

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

# Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy

12/15

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.

**John**  
First name

**W.**  
Middle name

**Coughlin, III**  
Last name and Suffix (Sr., Jr., II, III)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name and Suffix (Sr., Jr., II, III)

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

Include your married or maiden names.

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

xxx-xx-8277

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

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

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

I have not used any business name or EINs.

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s) \_\_\_\_\_

Business name(s) \_\_\_\_\_

EINs \_\_\_\_\_

EINs \_\_\_\_\_

**5. Where you live**

**26 Bates Pond Rd  
Carver, MA 02330-1522**

Number, Street, City, State & ZIP Code

**Plymouth**

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, P.O. Box, Street, City, State & ZIP Code

**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 this mailing address.

Number, P.O. Box, Street, 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.)

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.)

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under**

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

Chapter 7

Chapter 11

Chapter 12

Chapter 13

8. **How you will pay the fee**

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

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

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

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

No.

Yes.

District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

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

No

Yes.

Debtor _____	Relationship to you _____
District _____	When _____
Case number, if known _____	
Debtor _____	Relationship to you _____
District _____	When _____
Case number, if known _____	

11. **Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

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

Debtor 1 Coughlin, John W. III

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.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
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?**

*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).*

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

- 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 **Coughlin, John W. III**

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.

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**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 **Coughlin, John W. III**

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 debts or business debts

17. Are you filing under Chapter 7?
- No. I am not filing under Chapter 7. Go to line 18.
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**
- 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 type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" 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 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 checked="" 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 checked="" 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          |

**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.

**/s/ John W. Coughlin, III**

**John W. Coughlin, III** \_\_\_\_\_  
Signature of Debtor 1

Signature of Debtor 2 \_\_\_\_\_

Executed on **January 20, 2016** \_\_\_\_\_  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

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

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

/s/ Lawrence L. Hale

Date

January 20, 2016

Signature of Attorney for Debtor

MM / DD / YYYY

Lawrence L. Hale

Printed name

Law Office of Lawrence L. Hale

Firm name

128 Main St Ste 7

Carver, MA 02330-2024

Number, Street, City, State & ZIP Code

Contact phone (508) 866-2900

Email address

lhale@halelaw.net

217120

Bar number & State

Certificate Number: 17572-MA-CC-026627597



17572-MA-CC-026627597

## CERTIFICATE OF COUNSELING

I CERTIFY that on December 4, 2015, at 8:17 o'clock PM PST, John Coughlin received from Dollar Learning Foundation, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Massachusetts, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 4, 2015 By: /s/Ani Polat

Name: Ani Polat

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).



**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

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**

	<b>Your assets</b>
	<small>Value of what you own</small>
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>52,000.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>18,702.42</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <u>70,702.42</u>

**Part 2: Summarize Your Liabilities**

	<b>Your liabilities</b>
	<small>Amount you owe</small>
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (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 <i>Schedule D</i> ...	\$ <u>657,661.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>62,407.82</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>1,400,076.66</u>
<b>Your total liabilities</b>	\$ <u>2,120,145.48</u>

**Part 3: Summarize Your Income and Expenses**

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>0.00</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>1,576.00</u>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes
7. **What kind of debt do you have?**
- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Coughlin, John W. III

Case number (if known)

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.

\$ 0.00

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

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

**Total claim**

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>62,407.82</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>2,956.00</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.

