

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Indiana

Case number (if known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an
amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/22

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

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

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

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

Bring your picture identification to your meeting with the trustee.

Casey

First name

J

Middle name

Hendrickson

Last name

Suffix (Sr., Jr., II, III)

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

First name

L

Middle name

Hendrickson

Last name

Suffix (Sr., Jr., II, III)

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

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

ASDefense, Inc

Business name (if applicable)

Caseythehost

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 0 8 1 9

OR

9xx - xx - xxx - xx - 1 9 1 5

OR

9xx - xx -

Debtor 1 Debtor 2	First Name Casey Shanna	Middle Name J L	Last Name Hendrickson Hendrickson	Case number (if known) _____
About Debtor 1:				About Debtor 2 (Spouse Only in a Joint Case):
4. Your Employer Identification Number (EIN), if any.		EIN _____-_____-_____-_____-_____ _____-_____-_____-_____-_____ EIN		EIN _____-_____-_____-_____-_____ _____-_____-_____-_____-_____ EIN
5. Where you live				
916 Erwin St Number Street _____ Elkhart, IN 46514-3537 City State ZIP Code Elkhart County		If Debtor 2 lives at a different address: Number Street _____ City State ZIP Code _____ County		
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number Street _____ P.O. Box _____ City State ZIP Code		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address. Number Street _____ P.O. Box _____ City State ZIP Code		
6. Why you are choosing this district to file for bankruptcy				
Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408) _____ _____ _____ _____		Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408) _____ _____ _____ _____		

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	_____
	First Name	Middle Name	Last Name	

Part 2 Tell the Court About Your Bankruptcy Case

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

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

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

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

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

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>	Case number (if known) _____
Debtor 2	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>	_____
	First Name	Middle Name	Last Name	

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

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

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

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

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

Caseythehost

Name of business, if any

916 Erwin St

Number Street

Elkhart

City

IN

State

46514

ZIP Code

Check the appropriate box to describe your business:

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

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

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

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

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	

First Name

Middle Name

Last Name

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

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

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

No.

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

Part 6 Explain Your Efforts to Receive a Briefing About Credit Counseling

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

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

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

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
 Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

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

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

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

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

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

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

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

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

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

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

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

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
 Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

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

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

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

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

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

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

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

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

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

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

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

Part 6 Answer These Questions for Reporting Purposes

16. **What kind of debts do you have?** 16a. **Are your debts primarily consumer debts?** *Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."*
 No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.*
 No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

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

18. **How many creditors do you estimate that you owe?**
 1-49
 1,000-5,000
 25,001-50,000
 50,000-100,000
 More than 100,000
 50-99
 5,001-10,000
 100-199
 10,001-25,000
 200-999

19. **How much do you estimate your assets to be worth?**
 \$0-\$50,000
 \$1,000,001-\$10 million
 \$500,000,001-\$1 billion
 \$50,001-\$100,000
 \$10,000,001-\$50 million
 \$1,000,000,001-\$10 billion
 \$100,001-\$500,000
 \$50,000,001-\$100 million
 \$10,000,000,001-\$50 billion
 \$500,001-\$1 million
 \$100,000,001-\$500 million
 More than \$50 billion

20. **How much do you estimate your liabilities to be?**
 \$0-\$50,000
 \$1,000,001-\$10 million
 \$500,000,001-\$1 billion
 \$50,001-\$100,000
 \$10,000,001-\$50 million
 \$1,000,000,001-\$10 billion
 \$100,001-\$500,000
 \$50,000,001-\$100 million
 \$10,000,000,001-\$50 billion
 \$500,001-\$1 million
 \$100,000,001-\$500 million
 More than \$50 billion

Part 7 Sign Below

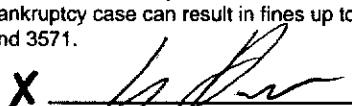
For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

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

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

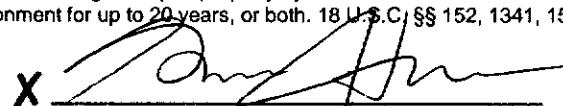
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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

 X _____

Casey J. Hendrickson, Debtor 1

Executed on 10/16/2023
MM/ DD/ YYYY

 X _____

Shanna L. Hendrickson, Debtor 2

Executed on 10/16/2023
MM/ DD/ YYYY

Debtor 1
Debtor 2

First Name	J L	Hendrickson Hendrickson
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Case number (if known) _____

For your attorney, if you are represented by one

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


Signature of Attorney for Debtor

Date 10/16/2023
MM / DD / YYYY

Michelle L. Hildebrand

Printed name

Hildebrand Law Office

Firm name

115 N. William St.

Number Street

South Bend

City

IN

State ZIP Code

Contact phone (574) 303-6578Email address michelle@michellehildebrandlaw.com32006-64

Bar number

IN

State

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

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Indiana
Case number	<hr/>		

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 **916 Erwin St.**
 Street address, if available, or other description

Elkhart, IN 46514
 City State ZIP Code
Elkhart
 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: _____

Source of Value: Zillow

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? \$133,800.00 **Current value of the portion you own?** \$133,800.00

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

Tenants by the entirety

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 →

\$133,800.00

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

Debtor Hendrickson, Casey J; Hendrickson, Shanna L.

