

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

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western</u>		District of <u>Washington</u>
Case number	<u>25-10499</u>		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

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

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

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

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

1.1 15144 SE 46th Way

Street address, if available, or other description

Bellevue, WA 98006-3229

City State ZIP Code

King

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

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

Other information you wish to add about this item, such as local property identification number: purchased 4/13/2015 for \$700k

Source of Value: zillow.com as of 11/26/2024

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

Current value of the entire property?

\$1,452,800.00

Current value of the portion you own?

\$1,452,800.00

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

Fee Simple

☐ Check if this is community property (see instructions)

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



\$1,452,800.00

Part 2: Describe Your Vehicles

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

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

- ☐ No
- ☒ Yes

- 3.1 Make: Nissan Who has an interest in the property? Check one.
 Model: Leaf ☒ Debtor 1 only
 Year: 2020 ☐ Debtor 2 only
 Approximate mileage: 60000 ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

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

Current value of the entire property?
\$13,000.00

Current value of the portion you own?
\$13,000.00

If you own or have more than one, describe here:

- 3.2 Make: Audi Who has an interest in the property? Check one.
 Model: Q7 ☒ Debtor 1 only
 Year: 2015 ☐ Debtor 2 only
 Approximate mileage: 70000 ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

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

Current value of the entire property?
\$15,000.00

Current value of the portion you own?
\$15,000.00

- 3.3 Make: Volkswagen Who has an interest in the property? Check one.
 Model: Golf ☒ Debtor 1 only
 Year: 2010 ☐ Debtor 2 only
 Approximate mileage: 120000 ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Other information:

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

Current value of the entire property?
\$2,000.00

Current value of the portion you own?
\$2,000.00

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

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

- ☒ No
☐ Yes

- 4.1 Make: _____ Who has an interest in the property? Check one.
 Model: _____ ☐ Debtor 1 only
 Year: _____ ☐ 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)

Other information:

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

Current value of the entire property?

Current value of the portion you own?

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

\$30,000.00

Part 3: Describe Your Personal and Household Items

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

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☒ No☐ Yes. Describe.**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☒ No☐ Yes. Describe.**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☒ No☐ Yes. Describe.**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$0.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes Cash:**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:	Seattle Bank xx7352 Balance as of 2/26/2025 Account Number: XXXXXX7352	\$298.26
17.2. Checking account:	US Bank balance as of 2/26/2025 Account Number: 9623	\$134.20
17.3. Savings account:	Seattle Bank Savings xx1113 Balance as of 2/26/2025 Account Number: XXXXXX1113	\$147.29
17.4. Savings account:	Seattle Bank Savings xx4379 Balance as of 2/26/2025 Account Number: XXXXXX4379	\$145.51
17.5. Savings account:	Seattle Bank Savings xx4398 Balance as of 2/26/2025 Account Number: XXXXXX4398	\$150.60

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Infinity Health & Wellness LLC100.00%unknownRevolution Neurotesting, PLLC100.00%unknownRichard Repass, MD, PLLC100.00%**Assets:**Checking account w/Seattle Bank xx7686 \$836.16 as of 2/26/2025unknownChecking account w/US Bank xx0498 \$215.95 as of 2/26/2025**Liabilities:**Seattle NAD, PLLC100.00%unknownAssets: US Bank xx1562, \$207.78 balance as of 2/26/2025**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

IRA:

Vanguard Voyager Roth IRA xxx3914Balance as of 09/30/2024\$3,945.10

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

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

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

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company
of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

**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 from someone who has died**

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

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here****\$38,418.77****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

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

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.**39. Office equipment, furnishings, and supplies**

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

☒ No☐ Yes. Describe.**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.**41. Inventory**☒ No☐ Yes. Describe.**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.

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

- ☒ No
☐ Yes. Give specific
information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**\$0.00****Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

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

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

47. Farm animals*Examples:* Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

--

48. Crops—either growing or harvested

- ☒ No
☐ Yes. Give specific
information.

--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes

--

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes

--

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.

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

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

Examples: Season tickets, country club membership☐ No☒ Yes. Give specific information.**Capital Loss (re theft loss)****unknown**

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

**\$0.00****Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2

**\$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**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

Copy personal property total →

+ \$68,418.77

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$1,521,218.77

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: Western District of Washington

Case number 25-10499
(if known)

☐ Check if this is an amended filing

Official Form 106C

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.

