

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH DAKOTA

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****12/17**

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

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

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

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

Bring your picture identification to your meeting with the trustee.

Mark

First Name

Allen

Middle Name

Burgess

Last Name

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

Elizabeth

First Name

Diane

Middle Name

Burgess

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.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

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

xxx - xx - 6 5 0 6

OR

9xx - xx - _____

xxx - xx - 3 0 9 7

OR

9xx - xx - _____

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

About Debtor 1:

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

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN

EIN

5. Where you live

1205 N. Harlem Ave.

Number Street

Sioux Falls SD 57104

City State ZIP Code

Minnehaha

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

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

Check one:

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

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

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

☐ I have not used any business names or EINs.

Squeaky Clean

Business name

Business name

Business name

EIN

EIN

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

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

Number Street

P.O. Box

City State ZIP Code

Check one:

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

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

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

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

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

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

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

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

Squeaky Clean

Name of business, if any

Sioux Falls, SD

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

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

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

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

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

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

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

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

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

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

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

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

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

About Debtor 1:

You must check one:

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

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

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

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

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

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

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

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

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

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

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver 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 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer 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?**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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 /s/ Mark Allen Burgess _____

Mark Allen Burgess, Debtor 1

Executed on **08/07/2019** _____

MM / DD / YYYY

X /s/ Elizabeth Diane Burgess _____

Elizabeth Diane Burgess, Debtor 2

Executed on **08/07/2019** _____

MM / DD / YYYY

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

For your attorney, if you are represented by one

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

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.

X /s/ Thomas A. Blake _____

Signature of Attorney for Debtor

Date **08/07/2019**

MM / DD / YYYY

Thomas A. Blake _____

Printed name

Thomas A. Blake _____

Firm Name

505 W. 9th St., Ste. 202 _____

Number Street

Sioux Falls _____

City

SD

State

57104

ZIP Code

Contact phone **(605) 336-1216** _____Email address **legaladvice@tblakelaw.com** _____**133**

Bar number

SD

State

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
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 Schedule A/B..... **\$40.00**

1b. Copy line 62, Total personal property, from Schedule A/B..... **\$23,385.89**

1c. Copy line 63, Total of all property on Schedule A/B..... **\$23,425.89**

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, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$9,041.24**

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$0.00**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+** **\$181,266.35**

Your total liabilities**\$190,307.59****Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... **\$2,910.92**

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

Copy your monthly expenses from line 22c of Schedule J..... **\$2,892.56**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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.

\$1,916.92

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.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$74,428.35</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	\$74,428.35

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

Debtor 1	Mark First Name	Allen Middle Name	Burgess Last Name
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Diane Middle Name	Burgess Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
Case number (if known) _____			

☐ 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.

White Rock, SD
Roberts County

Waterwell
Co-owner of waterwell in White Rock, SD

Debtor's 1/2 interest of \$80

Roberts
 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 **Water Well**

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: _____

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

Current value of the entire property?	Current value of the portion you own?
\$80.00	\$40.00

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

Other _____

☐ 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.....

\$40.00

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Describe Your Vehicles

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

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

- ☐ No
☒ Yes

3.1.		Who has an interest in the property?	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> .	
Make:	<u>Dodge</u>	Check one.		
Model:	<u>Grand Caravan</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year:	<u>2009</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>90,500</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<u>\$8,600.00</u>	<u>\$8,600.00</u>
Other information:		<input type="checkbox"/> At least one of the debtors and another		
2009 Dodge Grand Caravan (approx. 90,500 miles) (secured)		<input type="checkbox"/> Check if this is community property (see instructions)		

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

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

- ☒ No
☐ Yes

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

\$8,600.00

Part 3: Describe Your Personal and Household Items

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

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

6. Household goods and furnishings

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

- ☐ No
☒ Yes. Describe.....

See continuation page(s).

\$1,750.00

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.....

See continuation page(s).

\$345.00

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.....

Signed Scottie Pippen Jersey

\$110.00

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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..... **See continuation page(s).** **\$120.00****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..... **Clothes** **\$1,000.00****12. Jewelry**

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

☐ No☒ Yes. Describe..... **Jewelry/wedding rings** **\$200.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe..... _____**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information..... _____**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 the number here.....****\$3,525.00****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: **\$30.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

17. Deposits of money

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

☐ No

☒ Yes..... Institution name:

17.1. Checking account:	Checking account - Great Western Bank (Social Security Only - 100% exempt)	\$376.10
17.2. Savings account:	Savings account - Sioux Empire FCU	\$9.16
17.3. Savings account:	Savings Account - Sioux Empire FCU (Daughter's)	\$378.88
17.4. Savings account:	Savings account - Sioux Empire FCU (No Balance)	\$0.00

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:

Shares of Groupon Stock at 3.55	\$11.60
Robin Hood Account	\$31.90
Northern Dynasty Minerals (NAK) - 248 shares	\$176.30

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:

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:

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:

Security deposit on rental unit: Landlord Deposit	\$800.00
--	-----------------

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

- ☒ No
☐ Yes..... Issuer name and description:

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

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

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

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

- ☒ No
☐ Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

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

State: Pro rata share of the 2019 Income Tax refund.
(See line 30). Amt: Unknown

Federal: **\$0.00**State: **Unknown**Local: **\$0.00****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

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

- ☐ No
☒ Yes. Give specific information

See continuation page(s).

\$9,246.95

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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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.....**\$11,060.89****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

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

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

38. Accounts receivable or commissions you already earned

- ☐ No
☒ Yes. Describe.. **Business Receivables: NONE** **\$0.00**

39. Office equipment, furnishings, and supplies

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

- ☒ No
☐ Yes. Describe.. _____

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No☒ Yes. Describe..**Business Property:****\$200.00**

Vacuum - \$100
 Duster w/extension - \$25
 Misc. cleaning supplies & rags - \$50
 Stepladder - \$25

41. Inventory☒ No☐ Yes. Describe..**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe..... Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$200.00**

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.....

