An ☐ No. No ☑ Yes. Ch Richard Jame dba RE\ PSYCHI TREATM 2737 781	n owner of at least 5 one of the above app heck all that apply a I Repass, MD, PL VOLUTION	5% of the voting or e plies. Go to Part 12 above and fill in the <u>LC</u> DICTION	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as o C § 101(27A))	siness. siness defined in 11	Do not include Social Secu EIN: <u>6</u> 0 – <u>3</u> 2 9	rity number or ITIN.
☐ An ☐ No. No ☑ Yes. Cr <u>Richard</u> Iame <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u>Iame</u> <u></u>	n owner of at least 5 one of the above app heck all that apply a <u>Repass, MD, PL</u> <u>VOLUTION</u> ATRIC AND ADE MENT th Ave SE #100 Street	5% of the voting or e plies. Go to Part 12 above and fill in the LC DICTION Name	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as o C § 101(27A))	siness. siness defined in 11	Do not include Social Secu EIN: <u>6</u> 0 – <u>3</u> <u>2</u> <u>9</u> Dates business existed	rity number or ITIN.
☐ An ☐ No. No ☑ Yes. Cł <u>Richard</u> <u>Name</u> <u>dba RE\</u> <u>PSYCHI</u> <u>TREATN</u> <u>2737 781</u> <u>Number</u>	n owner of at least 5 one of the above app heck all that apply a I Repass, MD, PL VOLUTION ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044	5% of the voting or e plies. Go to Part 12 above and fill in the LC DICTION Name	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as o C § 101(27A))	siness. siness defined in 11	Do not include Social Secu EIN: <u>6</u> 0 – <u>3</u> <u>2</u> <u>9</u> Dates business existed	rity number or ITIN.
☐ An ☐ No. No ✓ Yes. Ch Richard Vame dba REV PSYCHI TREATN 2737 781 Number Mercer I City	n owner of at least 5 one of the above app heck all that apply a <u>Repass, MD, PL</u> <u>VOLUTION</u> ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044 State	5% of the voting or e plies. Go to Part 12 above and fill in the LLC Healt U.S.C DICTION Name	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as o C § 101(27A))	siness. siness defined in 11 eeper	Do not include Social Secu EIN: <u>6</u> <u>0</u> <u>-</u> <u>3</u> <u>2</u> <u>9</u> Dates business existed From <u>04/23/2013</u> To <u>-</u> Employer Identification nur	rity number or ITIN.
☐ An ☐ No. No ☑ Yes. Ch Richard Iame dba REV PSYCHI. TREATN 2737 781 Jumber Mercer I Sity Infinity I	n owner of at least 5 one of the above app heck all that apply a I Repass, MD, PL VOLUTION ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044	5% of the voting or e plies. Go to Part 12 above and fill in the LC Healt U.S.C Name 0 ZIP Code Desc Name	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as C § 101(27A)) e of accountant or bookk	siness. siness defined in 11 eeper	Do not include Social Secu EIN: <u>6</u> 0 – <u>3</u> 2 9 Dates business existed From <u>04/23/2013</u> To	rity number or ITIN. <u>6213</u>
☐ An ☐ No. No ✓ Yes. Cf Richard Vame dba REV PSYCHI. TREATN 2737 781 Vumber Mercer I City Infinity I LLC	n owner of at least 5 one of the above app heck all that apply a <u>Repass, MD, PL</u> <u>VOLUTION</u> ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044 State	5% of the voting or e plies. Go to Part 12 above and fill in the DICTION 0 ZIP Code ness Healt	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as C § 101(27A)) e of accountant or bookk	siness. siness defined in 11 eeper	Do not include Social Secu EIN: <u>6</u> <u>0</u> <u>-</u> <u>3</u> <u>2</u> <u>9</u> Dates business existed From <u>04/23/2013</u> To <u>-</u> Employer Identification nur	rity number or ITIN. <u>6213</u> mber rity number or ITIN.
An No. No Yes. Ch Richard Jame dba REV PSYCHI TREATM 2737 781 Jumber Mercer I City Infinity I LLC Jame	n owner of at least 5 one of the above app heck all that apply a <u>Repass, MD, PL</u> <u>VOLUTION</u> ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044 State	5% of the voting or e plies. Go to Part 12 above and fill in the LC Healt U.S.C Name 0 ZIP Code ness Healt U.S.C	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as C § 101(27A)) e of accountant or bookk	siness. siness defined in 11 eeper siness defined in 11	Do not include Social Secu EIN: <u>6</u> <u>0</u> <u>-</u> <u>3</u> <u>2</u> <u>9</u> Dates business existed From <u>04/23/2013</u> To <u>-</u> Employer Identification nur Do not include Social Secu	rity number or ITIN. <u>6213</u> mber rity number or ITIN.
☐ An ☐ No. No ✓ Yes. Cf Richard Jame dba REV PSYCHI TREATM 2737 781 Number 2737 781 Number Mercer I City Infinity I LLC Jame 15144 S	n owner of at least 5 one of the above app heck all that apply a Repass, MD, PL VOLUTION ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044 State Health And Wellin State	5% of the voting or e plies. Go to Part 12 above and fill in the LC Healt U.S.C Name 0 ZIP Code ness Healt U.S.C	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as C § 101(27A)) e of accountant or bookk ribe the nature of the bus th Care Business (as C § 101(27A))	siness. siness defined in 11 eeper siness defined in 11	Do not include Social Secu EIN: <u>6</u> <u>0</u> – <u>3</u> <u>2</u> <u>9</u> Dates business existed From <u>04/23/2013</u> To Employer Identification nur Do not include Social Secu EIN: <u>6</u> <u>0</u> – <u>4</u> <u>8</u> <u>1</u> Dates business existed	rity number or ITIN. <u>6213</u> mber rity number or ITIN. <u>1168</u>
☐ An ☐ No. No ✓ Yes. Cf Richard Jame dba REV PSYCHI TREATM 2737 781 Jumber Mercer I Dity Infinity I LLC Jame	n owner of at least 5 one of the above app heck all that apply a <u>Repass, MD, PL</u> <u>VOLUTION</u> ATRIC AND ADE MENT th Ave SE #100 Street Island, WA 98044 State	5% of the voting or e plies. Go to Part 12 above and fill in the LC Healt U.S.C Name 0 ZIP Code ness Healt U.S.C	equity securities of a corpo details below for each bus ribe the nature of the bus th Care Business (as C § 101(27A)) e of accountant or bookk ribe the nature of the bus th Care Business (as C § 101(27A))	siness. siness defined in 11 eeper siness defined in 11	Do not include Social Secu EIN: <u>6</u> <u>0</u> – <u>3</u> <u>2</u> <u>9</u> Dates business existed From <u>04/23/2013</u> To Employer Identification nur Do not include Social Secu EIN: <u>6</u> <u>0</u> – <u>4</u> <u>8</u> <u>1</u>	rity number or ITIN. <u>6213</u> mber rity number or ITIN. <u>1168</u>