Part 1: Identify the Property You Claim as Exempt

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

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

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

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<u>15144 SE 46th Way</u> <u>Bellevue, WA</u> <u>98006-3229</u>	<u>\$1,452,800.00</u>	<input checked="" type="checkbox"/> <u>\$968,300.00</u>	<u>Wash. Rev. Code. § 6.13.030(b)</u> <u>RCW 6.13.070</u>
Line from <i>Schedule A/B</i> :	<u>1.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>2015 Audi Q7</u>	<u>\$15,000.00</u>	<input checked="" type="checkbox"/> <u>\$15,000.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)</u> <u>(d)(iv)</u>
Line from <i>Schedule A/B</i> :	<u>3.2</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: 2010 Volkswagen Golf <u>Fair Condition</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from <i>Schedule A/B</i> : <u>3.3</u>			
Brief description: Seattle Bank xx7352 Balance as of 2/26/2025 Checking account <u>Acct. No.: XXXXXX7352</u>	<u>\$298.26</u>	<input checked="" type="checkbox"/> <u>\$298.26</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from <i>Schedule A/B</i> : <u>17</u>			
Brief description: Seattle Bank Savings xx1113 Balance as of 2/26/2025 Savings account <u>Acct. No.: XXXXXX1113</u>	<u>\$147.29</u>	<input checked="" type="checkbox"/> <u>\$147.29</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from <i>Schedule A/B</i> : <u>17</u>			
Brief description: Seattle Bank Savings xx4379 Balance as of 2/26/2025 Savings account <u>Acct. No.: XXXXXX4379</u>	<u>\$145.51</u>	<input checked="" type="checkbox"/> <u>\$145.51</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from <i>Schedule A/B</i> : <u>17</u>			
Brief description: Seattle Bank Savings xx4398 Balance as of 2/26/2025 Savings account <u>Acct. No.: XXXXXX4398</u>	<u>\$150.60</u>	<input checked="" type="checkbox"/> <u>\$150.60</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Line from <i>Schedule A/B</i> : <u>17</u>			

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: US Bank balance as of 2/26/2025 Checking account Acct. No.: 9623	\$134.20	<input checked="" type="checkbox"/> \$134.20 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B: 17			
Brief description: Vanguard Voyager Roth IRA xxx3914 Balance as of 09/30/2024	\$3,945.10	<input checked="" type="checkbox"/> \$3,945.10 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(n)
Line from Schedule A/B: 21			
Brief description: Northwestern Mutual Whole Life Insurance Policy #####9928 Net Accumulated value: \$887.00	\$887.00	<input checked="" type="checkbox"/> \$31,314.58 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 48.18.410
Line from Schedule A/B: 31			
Brief description: 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	\$32,710.81	<input checked="" type="checkbox"/> \$32,710.81 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 48.18.410
Line from Schedule A/B: 31			
Brief description: Capital Loss (re theft loss)	unknown	<input checked="" type="checkbox"/> \$7,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii) About \$500k more or less was lost.
Line from Schedule A/B: 53			

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: Western District of Washington

Case number (if 25-10499
known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

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

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

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

Part 1: List All Secured Claims

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

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	Idaho Central Credit Union Creditor's Name Po Box 2469 Number Street Pocatello, ID 83206-2469 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>1/1/2023</u> Last 4 digits of account number <u>5 3 0 2</u>	Describe the property that secures the claim: 2020 Nissan Leaf As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$35,707.00	\$13,000.00	\$22,707.00
-----	--	--	--------------------	--------------------	--------------------

Add the dollar value of your entries in Column A on this page. Write that number here:

\$35,707.00

Part 1:		Column A	Column B	Column C
Additional Page		Amount of claim	Value of collateral that supports this claim	Unsecured portion
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.		If any
2.2	Specialized Loan Servicing LLC Creditor's Name Attn: Bankruptcy P.O. Box 630147 Number Street Littleton, CO 80163-0147 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 8/1/2022 Last 4 digits of account number 2 5 3 7	Describe the property that secures the claim: 15144 SE 46th Way Bellevue, WA 98006-3229	\$999,054.52	\$1,452,800.00
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
2.3	Whispering Heights HOA Creditor's Name Po Box 40232 Number Street Bellevue, WA 98015-4232 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____	Describe the property that secures the claim: unknown	\$0.00	\$0.00
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Add the dollar value of your entries in Column A on this page. Write that number here:		\$999,054.52		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$1,034,761.52		

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 Debt That You Already Listed

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

1. **NewRez LLC dba Shellpoint Mtg Sving**

Name

55 Beattie Pl Ste 110

Number Street

Greenville, SC 29601-5115

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number _ _ _ _

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: Western District of Washington

Case number 25-10499
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

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

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

Debtor 1

Richard**Eduardo****Repass**Case number (if known) **25-10499**

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.2	Department of Labor & Industries	Last 4 digits of account number	6	4	3	8	\$5,449.00	\$5,449.00	\$0.00
------------	---	---------------------------------	----------	----------	----------	----------	-------------------	-------------------	---------------

Priority Creditor's Name

Collections**P.O. Box 44171**

Number Street

Olympia, WA 98504

City State ZIP Code

Who incurred the debt? Check one.

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

When was the debt incurred?

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

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

2.3	Employment Security Department	Last 4 digits of account number	6	0	0	8	\$4,777.20	\$4,777.20	\$0.00
------------	---------------------------------------	---------------------------------	----------	----------	----------	----------	-------------------	-------------------	---------------

Priority Creditor's Name

UI Tax Admin**P.O. Box 9046**

Number Street

Olympia, WA 98507-9046

City State ZIP Code

Who incurred the debt? Check one.