\$ 65,363.82

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

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number \_\_\_\_\_

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

26 Bates Pond Rd  
Street address, if available, or other description

Carver MA 02330-1522  
City State ZIP Code

\_\_\_\_\_  
County

**What is the property?** Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

**Who has an interest in the property?** Check one

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

**Other information you wish to add about this item, such as local property identification number:**

**Single family house**

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

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$237,790.00</u>	<u>\$0.00</u>

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

**Check if this is community property**  
(see instructions)

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

**If you own or have more than one, list here:**

1.2

**426 Main St**

Street address, if available, or other description

**Wareham**

**MA**

**02571-2117**

City

State

ZIP Code

County

**What is the property?** Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

**Who has an interest in the property?** Check one

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

**Other information you wish to add about this item, such as local property identification number:**

**Single family house**

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?**  
**\$185,000.00**

**Current value of the portion you own?**  
**\$0.00**

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

**Check if this is community property** (see instructions)

1.3

**If you own or have more than one, list here:**

**267 Purchase St**

Street address, if available, or other description

**New Bedford**

**MA**

**02740-5737**

City

State

ZIP Code

County

**What is the property?** Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

**Who has an interest in the property?** Check one

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

**Other information you wish to add about this item, such as local property identification number:**

**Multi family**

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?**  
**\$100,800.00**

**Current value of the portion you own?**  
**\$0.00**

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

**Check if this is community property** (see instructions)

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

**If you own or have more than one, list here:**

1.4

**60 Thomas St**

Street address, if available, or other description

**New Bedford**

**MA**

**02740-6543**

City

State

ZIP Code

**Bristol**

County

**What is the property?** Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

**Who has an interest in the property?** Check one

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

**Other information you wish to add about this item, such as local property identification number:**

**Vacant for 8 years**

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?**

**\$52,000.00**

**Current value of the portion you own?**

**\$52,000.00**

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

**Fee Simple**

**Check if this is community property** (see instructions)

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

**\$52,000.00**

**Part 2: Describe Your Vehicles**

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

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

- No
- Yes

3.1 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

**2006 Suzuki GSXR Motorcycle**

**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

**Check if this is community property** (see instructions)

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?**

**\$4,090.00**

**Current value of the portion you own?**

**\$4,090.00**

3.2 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

**2010 10 ft homemade yard trailer**

**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

**Check if this is community property** (see instructions)

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?**

**\$150.00**

**Current value of the portion you own?**

**\$150.00**

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

3.3 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_

**16 ft. boat trailer - NADA pricing**

**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  
 Check if this is community property (see instructions)

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

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
\$350.00	\$350.00

3.4 Make: Chevrolet  
 Model: Silverado 2500HD  
 Year: 2006  
 Approximate mileage: 144000  
 Other information: \_\_\_\_\_

\_\_\_\_\_

**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  
 Check if this is community property (see instructions)

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

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
\$4,137.00	\$4,137.00

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

No  
 Yes

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.....=>

**\$8,727.00**

**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.....

**Miscellaneous home furnishings**

**\$2,500.00**

**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.....

**8. Collectibles of value**

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

No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

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

No  
 Yes. Describe.....

**10. Firearms**

*Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

No

Debtor 1 Coughlin, John W. III Case number (if known) \_\_\_\_\_

Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Miscellaneous clothing

\$750.00

**12. Jewelry**

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

No

Yes. Describe.....

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

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

\$3,250.00

**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 on hand**

\$10.00

**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:

**Rockland Trust Company, checking account  
no. xxxx2279**

17.1.

\$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:

**American Funds Non-Retirement**

\$312.09

**MFS Investment**

\$6,403.33

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1

**Coughlin, John W. III**

Case number (if known)

<b>Gateway Enterprises LLC - 2510 Cranberry Highway, Wareham, MA</b>	%	<b>\$0.00</b>
<b>Hopewell Recovery Services LLC - 2510 Cranberry Highway, Wareham, MA</b>	%	<b>\$0.00</b>
<b>Beacon Addiction Advocacy Group LLC</b>	%	<b>\$0.00</b>

**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:

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

- No
- Yes..... Issuer name and description.

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

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  
 No  
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

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

- No
- Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- No
- Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No
- Yes. Give specific information about them...

<b>Money or property owed to you?</b>	<b>Current value of the portion you own?</b> 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.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No
- Yes. Give specific information.....