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade☒ No☐ Yes....**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes....**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information.....**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....****\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.**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.....** → **\$40.00****56. Part 2: Total vehicles, line 5** **\$8,600.00****57. Part 3: Total personal and household items, line 15** **\$3,525.00****58. Part 4: Total financial assets, line 36** **\$11,060.89****59. Part 5: Total business-related property, line 45** **\$200.00****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..... **\$23,385.89**Copy personal
property total

+

\$23,385.89**63. Total of all property on Schedule A/B. Add line 55 + line 62.....** **\$23,425.89**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

6. Household goods and furnishings (details):

Sofa	<u>\$100.00</u>
Chairs (2)	<u>\$50.00</u>
Chair & ottoman	<u>\$50.00</u>
End tables (2)	<u>\$30.00</u>
Table	<u>\$5.00</u>
Cabinet	<u>\$20.00</u>
Lamps (2)	<u>\$10.00</u>
Rug	<u>\$5.00</u>
Toy box	<u>\$10.00</u>
Wicker bins (2)	<u>\$10.00</u>
Pictures (2)	<u>\$10.00</u>
Stool	<u>\$5.00</u>
Vacuum	<u>\$25.00</u>
Air mattress	<u>\$10.00</u>
Kitchen table	<u>\$100.00</u>
Bookcase	<u>\$10.00</u>
Buffet table	<u>\$30.00</u>
Shelf	<u>\$5.00</u>
Tray	<u>\$5.00</u>
Rug	<u>\$5.00</u>
Small appliances	<u>\$25.00</u>
Pots/pans	<u>\$20.00</u>
Dishes	<u>\$10.00</u>
Silverware/Utensils	<u>\$15.00</u>
toddler bed	<u>\$20.00</u>
Dresser	<u>\$50.00</u>
King bed	<u>\$100.00</u>
End tables (2)	<u>\$20.00</u>
Full-size bed	<u>\$20.00</u>
End table	<u>\$10.00</u>
Mirror	<u>\$10.00</u>
Chairs (2)	<u>\$10.00</u>
Desk	<u>\$25.00</u>

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Glass end table	\$10.00
Folding table	\$5.00
Cubby shelf	\$20.00
Rug	\$5.00
Safe	\$10.00
Washer/dryer	\$100.00
Lamps (2)	\$5.00
Toys	\$30.00
Full-size bed	\$100.00
Dresser	\$5.00
Chair	\$5.00
Mirror	\$5.00
King bed	\$75.00
End tables	\$10.00
Movie cabinet	\$5.00
Tool chest	\$75.00
Floor Jack & stands	\$20.00
Lawn mower	\$50.00
Lawn mower	\$20.00
Snow blower	\$30.00
Snow thrower	\$10.00
Shovels (3)	\$10.00
Prospector pick	\$5.00
Rake	\$5.00
Brooms	\$5.00
Gas cans (10)	\$10.00
Sockets	\$10.00
Breaker bar	\$5.00
Bits	\$5.00
Allen wrenches (3 sets)	\$20.00
Vice grips (4)	\$50.00
Test lights	\$5.00
Crescent wrenches	\$15.00
Pipe wrenches	\$10.00

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Hammers	<u>\$30.00</u>
Heat gun	<u>\$10.00</u>
Belt tool	<u>\$15.00</u>
Electric impact gun	<u>\$20.00</u>
Jumper pack	<u>\$50.00</u>
Torque wrench	<u>\$20.00</u>
Ramps	<u>\$25.00</u>
7. <u>Electronics (details):</u>	
TV	<u>\$75.00</u>
TV Box	<u>\$30.00</u>
TV	<u>\$30.00</u>
Computer	<u>\$150.00</u>
TV (2) \$30 each	<u>\$60.00</u>
9. <u>Equipment for sports and hobbies (details):</u>	
Camera	<u>\$10.00</u>
Teeter Hangup	<u>\$50.00</u>
Bike (2) \$20 each	<u>\$40.00</u>
Darts	<u>\$20.00</u>
30. <u>Other amounts someone owes you (details):</u>	
(1) Earned but unpaid wages, (2) accrued vacation time, and (3) pro rata share of the 2019 Federal Income Tax refund up to allowed exemption of \$12,000.	<u>\$8,837.16</u>
(2018 income tax refund received prior to filing)	
Judgment against Kelly Toberson (#49SMC02006766) - Uncollectible	<u>\$409.79</u>

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

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

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

Part 1: Identify the Property You Claim as Exempt

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

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

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

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <i>Copy the value from Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: 2009 Dodge Grand Caravan (approx. 90,500 miles) (secured) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$8,600.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Sofa Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 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 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Chairs (2) Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Chair & ottoman Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: End tables (2) Line from Schedule A/B: <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Table Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Cabinet Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Lamps (2) Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Rug Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Toy box Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Wicker bins (2) Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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**

Copy the value from Schedule A/B Check only one box for each exemption

Brief description:
Pictures (2)

Line from Schedule A/B: 6

\$10.00



\$10.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Stool

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Vacuum

Line from Schedule A/B: 6

\$25.00



\$25.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Air mattress

Line from Schedule A/B: 6

\$10.00



\$10.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Kitchen table

Line from Schedule A/B: 6

\$100.00



\$100.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Bookcase

Line from Schedule A/B: 6

\$10.00



\$10.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Buffet table

Line from Schedule A/B: 6

\$30.00



\$30.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Shelf

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Tray

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Rug Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Small appliances Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Pots/pans Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Dishes Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Silverware/Utensils Line from Schedule A/B: <u>6</u>	<u>\$15.00</u>	<input checked="" type="checkbox"/> <u>\$15.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: toddler bed Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Dresser Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: King bed Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: End tables (2) Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Full-size bed Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: End table Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Mirror Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Chairs (2) Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Desk Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Glass end table Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Folding table Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Cubby shelf Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Rug Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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**