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

When was the debt incurred?

2022 to 2024

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

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.4 <u>IRS Insolvency</u> Priority Creditor's Name <u>PO Box 21126 Bankruptcy</u> <u>Correspondence</u> Number Street <u>Philadelphia, PA 19114</u> City State ZIP Code	Last 4 digits of account number <u>3</u> <u>1</u> <u>3</u> <u>3</u> When was the debt incurred? <u>2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$138,880.00</u>	<u>\$138,880.00</u>	<u>\$0.00</u>
---	---	---------------------	---------------------	---------------

Who incurred the debt? Check one.

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

Is the claim subject to offset?

☒ No
☐ Yes

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

2.5 <u>IRS Insolvency</u> Priority Creditor's Name <u>Po Box 21126</u> Number Street <u>Philadelphia, PA 19114-0326</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
--	---	----------------	----------------	----------------

Who incurred the debt? Check one.

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

Is the claim subject to offset?

☒ No
☐ Yes

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Remarks: 2024

Debtor 1

Richard**Eduardo****Repass**Case number (if known) **25-10499**

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

2.6	Office of the Attorney General	Last 4 digits of account number	<u>0</u>	<u>5</u>	<u>2</u>	<u>4</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
-----	---------------------------------------	---------------------------------	----------	----------	----------	----------	----------------	----------------	----------------

Priority Creditor's Name

Bankruptcy & Collections**800 Fifth Avenue Unit Suite 2000**

Number Street

Seattle, WA 98104

City State ZIP Code

When was the debt incurred?

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

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Remarks: Department of Labor and Industries Employment Standards Program

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

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

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

			Total claim	
4.1	Aetna	Last 4 digits of account number	\$6,200.00	
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 14079				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lexington, KY 40512-4079		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2	Amex	Last 4 digits of account number	\$31,936.00	
Nonpriority Creditor's Name		When was the debt incurred?		
Correspondence/Bankruptcy		2021 to 2024		
PO Box 981540		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
El Paso, TX 79998		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Richard**Eduardo****Repass**Case number (if known) **25-10499**

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 claim

4.3	Bankers Health Group Mastercard	Last 4 digits of account number <u>1 5 6 3</u>	\$13,681.15
------------	--	--	--------------------

Nonpriority Creditor's Name

Cardmember Services**PO Box 332509**

Number Street

Murfreesboro, TN 37133

City State ZIP Code

When was the debt incurred?

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

- ☒ No
- ☐ Yes

4.4	BHG Bankers Healthcare Group	Last 4 digits of account number <u>6 6 8 6</u>	\$63,841.00
------------	-------------------------------------	--	--------------------

Nonpriority Creditor's Name

Cardmember Services**PO Box 332509**

Number Street

Murfreesboro, TN 37133

City State ZIP Code

When was the debt incurred?

12/10/2021

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

- ☒ No
- ☐ Yes

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 claim

4.5	Calyпсо Nonpriority Creditor's Name MS229 Po Box 327 Number Street Seattle, WA 98111-0327 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$350.00
<p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	Chase Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Number Street Wilmington, DE 19850 City State ZIP Code	Last 4 digits of account number <u>8</u> <u>4</u> <u>4</u> <u>5</u> When was the debt incurred? <u>2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$48,201.00
<p>Who incurred the debt? Check one.</p> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Richard**Eduardo****Repass**Case number (if known) **25-10499**

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 claim

4.7	Citibank	Last 4 digits of account number	<u>4</u> <u>5</u> <u>0</u> <u>7</u>	\$1,652.00
Nonpriority Creditor's Name		When was the debt incurred? <u>11/1/2023</u>		
Po Box 6190				
Number Street		As of the date you file, the claim is: Check all that apply.		
Sioux Falls, SD 57117-6190		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.8	Comenity Bank	Last 4 digits of account number	<u>1</u> <u>5</u> <u>8</u> <u>6</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>6/21/2017</u>		
Attn: Bankruptcy				
PO Box 182125				
Number Street		As of the date you file, the claim is: Check all that apply.		
Columbus, OH 43218		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

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 claim

4.9	Community Health Plan Nonpriority Creditor's Name 1111 3rd Ave Ste 400 Number Street Seattle, WA 98101-3207 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$86.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.10	Costco Citi Card Nonpriority Creditor's Name Attn: Bankruptcy PO Box 6500 Number Street Sioux Falls, SD 57117 City State ZIP Code	Last 4 digits of account number <u>7 3 0 2</u> When was the debt incurred? <u>2022 to 2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$17,813.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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 claim

4.11	Cotiviti	Last 4 digits of account number	<u>unknown</u>
-------------	-----------------	---------------------------------	----------------

Nonpriority Creditor's Name

PO Box 12012

Number Street

S Jordan, UT 84035

City State ZIP Code

When was the debt incurred?