Debtor 1

Coughlin, John W. III

Case number (if known)

30. Other amounts someone owes you

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

- No
- Yes. Give specific information..

31. Interests in insurance policies

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

- No
- Yes. Name the insurance company of each policy and list its value.  
Company name:

Beneficiary:

Surrender or refund value:

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

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

- No
- Yes. Give specific information..

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

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

- No
- Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
- Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
- Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$6,725.42

**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.

**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.

**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

Debtor 1 Coughlin, John W. III Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<u>\$52,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$8,727.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$3,250.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$6,725.42</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62. Total personal property. Add lines 56 through 61...	<u>\$18,702.42</u>	Copy personal property total <u>\$18,702.42</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$70,702.42</u>

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number  
(if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

12/15

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 <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
2006 Suzuki GSXR Motorcycle Line from <i>Schedule A/B</i> 3.1	\$4,090.00	<input checked="" type="checkbox"/> \$3,675.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(2)
2006 Suzuki GSXR Motorcycle Line from <i>Schedule A/B</i> 3.1	\$4,090.00	<input checked="" type="checkbox"/> \$415.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
2010 10 ft homemade yard trailer Line from <i>Schedule A/B</i> 3.2	\$150.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
16 ft. boat trailer - NADA pricing Line from <i>Schedule A/B</i> 3.3	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Chevrolet Silverado 2500HD 2006 144000 Line from <i>Schedule A/B</i> 3.4	\$4,137.00	<input checked="" type="checkbox"/> \$4,137.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)

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.	
<b>Miscellaneous home furnishings</b> Line from Schedule A/B: 6.1	<u>\$2,500.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
<b>Miscellaneous clothing</b> Line from Schedule A/B: 11.1	<u>\$750.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
<b>Cash on hand</b> Line from Schedule A/B: 16.1	<u>\$10.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
<b>American Funds Non-Retirement</b> Line from Schedule A/B: 18.1	<u>\$312.09</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
<b>MFS Investment</b> Line from Schedule A/B: 18.2	<u>\$6,403.33</u>	<input checked="" type="checkbox"/> <u>\$6,125.91</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)

3. **Are you claiming a homestead exemption of more than \$155,675?**  
 (Subject to adjustment on 4/01/16 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

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

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

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

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

**Part 1: List All Secured Claims**

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	<b>Colonial Savings &amp; Loa</b> <small>Creditor's Name</small> <b>Attn Bankruptcy</b> <b>2626 West Fwy Bldg B</b> <b>Fort Worth, TX</b> <b>76102-7109</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$240,908.00</b>	<b>\$237,790.00</b>	<b>\$3,118.00</b>
	<b>Describe the property that secures the claim:</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Mortgage account</div> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>			
	<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p>			
	<p>Date debt was incurred _____</p> <p>Last 4 digits of account number <b>8866</b></p>			

2.2	<b>Colonial Savings &amp; Loa</b> <small>Creditor's Name</small> <b>Attn Bankruptcy</b> <b>2626 West Fwy Bldg B</b> <b>Fort Worth, TX</b> <b>76102-7109</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$100,894.00</b>	<b>\$100,800.00</b>	<b>\$94.00</b>
	<b>Describe the property that secures the claim:</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Mortgage account</div> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>			
	<p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p>			
	<p>Date debt was incurred _____</p> <p>Last 4 digits of account number <b>3540</b></p>			

Debtor 1 **John W. Coughlin, III** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**2.3 Roundpoint Mtg** Describe the property that secures the claim: **\$315,859.00** **\$185,000.00** **\$130,859.00**  
Creditor's Name

**5032 Parkway Plaza Blvd  
 Charlotte, NC 28217-1918**  
Number, Street, City, State & Zip Code

**Mortgage account**

**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) \_\_\_\_\_

**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

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number **2401**

Add the dollar value of your entries in Column A on this page. Write that number here:  
 If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here:

<b>\$657,661.00</b>
<b>\$657,661.00</b>

**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.

Name Address  
**Colonial Savings & Loa** On which line in Part 1 did you enter the creditor? 2.1  
**PO Box 2988** Last 4 digits of account number 8866  
**Fort Worth, TX 76113-2988**

Name Address  
**Colonial Savings & Loa** On which line in Part 1 did you enter the creditor? 2.2  
**PO Box 2988** Last 4 digits of account number 3540  
**Fort Worth, TX 76113-2988**

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

**Official Form 106E/F  
 Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

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

- No. Go to Part 2.  
 Yes.

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

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

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Internal Revenue Service</b> <small>Priority Creditor's Name</small>	Last 4 digits of account number _____	<b>\$25,000.00</b>	<b>\$25,000.00</b>	<b>\$0.00</b>
	<b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> <small>Number Street City State Zip Code</small>	When was the debt incurred? _____			
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
			<b>1040; 2013 income tax</b>		





Debtor 1 Coughlin, John W. III

Case number (if known)

2.5

**Massachusetts Department of Revenue**

Priority Creditor's Name  
**Bankruptcy Unit Post Office**  
**PO Box 9564 Box 9564**  
**Boston, MA 02114-9564**

Number Street City State Zip Code

Last 4 digits of account number \_\_\_\_\_ **\$36,164.37** **\$36,164.37** **\$0.00**

When was the debt incurred? \_\_\_\_\_

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

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

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

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

**payroll tax**

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

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

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

4.1

**A T & T**

Nonpriority Creditor's Name  
**PO Box 6463**  
**Carol Stream, IL 60197-6463**

Number Street 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 **6710**

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 **Utility**

Total claim

**\$58.44**

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.2** **ABC Financial Services** Last 4 digits of account number **6934** **unknown**  
 Nonpriority Creditor's Name  
**PO Box 6800**  
**Sherwood, AZ 72124-6800**  
 Number Street 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  
 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 \_\_\_\_\_

**4.3** **Aetna Insurance** Last 4 digits of account number **nown** **unknown**  
 Nonpriority Creditor's Name  
**151 Farmington Ave # Rwa4**  
**Hartford, CT 06156-0001**  
 Number Street 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  
 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 **Business Debt/ Hopewell**

**4.4** **Aetna Overpayment Recovery** Last 4 digits of account number **8201** **unknown**  
 Nonpriority Creditor's Name  
**PO Box 14079**  
**Lexington, KY 40512-4079**  
 Number Street 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  
 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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.5** **Alexander Vuckovic** Last 4 digits of account number                      **\$3,500.00**  
 Nonpriority Creditor's Name  
**c/o Preston W. Leonard Leonard Law Office** When was the debt incurred?                       
**63 Atlantic Ave Ste 3**  
**Boston, MA 02110-3752**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  Student loans  
 No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Yes  Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Wages

**4.6** **Alexander Vuckovic** Last 4 digits of account number                      **\$3,362.50**  
 Nonpriority Creditor's Name  
**c/o Preston W Leonard Leonard Law** When was the debt incurred?                       
**63 Atlantic Ave Ofc**  
**Boston, MA 02110-3716**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  Student loans  
 No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Yes  Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Wages

**4.7** **American Express** Last 4 digits of account number 1006 **\$4,744.18**  
 Nonpriority Creditor's Name  
**PO Box 1270** When was the debt incurred?                       
**Newark, NJ 07101-1270**  
 Number Street City State Zip Code  
 Who incurred the debt? Check one.  
 Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  Student loans  
 No  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Yes  Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.8 **American Express** Last 4 digits of account number 2006 **\$4,322.43**  
 Nonpriority Creditor's Name

**PO Box 1270**  
**Newark, NJ 07101-1270**  
 Number Street 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

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

4.9 **American Express** Last 4 digits of account number 2002 **unknown**  
 Nonpriority Creditor's Name