Copy the value from Schedule A/B Check only one box for each exemption

Brief description:
Safe

Line from Schedule A/B: 6

\$10.00



\$10.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Washer/dryer

Line from Schedule A/B: 6

\$100.00



\$100.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Lamps (2)

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Toys

Line from Schedule A/B: 6

\$30.00



\$30.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Full-size bed

Line from Schedule A/B: 6

\$100.00



\$100.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Dresser

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Chair

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Mirror

Line from Schedule A/B: 6

\$5.00



\$5.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
King bed

Line from Schedule A/B: 6

\$75.00



\$75.00

SDCL § 43-45-4

☐ 100% of fair market value, up to any applicable statutory limit

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: End tables Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Movie cabinet Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Tool chest Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Floor Jack & stands Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Lawn mower Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Lawn mower Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Snow blower Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Snow thrower Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Shovels (3) Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Prospector pick Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Rake Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Brooms Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Gas cans (10) Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Sockets Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Breaker bar Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Bits Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Allen wrenches (3 sets) Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Vice grips (4) Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Test lights Line from Schedule A/B: <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Crescent wrenches Line from Schedule A/B: <u>6</u>	<u>\$15.00</u>	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Pipe wrenches Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Hammers Line from Schedule A/B: <u>6</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Heat gun Line from Schedule A/B: <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Belt tool Line from Schedule A/B: <u>6</u>	<u>\$15.00</u>	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Electric impact gun Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Jumper pack Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Torque wrench Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Ramps Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: TV Line from Schedule A/B: <u>7</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: TV Box Line from Schedule A/B: <u>7</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: TV Line from Schedule A/B: <u>7</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Computer Line from Schedule A/B: <u>7</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: TV (2) \$30 each Line from Schedule A/B: <u>7</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Signed Scottie Pippen Jersey Line from Schedule A/B: <u>8</u>	<u>\$110.00</u>	<input checked="" type="checkbox"/> <u>\$110.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Camera Line from Schedule A/B: <u>9</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Teeter Hangup Line from Schedule A/B: <u>9</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Bike (2) \$20 each Line from Schedule A/B: <u>9</u>	<u>\$40.00</u>	<input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Darts Line from Schedule A/B: <u>9</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Clothes Line from Schedule A/B: <u>11</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-2(1-3), (5,6)
Brief description: Jewelry/wedding rings Line from Schedule A/B: <u>12</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-2(1-3), (5,6)
Brief description: Cash on hand Line from Schedule A/B: <u>16</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Checking account - Great Western Bank (Social Security Only - 100% exempt) Line from Schedule A/B: <u>17.1</u>	<u>\$376.10</u>	<input checked="" type="checkbox"/> <u>\$376.10</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407
Brief description: Savings account - Sioux Empire FCU Line from Schedule A/B: <u>17.2</u>	<u>\$9.16</u>	<input checked="" type="checkbox"/> <u>\$9.16</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Savings Account - Sioux Empire FCU (Daughter's) Line from Schedule A/B: <u>17.3</u>	<u>\$378.88</u>	<input checked="" type="checkbox"/> <u>\$378.88</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Savings account - Sioux Empire FCU (No Balance) Line from Schedule A/B: <u>17.4</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 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: Shares of Groupon Stock at 3.55 Line from Schedule A/B: <u>18</u>	<u>\$11.60</u>	<input checked="" type="checkbox"/> <u>\$11.60</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Robin Hood Account Line from Schedule A/B: <u>18</u>	<u>\$31.90</u>	<input checked="" type="checkbox"/> <u>\$31.90</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Northern Dynasty Minerals (NAK) - 248 shares Line from Schedule A/B: <u>18</u>	<u>\$176.30</u>	<input checked="" type="checkbox"/> <u>\$176.30</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: (1) Earned but unpaid wages, (2) accrued vacation time, and (3) pro rata share of the 2019 Federal Income Tax refund up to allowed exemption of \$12,000. (2018 income tax refund received prior to filing) Line from Schedule A/B: <u>30</u>	<u>\$8,837.16</u>	<input checked="" type="checkbox"/> <u>\$8,837.16</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Business Receivables: NONE Line from Schedule A/B: <u>38</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4
Brief description: Business Property: Vacuum - \$100 Duster w/extension - \$25 Misc. cleaning supplies & rags - \$50 Stepladder - \$25 Line from Schedule A/B: <u>40</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	SDCL § 43-45-4

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA
SOUTHERN DIVISION (SIOUX FALLS)**

IN RE: **Mark Allen Burgess**
Elizabeth Diane Burgess

CASE NO

CHAPTER 7

TOTALS BY EXEMPTION LAW

Exemption Law	Husband	Wife	Joint	Community	N/A	Exemption Total	Market Value Total
42 U.S.C. § 407	\$0.00	\$0.00	\$376.10	\$0.00	\$0.00	\$376.10	\$376.10
SDCL § 43-45-2(1-3), (5,6)	\$0.00	\$0.00	\$1,200.00	\$0.00	\$0.00	\$1,200.00	\$1,200.00
SDCL § 43-45-4	\$0.00	\$0.00	\$12,000.00	\$0.00	\$0.00	\$12,000.00	\$20,600.00

Fill in this information to identify your case:

Debtor 1	Mark First Name	Allen Middle Name	Burgess Last Name
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Diane Middle Name	Burgess Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
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
\$9,041.24	\$8,600.00	\$441.24

2.1

First Premier Bank
Creditor's name
PO Box 1348
Number Street

2009 Dodge Gand Caravan
Describe the property that secures the claim:

Sioux Falls SD 57101-1348
City State ZIP Code

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

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

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ 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)

Auto Loan

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:

\$9,041.24

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

\$9,041.24

Debtor 1 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

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

1

Vern Eide Motors

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

2.1

Name

PO Box 91010

Last 4 digits of account number

Number Street

Sioux Falls**SD****57109-1010**

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	Mark First Name	Allen Middle Name	Burgess Last Name
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Diane Middle Name	Burgess Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
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 Hold 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 more space is needed for 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			
Priority Creditor's Name	Last 4 digits of account number		
Number Street	When was the debt incurred?		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City State ZIP Code	Type of PRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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 more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim**\$1,878.00**

4.1

AAA Collections, Inc.