Case number (if known)

3.1 Make:	<u>Jeep</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model:	<u>Renegade</u>	<input type="checkbox"/> Debtor 1 only		
Year:	<u>2017</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>60,000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Other information:	<input type="checkbox"/> Check if this is community property (see instructions)		<u>\$14,000.00</u>	<u>\$14,000.00</u>

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

3.2 Make:	<u>Buick</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model:	<u>Encore</u>	<input type="checkbox"/> Debtor 1 only		
Year:	<u>2017</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>50,000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Other information:	<input type="checkbox"/> Check if this is community property (see instructions)		<u>\$16,000.00</u>	<u>\$16,000.00</u>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>				

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.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
Model: _____	<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	
Year: _____		
Other information: _____ <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 5px;"></div>	<input type="checkbox"/> Check if this is community property (see instructions)	
	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

Do you now or have ever had an conflicts of interest in any of the following items? **2**

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.

Couches, beds, coffee table, end table, porch swing, dressers, computer cart and a kitchen cart.

\$950.00

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

7. Electronics

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

 No Yes. Describe.

Televisions, Playstation 4, xbox, printers, 2x alexa, piano

\$1,915.00

8. Collectibles of value

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

 No Yes. Describe.**9. Equipment for sports and hobbies**

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

 No Yes. Describe.**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.

Budget brands; personal clothing

\$500.00

12. Jewelry

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

 No Yes. Describe.

Mens chain

\$400.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here → \$3,765.00

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: \$100.0017. **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:	<u>Chime</u>	<u>\$200.00</u>
17.2. Checking account:	<u>INOVA</u>	<u>\$100.00</u>
17.3. Checking account:	<u>Notre Dame FCU</u>	<u>\$450.00</u>
17.4. Checking account:	<u>Notre Dame FCU</u>	<u>\$259.83</u>

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

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

Name of entity:

% of ownership:

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

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:

401(k) or similar plan: <u>Fidelity</u>	<u>\$26,434.00</u>
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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: _____	_____
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Security deposit on rental unit: _____	_____
--	-------

Prepaid rent: _____	_____
---------------------	-------

Telephone: _____	_____
------------------	-------

Water: _____	_____
--------------	-------

Rented furniture: _____	_____
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Other: _____	_____
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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:

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

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:

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

30. Other amounts someone owes you

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

 No Yes. Give specific information.

31. Interests in insurance policies

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

 No Yes. Name the insurance company

of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

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

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

 No Yes. Give specific information.

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

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

 No Yes. Describe each claim.

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 →

\$27,543.83

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.

Debtor Hendrickson, Casey J; Hendrickson, Shanna L Case number (if known) _____

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.

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

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.

Debtor Hendrickson, Casey J; Hendrickson, Shanna L

Case number (if known) _____

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.

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 → \$133,800.00

56. Part 2: Total vehicles, line 5 \$30,000.00

57. Part 3: Total personal and household items, line 15 \$3,765.00

58. Part 4: Total financial assets, line 36 \$27,543.83

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. \$61,308.83 Copy personal property total → + \$61,308.83

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$195,108.83

Fill in this information to identify your case.

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (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

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)

- 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	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 916 Erwin St. Elkhart, IN 46514	\$133,800.00	<input checked="" type="checkbox"/> \$24,167.48 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1)
Line from <i>Schedule A/B</i> : 1.1			
Brief description: 2017 Jeep Renegade	\$14,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Line from <i>Schedule A/B</i> : 3.1			

- 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

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	_____
	First Name	Middle Name	Last Name	

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: 2017 Buick Encore	\$16,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____
Line from Schedule A/B: 3.2			_____
Brief description: Couches, beds, coffee table, end table, porch swing, dressers, computer cart and a kitchen cart.	\$950.00	<input checked="" type="checkbox"/> \$950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____
Line from Schedule A/B: 6			_____
Brief description: Televisions, Playstation 4, xbox, printers, 2x alexa, piano	\$1,915.00	<input checked="" type="checkbox"/> \$1,915.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____
Line from Schedule A/B: 7			_____
Brief description: Budget brands; personal clothing	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____
Line from Schedule A/B: 11			_____
Brief description: Mens chain	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2) _____
Line from Schedule A/B: 12			_____
Brief description: Cash	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3) _____
Line from Schedule A/B: 16			_____
Brief description: Notre Dame FCU Checking account	\$450.00	<input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3) _____
Line from Schedule A/B: 17			_____
Brief description: Notre Dame FCU Checking account	\$259.83	<input checked="" type="checkbox"/> \$259.83 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3) _____
Line from Schedule A/B: 17			_____

Debtor 1 Casey J Hendrickson
 Debtor 2 Shanna L Hendrickson
 First Name Middle Name Last Name

Case number (if known) _____

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	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	
Brief description: <u>Chime</u> <u>Checking account</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$190.17</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Ind. Code § 34-55-10-2(c)(3)</u>
Line from Schedule A/B: <u>17</u>			
Brief description: <u>INOVA</u> <u>Checking account</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Ind. Code § 34-55-10-2(c)(3)</u>
Line from Schedule A/B: <u>17</u>			
Brief description: <u>Fidelity</u>	<u>\$26,434.00</u>	<input checked="" type="checkbox"/> <u>\$26,434.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Ind. Code § 34-55-10-2(c)(6)</u>
Line from Schedule A/B: <u>21</u>			

Fill in this information to identify your case.

Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Northern</u> District of <u>Indiana</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

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

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

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

Part 1 List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <u>Notre Dame Federal Credit Union</u> Creditor's Name <u>Po Box 7878</u> Number Street <u>Notre Dame, IN 46556-7878</u> City State ZIP Code	<u>Describe the property that secures the claim:</u> <u>916 Erwin St. Elkhart, IN 46514</u>	<u>\$25,163.52</u>	<u>\$133,800.00</u>
Who owes 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"/> 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	<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) _____		
Date debt was incurred _____	Last 4 digits of account number _____		
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$25,163.52</u>			

Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>	Case number (if known) _____
Debtor 2	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>	
	First Name	Middle Name	Last Name	

RENT

Additional Page

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

		Column A	Column B	Column C	
		Amount of claim	Value of collateral that supports this claim	Unsecured portion if any	
		Do not deduct the value of collateral.			
2.2	PennyMac Loan Services, LLC	Describe the property that secures the claim:	\$84,469.00	\$133,800.00	\$0.00
	Creditor's Name	916 Erwin St. Elkhart, IN 46514			
	Po Box 514387				
	Number Street				
	Los Angeles, CA 90051-4387				
	City State ZIP Code				
	Who owes 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				
	<input type="checkbox"/> Check if this claim relates to a community debt	<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)			
	Date debt was incurred	11/24/2020	Last 4 digits of account number	_____	_____
2.3	Teachers Credit Union	Describe the property that secures the claim:	\$15,094.00	\$14,000.00	\$1,094.00
	Creditor's Name	2017 Jeep Renegade			
	P.O. Box 1395				
	Number Street				
	South Bend, IN 46624				
	City State ZIP Code				
	Who owes 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				
	<input type="checkbox"/> Check if this claim relates to a community debt	<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)			
	Date debt was incurred	12/22/2020	Last 4 digits of account number	_____	_____
	Add the dollar value of your entries in Column A on this page. Write that number here:	\$99,563.00			
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

Page 1
Additional Page

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

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

2.4	Teachers Credit Union	Describe the property that secures the claim: \$19,044.00	\$16,000.00	\$3,044.00
-----	-----------------------	---	-------------	------------

Creditor's Name
P.O. Box 1395
Number Street

2017 Buick Encore

South Bend, IN 46624
City State ZIP Code

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

Who owes the debt? Check one.

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

Nature of lien. Check all that apply.

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

Date debt was incurred 08/02/2021 Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$19,044.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$143,770.52

Fill in this information to identify your case.

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2	Shanna	L	Hendrickson
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District of Indiana
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. 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	Indiana Department of Revenue Priority Creditor's Name PO Box 6479 Number Street Indianapolis, IN 46206 City State ZIP Code	Last 4 digits of account number When was the debt incurred?	_____	\$280.00	\$280.00 \$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					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					

Is the claim subject to offset?

No
 Yes

Remarks: Taxpayer ID# 0156979691

Debtor 1 Casey J Hendrickson Case number (if known) _____

Debtor 2 Shanna L Hendrickson

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 amount	Nonpriority amount
2.2	Michigan Department of Treasury Priority Creditor's Name P.O Box 30149 Number Street Lansing, MI 48909-7649	Last 4 digits of account number 0 8 1 9	\$808.77	\$808.77 \$0.00
When was the debt incurred? 01/31/2023				
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				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

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	Andrew Rockwell	Last 4 digits of account number	\$4,500.00
Nonpriority Creditor's Name			
2740 Inez ct			
Number	Street	When was the debt incurred?	
Niles, MI 49120-4627			
City	State	ZIP Code	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			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.2	Beacon Health System	Last 4 digits of account number	\$20,338.67
Nonpriority Creditor's Name			
615 N Michigan St			
Number	Street	When was the debt incurred?	
South Bend, IN 46601-1033			
City	State	ZIP Code	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			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Casey J Hendrickson Case number (if known) _____

Debtor 2 Shanna L Hendrickson

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 Best Buy Credit Services Last 4 digits of account number 8 0 7 5 \$2,039.00

Nonpriority Creditor's Name

PO Box 78009

Number Street

Phoenix, AZ 85062

City

State

ZIP Code

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 Credit Card

Is the claim subject to offset?

No
 Yes

4.4 Capital One Last 4 digits of account number 3 4 3 0 \$3,135.95

Nonpriority Creditor's Name

P.O. box 4069

Number Street

Carol Stream, IL 60197

City

State

ZIP Code

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 Credit Card

Is the claim subject to offset?

No
 Yes

Debtor 1 Casey J Hendrickson Case number (if known) _____

Debtor 2 Shanna L Hendrickson

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

4.5 CHIMEFIN/STRIDE BANK Last 4 digits of account number 3 8 6 4 \$571.00

Nonpriority Creditor's Name
101 CALIFORNIA STREET, SUITE 500

Number Street
Attn Bankruptcy Dept.

San Francisco, CA 94108

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

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

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

No
 Yes

4.6 Credit Bureau Collection Service Last 4 digits of account number \$1,215.67

Nonpriority Creditor's Name
4764 Fulton Suite 101

Number Street
Attn: Bankruptcy

Grand Rapids, MI 49503

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

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

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

No
 Yes

4.7 Credit One Bank Last 4 digits of account number 4 2 8 4 \$1,071.00

Nonpriority Creditor's Name
PO Box 98873

Number Street
Las Vegas, NV 89193

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

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

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

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

Is the claim subject to offset?