**PO Box 1270**  
**Newark, NJ 07101-1270**  
 Number Street 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

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 \_\_\_\_\_

4.10 **American Express** Last 4 digits of account number 5053 **\$5,066.00**  
 Nonpriority Creditor's Name

**PO Box 3001**  
**Malvern, PA 19355-0701**  
 Number Street 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

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 Open account

Debtor 1 Coughlin, John W. III

Case number (if known)

**4.11** Andrea Carusona Last 4 digits of account number \_\_\_\_\_ \$1,174.83  
 Nonpriority Creditor's Name

**81 Orchard St # 3**  
**New Bedford, MA 02740-3624**  
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 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

Is the claim subject to offset?  
 No  Yes

Other. Specify Wages

**4.12** Andrew Greenberg Esq. Last 4 digits of account number \_\_\_\_\_ \$5,197.64  
 Nonpriority Creditor's Name

**1320 Centre St**  
**Newton, MA 02459-2497**  
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 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

Is the claim subject to offset?  
 No  Yes

Other. Specify Legal/2014-2015

**4.13** Andrew Schollert Last 4 digits of account number \_\_\_\_\_ \$275.00  
 Nonpriority Creditor's Name

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 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

Is the claim subject to offset?  
 No  Yes

Other. Specify Business Debt

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.14 **Antonio Gomes** **Last 4 digits of account number** \_\_\_\_\_ **\$125,000.00**  
 Nonpriority Creditor's Name

**297 Bay Rd N**  
**Eston, MA 02536**  
 Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No **Type of NONPRIORITY unsecured claim:**  
 Yes  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 \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

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

4.15 **APS** **Last 4 digits of account number** **C044** **\$13.60**  
 Nonpriority Creditor's Name

**2527 Cranberry Hwy**  
**Wareham, MA 02571-1046**  
 Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No **Type of NONPRIORITY unsecured claim:**  
 Yes  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 \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

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

4.16 **APS Medical Bill** **Last 4 digits of account number** **C046** **\$7.97**  
 Nonpriority Creditor's Name

**2527 Cranberry Hwy**  
**Wareham, MA 02571-1046**  
 Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No **Type of NONPRIORITY unsecured claim:**  
 Yes  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**

**When was the debt incurred?** \_\_\_\_\_

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

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.17** **Arbella Insurance Group** Last 4 digits of account number **0004** **unknown**  
 Nonpriority Creditor's Name  
**PO Box 55392**  
**Boston, MA 02205-5392**  
 Number Street 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  
 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 \_\_\_\_\_

**4.18** **Assurant Health** Last 4 digits of account number \_\_\_\_\_ **\$0.00**  
 Nonpriority Creditor's Name  
**PO Box 624**  
**Milwaukee, WI 53201-0624**  
 Number Street 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  
 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 \_\_\_\_\_

**4.19** **Avee Laboratories Inc.** Last 4 digits of account number **3115** **\$640.84**  
 Nonpriority Creditor's Name  
**c/o Greenberg, Grant & Richards, Inc.**  
**PO Box 571811**  
**Houston, TX 77257-1811**  
 Number Street 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  
 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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.20** **Bank Of America** **Last 4 digits of account number** 3357 **\$15,264.42**  
 Nonpriority Creditor's Name  
**P.O. Box 15710**  
**Wilmington, DE 19886-5710**  
 Number Street City State Zip Code  
**Who incurred the debt?** Check one.  
 Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 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  
 Other. Specify Credit Card

**When was the debt incurred?** \_\_\_\_\_

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

**4.21** **Bank Of America** **Last 4 digits of account number** 7071 **\$967.58**  
 Nonpriority Creditor's Name  
**4161 Piedmont Pkwy**  
**Att; Bankruptcy Department**  
**Greensboro, NC 27410**  
 Number Street City State Zip Code  
**Who incurred the debt?** Check one.  
 Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 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  
 Other. Specify \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