Nonpriority Creditor's Name

PO Box 881

Number Street

Sioux Falls**SD 57101-0881**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 3 3 4**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment

4.2

AAA Collections, Inc.

Nonpriority Creditor's Name

PO Box 881

Number Street

Sioux Falls**SD 57101-0881**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 9 5 8**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Collecting for Creditor**\$15,928.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$10,552.00**

4.3

AAA Collections, Inc.

Nonpriority Creditor's Name

PO Box 881

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sioux Falls SD 57101-0881

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

Collecting for Creditor

Is the claim subject to offset?

- ☒ No
☐ Yes

Accounts: 14; 15; 16; 18; 21; 22; 23; 24; 27; 29; 33; 34; 35; 36; 40; 43; 45; 47; 49; 50; 51; 52; 53; 54; 55

4.4

\$468.00**Ameri Mark Premier**

Nonpriority Creditor's Name

PO Box 2845

Number Street

Last 4 digits of account number **3 2 0 4**

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Monroe WI 53566-8045

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

Loan

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$72,634.35**

4.5

American Student Assistance

Nonpriority Creditor's Name

100 Cambridge Street, Ste. 1600

Number Street

Boston**MA****02114-2518**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.6

Anesthesia Physicians LTD

Nonpriority Creditor's Name

PO Box 1321

Number Street

Sioux Falls**SD****57117**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.7

Avera Health

Nonpriority Creditor's Name

PO Box 8

Number Street

Mitchell**SD****57301**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 0 9 7**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Last 4 digits of account number 9 5 1 1**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Medical ExpenseLast 4 digits of account number 4 8 6 4**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Medical Expense**\$675.00****\$732.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$580.00**

4.8

Avera Health

Nonpriority Creditor's Name

PO Box 8

Number Street

Mitchell**SD 57301**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 8 6 4

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Medical Expense**\$498.00**

4.9

Avera Medical Group - Radiology

Nonpriority Creditor's Name

PO Box 86370

Number Street

Sioux Falls**SD 57118-6370**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 2 4 2

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Medical Expense**\$1,930.00**

4.10

Brian Bane Stirling

Nonpriority Creditor's Name

PO Box 82

Number Street

Parkston**SD 57366**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 2 0 5

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,695.00**

4.11

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.

Number Street
PO Box 30285

Salt Lake City **UT** **84130-0285**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 6 2 2

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card

4.12

Career Education Corporation

Nonpriority Creditor's Name

231 N Martingale Road

Number Street

Schaumburg **IL** **60173**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 4 4 2

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

\$1,794.00

4.13

Cavalry SPV I LLC

Nonpriority Creditor's Name

500 Summit Lake Drive Ste. 400

Number Street

Valhalla **NY** **10595-1340**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 8 9 6

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$4,892.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$10,944.00**

4.14

Chase

Nonpriority Creditor's Name

Bankruptcy Dept.

Number Street

PO Box 15298**Wilmington****DE****19850**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 7 6 7

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card

4.15

Comenity Bank/HSN

Nonpriority Creditor's Name

Attn: Bankruptcy Department

Number Street

PO Box 183043**Columbus****OH****43218-3043**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 4 1 6

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card**\$542.00**

4.16

Credit Collections Bureau

Nonpriority Creditor's Name

PO Box 90508

Number Street

Sioux Falls**SD****57107**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 7 2 9

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$2,187.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,070.00**

4.17

Credit One Bank

Nonpriority Creditor's Name

P.O. Box 98873

Number Street

Las Vegas NV 89193-8873

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 1 3**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card

4.18

Credit One Bank

Nonpriority Creditor's Name

P.O. Box 98873

Number Street

Las Vegas NV 89193-8873

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card**\$1,704.00**

4.19

Falls Community Dental

Nonpriority Creditor's Name

521 N. Main Ave., Suite 200

Number Street

Sioux Falls SD 57104

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 3 2 6**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Dental Services**\$35.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$645.00**

4.20

First Premier Bankcard

Nonpriority Creditor's Name

Credit Card

Number Street

PO Box 5524**Sioux Falls****SD 57117-5524**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.21

Great Western Bank

Nonpriority Creditor's Name

PO Box 2345

Number Street

Sioux Falls**SD 57101-2345**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.22

Great Western Bank

Nonpriority Creditor's Name

PO Box 2345

Number Street

Sioux Falls**SD 57101-2345**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 5 7 2**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit CardLast 4 digits of account number 0 8 8 1**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County JudgmentLast 4 digits of account number 4 7 7 8**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Deficiency owing on repossessed vehicle**\$1,394.00****\$5,434.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$5,901.00**

4.23

Great Western Bank

Nonpriority Creditor's Name

PO Box 2345

Number Street

Last 4 digits of account number 9 6 1 7

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Personal Loan**Sioux Falls****SD 57101-2345**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.24

Kohl's Credit

Nonpriority Creditor's Name

PO Box 3043

Number Street

Last 4 digits of account number 4 1 5 2

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card**Milwaukee****WI 53201-3043**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.25

LVNV Funding

Nonpriority Creditor's Name

c/o Messerli & Kramer PA

Number Street

3033 Campus Drive, Ste. 250Last 4 digits of account number 3 1 0 1

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**Plymouth****MN 55441**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,858.00

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$938.00**

4.26

LVNV Funding

Nonpriority Creditor's Name

c/o Messerli & Kramer PA

Number Street

3033 Campus Drive, Ste. 250**Plymouth****MN****55441**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 0 6 4**

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment

4.27

LVNV Funding, LLC

Nonpriority Creditor's Name

55 Beattie Place, Ste. 110

Number Street

Greenville**SC****29601**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 3 0 9**

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$1,367.00**

4.28

McCook County

Nonpriority Creditor's Name

% McCook County Auditor

Number Street

PO Box 190**Salem****SD****57058**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 0 7 8**

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

McCook County Judgment**\$1,568.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$965.00**

4.29

Merrick Bank Corporation

Nonpriority Creditor's Name

C/O Merrick Bank Corp.