No
 Yes

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	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			
4.8	Credit One Bank	Nonpriority Creditor's Name	Last 4 digits of account number	6 0 3 7	\$935.00		
PO Box 98873		When was the debt incurred? _____					
Number	Street	As of the date you file, the claim is: Check all that apply.					
Las Vegas, NV 89193		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
City	State	ZIP Code	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>Credit Card</u>			
Who incurred the debt? Check one.						Is the claim subject to offset?	
<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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.9	Elite Emergency Physicians INC	Nonpriority Creditor's Name	Last 4 digits of account number	_____	_____	_____	\$1,106.00
PO Box 419569		When was the debt incurred? _____			09/15/2023		
Number	Street	As of the date you file, the claim is: Check all that apply.					
Boston, MA 02241		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>			
Who incurred the debt? Check one.						Is the claim subject to offset?	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.10	Elkhart General Hospital	Nonpriority Creditor's Name	Last 4 digits of account number	_____	_____	_____	unknown
600 East Blvd		When was the debt incurred? _____			09/15/2023		
Number	Street	As of the date you file, the claim is: Check all that apply.					
Elkhart, IN 46514		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>			
Who incurred the debt? Check one.						Is the claim subject to offset?	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1	Casey	J	Hendrickson	Case number (if known)
Debtor 2	Shanna	L	Hendrickson	
	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
4.11	First State Bank of Middlebury	Nonpriority Creditor's Name	Last 4 digits of account number	\$42,327.73
	111 South Main Street P.O. Box 69	Number	When was the debt incurred?	
	Middlebury, IN 46540	Street		
	City	State	ZIP Code	
	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			
	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			
4.12	Kinum INC	Nonpriority Creditor's Name	Last 4 digits of account number	\$193.37
	770 Lynnhaven Pkwy 160	Number	When was the debt incurred?	
	Virginia Beach, VA 23452-7324	Street		
	City	State	ZIP Code	
	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			
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.13	Lloyd & McDaniel, PLC	Nonpriority Creditor's Name	Last 4 digits of account number	\$5,963.34
	Po Box 23200	Number	When was the debt incurred?	11/19/2014
	CACH	Street		
	Louisville, KY 40223	City	State	ZIP Code
	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			
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	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

4.14	Lowe's/ Synchrony Bank	Last 4 digits of account number	3 7 3 6	\$1,105.80
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 669807				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75266-0759		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				

Is the claim subject to offset?

No
 Yes

4.15	Midland Credit Management	Last 4 digits of account number	_____	unknown
Nonpriority Creditor's Name		When was the debt incurred?		
320 E Big Beaver Rd Ste 300				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Troy, MI 48083-1271		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>				

Is the claim subject to offset?

No
 Yes

Remarks: Upgrade

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	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

4.16	Midland Credit Management, Inc	Last 4 digits of account number	_____	unknown
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	PO Box301030			
Number	Street	As of the date you file, the claim is: Check all that apply.		
	Los Angeles, CA 90030	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
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 Collection Agency

Is the claim subject to offset?

No
 Yes

Remarks: Credit One

4.17	NCB MANAGEMENT SERVICES	Last 4 digits of account number	_____	\$5,305.00
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	1 ALLIED DR # DT	01/23/2023		
Number	Street	As of the date you file, the claim is: Check all that apply.		
	Attn: Bankruptcy Dept	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Feasterville Trevose, PA 19053			
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 Collection Agency

Is the claim subject to offset?

No
 Yes

Remarks: REPUBLIC BANK TRUST COMPANY

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	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
4.18	Notre Dame Federal Credit Union	Nonpriority Creditor's Name	Last 4 digits of account number	8 2 2 1
	6757 Cascade Rd, Box #210	Number	When was the debt incurred?	
	Grand Rapids, MI 49546	Street	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	<input type="checkbox"/> Contingent <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 checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.19	One Advantage	Nonpriority Creditor's Name	Last 4 digits of account number	5 1 1 5
	127 East Shore Pkwy A	Number	When was the debt incurred?	10/24/2022
	La Porte, IN 46350-5469	Street	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	<input type="checkbox"/> Contingent <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 checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.20	OneMain	Nonpriority Creditor's Name	Last 4 digits of account number	12,429.48
	Po Box 1010	Number	When was the debt incurred?	
	Evansville, IN 47706-1010	Street	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	<input type="checkbox"/> Contingent <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 checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Casey	J	Hendrickson	Case number (if known)
Debtor 2	Shanna	L	Hendrickson	
	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.

4.21	Portfolio Recovery Associates, LLC	Last 4 digits of account number	Total claim
	Nonpriority Creditor's Name		\$2,677.11
	120 Corporate Blvd STE 100	When was the debt incurred?	10/24/2014
	Number Street		
	Albany, WI 53502	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> 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

Remarks: 71D07-1406-CC-001136

4.22	REPUBLIC BANK TRUST COMPANY	Last 4 digits of account number	unknown
	Nonpriority Creditor's Name		
	P.O. Box 70749	When was the debt incurred?	
	Number Street		
	Attn: Bankruptcy Dept.	As of the date you file, the claim is: Check all that apply.	
	Louisville, KY 40270	<input type="checkbox"/> Contingent	
	City State ZIP Code	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> 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 Personal Loan

Is the claim subject to offset?