otor 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	
_	UTION NEUROT		be the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
PLLC Name		Perso	nal Services	EIN:
		Name	of accountant or bookkeeper	Dates business existed
Po Box Number	1775 Street			From <u>02/28/2024</u> To
Mercer City	Island, WA 9804 State	0-1775 ZIP Code		
	E NAD PLLC	Descri	be the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name				EIN:
Po Box	1775	Name	of accountant or bookkeeper	Dates business existed
Number Mercer	Street Island, WA 9804	0-1775		From <u>07/14/2022</u> To
City	State	ZIP Code		

🗹 No

Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Debtor 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	
Part 12: Sig	n Below			
and correct. I	understand that m	aking a false statemen	, concealing property, or ob	a, and I declare under penalty of perjury that the answers are true taining money or property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
·	urd E. Repu re of Richard Edua	155 rdo Repass, Debtor 1		
Date <u>0</u>	3/07/2025	_		
-	h additional pages	to your Statement of F	inancial Affairs for Individua	Is Filing for Bankruptcy (Official Form 107)?
Mo No				
Yes				
Did you pay o	or agree to pay som	neone who is not an att	orney to help you fill out bar	skruptcy forms?
Mo No				
🗋 Yes. Nar	ne of person			Attach the <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119).

Fill in this information	n to identify your case:			
Debtor 1	Richard	Eduardo	Repass	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		West	ern District of Washingto	<u>n</u>
Case number 25-10499 (if known))		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. 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).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Description of property securing debt:	Specialized Loan Servicing LLC 15144 SE 46th Way Bellevue, WA 98006-3229	 Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]: 	☐ No ☑ Yes
Creditor's name: Description of property securing debt:	Idaho Central Credit Union 2020 Nissan Leaf	 Surrender the property. Retain the property and redeem it. Retain the property and enter into a <i>Reaffirmation Agreement</i>. Retain the property and [explain]: 	☑ No ☐ Yes

Richard	Eduardo	Repass	Case number (if known) 25-10499	
First Name	Middle Name	Last Name		
nal Page for Pa	art 1			
		Surrender the property.	No No	
		Retain the property and redeem it.	🗋 Yes	
f		 Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: 		
f	First Name	First Name Middle Name nal Page for Part 1 Whispering Heights HOA	First Name Middle Name Last Name nal Page for Part 1 Image Surrender the property. Whispering Heights HOA Image Retain the property and redeem it. Image Retain the property and enter into Reaffirmation Agreement.	

