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FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Quoss

JUN 5 9 19 AM '98
P Lowry
AUDITOR
GARY M. OLSON

Return Address:

Robert D. Quoss
PO Box 587
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Voluntary Petition for Bankruptcy
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Quoss, Robert D.
2.
3.
4.
[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Public, the
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
N/A
[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:
N/A
[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
N/A
[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

Registered
Indexed, Dir
Indirect
Filmed
Mailed

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

COPY

Form 1

United States Bankruptcy Court

WESTERN District of WASHINGTON AT TACOMA

VOLUNTARY PETITION

IN RE (Name of debtor - If individual, enter Last, First, Middle)
ROBERT D. QUOSS

NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)

ALL OTHER NAMES used by the debtor in the last 6 years (Include married, maiden, and trade names)
FDBIA LOCKS VIDEO; KING RICHARD'S CONCESSION STAND

ALL OTHER NAMES used by the joint debtor in the last 6 years (Include married, maiden, and trade names)

SOC. SEC./TAX I.D. NO. (If more than one, state all)
537-32-7268

SOC. SEC./TAX I.D. NO. (If more than one, state all)

STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)
Box 587 NE Smith Beckon Rd.
Carson, WA 98610

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS
Skamania

STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, and zip code)

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS

MAILING ADDRESS OF DEBTOR (If different from street address)
PO Box 412
Stevenson, WA 98648

MAILING ADDRESS OF JOINT DEBTOR (If different from street address)

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from address listed above)

VENUE (Check one box)

[X] Debtor has been domiciled or has had a residence principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

[ ] There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR
- [X] Individual
- [ ] Joint (Husband and Wife)
- [ ] Partnership
- [ ] Other
- [ ] Corporation Publicly Held
- [ ] Corporation Not Publicly Held
- [ ] Municipality

NATURE OF DEBT
- [X] Non-Business/Consumer
- [ ] Business - Complete A & B below

A. TYPE OF BUSINESS (Check one)
- [ ] Farming
- [ ] Professional
- [ ] Retail/Wholesale
- [ ] Railroad
- [ ] Transportation
- [ ] Manufacturing/Mining
- [ ] Stockbroker
- [ ] Commodity Broker
- [ ] Construction
- [ ] Real Estate
- [ ] Other Business

B. BRIEFLY DESCRIBE NATURE OF BUSINESS

CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box)
- [X] Chapter 7
- [ ] Chapter 9
- [ ] Chapter 11
- [ ] Chapter 12
- [ ] Chapter 13
- [ ] Sec. 304 - Case Ancillary to Foreign Processing

FILING FEE (Check one box)
- [X] Filing fee attached
- [ ] Filing fee to be paid in installments. (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3

NAME AND ADDRESS OF LAW FIRM OR ATTORNEY
Miles & Miles, P.S.
1220 Main, Suite 455, Vancouver, WA98660
Telephone No. (206)696-4280

NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT DEBTOR (Print or Type Names)
William L. Miles

[ ] Debtor is not represented by an attorney

STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604) (Estimates only) (Check applicable boxes)

[ ] Debtor estimates that funds will be available for distribution to unsecured creditors.
[ ] Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors

ESTIMATED NUMBER OF CREDITORS

1-15	16-49	50-99	100-199	200-999	1000-over
[ ]	[X]	[ ]	[ ]	[ ]	[ ]

ESTIMATED ASSETS (In thousands of dollars)

Under 50	50-99	100-499	500-999	1000-9999	10,000-99,000	100,000-over
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

ESTIMATED LIABILITIES (In thousands of dollars)

Under 50	50-99	100-499	500-999	1000-9999	10,000-99,000	100,000-over
[ ]	[X]	[ ]	[ ]	[ ]	[ ]	[ ]

ESTIMATED NUMBER OF EMPLOYEES - CHAPTER 11 & 12 ONLY

0	1-19	20-99	100-999	1000-over
[ ]	[ ]	[ ]	[ ]	[ ]

ESTIMATED NUMBER OF EQUITY SECURITY HOLDERS - CHAPTER 11 & 12 ONLY

0	1-19	20-99	100-499	500-over
[ ]	[ ]	[ ]	[ ]	[ ]

THIS SPACE FOR COURT USE ONLY

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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Debtor ROBERT D. QUOSS

Case No. ______

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated ______ is attached. ☐ Debtor intends to file a plan within the time allowed by statue, rule of order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed
None		

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR (If more than one, attach additional sheet)

Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United State Code specified in this petition

SIGNATURES

ATTORNEY

X [signature]
Signature

29 Aug 92
Date

INDIVIDUAL JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X Robert D Quoss
Signature of Debtor

X Aug 29, 1992
Date

X ______
Signature of Joint Debtor

______
Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct and that the filing of this petition on behalf of the debtor has been authorized.