- No
- Yes

Remarks: SOld

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	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
4.23	Toyota Motor Credit Corp	Nonpriority Creditor's Name	Last 4 digits of account number	\$2,812.00
	PO BOX 9786	Number Street	When was the debt incurred?	
	Attn Bankruptcy Dept.		As of the date you file, the claim is: Check all that apply.	
	Cedar Rapids, IA 52409	City State ZIP Code	<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Auto loan</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.24	Upgrade Inc	Nonpriority Creditor's Name	Last 4 digits of account number	\$17,296.95
	2 N Central Ave Fl 10	Number Street	When was the debt incurred?	07/26/2022
	Phoenix, AZ 85004-2322	City State ZIP Code	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	
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

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. Zawalich, Chet	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 828 East Colfax Avenue	Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account number 3 2 1 9
South Bend, IN 46617	
City State ZIP Code	
2. Stucky, Lauer, & Young LLP	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 127 W Berry St Ste 900	Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account number 3 2 1 9
Fort Wayne, IN 46802	
City State ZIP Code	
3. Elkhart Superior Court 2	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 315 S Second St	Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account number 0 1 9 6
Elkhart, IN 46516	
City State ZIP Code	
4. Lavery Law LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 600 South Main Street Suite 300	Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account number 0 1 9 6
20D02-2210-PL-000196	
Elkhart, IN 46516	
City State ZIP Code	
5. St. Joseph Circuit Court	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 101 S. Main St	Line 4.13 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account number 0 3 2 5
South Bend, IN 46601	
City State ZIP Code	
6. Aldridge Pike Haan, LLP.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 3525 Piedmont Rd. NE Bldg. 6-750	Line 4.21 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street	Last 4 digits of account number 1 1 3 6
Atlanta, GA 30305	
City State ZIP Code	

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

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

7. <u>Shontay Leverelt</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>9420 Bunsen PKWY #320</u>	Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Number Street <u>Louisville, KY 40220</u>	Last 4 digits of account number <u>1 1 3 6</u>
City State ZIP Code <u>101 S. Main St</u>	On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street <u>South Bend, IN 46601</u>	Line <u>4.21</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
City State ZIP Code	Last 4 digits of account number <u>1 1 3 6</u>

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

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. \$0.00
	6b. Taxes and certain other debts you owe the government	6b. \$1,088.77
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$0.00
	6e. Total. Add lines 6a through 6d.	6e. \$1,088.77

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$156,617.93
	6j. Total. Add lines 6f through 6i.	6j. \$156,617.93

Fill in this information to identify your case:			
Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<u>Northern District of Indiana</u>	
Case number (if known)	<u> </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

Name _____

Number **Street**

City _____ State _____ ZIP Code _____

22

Name _____

Number Street

City _____ State _____ ZIP Code _____

23

Name

Number Street

City _____ State _____ ZIP Code _____

34

Name _____

Number Street

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

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

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

No
 Yes

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

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

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name _____

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:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____
Number Street _____
City _____ State _____ ZIP Code _____

Fill in this information to identify your case.

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern District of Indiana	
Case number (if known)	<hr/>		

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 I Describe Employment

1. Fill in your employment information.

<p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>		<p>Employment status</p> <p><input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed</p> <p><input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed</p>	
<p>Occupation</p> <p>Radio host</p>			
<p>Employer's name</p> <p>Federated Media</p>			
<p>Employer's address</p> <p>237 W Edison Rd. Number Street</p> <p>Pathfinder Communications Corporation</p>		<p>Number Street</p>	
<p>Mishawaka, IN 46545</p>			
<p>How long employed there?</p> <p>12 years</p>	<p>City</p>	<p>State</p>	<p>Zip Code</p>

Part 2 Give Details About Monthly Income

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

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

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$6,231.59</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$2,443.41</u>	<u>+\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$8,675.00</u>	<u>\$0.00</u>

Debtor 1	Casey	J	Hendrickson	Case number (if known)
Debtor 2	Shanna	L	Hendrickson	
First Name	Middle Name	Last Name		

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... →	4. <u>\$8,675.00</u>	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$1,600.00</u>	\$0.00
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	\$0.00
5c. Voluntary contributions for retirement plans	5c. <u>\$604.36</u>	\$0.00
5d. Required repayments of retirement fund loans	5d. <u>\$16.03</u>	\$0.00
5e. Insurance	5e. <u>\$148.85</u>	\$0.00
5f. Domestic support obligations	5f. <u>\$0.00</u>	\$0.00
5g. Union dues	5g. <u>\$0.00</u>	\$0.00
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	+ <u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$2,369.24</u>	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$6,305.76</u>	\$0.00
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. <u>\$0.00</u>	\$0.00
8b. Interest and dividends	8b. <u>\$0.00</u>	\$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. <u>\$0.00</u>	\$0.00
8d. Unemployment compensation	8d. <u>\$0.00</u>	\$0.00
8e. Social Security	8e. <u>\$0.00</u>	\$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. <u>\$0.00</u>	\$0.00
8g. Pension or retirement income	8g. <u>\$0.00</u>	\$0.00
8h. Other monthly income. Specify: _____	8h. + <u>\$0.00</u>	+ <u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$0.00</u>	\$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. <u>\$6,305.76</u>	+ <u>\$0.00</u> = <u>\$6,305.76</u>
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. + <u>\$0.00</u>	
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 <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. <u>\$6,305.76</u>	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: _____	

Fill in this information to identify your case:

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (if known)			

Check if this is:

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

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

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

Part 1: Describe Your Household

1. Is this a joint case?

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

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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	11	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
		Child	7	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> 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. \$338.73

If not included in line 4:

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$96.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$0.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1 Debtor 2	Casey Shanna	J L	Hendrickson Hendrickson	Case number (if known) _____
	First Name	Middle Name	Last Name	
Your expenses				
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$648.00		
6. Utilities:				
6a. Electricity, heat, natural gas	6a.	\$350.00		
6b. Water, sewer, garbage collection	6b.	\$20.00		
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$311.00		
6d. Other. Specify: _____	6d.	\$0.00		
7. Food and housekeeping supplies	7.	\$1,600.00		
8. Childcare and children's education costs	8.	\$40.00		
9. Clothing, laundry, and dry cleaning	9.	\$200.00		
10. Personal care products and services	10.	\$100.00		
11. Medical and dental expenses	11.	\$500.00		
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$400.00		
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$300.00		
14. Charitable contributions and religious donations	14.	\$50.00		
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.				
15a. Life insurance	15a.	\$0.00		
15b. Health insurance	15b.	\$250.00		
15c. Vehicle insurance	15c.	\$200.00		
15d. Other insurance. Specify: _____	15d.	\$0.00		
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$0.00		
17. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a.	\$350.37		
17b. Car payments for Vehicle 2	17b.	\$382.27		
17c. Other. Specify: _____	17c.	\$0.00		
17d. Other. Specify: _____	17d.	\$0.00		
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00		
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$0.00		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.				
20a. Mortgages on other property	20a.	\$0.00		
20b. Real estate taxes	20b.	\$0.00		
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00		
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00		
20e. Homeowner's association or condominium dues	20e.	\$0.00		

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
	First Name	Middle Name	Last Name	

21. Other. Specify: _____

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$6,136.37

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. \$6,136.37

23. Calculate your monthly net income.

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

23a. \$6,305.76

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

23b. - \$6,136.37

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

The result is your monthly net income.

23c. \$169.39

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. None
 Yes.

Fill in this information to identify your case:

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

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

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$133,800.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$61,308.83
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$195,108.83

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
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>		\$143,770.52
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 6a of <i>Schedule E/F</i>		\$1,088.77
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>		+ \$156,617.93
	Your total liabilities	\$301,477.22

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>		\$6,305.76
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$6,136.37

Debtor 1 Debtor 2	Casey Shanna	J L	Hendrickson Hendrickson	First Name Middle Name Last Name
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Case number (if known) _____

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.

\$8,773.93

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.) \$0.009b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$1,088.779c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.009d. Student loans. (Copy line 6f.) \$0.009e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.009f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.009g. **Total.** Add lines 9a through 9f. \$1,088.77

Fill in this information to identify your case.

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

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

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

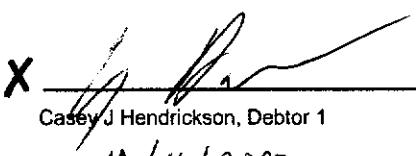
Sign Below

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

No

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

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


X _____
Casey J. Hendrickson, Debtor 1
Date 10/16/2023
MM/ DD/ YYYY


X _____
Shanna L. Hendrickson, Debtor 2
Date 10/16/2023
MM/ DD/ YYYY

Fill in this information to identify your case.

Debtor 1	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (if known)			

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?

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street		Number Street	
From _____	To _____	From _____	To _____
City _____ State ZIP Code _____		City _____ State ZIP Code _____	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
Number Street		Number Street	
From _____	To _____	From _____	To _____
City _____ State ZIP Code _____		City _____ State ZIP Code _____	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	

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

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

Debtor 1 **Casey Shanna** J L **Hendrickson Hendrickson**
 Debtor 2 _____

Case number (if known) _____

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			
Sources of income	Gross Income (before deductions and exclusions)	Sources of income	Gross Income (before deductions and exclusions)
Check all that apply.		Check all that apply.	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$80,142.51	<input type="checkbox"/> Wages, commissions, bonuses, tips	
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$95,393.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$60,861.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

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

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

 No Yes. Fill in the details.

Debtor 1			
Sources of income	Gross income from each source (before deductions and exclusions)	Sources of income	Gross income from each source (before deductions and exclusions)
Describe below.		Describe below.	

From January 1 of current year until the date you filed for bankruptcy: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For last calendar year:

(January 1 to December 31, 2022) YYYY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For the calendar year before that:

(January 1 to December 31, 2021) YYYY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	_____
	First Name	Middle Name	Last Name	

Part B 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...
Teachers Credit Union Creditor's Name	10/02/2023	\$1,146.81	_____	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
P.O. Box 1395 Number Street	09/02/2023	_____	_____	
South Bend, IN 46624 City State ZIP Code	08/02/2023	_____	_____	
Teachers Credit Union Creditor's Name	09/22/2023	\$1,051.11	_____	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
P.O. Box 1395 Number Street	08/22/2023	_____	_____	
South Bend, IN 46624 City State ZIP Code	07/22/2023	_____	_____	
PennyMac Loan Services, LLC Creditor's Name	10/01/2023	\$1,945.26	_____	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Po Box 514387 Number Street	09/01/2023	_____	_____	
Los Angeles, CA 90051-4387 City State ZIP Code	08/01/2023	_____	_____	
Notre Dame Federal Credit Union Creditor's Name	09/15/2023	\$1,016.19	_____	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Po Box 7878 Number Street	08/15/2023	_____	_____	
Notre Dame, IN 46556-7878 City State ZIP Code	07/15/2023	_____	_____	

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	_____
	First Name	Middle Name	Last Name	

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.