Number Street

10705 S. Jordan Gateway, Ste. 200**South Jordan****UT****84095**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 6 7 3 7

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card

4.30

Midland Funding LLC

Nonpriority Creditor's Name

C/O Messerli & Kramer

Number Street

3033 Campus Drive, Ste. 250**Plymouth****MN****55441**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 1 8 5

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$685.00**

4.31

Money Doctor, Inc.

Nonpriority Creditor's Name

3120 Peterson Pkwy

Number Street

Fargo**ND****58102**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 9 3 9

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$504.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$697.00**

4.32

Montgomery Ward

Nonpriority Creditor's Name

3650 N. Milwaukee St.

Number Street

Last 4 digits of account number 4 2 9 0

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card**Madison WI 53714-2399**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.33

Moody County

Nonpriority Creditor's Name

101 E Pipestone Ave, Ste. D

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Jail housing fees**Flandreau SD 57028**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,710.00

4.34

North American Title Loans

Nonpriority Creditor's Name

2100 W. 41st Street

Number Street

Last 4 digits of account number 2 1 8 4

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**Sioux Falls SD 57105-6116**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,304.00

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,809.00**

4.35

Portfolio Recovery Associates

Nonpriority Creditor's Name

Riverside Commerce Center

Number Street

120 Corporate Blvd Ste. 100**Norfolk****VA****23502-4962**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 6 9 9**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment

4.36

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

C/O 140 Corporate Blvd., #100

Number Street

Norfolk**VA****23502-4952**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 8 4 2**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$906.00**

4.37

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

C/O 140 Corporate Blvd., #100

Number Street

Norfolk**VA****23502-4952**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 2 3 6**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County Judgment**\$2,728.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$4,244.00**

4.38

Portfolio Recovery Associates, LLC

Nonpriority Creditor's Name

C/O 140 Corporate Blvd., #100

Number Street

Norfolk VA 23502-4952

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.39

Sanford Health

Nonpriority Creditor's Name

PO Box 5074

Number Street

Sioux Falls SD 57117-5074

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.40

Service Investment Company, Inc.

Nonpriority Creditor's Name

PO Box 517

Number Street

Vermillion SD 57069

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 3 4 8

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Minnehaha County JudgmentLast 4 digits of account number 8 6 1 5

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Medical Expense

Last 4 digits of account number _____

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Returned Checks**\$251.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$641.00**

4.41

Synchrony Bank/QVC

Nonpriority Creditor's Name

P.O. Box 965064

Number Street

Orlando FL 32896-5064

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 7 0 5****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card

4.42

TD Bank USA/Target Credit

Nonpriority Creditor's Name

PO Box 673

Number Street

Minneapolis MN 55440

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7 0 0 1****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card**\$2,578.00**

4.43

Urology Specialists

Nonpriority Creditor's Name

Billing Department.

Number Street

201 W. 69th St.**Sioux Falls SD 57108**

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9 8 6 6****When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Medical Expense**\$2,986.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,310.00**

4.44

USC Ambulatory Surgical Center

Nonpriority Creditor's Name
201 W. 69th St. Suite 100

Number Street

Last 4 digits of account number 6 5 1 0

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

McCook County Judgment

Sioux Falls SD 57108-2424

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.45

Verizon Wireless

Nonpriority Creditor's Name
PO Box 25505

Number Street

Last 4 digits of account number 0 0 0 1

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Cell phone services

Lehigh Valley PA 18002-5505

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

4.46

Web Bank

Nonpriority Creditor's Name
Attn: Bankruptcy

Number Street

215 S. State St., Suite 1000Last 4 digits of account number 9 2 4 6

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

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

Credit Card

Salt Lake City UT 84111

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

\$151.00**\$211.00**

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$229.00**

4.47

WebBank/Fingerhut

Nonpriority Creditor's Name

6250 Ridgewood Rd.

Number Street

Last 4 digits of account number 2 1 4 9

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St. Cloud MN 56303-0820

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

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

Purchases**\$2,276.00**

4.48

Wells Fargo Bank NA

Nonpriority Creditor's Name

Mac N8235-040

Number Street

7000 Vista DriveLast 4 digits of account number 2 4 9 5

When was the debt incurred? _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

West Des Moines IA 50266

City State ZIP Code

Who incurred the debt? Check one.

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

Is the claim subject to offset?

- ☒ No
☐ Yes

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

Loan

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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 parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Alltran Financial, LP

Name

PO Box 610

Number Street

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

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 2 9 5**Sauk Rapids****MN****56379-0610**

City

State

ZIP Code

Alltran Financial, LP

Name

PO Box 610

Number Street

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

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 2 9 5**Sauk Rapids****MN****56379-0610**

City

State

ZIP Code

Anesthesia Physicians LTD

Name

PO Box 1321

Number Street

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

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Sioux Falls****SD****57117**

City

State

ZIP Code

Anesthesia Physicians, LTD

Name

PO Box 3488

Number Street

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

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Omaha****NE****68103**

City

State

ZIP Code

Avera McKennan Hospital

Name

& University Health Center

Number Street

PO Box 5045

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

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **Sioux Falls****SD****57117-5045**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Avera McKennan Hospital**

Name
& University Health Center
 Number Street
PO Box 5045

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

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Sioux Falls **SD** **57117-5045**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Bluestem Brands, Inc.