X N/A
Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition

Date

EXHIBIT "A" (To be completed if debtor is a corporation, requesting relief under Chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United State Code, understand the relief available under such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney Exhibit B has been completed.

X Robert D Quoss
Signature of Debtor

X Aug 29, 1992
Date

X ______
Signature of Joint Debtor

X ______
Date

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under such chapter.

X [signature]
Signature of Attorney

X 29 Aug 92
Date

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United States Bankruptcy Court

for the WESTERN District of WASHINGTON, Division AT TACOMA

In re

ROBERT DWAINE QUOSS, a single man,

Soc. Sec. No. 537-32-7268 or
Employer's Tax I.D. No. ______
Debtor, *(include here all names used by debtor within last 6 years)* None

Case No. ______

CLERK'S NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of the Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

☐ **Chapter 7**-Liquidation, or
☐ **Chapter 11**-Reorganization, or
☐ **Chapter 12**-Adjustment of Debts of a Family Farmer with Regular Annual Income
☐ **Chapter 13**-Adjustment of Debts of an Individual with Regular Income

If you have any questions regarding the information contained in this notice, you should consult with your attorney.

______
Clerk of the Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

Dated: 8/29/92

Robert D Quoss
Debtor (Signature)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

______
Joint Debtor, if any (Signature)

INSTRUCTIONS: *If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.*

Form 2

UNITED STATES BANKRUPTCY COURT

WESTERN District of WASHINGTON AT TACOMA

In re ROBERT D. QUOSS, Debtor

Case No. ______

Chapter 7

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL/JOINT DEBTOR OR ON BEHALF OF A CORPORATION OR PARTNERSHIP

Declaration Under Penalty of Perjury By Individual/Joint Debtor

I declare under penalty of perjury that I have read the foregoing Chapter 7 Petition ______, consisting of ______ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

x 8/29/92 Date

x Robert D Quoss Signature Debtor

______ Date

______ Signature Joint Debtor, if any

(If joint case, both spouses must sign)

Declaration Under Penalty of Perjury on Behalf of a Corporation or Partnership

I, [the president *or* other officer *or* an authorized agent of the corporation] [*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing [list *or* schedule *or* amendment *or* other document (describe ______)] and that it is true and correct to the best of my information and belief.

______ Date

N/A Signature

______ Print Name

______ Title

Penalty for making a false statement or concealing property. Fine of up to $500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Form 6F - Con't.

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In re ROBERT D. QUOSS
Debtor

Case No. ____________
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 820-030-745 MONTGOMERY WARD PO BOX 2090 LOMBARD, IL 60148	X	C	1987-1989				1,650.00
ACCOUNT NO. 817-366-732-3-1 PAYCO-GENERAL 400 SW 6th Ave, #815 PORTLAND, OR 97204	X	C	PENNEYS				NOTICE ONLY
ACCOUNT NO. 1602359 RIVERVIEW SAVINGS BANK PO BOX 1068 CAMAS, WA 98607	X	C	JUDGMENT ON NOTE				9,375.00
ACCOUNT NO. 1602426 RIVERVIEW SAVINGS BANK PO BOX 1068 CAMAS, WA 98607	X	C	NOTE; 1989				NOTICE ONLY
ACCOUNT NO. 367-908-415 SHELL OIL CO [illegible] PO BOX 80 TULSA, OK 74102	X	C	1989				661.00

Sheet no. 4 of 6 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) ▶ $ 11,686.00

Total ▶ $
(Use only on last page of the completed Schedule F)
(Report total also on Summary of Schedules)

Montgomery Ward
P.O.Box 2090
Lombard, IL 60148

PayCo-General
400 SW 6th Ave, #815
Portland, Or 97204

Riverview Savings Bank
P.O.Box 1068
Camas, Wa 98607

Riverview Savings Bank
P.O.Box 1068
Camas, Wa 98607

Shell Oil Co.
P.O.Box 80 4
Tulsa, OK 74102

Southern Washington
Collection Bureau
P.O.Box 1179
Vancouver, Wa 98666

Western Collection Bureau
303 E. 16th Street, #24
Vancouver, Wa 98663

Womans World
P.O.Box 8337
Gray, TN 37615

First Atlanta Bank NA
First Bankcard Center
P.O.Box 14009

Karma Glenna Quoss
P.O.Box 587
Carson, Wa 97610