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

4.12	First Choice Health	Last 4 digits of account number	<u>\$110.00</u>
-------------	----------------------------	---------------------------------	-----------------

Nonpriority Creditor's Name

Po Box 12659

Number Street

Seattle, WA 98111-4659

City State ZIP Code

When was the debt incurred?

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

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 claim

4.13	Joeseeph Toro	Last 4 digits of account number	<u> </u>	unknown
-------------	----------------------	---------------------------------	-------------------	----------------

Nonpriority Creditor's Name

4717 76th St E

Number

Street

When was the debt incurred?

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

☒ Contingent☐ Unliquidated☒ Disputed**Tacoma, WA 98443-2238**

City

State

ZIP Code

Who incurred the debt? Check one.

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

Remarks: Former client asserts refund is owed. \$3500.

4.14	LARSEN WALTERS PLLC	Last 4 digits of account number	<u>P L L C</u>	\$138.00
-------------	----------------------------	---------------------------------	----------------	-----------------

Nonpriority Creditor's Name

11120 Ne 2nd St

Number

Street

When was the debt incurred?

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

☐ Contingent☐ Unliquidated☐ Disputed**Bellevue, WA 98004-8332**

City

State

ZIP Code

Who incurred the debt? Check one.

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

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 claim

4.15	Macy's/ DSNB	Last 4 digits of account number	<u>2</u> <u>5</u> <u>2</u> <u>9</u>	\$182.00
Nonpriority Creditor's Name		When was the debt incurred? <u>11/1/2024</u>		
<u>Atytn: Bankruptcy 701 E. 60th Street North</u>				
Number Street				
<u>Sioux Falls, SD 57104</u>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.16	Mohela Student Loans	Last 4 digits of account number	<u>2</u> <u>9</u> <u>6</u> <u>5</u>	\$69,005.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
<u>633 Spirit Dr</u>				
Number Street				
<u>Chesterfield, MO 63005-1243</u>				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

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 claim

4.17	Navient	Last 4 digits of account number <u>1 0 1 7</u>	\$39,209.00
-------------	----------------	--	--------------------

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 9500**

Number Street

Wilkes Barre, PA 18773

City State ZIP Code

When was the debt incurred? 10/1/2003

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

- ☒ No
- ☐ Yes

4.18	Navient	Last 4 digits of account number <u>0 0 8 9</u>	\$29,810.00
-------------	----------------	--	--------------------

Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 9500**

Number Street

Wilkes Barre, PA 18773

City State ZIP Code

When was the debt incurred? 9/1/2001

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

- ☒ No
- ☐ Yes

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 claim

4.19	NCS Companies	Last 4 digits of account number <u>3 0 5 6</u>	<u>\$1,084.34</u>
-------------	----------------------	--	--------------------------

Nonpriority Creditor's Name

PatientPop, Inc.

When was the debt incurred? _____

Po Box 50276

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

Number

Street

☐ Contingent**Sarasota, FL 34232-0302**☐ Unliquidated

City

State

ZIP Code

☐ Disputed

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

4.20	Premeral+	Last 4 digits of account number _____	<u>\$1,586.00</u>
-------------	------------------	---------------------------------------	--------------------------

Nonpriority Creditor's Name

MS242

When was the debt incurred? _____

PO Box 97059

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

Number

Street

☐ Contingent**Seattle, WA 98111-9159**☐ Unliquidated

City

State

ZIP Code

☐ Disputed

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

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 claim

4.21	Project Bionic Nonpriority Creditor's Name 2219 Nw Market St Number Street Seattle, WA 98107-4025 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? 2024 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$7,406.33
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.22	Regence Health Insurance Nonpriority Creditor's Name Po Box 1106 Number Street Lewiston, ID 83501-1106 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Disputed as to personal liability.			

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 claim

4.23	Schram & Associates	Last 4 digits of account number _____	<u>unknown</u>
-------------	--------------------------------	---------------------------------------	-----------------------

Nonpriority Creditor's Name

Po Box 9379

Number _____ Street _____

Kent, WA 98042-0075

City _____ State _____ ZIP Code _____

When was the debt incurred? _____

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

Remarks: Debtor intends on repaying this creditor (cpa)

4.24	Sharon Mayo	Last 4 digits of account number _____	<u>unknown</u>
-------------	--------------------	---------------------------------------	-----------------------

Nonpriority Creditor's Name

22816 Edmonds Way Apt 204

Number _____ Street _____

Edmonds, WA 98020-5963

City _____ State _____ ZIP Code _____

When was the debt incurred? _____

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

Remarks: Dept of L & I claim; Wage Complaint 173788

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 claim

4.25	Small Business Administration	Last 4 digits of account number	8 1 0 1	\$270,000.00
Nonpriority Creditor's Name		When was the debt incurred?		
2401 4th Ave Ste 450		2020 to 2021		
Number Street		As of the date you file, the claim is: Check all that apply.		
Seattle, WA 98121		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.26	Sweep Aquina	Last 4 digits of account number	P A O I	\$78,337.50
Nonpriority Creditor's Name		When was the debt incurred?		
Aquina Health		2020		
3300 Highlands Pkwy Se Ste 290		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Smyrna, GA 30082-5131		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