Rionara	Richard Eduardo Repass		Case number (if known) 25-10499
First Name	Middle Name	Last Name	
Your Unexpired	Personal Property	Leases	
red personal prop ow. Do not list rea	erty lease that you liste I estate leases. Unexp	ed in Schedule G: Executory Cor ired leases are leases that are sti	Il in effect; the lease period has not yet ended. You may assume ar
our unexpired pers	sonal property leases		Will the lease be assumed?
ie:			🗋 No
of leased			C Yes
ie:			🗋 No
of leased			🗋 Yes
ne:			🗋 No
of leased			C Yes
ie:			🗋 No
of leased			Tes 🗋 Yes
ie:			🗋 No
of leased			Tes 🗌 Yes
ne:			🗋 No
of leased			C Yes
ne:			🗋 No
of leased			C Yes
Below			
is subject to an up Q_{1}	nexpired lease.	d my intention about any proper	ty of my estate that secures a debt and any personal
of Debtor 1			
07/2025 DD/ YYYY			
	Your Unexpired red personal prop low. Do not list rea- sonal property lease our unexpired personal ne: of leased ne: of leased	Your Unexpired Personal Property red personal property lease that you listo low. Do not list real estate leases. Unexpi- ional property lease if the trustee does no pur unexpired personal property leases ne: of leased ne: of leased	Your Unexpired Personal Property Leases red personal property lease that you listed in <i>Schedule G: Executory Cor</i> low. Do not list real estate leases. <i>Unexpired leases</i> are leases that are sti onnal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 bur unexpired personal property leases ne: of leased

IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF WASHINGTON TACOMA DIVISION

IN RE: Repass, Richard Eduardo

CASE NO 25-10499

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Signature Richard E. Repass Date 03/07/2025

Richard Eduardo Repass, Debtor

Aetna

Po Box 14079 Lexington, KY 40512-4079

American Education Services

Attn: Bankruptcy PO Box 2461 Harrisbiurg, PA 17105-2461

Amex

Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998

Bank Of America

Attn: Bankruptcy Claims 475 Cross Point Pkwy. PO Box 9000 Getzville, NY 14068-9000

Barclays Bank Delaware

Attn: Bankruptcy 125 South West St Wilmington, DE 19801

Calypso

MS229 Po Box 327 Seattle, WA 98111-0327

Capital One

Attn: Bankruptcy Po Box 30285 Salt Lake Cty, UT 84130-0285

Community Health Plan

1111 3rd Ave Ste 400 Seattle, WA 98101-3207

Cotiviti

PO Box 12012 S Jordan, UT 84035

Discover Financial

Attn: Bankruptcy PO Box 3025 New Albany, OH 43054

Discover Personal Loans

Attn: Bankruptcy Po Box 30939 Salt Lake Cty, UT 84130-0939

First Choice Health

Po Box 12659 Seattle, WA 98111-4659

Leanna Franklin

15144 SE 46th Way 98006

Macy's/ DSNB

Atytn: Bankruptcy 701 E. 60th Street North Sioux Falls, SD 57104

Navient

Attn: Bankruptcy PO Box 9500 Wilkes Barre, PA 18773

PNC Financial Services

Attn: Bankruptcy 300 Fifth Ave Pittsburgh, PA 15222

Premeral +

MS242 PO Box 97059 Seattle, WA 98111-9159

Regence Health Insurance

Po Box 1106 Lewiston, ID 83501-1106

Richard Repass, MD, PLLC

dba REVOLUTION PSYCHIATRIC AND ADDICTION TREATMENT 2737 78th Ave SE # 100 Mercer Island, WA 98040

Syncb

Attn: Bankruptcy PO Box 965064 Orlando, FL 32896-5060

Syncb/ Home

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Syncb/ luxury Specialty

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Synchrony Bank

Attn: Bankruptcy Po Box 71783 Philadelphia, PA 19176-1783

Synchrony Bank / HH Gregg

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Synchrony Bank/ Gap

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Synchrony Bank/ HHGregg

FL 32896 Attn: Bankruptcy Orlando, PO Box 965060

Synchrony Bank/ Lowes

Attn: Bankruptcy Dept. Po Box 71727 Philadelphia, PA 19176

Synchrony Bank/ Old Navy

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Synchrony Bank/ Sams

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Synchrony Bank/ Sams Club

Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

United Healthcare

Po Box 31362 Salt Lake Cty, UT 84131-0362

Volkswagen Credit, Inc

Attn: Bankruptcy 2200 Woodland Pointe Ave Herndon, VA 20171