Name
7075 Flying Cloud Dr.
 Number Street

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

Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Eden Prairie **MN** **55344-3532**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Capital One

Name
Attn: Bankruptcy Dept.
 Number Street
PO Box 30285

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

Line 4.38 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Salt Lake City **UT** **84130-0285**
 City State ZIP Code

Last 4 digits of account number 5 5 5 7**Capital One**

Name
Attn: Bankruptcy Dept.
 Number Street
PO Box 30285

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

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Salt Lake City **UT** **84130-0285**
 City State ZIP Code

Last 4 digits of account number 5 5 5 7**Capital One**

Name
Attn: Bankruptcy Dept.
 Number Street
PO Box 30285

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

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Salt Lake City **UT** **84130-0285**
 City State ZIP Code

Last 4 digits of account number 5 5 5 7**CB1 Collections, Inc.**

Name
P.O. Box 7429
 Number Street

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

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Missoula **MT** **59807-7429**
 City State ZIP Code

Last 4 digits of account number 7 2 5 4

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**CCB Credit Services, Inc.**

Name

PO Box 272

Number Street

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

Line 4.20 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number K 1 0 8**Springfield****IL****62705-0272**

City

State

ZIP Code

City of Sioux Falls

Name

224 W. Ninth St

Number Street

PO Box 7401

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57104-1201**

City

State

ZIP Code

City of Sioux Falls

Name

Parking Violation

Number Street

224 W. 9th St.

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57104**

City

State

ZIP Code

Comenity Bank

Name

Attn: Bankruptcy Dept.

Number Street

PO Box 182125

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

Line 4.30 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Columbus**OH****43218-2125**

City

State

ZIP Code

Credit One Bank

Name

P.O. Box 98873

Number Street

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

Line 4.25 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4 2 0 6**Las Vegas****NV****89193-8873**

City

State

ZIP Code

Delta Management Associates, Inc.

Name

PO Box 9191

Number Street

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

Line 4.5 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Chelsea**MA****02150**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Diversified Consultants, Inc.**

Name

Dept. #03

Number Street

PO Box 679543

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

Line 4.45 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 9 5 4 0**Dallas****TX****75267-9543**

City

State

ZIP Code

ERC

Name

PO Box 57610

Number Street

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

Line 4.42 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4 6 1 6**Jacksonville****FL****32241**

City

State

ZIP Code

ERC

Name

PO Box 57610

Number Street

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

Line 4.24 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4 6 1 6**Jacksonville****FL****32241**

City

State

ZIP Code

Falls Community Health

Name

521 N. Main Ave Suite 100

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Sioux Falls****SD****57104**

City

State

ZIP Code

FBCS, Inc.

Name

330 S. Westminster Rd. Ste. 353

Number Street

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

Line 4.29 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Hatboro****PA****19040**

City

State

ZIP Code

Financial Recovery Services, Inc.

Name

PO Box 385908

Number Street

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

Line 4.42 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number Q 1 3 2**Minneapolis****MN****55438-5908**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Financial Recovery Services, Inc.**

Name
PO Box 385908
 Number Street

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

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Minneapolis **MN** **55438-5908**
 City State ZIP Code

Last 4 digits of account number Q 1 3 2**First Source Advantage, LLC**

Name
205 Bryant Woods South
 Number Street

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

Line 4.47 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Amherst **NY** **14228**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

First Source Advantage, LLC

Name
205 Bryant Woods South
 Number Street

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

Line 4.46 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Amherst **NY** **14228**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

LCM Pathologists P.C.

Name
aka Sanford Pathology
 Number Street
PO Box 5039

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

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Sioux Falls **SD** **57117-5039**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Lisa Lauinger

Name
Messerli & Kramer
 Number Street
3033 Campus Drive, Ste. 250

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

Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Plymouth **MN** **55441**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

LVNV Funding

Name
c/o Messerli & Kramer PA
 Number Street
3033 Campus Drive, Ste. 250

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

Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Plymouth **MN** **55441**
 City State ZIP Code

Last 4 digits of account number 4 2 5 2

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**LVNV Funding, LLC**

Name

PO Box 10497

Number Street

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

Line 4.18 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Greenville**SC****29603**

City

State

ZIP Code

Mark Juhl Auto Sports

Name

1700 N Minnesota Ave

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57104**

City

State

ZIP Code

Medical X Ray Center PC

Name

c/o AAA Collections

Number Street

PO Box 881

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57101**

City

State

ZIP Code

Messerli & Kramer P.A.

Name

3033 Campus Drive, Ste. 250

Number Street

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

Line 4.17 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Plymouth**MN****55441**

City

State

ZIP Code

Midcontinent Communications

Name

PO Box 5010

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57117-5010**

City

State

ZIP Code

Midland Credit Management

Name

2365 Northside Drive Ste. 300

Number Street

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

Line 4.24 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

San Diego**CA****92108**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Montgomery Ward**

Name
1112 7th Ave.
 Number Street

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

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Monroe **WI** **53566-1364**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

MRS BPO, LLC

Name
1930 Olney Ave.
 Number Street

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

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Cherry Hill **NJ** **08003**
 City State ZIP Code

Last 4 digits of account number 8 1 8 8**One American Bank**

Name
515 S. Minnesota Ave.
 Number Street

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

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Sioux Falls **SD** **57104**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Phillips & Cohen Associates, Ltd.