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 claim

4.27	Symbiosis	Last 4 digits of account number	_____	\$4,085.00
Nonpriority Creditor's Name		When was the debt incurred? 2024		
Practice in a Box				
1331 H St Nw Ste 200		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Washington, DC 20005-4706		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.28	Syncb/Venmo	Last 4 digits of account number	6 2 6 4	\$826.00
Nonpriority Creditor's Name		When was the debt incurred? 7/1/2023		
FL 32896 Attn: Bankruptcy Orlando,				
P.O. Box 965064		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify CreditCard		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

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 claim

4.29	Target NB	Last 4 digits of account number	<u>4</u> <u>8</u> <u>3</u> <u>6</u>	\$145.00
Nonpriority Creditor's Name		When was the debt incurred? <u>11/1/2010</u>		
C/O Financial & Retail Services Mailstop BT				
PO Box 9475		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Minneapolis, MN 55440		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.30	Tebra	Last 4 digits of account number	<u>2</u> <u>5</u> <u>4</u> <u>5</u>	\$1,084.34
Nonpriority Creditor's Name		When was the debt incurred? _____		
1111 Bayside Dr Ste 270				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Corona Del Mar, CA 92625		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

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 claim

4.31	United Healthcare	Last 4 digits of account number	_____	\$69.31
	Nonpriority Creditor's Name	When was the debt incurred?	_____	
	Po Box 31362			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Salt Lake Cty, UT 84131-0362	<input type="checkbox"/> Contingent		
	City State ZIP Code	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.32	US Bank	Last 4 digits of account number	6 1 1 6	\$16,036.00
	Nonpriority Creditor's Name	When was the debt incurred?	5/1/2023	
	Attn: Bankruptcy			
	800 Nicollet Mall	As of the date you file, the claim is: Check all that apply.		
	Number Street	<input type="checkbox"/> Contingent		
	Minneapolis, MN 55402-7000	<input type="checkbox"/> Unliquidated		
	City State ZIP Code	<input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify Unsecured		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

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 claim

4.33	US Bank Equipment Finance	Last 4 digits of account number <u>4</u> <u>7</u> <u>6</u> <u>4</u>	<u>\$174,500.00</u>
-------------	----------------------------------	---	----------------------------

Nonpriority Creditor's Name

PO Box 790448

Number

Street

Saint Louis, MO 63179

City

State

ZIP Code

When was the debt incurred?

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

4.34	Volkswagen Credit, Inc	Last 4 digits of account number <u>3</u> <u>9</u> <u>8</u> <u>0</u>	<u>\$18,180.00</u>
-------------	-------------------------------	---	---------------------------

Nonpriority Creditor's Name

Attn: Bankruptcy**2200 Woodland Pointe Ave**

Number

Street

Herndon, VA 20171

City

State

ZIP Code

When was the debt incurred?

7/1/2024

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

Richard**Eduardo****Repass**Case number (if known) **25-10499**

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 claim

4.35	West Building & Design	Last 4 digits of account number	_____	\$2,312.10
------	-----------------------------------	---------------------------------	-------	-------------------

Nonpriority Creditor's Name

23008 52nd Ave W

Number

Street

When was the debt incurred?

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

☐ Contingent☐ Unliquidated☐ Disputed**Mountlake Terrace, WA 98043**

City

State

ZIP Code

Who incurred the debt? Check one.

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

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

☒ No☐ Yes

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

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

1. CCMR3 On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Line **4.4** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

318 S. Clinton St., Ste 400 & 500 ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Number _____ Street _____

Last 4 digits of account number _____

Syracuse, NY 13202

City _____ State _____ ZIP Code _____

2. U.S Department of Education On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Line **4.16** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Bankruptcy Litigation Support ☒ Part 2: Creditors with Nonpriority Unsecured Claims

50 Beale St Ste 862 Last 4 digits of account number _____

Number _____ Street _____

San Francisco, CA 94105-1863

City _____ State _____ ZIP Code _____

3. Small Business Administration On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Line **4.25** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Attention Bankruptcy ☒ Part 2: Creditors with Nonpriority Unsecured Claims

2401 4th Ave Ste 450 Last 4 digits of account number _____

Number _____ Street _____

Washington, DC 20416

City _____ State _____ ZIP Code _____

4. Attorney General of the United States On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Line **4.25** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Department of Justice ☒ Part 2: Creditors with Nonpriority Unsecured Claims

950 Pennsylvania Ave Nw Rm B103 Last 4 digits of account number _____

Number _____ Street _____

Washington, DC 20530-0001

City _____ State _____ ZIP Code _____

5. United States Attorney's Office On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____

Line **4.25** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Attn: Bankruptcy Assistant U.S. Courthouse ☒ Part 2: Creditors with Nonpriority Unsecured Claims