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

**4.22** **Bank Of America** **Last 4 digits of account number** 3886 **unknown**  
 Nonpriority Creditor's Name  
**P.O. Box 660369**  
**Dallas, TX 75266-0369**  
 Number Street City State Zip Code  
**Who incurred the debt?** Check one.  
 Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 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  
 Other. Specify \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

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



Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.23** **Bank Of America** Last 4 digits of account number **4690** **unknown**  
 Nonpriority Creditor's Name  
**P.O. Box 660369**  
**Dallas, TX 75266-0369**  
 Number Street 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  
 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 \_\_\_\_\_

**4.24** **Bankamerica** Last 4 digits of account number **5699** **unknown**  
 Nonpriority Creditor's Name  
**MC: NC4-105-03-14**  
**4161 Piedmont Pkwy**  
**Greensboro, NC 27410-8110**  
 Number Street 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  
 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 **Revolving account**

**4.25** **Barclays Bank Delaware** Last 4 digits of account number **6961** **\$4,392.00**  
 Nonpriority Creditor's Name  
**Attn: Bankruptcy**  
**PO Box 8801**  
**Wilmington, DE 19899-8801**  
 Number Street 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  
 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 **Revolving account**

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.26	<b>Belmont Springs</b>	Last 4 digits of account number <b>3345</b>	<b>\$0.00</b>
	Nonpriority Creditor's Name		
	<b>PO Box 660579</b>	When was the debt incurred? <b>2015</b>	
	<b>Dallas, TX 75266-0579</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Water/2015</b>	

4.27	<b>Blossoming Heart Ministry</b>	Last 4 digits of account number <b>nown</b>	<b>\$200.00</b>
	Nonpriority Creditor's Name		
	<b>14 Meehan St</b>	When was the debt incurred?	
	<b>Boston, MA 02130-3610</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.28	<b>Blue Cross Blue Shield of Massachusetts</b>	Last 4 digits of account number <b>5490</b>	<b>\$13.15</b>
	Nonpriority Creditor's Name		
	<b>1 Enterprise Dr</b>	When was the debt incurred?	
	<b>North Quincy, MA 02171-2125</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Empl;oe Insurance</b>	

Debtor 1 Coughlin, John W. III

Case number (if known)

4.29

**Blue Cross/ Blue Shield of Massachusetts**  
 Nonpriority Creditor's Name  
**Landmark Center**  
**401 Park Dr**  
**Boston, MA 02215-3325**

Last 4 digits of account number nown unknown  
 When was the debt incurred? \_\_\_\_\_

Number Street 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

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 Business Debt; Hopewell

4.30

**Bonner Kiernan**  
 Nonpriority Creditor's Name  
**200 Portland St Fl 4**  
**Boston, MA 02114-1722**

Last 4 digits of account number 1078 \$91,767.34  
 When was the debt incurred? \_\_\_\_\_

Number Street 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

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 \_\_\_\_\_

4.31

**Boston Water & Sewer**  
 Nonpriority Creditor's Name  
**PO Box 55466**  
**Boston, MA 02205-5466**

Last 4 digits of account number 3357 \$1,215.21  
 When was the debt incurred? unknown

Number Street 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

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 Utility

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.32 **Boston Water & Sewer** Last 4 digits of account number **9000** **\$1,215.21**  
 Nonpriority Creditor's Name

**PO Box 55466**  
**Boston, MA 02205-5466**  
 Number Street 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

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 \_\_\_\_\_

4.33 **Boston Water & Sewer** Last 4 digits of account number **7000** **\$347.25**  
 Nonpriority Creditor's Name

**PO Box 55466**  
**Boston, MA 02205-5466**  
 Number Street 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

When was the debt incurred? **unkown**

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 **Utility**

4.34 **Boston Water and Sewer** Last 4 digits of account number **8609** **\$725.72**  
 Nonpriority Creditor's Name