Name
1002 Justison Street
 Number Street

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

Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Wilmington **DE** **19801**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Portfolio Recovery Associates

Name
Riverside Commerce Center
 Number Street
120 Coroporate Blvd Ste. 100

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

Line 4.41 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Norfolk **VA** **23502-4962**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Portfolio Recovery Associates

Name
Riverside Commerce Center
 Number Street
120 Coroporate Blvd Ste. 100

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

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Norfolk **VA** **23502-4962**
 City State ZIP Code

Last 4 digits of account number _ _ _ _

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Portfolio Recovery Associates**

Name

Riverside Commerce Center

Number Street

120 Corporate Blvd Ste. 100

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

Line 4.11 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Norfolk**VA****23502-4962**

City

State

ZIP Code

Portfolio Recovery Associates, LLC

Name

PO Box 12914

Number Street

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

Line 4.11 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Norfolk**VA****23541**

City

State

ZIP Code

Qualia Collection Services

Name

PO Box 5069

Number Street

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

Line 4.24 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Petaluma**CA****94955-5069**

City

State

ZIP Code

Qualia Collection Services

Name

PO Box 4699

Number Street

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

Line 4.24 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Petaluma**CA****94955**

City

State

ZIP Code

Robert J. Breit

Name

Breit Law Offices

Number Street

606 E. Tan Tara Circle

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

Line 4.13 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57108**

City

State

ZIP Code

Rodenburg Law Firm

Name

PO Box 2427

Number Street

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

Line 4.38 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Rodenburg Law Firm**

Name

PO Box 2427

Number Street

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

Line 4.37 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Rodenburg Law Firm

Name

PO Box 2427

Number Street

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

Line 4.36 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Rodenburg Law Firm

Name

PO Box 2427

Number Street

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

Line 4.35 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Rodenburg Law Firm

Name

PO Box 2427

Number Street

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

Line 4.27 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Rodenburg Law Firm

Name

PO Box 2427

Number Street

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

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Rodenburg Law Firm

Name

PO Box 2427

Number Street

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

Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 3 2**Fargo****ND****58108-2427**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Roger R. Gerlach**

Name

Attorney At Law

Number Street

PO Box 544

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

Line 4.28 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Salem**SD****57058-0544**

City

State

ZIP Code

Ryan Sittner

Name

Attorney At Law

Number Street

PO Box 881

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

Line 4.1 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57101-0881**

City

State

ZIP Code

Sanford Family Medicine

Name

4405 E. 26th St., Ste. 1

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57103**

City

State

ZIP Code

Sanford Home Medical Equipment

Name

PO Box 84906

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57118-4906**

City

State

ZIP Code

Sanford Laboratories

Name

PO Box 5075

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57117**

City

State

ZIP Code

Sanford USD Medical Center

Name

PO Box 5074

Number Street

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

Line 4.6 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57117**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Sanford USD Medical Center**

Name

PO Box 5074

Number Street

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

Line 4.3 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57117**

City

State

ZIP Code

Sanford USD Medical Center

Name

PO Box 5074

Number Street

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

Line 4.2 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Sioux Falls**SD****57117**

City

State

ZIP Code

Synergetic Communication, Inc.

Name

5450 NW Central, #220

Number Street

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

Line 4.12 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Houston**TX****77092**

City

State

ZIP Code

Watertown Credit Bureau

Name

c/o Ted R. Horning, President

Number Street

15 9th Ave SE

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

Line 4.21 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Watertown**SD****57201**

City

State

ZIP Code

Watertown Credit Bureau

Name

PO Box 234

Number Street

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

Line 4.21 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Watertown**SD****57201-0234**

City

State

ZIP Code

WebBank/Bluestem Brands

Name

6250 Ridgewood Rd.

Number Street

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

Line 4.46 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

St. Cloud**MN****56303-0820**

City

State

ZIP Code

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

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

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$74,428.35</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$106,838.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$181,266.35</u>

Fill in this information to identify your case:

Debtor 1	Mark First Name	Allen Middle Name	Burgess Last Name
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Diane Middle Name	Burgess Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases**12/15**

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

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

Fill in this information to identify your case:

Debtor 1	Mark First Name	Allen Middle Name	Burgess Last Name
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Diane Middle Name	Burgess Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
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
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:

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH DAKOTA		
Case number (if known)	_____		

Check if this is:

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

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

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

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☐ Employed
☒ Not employed

Occupation**Employer's name****Employer's address**

Number Street

City

State Zip Code

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Self employed**Squeaky Clean**

Number Street

City

State Zip Code

How long employed there? _____

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>\$0.00</u>	<u>\$0.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	<u>\$0.00</u>	<u>\$0.00</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$0.00</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance	5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations	5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues	5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	<u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	<u>\$0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$0.00</u>	<u>\$0.00</u>
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>	<u>\$1,179.92</u>
8b. Interest and dividends	8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation	8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security	8e. <u>\$836.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income	8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: <u>See continuation sheet</u>	8h. + <u>\$895.00</u>	<u>\$0.00</u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$1,731.00</u>	<u>\$1,179.92</u>
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>\$1,731.00</u> + <u>\$1,179.92</u>	<u>\$2,910.92</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 Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <u>\$2,910.92</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. <u>None.</u> <input type="checkbox"/> Yes. Explain: _____		

Debtor 1 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
8h. Other Monthly Income (details)		
SNAP	\$737.00	
Minor Child - Social Security	\$79.00	
Minor Child - Social Security	\$79.00	
Totals:	\$895.00	\$0.00

Debtor 1 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

8a. Attached Statement (Debtor 2)

Squeaky Clean

Gross Monthly Income: **\$1,279.59**

<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Expense	Gasoline	\$80.00
Expenses	Product	\$19.67

Total Monthly Expenses **\$99.67**

Net Monthly Income: **\$1,179.92**

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
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.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Daughter</u>	<u>16</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>14</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>3</u>	<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

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. \$333.00**If not included in line 4:**

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

4a. _____

4b. _____

4c. \$10.00

4d. _____

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$180.00</u>
6b. Water, sewer, garbage collection (See continuation sheet(s) for details)	6b.	<u>\$125.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services (See continuation sheet(s) for details)	6c.	<u>\$164.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$600.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$100.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses	11.	<u>\$250.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$100.00</u>
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$257.78</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2009 Dodge Grand Caravan	17a.	<u>\$272.78</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
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.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: Misc. 21. + **\$200.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. \$2,892.56
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$2,892.56

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$2,910.92
23b. Copy your monthly expenses from line 22c above.	23b. - \$2,892.56
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$18.36

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

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

☒ No.