700 Stewart St., Room 5220 Last 4 digits of account number _____

Number _____ Street _____

Seattle, WA 98101

City _____ State _____ ZIP Code _____

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

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

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$10,226.20</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$147,259.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$157,485.20</u>
		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$69,019.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$828,847.07</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$897,866.07</u>

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>25-10499</u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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 have the contract or lease	State what the contract or lease is for
2.1	<u>Volkswagen Credit, Inc</u> Name <u>Attn: Bankruptcy</u> <u>2200 Woodland Pointe Ave</u> Number Street <u>Herndon, VA 20171</u> City State ZIP Code	2024 VW ID4 (co-debtor intends to keep making payments). Contract to be REJECTED
2.2	_____ Name _____ Number Street _____ City State ZIP Code	
2.3	_____ Name _____ Number Street _____ City State ZIP Code	
2.4	_____ Name _____ Number Street _____ City State ZIP Code	

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: Western District of Washington

Case number 25-10499
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

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

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

☐ No
☒ Yes

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

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

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

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 SEATTLE NAD PLLC

Name

Po Box 1775

Number Street

Mercer Island, WA 98040-1775

City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line 4.14

☐ Schedule G, line _____

3.2 Leanna Franklin

Name

15144 SE 46th Way

Number Street

98006

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☒ Schedule G, line 2.1

Debtor 1

Richard

Eduardo

Repass

Case number (if known) **25-10499**

First Name

Middle Name

Last Name

Additional Page to List More Codebtors

Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.3	Richard Repass, MD, PLLC Name 2737 78th Ave SE #100 Number Street Mercer Island, WA 98040 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 2.1, 4.1, 4.2, 4.3, 4.4, 2.4, 4.5, 4.6, 4.9, 4.10, 4.11, 4.12, 4.13, 4.20, 4.21, 4.22, 4.25, 4.26, 4.27, 4.30, 4.31, 4.33, 4.35 <input type="checkbox"/> Schedule G, line _____
3.4	Richard Repass, MD, PLLC Name dba REVOLUTION PSYCHIATRIC AND ADDICTION TREATMENT 2737 78th Ave SE #100 Number Street Mercer Island, WA 98040 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line 2.1, 4.1, 4.2, 4.3, 4.4, 2.4, 4.5, 4.6, 4.9, 4.10, 4.11, 4.12, 4.13, 4.20, 4.21, 4.22, 4.25, 4.26, 4.27, 4.30, 4.31, 4.33, 4.35 <input type="checkbox"/> Schedule G, line _____

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: Western District of Washington

Case number 25-10499
(if known)

Check if this is:

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

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

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

Part 1: Describe Employment

1. Fill in your employment information.

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

How long employed there? 6 months

Debtor 1

☒ Employed ☐ Not Employed

Chief Medical Officer

Comprehensive Healthcare

402 S 4th Ave

Number Street

Yakima, WA 98902

City

State

Zip Code

Debtor 2 or non-filing spouse

☐ Employed ☐ Not Employed

Number Street

City

State

Zip Code

Part 2: Give Details About Monthly Income

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

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

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$36,472.19

3. **Estimate and list monthly overtime pay.**

3. + \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$36,472.19

For Debtor 1

For Debtor 2 or
non-filing spouse

	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 Social 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 obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: Legal Plan	5h. + \$6.93	+
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$13,870.85	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$22,601.35	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	+
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$22,601.35	+ = \$22,601.35
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$22,601.35	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

8a. Attached Statement

Richard Repass, MD, PLLC

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:

\$0.00

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS

\$0.00

3. Other Expenses

TOTAL OTHER EXPENSES

\$0.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

\$0.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>25-10499</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

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

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ 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?

Child

15

☐ No. ☒ Yes.

Child

17

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

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

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

Your expenses

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

4. \$6,902.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$10.00

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$400.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$450.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$600.00</u>
6d.	Other. Specify: <u>Pest Control</u>	6d. <u>\$45.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,000.00</u>
8.	Childcare and children's education costs	8. <u>\$100.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$500.00</u>
10.	Personal care products and services	10. <u>\$40.00</u>
11.	Medical and dental expenses	11. <u>\$200.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$1,000.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$50.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$250.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$800.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>See Additional Page</u>	16. <u>\$2,972.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. <u>\$5,000.00</u>
19.	Other payments you make to support others who do not live with you. Specify: <u>See Additional Page</u>	19. <u>\$2,682.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

21. Other. Specify: See Additional Page

21. + \$3,371.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$26,372.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$26,372.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$22,601.35

23b. Copy your monthly expenses from line 22c above.