Debtor 1	Casey	J	Hendrickson	Case number (if known) _____
Debtor 2	Shanna	L	Hendrickson	
First Name	Middle Name	Last Name		
		Nature of the case	Court or agency	Status of the case
Case title	First State Bank of Middlebury v. ASDefense, Inc., Casey Hendrickson	Collections	Elkhart Superior Court 2 Court Name 315 S Second St Number Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	20D02-2210-PL-000196		Elkhart, IN 46516 City State ZIP Code	

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.

Describe the property	Date	Value of the property
-----------------------	------	-----------------------

Creditor's Name _____

Explain what happened

- Property was repossessed.
- Property was foreclosed.
- Property was garnished.
- Property was attached, seized, or levied.

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

No

Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount
---------------------------------------	-----------------------	--------

Creditor's Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Last 4 digits of account number: XXXX- _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Debtor 1 **Casey** **J** **Hendrickson**
 Debtor 2 **Shanna** **L** **Hendrickson**

Case number (if known) _____

Part 5 List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?** No Yes. Fill in the details for each gift.

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

Person to Whom You Gave the Gift _____

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	Date of your loss	Value of property lost
---	---	--------------------------	-------------------------------

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>
Debtor 2	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>
	First Name	Middle Name	Last Name

Case number (if known) _____

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
<u>Hendrickson, Casey J</u> Person Who Was Paid			<u>1/25/2023</u>	<u>\$896.00</u>
<u>916 Erwin St</u> Number	Street			
<u>Elkhart, IN 46514-3537</u> 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
<u>Person Who Was Paid</u>			<u>_____</u>	<u>_____</u>
<u>Number</u>	Street		<u>_____</u>	<u>_____</u>
<u>City State ZIP Code</u>			<u>_____</u>	<u>_____</u>

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.

Debtor 1	Casey	J	Hendrickson	Case number (if known)
Debtor 2	Shanna	L	Hendrickson	_____

First Name	Middle Name	Last Name
------------	-------------	-----------

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 B: 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

Name of Financial Institution

XXXX- _____

Checking

Savings

Money market

Brokerage

Other _____

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.

Debtor 1 Casey J Hendrickson
 Debtor 2 Shanna L Hendrickson

First Name

Middle Name

Last Name

Case number (if known) _____

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

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?
Name of Storage Facility			Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

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	
Owner's Name	Number Street		
Number Street	Number Street		
		City State ZIP Code	
City	State	ZIP Code	

Debtor 1 **Casey** **J** **Hendrickson**
 Debtor 2 **Shanna** **L** **Hendrickson**

Case number (if known) _____

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
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City	State ZIP Code	

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
Name of site	Governmental unit	
Number Street	Number Street	
	City State ZIP Code	
City	State ZIP Code	

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 Debtor 2	Casey Shanna	J L	Hendrickson Hendrickson	Case number (if known) _____
First Name	Middle Name	Last Name		
		Court or agency		Nature of the case
Case title _____		Court Name _____		<input type="checkbox"/> Pending
				<input type="checkbox"/> On appeal
		Number Street _____		<input type="checkbox"/> Concluded
Case number _____		City _____	State _____	ZIP Code _____

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.

ASDefense, Inc. Name _____	Describe the nature of the business _____	Employer identification number Do not include Social Security number or ITIN. EIN: _____
916 Erwin St. Number Street _____	Name of accountant or bookkeeper _____	Dates business existed From <u>05/19/2019</u> To <u>11/05/2019</u>
Elkhart, IN 46514 City _____ State _____ ZIP Code _____	Describe the nature of the business _____	Employer identification number Do not include Social Security number or ITIN. EIN: _____
Caseythehost Name _____	videos online	Dates business existed From _____ To _____
916 Erwin St. Number Street _____	Name of accountant or bookkeeper _____	Employer identification number Do not include Social Security number or ITIN. EIN: _____
Elkhart, IN 46514 City _____ State _____ ZIP Code _____	Describe the nature of the business _____	Dates business existed From _____ 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.

Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>	Case number (if known) _____
Debtor 2	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>	_____
	First Name	Middle Name	Last Name	

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.

 _____

Signature of Casey J Hendrickson, Debtor 1

Date 10/16/2023

 _____

Signature of Shanna L Hendrickson, Debtor 2

Date 10/16/2023

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	Casey	J	Hendrickson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Indiana		
Case number (if known)			

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: **Notre Dame Federal Credit Union**
Description of property securing debt: **916 Erwin St. Elkhart, IN 46514**

Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

No

Yes

Creditor's name: **PennyMac Loan Services, LLC**
Description of property securing debt: **916 Erwin St. Elkhart, IN 46514**

Surrender the property.
 Retain the property and redeem it.
 Retain the property and enter into a *Reaffirmation Agreement*.
 Retain the property and [explain]:

No

Yes

Debtor 1	Casey	J	Hendrickson
Debtor 2	Shanna	L	Hendrickson
	First Name	Middle Name	Last Name

Case number (if known) _____

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:

 No Yes

Description of leased property:

 No Yes

Lessor's name:

 No Yes

Description of leased property:

 No Yes

Lessor's name:

 No Yes

Description of leased property:

 No Yes

Lessor's name:

 No Yes

Description of leased property:

 No Yes

Lessor's name:

 No Yes

Description of leased property:

 No Yes

Lessor's name:

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 10/16/2023
MM/ DD/ YYYY

 X _____

Signature of Debtor 2

Date 10/16/2023
MM/ DD/ YYYY

Debtor 1	<u>Casey</u>	<u>J</u>	<u>Hendrickson</u>	Case number (if known) _____
Debtor 2	<u>Shanna</u>	<u>L</u>	<u>Hendrickson</u>	_____
	First Name	Middle Name	Last Name	

Additional Page for Part 1

Creditor's name:	Teachers Credit Union	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt:	2017 Jeep Renegade	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name:	Teachers Credit Union	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt:	2017 Buick Encore	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
		<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
		<input type="checkbox"/> Retain the property and [explain]:	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Indiana

In re Hendrickson, Casey J

Hendrickson, Shanna L

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$896.00

Prior to the filing of this statement I have received \$896.00

Balance Due \$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION	
<p>I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.</p>	
<u>10/16/2023</u> <i>Date</i>	 <i>Michelle L. Hildebrand</i> <i>Signature of Attorney</i>
<p>Bar Number: 32006-64 Hildebrand Law Office 115 N. William St. South Bend, IN 46601 Phone: (574) 303-6578</p>	
<hr/> <i>Hildebrand Law Office</i> <hr/> <i>Name of law firm</i>	

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA
SOUTH BEND DIVISION

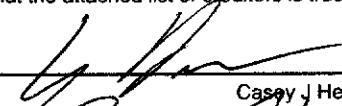
IN RE: **Hendrickson, Casey J**
Hendrickson, Shanna L

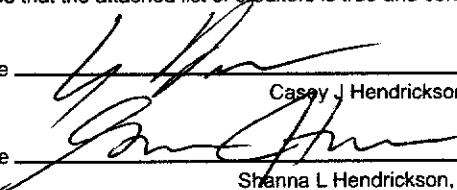
CASE NO

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 10/16/2023 Signature 
Casey J. Hendrickson, Debtor

Date 10/16/2023 Signature 
Shanna L. Hendrickson, Joint Debtor

Aldridge Pike Haan, LLP.
3525 Piedmont Rd. NE Bldg. 6-750
Atlanta, GA 30305

Andrew Rockwell
2740 Inez ct
Niles, MI 49120-4627

Beacon Health System
615 N Michigan St
South Bend, IN 46601-1033

Best Buy Credit Services
PO Box 78009
Phoenix, AZ 85062

Capital One
P.O. box 4069
Carol Stream, IL 60197

CHIMEFIN/STRIDE BANK
Attn Bankruptcy Dept.
101 CALIFORNIA STREET, SUITE 500
San Francisco, CA 94108

**Credit Bureau Collection
Service**
Attn: Bankruptcy
4764 Fulton Suite 101
Grand Rapids, MI 49503

Credit One Bank
PO Box 98873
Las Vegas, NV 89193

**Elite Emergency Physicians
INC**
PO Box 419569
Boston, MA 02241

Elkhart General Hospital
600 East Blvd
Elkhart, IN 46514

Elkhart Superior Court 2
315 S Second St
Elkhart, IN 46516

First State Bank of Middlebury
111 South Main Street P.O. Box 69
Middlebury, IN 46540

**Indiana Department of
Revenue**
PO Box 6479
Indianapolis, IN 46206

Kinum INC
770 Lynnhaven Pkwy 160
Virginia Beach, VA 23452-7324

Lavery Law LLC
20D02-2210-PL-000196
600 South Main Street Suite 300
Elkhart, IN 46516

Lloyd & McDaniel, PLC
CACH
Po Box 23200
Louisville, KY 40223

Lowe's/ Synchrony Bank
Po Box 669807
Dallas, TX 75266-0759

**Michigan Department of
Treasury**
P.O Box 30149
Lansing, MI 48909-7649

Midland Credit Management
320 E Big Beaver Rd Ste 300
Troy, MI 48083-1271

**Midland Credit Management,
Inc**
PO Box 301030
Los Angeles, CA 90030

NCB MANAGEMENT SERVICES
Attn: Bankruptcy Dept
1 ALLIED DR # DT
Feasterville Trevose, PA 19053

**Notre Dame Federal Credit
Union**
6757 Cascade Rd. Box #210
Grand Rapids, MI 49546

**Notre Dame Federal Credit
Union**
Po Box 7878
Notre Dame, IN 46556-7878

One Advantage
127 East Shore Pkwy A
La Porte, IN 46350-5469

OneMain
Po Box 1010
Evansville, IN 47706-1010

PennyMac Loan Services, LLC
Po Box 514387
Los Angeles, CA 90051-4387

**Portfolio Recovery Associates,
LLC**
120 Corporate Blvd STE 100
Albany, WI 53502

**REPUBLIC BANK TRUST
COMPANY**
Attn: Bankruptcy Dept.
P.O. Box 70749
Louisville, KY 40270

Shontay Leverett
9420 Bunsen PKWY #320
Louisville, KY 40220

St. Joseph Circuit Court
101 S. Main St
South Bend, IN 46601

St. Joseph Superior Court
101 S. Main St
South Bend, IN 46601

Stucky, Lauer, & Young LLP
127 W Berry St Ste 900
Fort Wayne, IN 46802

Teachers Credit Union
P.O. Box 1395
South Bend, IN 46624

Toyota Motor Credit Corp
Attn Bankruptcy Dept.
PO BOX 9786
Cedar Rapids, IA 52409

Upgrade Inc
2 N Central Ave Fl 10
Phoenix, AZ 85004-2322

Chet Zawalich
828 East Colfax Avenue
South Bend, IN 46617