☐ Yes. Explain here:

None.

Debtor 1 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

6b. Water, sewer, garbage collection (details):

Water/sewer	\$50.00
Garbage	\$75.00

Total:	\$125.00
---------------	-----------------

6c. Telephone, cell phone, Internet, satellite, and cable services (details):

Cell phones	\$100.00
Internet	\$50.00
Hulu streaming	\$7.00
CBS streaming	\$7.00

Total:	\$164.00
---------------	-----------------

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules**12/15**

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

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

Sign Below

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

☒ No

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

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

X /s/ Mark Allen Burgess _____

Mark Allen Burgess, Debtor 1

Date **08/07/2019**
MM / DD / YYYY

X /s/ Elizabeth Diane Burgess _____

Elizabeth Diane Burgess, Debtor 2

Date **08/07/2019**
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
Case number (if known)			

☐ Check if this is an amended filing
Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/19**

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

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

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

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

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 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

For the calendar year before that: _____

(January 1 to December 31, 2017)
 YYYY**Gross Receipts** **\$16,900.00****Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

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

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825* 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 4/01/22 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.

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.

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.

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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.

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
Brian Bane Stirling Creditor's Name	Levied on 2005 Ford Freestyle - FMV \$2,000	05/2019	
PO Box 82 Number Street	Explain what happened		
	<input type="checkbox"/> Property was repossessed.		
	<input type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
Parkston City	SD State	57366 ZIP Code	
	<input checked="" type="checkbox"/> 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.

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

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

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

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

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.

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss
 Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

2005 Ford Expedition hit by car in parking lot. Progressive paid approximately \$1,000 for property damage.

09/2018

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 for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Thomas A. Blake

Person Who Was Paid

505 W. Ninth Street, Suite 202

Number Street

Description and value of any property transferred
 See Attorney Disclosure Statement Attached.

Date payment or transfer was made

Amount of payment

Sioux Falls

City

SD

State

57104

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.

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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 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.

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.

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

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

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

- ☐ No
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Great Western Bank (open) Name of Financial Institution	XXXX- _ _ _ _	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$376.10
Social Security Account (100% exempt) Number Street				
City State ZIP Code				
Sioux Empire FCU (open) Name of Financial Institution	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$9.16
Number Street				
City State ZIP Code				
Sioux Empire FCU (open) Name of Financial Institution	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$378.88
- Daughter's Number Street				
City State ZIP Code				

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

	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
Sioux Empire FCU (open)				
Name of Financial Institution	XXXX- _ _ _ _	<input type="checkbox"/> Checking		\$0.00
- NO BALANCE		<input checked="" type="checkbox"/> Savings		
Number Street		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		
City State ZIP Code				

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Sioux Empire FCU (closed)				
Name of Financial Institution	XXXX- _ _ _ _	<input type="checkbox"/> Checking		
Number Street		<input checked="" type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		
City State ZIP Code				

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

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.

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.

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

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 substance, 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 item.

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.

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

- ☒ No
☐ Yes. Fill in the details.

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.

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.

Squeaky Clean

Business Name

a S.D. Sole Proprietorship

Number Street

Describe the nature of the business
dba Interior house cleaning

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 01/2011 To Present

City State ZIP Code

Debtor 1 **Mark Allen Burgess**

Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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

X /s/ Mark Allen Burgess
Mark Allen Burgess, Debtor 1

X /s/ Elizabeth Diane Burgess
Elizabeth Diane Burgess, Debtor 2

Date 08/07/2019Date 08/07/2019

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	Mark First Name	Allen Middle Name	Burgess Last Name
Debtor 2 (Spouse, if filing)	Elizabeth First Name	Diane Middle Name	Burgess Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH DAKOTA			
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 Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold 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: **First Premier Bank**Description of property securing debt: **2009 Dodge Gand Caravan**

- ☐ 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

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 this lease be assumed?

None.

Debtor 1 **Mark Allen Burgess**
Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

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 personal property that is subject to an unexpired lease.

X /s/ Mark Allen Burgess
Mark Allen Burgess, Debtor 1

X /s/ Elizabeth Diane Burgess
Elizabeth Diane Burgess, Debtor 2

Date **08/07/2019**
MM / DD / YYYY

Date **08/07/2019**
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Mark	Allen	Burgess
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Elizabeth	Diane	Burgess
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH DAKOTA**

Case number (if known) _____

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$0.00</u>	<u>\$0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$1,279.59</u>		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— <u>\$99.67</u>		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$1,179.92</u>	Copy here →	<u>\$0.00</u> <u>\$1,179.92</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	— <u>\$0.00</u>	— <u>\$0.00</u>		
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

7. Interest, dividends, and royalties

<u>\$0.00</u>	<u>\$0.00</u>
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8. Unemployment compensation

<u>\$0.00</u>	<u>\$0.00</u>
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Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

<u>\$0.00</u>	<u>\$0.00</u>
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10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

<u>SNAP</u>	<u>\$737.00</u>
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Total amounts from separate pages, if any.

+	+
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11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

<u>\$0.00</u>	+	<u>\$1,916.92</u>	=	<u>\$1,916.92</u>
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Total current
monthly income

Debtor 1 **Mark Allen Burgess**
 Debtor 2 **Elizabeth Diane Burgess**

Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

- 12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. **\$1,916.92**
 Multiply by 12 (the number of months in a year). **X 12**
 12b. The result is your annual income for this part of the form. 12b. **\$23,003.04**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

South Dakota

Fill in the number of people in your household.

5Fill in the median family income for your state and size of household..... 13. **\$97,743.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
 Go to Part 3.
 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
 Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Mark Allen Burgess
 Mark Allen Burgess, Debtor 1

X /s/ Elizabeth Diane Burgess
 Elizabeth Diane Burgess, Debtor 2

Date **8/7/2019**
 MM / DD / YYYY

Date **8/7/2019**
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.