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BOOK 177 PAGE 963

Return Address:

Robert D. Quoss
PO Box 587
Carson, WA 98610

FILED FOR RECORD
SKAMMIS, WASH
BY Robert Quoss

JUN 5 9 19 AM '98

GARY H. OLSON
AUDITOR

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. <i>Voluntary Petition for Bankruptcy</i> 2. 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials) 1. <i>Quoss, Robert D.</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page ____ of document.	
GRANTEE(S) (Last name, first, then first name and initials) 1. <i>Public, the</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) <i>N/A</i> <input type="checkbox"/> Complete legal on page ____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released: <i>N/A</i> <input type="checkbox"/> Additional numbers on page ____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <i>N/A</i> <input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <input type="checkbox"/> Additional parcel #'s on page ____ of document.	
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) FDBA 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 ID. NO. (If more than one, state all) 537-32-7268		SOC. SEC./TAX ID. 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		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, and zip code)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Skamania		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) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (Husband and Wife) <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Municipality		CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Sec. 301 - Case Auxiliary to Foreign Proceeding
NATURE OF DEBT <input checked="" type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A & B below		FILING FEE (Check one box) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Filing fee to be paid in full.
A. TYPE OF BUSINESS (Check one) <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Railroad <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Stock Broker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business		NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Miles & Miles, P.S. 1220 Main, Suite 455, Vancouver, WA 98666 Telephone No. (206) 696-4280
B. BRIEFLY DESCRIBE NATURE OF BUSINESS		NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT DEBTOR (Print or Type Names) William L. Miles <input type="checkbox"/> Debtor is not represented by an attorney.
STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604) (Estimates only) (Check applicable boxes)		
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> 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		
1-19 <input checked="" type="checkbox"/> 20-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1000 over <input type="checkbox"/>		
ESTIMATED ASSETS (In thousands of dollars)		
Under 50 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999 <input type="checkbox"/> 10,000-99,000 <input type="checkbox"/> 100,000 over <input type="checkbox"/>		
ESTIMATED LIABILITIES (In thousands of dollars)		
Under 50 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999 <input type="checkbox"/> 10,000-99,000 <input type="checkbox"/> 100,000 over <input type="checkbox"/>		
ESTIMATED NUMBER OF EMPLOYEES - CHAPTER 11 & 12 ONLY		
0 <input checked="" type="checkbox"/> 1-19 <input type="checkbox"/> 20-99 <input type="checkbox"/> 100-999 <input type="checkbox"/> 1000 over <input type="checkbox"/>		
ESTIMATED NUMBER OF EQUITY SECURITY HOLDERS - CHAPTER 11 & 12 ONLY		
0 <input checked="" type="checkbox"/> 1-19 <input type="checkbox"/> 20-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500 over <input type="checkbox"/>		

THIS SPACE FOR COURT USE ONLY

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Form 1, Voluntary Petition 804-1

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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.		
<input checked="" type="checkbox"/> A copy of debtor's proposed plan dated _____ is attached. <input type="checkbox"/> Debtor intends to file a plan within the time allowed by statute, rule or order of the court.		
PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)		
Location Where Filed <u>None</u>	Case Number	Date Filed
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 States Code specified in this position		
SIGNATURES		
ATTORNEY		
<input checked="" type="checkbox"/> Signature <u>[Signature]</u>		Date <u>29 Aug 92</u>
INDIVIDUAL JOINT DEBTOR(S)		CORPORATE OR PARTNERSHIP DEBTOR
I declare under penalty of perjury that the information provided in this petition is true and correct.		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.
<input checked="" type="checkbox"/> Signature of Debtor <u>Robert D Quoss</u>		<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Date <u>Aug 29, 1992</u>		Signature of Authorized Individual _____
<input type="checkbox"/> Signature of Joint Debtor _____		Print or Type Name of Authorized Individual _____
Date _____		Title of Individual Authorized by Debtor to File this Petition _____
<input type="checkbox"/> Date _____		Date _____
EXHIBIT "A" (To be completed if Debtor is a corporation, requesting relief under Chapter 11)		
<input type="checkbox"/> 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 States 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.		
<input checked="" type="checkbox"/> Signature of Debtor <u>Robert D Quoss</u>		Date <u>Aug 29, 1992</u>
<input checked="" type="checkbox"/> Signature of Joint Debtor _____		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.		
<input checked="" type="checkbox"/> Signature of Attorney <u>[Signature]</u>		Date <u>29 Aug 92</u>

Form 1. Voluntary Petition 804-1

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Washington Legal Block, Inc., Issaquah, WA 98027

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

United States Bankruptcy Court

for the WESTERN District of WASHINGTON, Division AT TACOMA

In re

ROBERT DWAIN QUOSS, a single man,

Soc. Sec. No. 537-32-7268

Case No. _____

Employer's Tax I.D. No. _____

Debtor, (include here all names used by debtor within last 6 years) None

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.

Clerk's Notice to Individual Consumer Debtor(s)

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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.

8/29/92
Date

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 - Cont.

In re ROBERT D. QUOSS
DebtorCase No. _____
(If known)SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO-DEBTOR 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. 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 ClaimsSubtotal
(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)

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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
Tulsa, OK 74102

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

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

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

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

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