23b. - \$26,372.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. (\$3,770.66)

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Amount

6c. Telephone, cell phone, Internet, satellite, and cable services

Cell	\$400.00
Internet	\$200.00

12. Transportation: gas, maintenance, bus or train fare

Fuel	\$400.00
Maintenance	\$600.00

16. Taxes

IRS - back taxes w interest over 60 mos	\$2,772.00
Estimated Tax Payment re back Employment Security over 60	\$100.00
Estimated Tax Payment re back L&I over 60 mos	\$100.00

19. Other support payments

Child Support	\$1,788.00
Back CS	\$894.00

21. Other

Rental in Yakima	\$3,000.00
Continuing Medical Education	\$125.00
Medical Licensing	\$46.00
Drug Enforcement Agency Fees	\$100.00
Pet Care	\$100.00

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>25-10499</u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

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

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$1,452,800.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$68,418.77</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$1,521,218.77</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$1,034,761.52</u>
---	-----------------------

3. **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 <i>Schedule E/F</i>	<u>\$157,485.20</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$897,866.07</u>

Your total liabilities

\$2,090,112.79

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$22,601.35</u>
---	--------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$26,372.00</u>
---	--------------------

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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

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

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+

9g. Total. Add lines 9a through 9f.

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>25-10499</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

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

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

Sign Below

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

☒ No

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

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

X Richard E. Repass

Richard Eduardo Repass, Debtor 1

Date 03/07/2025

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
<hr/>			
Case number (if known)	<u>25-10499</u>		

☐ 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

1. What is your current marital status?

- ☐ Married
- ☒ Not married

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

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

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
<hr/>			
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP 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 Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

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

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

- ☐ No
- ☒ Yes. Fill in the details.

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)
<div>From January 1 of current year until the date you filed for bankruptcy:</div> <div> <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <div>\$33,666.64</div> <input checked="" type="checkbox"/> Operating a business <div>\$18,993.01</div> </div>		<div> <input type="checkbox"/> Wages, commissions, bonuses, tips <div></div> <input type="checkbox"/> Operating a business <div></div> </div>	
<div>For last calendar year:</div> <div>(January 1 to December 31, 2024)</div> <div>YYYY</div>	<div> <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <div>\$108,149.34</div> <input checked="" type="checkbox"/> Operating a business <div>\$1,112,918.36</div> </div>	<div> <input type="checkbox"/> Wages, commissions, bonuses, tips <div></div> <input type="checkbox"/> Operating a business <div></div> </div>	
<div>For the calendar year before that:</div> <div>(January 1 to December 31, 2023)</div> <div>YYYY</div>	<div> <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <div>\$37,221.00</div> <input checked="" type="checkbox"/> Operating a business <div>\$1,090,631.24</div> </div>	<div> <input type="checkbox"/> Wages, commissions, bonuses, tips <div></div> <input type="checkbox"/> Operating a business <div></div> </div>	

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	Gross income from each source	Sources of income	Gross Income from each source
Describe below.	(before deductions and exclusions)	Describe below.	(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, 2024)			
YYYY			
For the calendar year before that:			
(January 1 to December 31, 2023)			
YYYY			

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

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

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

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ **No.** Go to line 7.

☒ **Yes.** List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

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

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

☐ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Kapitus Servicing, Inc. Creditor's Name	09/08/2022	\$96,445.00		<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
City State ZIP Code				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input checked="" type="checkbox"/> Other Settlement

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ **No**

☐ **Yes.** List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

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

- ☐ No
- ☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title	Department of L & I v. Richard Repass dba Revolution Psychiatric and Addiction	Office of the Attorney General	<input type="checkbox"/> Pending
		<small>Court Name</small>	<input checked="" type="checkbox"/> On appeal
		Bankruptcy & Collections	<input type="checkbox"/> Concluded
		800 Fifth Avenue Unit Suite 2000	
Case number	173788 / W-605-24	<small>Number Street</small>	
		Seattle, WA 98104	
		<small>City State ZIP Code</small>	

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

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

Debtor 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	

<div>Creditor's Name</div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div>	<div>Describe the property</div> <div></div> <div>Explain what happened</div> <div><input type="checkbox"/> Property was repossessed.</div> <div><input type="checkbox"/> Property was foreclosed.</div> <div><input type="checkbox"/> Property was garnished.</div> <div><input type="checkbox"/> Property was attached, seized, or levied.</div>	<div>Date</div> <div></div> <div>Value of the property</div> <div></div>
--	--	--

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

- ☒ No
- ☐ Yes. Fill in the details.

<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	<div>Describe the action the creditor took</div> <div></div>	<div>Date action was taken</div> <div></div>	<div>Amount</div> <div></div>
--	--	--	-------------------------------

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 court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

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

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

Debtor 1 **Richard** **Eduardo** **Repass**
First Name Middle Name Last Name

Case number (if known) **25-10499**

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
--	--------------------	--------------------------	-------

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

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

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
--	-------------------------------	----------------------	-------

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?

☒ No

☐ Yes. Fill in the details.

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

--	--	--	--

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Law Office of Mark McClure, PS			
Person Who Was Paid			
1103 W Meeker St 101			\$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.

☒ No

☐ Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____
Name of Financial Institution			
Number Street			
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?

- ☒ No
- ☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
<div>Name of Financial Institution</div> <div>Name</div>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Number Street</div> <div>Number Street</div>			
<div>City State ZIP Code</div>			
<div>City State ZIP Code</div>			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<div>Name of Storage Facility</div> <div>Name</div>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Number Street</div> <div>Number Street</div>			
<div>City State ZIP Code</div>			
<div>City State ZIP Code</div>			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
- ☐ Yes. Fill in the details.

Where is the property?		Describe the property	Value
<div>Owner's Name</div> <div>Number Street</div>			
<div>Number Street</div> <div>City State ZIP Code</div>			
<div>City State ZIP Code</div>			
<div>City State ZIP Code</div>			

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div>Name of site</div>		<div></div>	<div></div>
<div>Governmental unit</div>			
<div>Number</div>	<div>Street</div>		
<div>City</div> <div>State</div> <div>ZIP Code</div>			
<div>City</div> <div>State</div> <div>ZIP Code</div>			

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div>Name of site</div>		<div></div>	<div></div>
<div>Governmental unit</div>			
<div>Number</div>	<div>Street</div>		
<div>City</div> <div>State</div> <div>ZIP Code</div>			
<div>City</div> <div>State</div> <div>ZIP Code</div>			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Richard Eduardo Repass** Case number (if known) **25-10499**
First Name Middle Name Last Name

Court or agency	Nature of the case	Status of the case
Case title _____ _____ _____ Case number _____	Court Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

Richard Repass, MD, PLLC
Name
dba REVOLUTION
PSYCHIATRIC AND ADDICTION
TREATMENT
2737 78th Ave SE #100
Number Street
Mercer Island, WA 98040
City State ZIP Code

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Health Care Business (as defined in 11 U.S.C § 101(27A))	EIN: <u>6</u> <u>0</u> - <u>3</u> <u>2</u> <u>9</u> <u>6</u> <u>2</u> <u>1</u> <u>3</u>
Name of accountant or bookkeeper	Dates business existed
	From <u>04/23/2013</u> To _____

Infinity Health And Wellness
LLC
Name
15144 SE 46th Way
Number Street
Bellevue, WA 98006
City State ZIP Code

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Health Care Business (as defined in 11 U.S.C § 101(27A))	EIN: <u>6</u> <u>0</u> - <u>4</u> <u>8</u> <u>1</u> <u>1</u> <u>1</u> <u>6</u> <u>8</u>
Name of accountant or bookkeeper	Dates business existed
	From <u>10/01/2021</u> To _____

Debtor 1	Richard	Eduardo	Repass	Case number (if known) 25-10499
	First Name	Middle Name	Last Name	

REVOLUTION NEUROTESTING PLLC
Name

Po Box 1775
Number Street

Mercer Island, WA 98040-1775
City State ZIP Code

Describe the nature of the business
Personal Services

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From **02/28/2024** To _____

SEATTLE NAD PLLC
Name

Po Box 1775
Number Street

Mercer Island, WA 98040-1775
City State ZIP Code

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From **07/14/2022** To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

	Date issued
<div><div>Name</div><div></div><div>Number Street</div><div></div><div>City State ZIP Code</div></div>	<div><div>MM / DD / YYYY</div><div></div></div>

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Richard E. Repass

Signature of Richard Eduardo Repass, Debtor 1

Date 03/07/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Richard</u>	<u>Eduardo</u>	<u>Repass</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>25-10499</u>		

☐ Check if this is an amended filing

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: <u>Specialized Loan Servicing LLC</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>15144 SE 46th Way Bellevue, WA 98006-3229</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]:	
Creditor's name: <u>Idaho Central Credit Union</u>	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt: <u>2020 Nissan Leaf</u>	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]:	

Debtor 1 **Richard** **Eduardo** **Repass**
First Name Middle Name Last Name

Case number (if known) **25-10499**

Additional Page for Part 1

Creditor's name: **Whispering Heights HOA**

Description of property securing debt:

- | | |
|--|--|
| <input type="checkbox"/> Surrender the property. | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Retain the property and redeem it. | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| <input checked="" type="checkbox"/> Retain the property and [explain]: | |

Debtor 1 **Richard** **Eduardo** **Repass**
First Name Middle Name Last Name

Case number (if known) **25-10499**

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--	----------------------------

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes


Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Lessor's name:	<input type="checkbox"/> No
Description of leased property:	<input type="checkbox"/> Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X 

Signature of Debtor 1

Date **03/07/2025**
MM/ DD/ YYYY

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.

Date 03/07/2025 Signature *Richard E. Repass*
Richard Eduardo Repass, Debtor

Aetna

Po Box 14079
Lexington, KY 40512-4079

American Education Services

Attn: Bankruptcy
PO Box 2461
Harrisburg, 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

Attn: 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