**PO Box 55466**  
**Boston, MA 02205-5466**  
 Number Street 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

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 \_\_\_\_\_

Debtor 1 Coughlin, John W. III

Case number (if known)

**4.35** Brian Barney Last 4 digits of account number \_\_\_\_\_ \$800.00  
 Nonpriority Creditor's Name  
c/o Preston W. Leonard Leonard Law Office  
63 Atlantic Ave Ste 3  
Boston, MA 02110-3752  
 Number Street 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

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 Wages

**4.36** Capital 1 Bank Last 4 digits of account number 2623 \$199.19  
 Nonpriority Creditor's Name  
PO Box 30285 Attn: Bankruptcy  
Salt Lake City, UT 84130  
 Number Street 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

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 Revolving account; 2008

**4.37** Capital One Bank (U.S.A.), N.A. Last 4 digits of account number 3637 \$161.00  
 Nonpriority Creditor's Name  
PO Box 71083  
Charlotte, NC 28272-1083  
 Number Street 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

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 Revolving account/2015

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.38	<b>Chase Card Services</b>	Last 4 digits of account number <b>4729</b>	<b>\$25.00</b>
	Nonpriority Creditor's Name <b>Attn:Bankruptcy Dept PO Box 15298 Wilmington, DE 19850-5298</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Revolving account</b>	

4.39	<b>Chase Chase Card Services</b>	Last 4 digits of account number <b>3152</b>	<b>\$22,639.00</b>
	Nonpriority Creditor's Name <b>PO Box 15298 Attn: Bankruptcy Dept Wilmington, DE 19850-5298</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>revolving account</b>	

4.40	<b>Chase Chase Card Services</b>	Last 4 digits of account number <b>3152</b>	<b>\$19,970.00</b>
	Nonpriority Creditor's Name <b>PO Box 15298 Attn: Bankruptcy Dept Wilmington, DE 19850-5298</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.41** **Churchhill's Oil & Gas** **Last 4 digits of account number** 0482 **\$665.86**  
 Nonpriority Creditor's Name

**PO Box 1018 State Rd**  
**Manomet, MA 02345**  
 Number Street 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

**When was the debt incurred?** 2015

**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 Oil/2015

**4.42** **Cigna** **Last 4 digits of account number** nown **unknown**  
 Nonpriority Creditor's Name

**900 Cottage Grove Rd**  
**Bloomfield, CT 06002-2920**  
 Number Street 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

**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 Business Debt; Hopewell

**4.43** **City Of New Bedford** **Last 4 digits of account number** \_\_\_\_\_ **\$500.00**  
 Nonpriority Creditor's Name

**133 William St Unit 308**  
**New Bedford, MA 02740-6113**  
 Number Street 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

**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 Business Debt

Debtor 1 Coughlin, John W. III

Case number (if known)

4.44	<b>City Of New Bedford</b>	Last 4 digits of account number <b>563A</b>	<b>\$235.52</b>
	Nonpriority Creditor's Name <b>Department of Public Infrastructure PO Box 967 New Bedford, MA 02741-0967</b>	When was the debt incurred?	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u><b>Business Debt</b></u>	

4.45	<b>Comcast</b>	Last 4 digits of account number <b>4288</b>	<b>\$277.81</b>
	Nonpriority Creditor's Name <b>PO Box 1577 Newark, NJ 07101-1577</b>	When was the debt incurred?	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u><b>utility</b></u>	

4.46	<b>Comcast</b>	Last 4 digits of account number <b>2608</b>	<b>\$2,050.50</b>
	Nonpriority Creditor's Name <b>PO Box 1577 Newark, NJ 07101-1577</b>	When was the debt incurred?	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u><b>Utility</b></u>	



Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.47	<b>Comcast</b>	Last 4 digits of account number <b>5556</b>	<b>\$965.99</b>
	Nonpriority Creditor's Name		
	<b>PO Box 1577</b>	When was the debt incurred? <b>unknown</b>	
	<b>Newark, NJ 07101-1577</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Utility</b>	

4.48	<b>Comcast</b>	Last 4 digits of account number <b>3457</b>	<b>\$586.52</b>
	Nonpriority Creditor's Name		
	<b>PO Box 1577</b>	When was the debt incurred? <b>unknown</b>	
	<b>Newark, NJ 07101-1577</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Utility</b>	

4.49	<b>Comcast</b>	Last 4 digits of account number <b>9516</b>	<b>\$900.06</b>
	Nonpriority Creditor's Name		
	<b>PO Box 1577</b>	When was the debt incurred?	
	<b>Newark, NJ 07101-1577</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Utility/2015</b>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.50 Comcast** Last 4 digits of account number **3847** **\$481.16**  
 Nonpriority Creditor's Name  
**PO Box 1577**  
**Newark, NJ 07101-1577**  
 Number Street 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  
 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 Utility/2015

**4.51 Comcast** Last 4 digits of account number **8650** **\$891.57**  
 Nonpriority Creditor's Name  
**PO Box 1577**  
**Newark, NJ 07101-1577**  
 Number Street 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  
 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 Utility

**4.52 Comcast** Last 4 digits of account number **2608** **\$1,209.76**  
 Nonpriority Creditor's Name  
**PO Box 1577**  
**Newark, NJ 07101-1577**  
 Number Street 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  
 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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.53 Comcast** Last 4 digits of account number **7071** **unknown**  
 Nonpriority Creditor's Name  
**PO Box 196**  
**Newark, NJ 07101-0196**  
 Number Street 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  
 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 \_\_\_\_\_

**4.54 Comcast** Last 4 digits of account number **4288** **\$403.67**  
 Nonpriority Creditor's Name  
**PO Box 196**  
**Newark, NJ 07101-0196**  
 Number Street 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  
 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 \_\_\_\_\_

**4.55 Commerce Insurance Insurance Company** Last 4 digits of account number **8615** **\$242.24**  
 Nonpriority Creditor's Name  
**11 Gore Rd**  
**Webster, MA 01570-6817**  
 Number Street 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  
 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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.56	<b>Commonwealth Of Massachusetts</b>	Last 4 digits of account number <b>7620</b>	<b>\$6,422.00</b>
	Nonpriority Creditor's Name <b>Office Of Attorney General/Fair Labor Di</b> <b>1 Ashburton Pl Rm 1813</b> <b>Boston, MA 02108-1520</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.57	<b>Conley Peckham &amp; Wood PC</b>	Last 4 digits of account number <b>XXXX</b>	<b>\$9,579.40</b>
	Nonpriority Creditor's Name <b>939 Washington St</b> <b>South Easton, MA 02375-1171</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Legal/2015</b>	

4.58	<b>Connor C Harbert</b>	Last 4 digits of account number _____	<b>\$1,500.00</b>
	Nonpriority Creditor's Name <b>1 Charles St S Unit 5D</b> <b>Boston, MA 02116-5449</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Wages</b>	

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

4.59	<b>Cranberry Crossing Realty Group LLC</b>	Last 4 digits of account number <u>xxx6</u>	<b>\$2,400.00</b>
	Nonpriority Creditor's Name		
	<b>PO Box 1499 Westport, MA 02790-0631</b>	<b>When was the debt incurred?</b> _____	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.60	<b>Devaney Energy Inc.</b>	Last 4 digits of account number <u>1559</u>	<b>\$550.72</b>
	Nonpriority Creditor's Name		
	<b>177 Wells Ave Newton, MA 02459-3301</b>	<b>When was the debt incurred?</b> _____	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	

4.61	<b>Diana Clark</b>	Last 4 digits of account number <u>nown</u>	<b>unknown</b>
	Nonpriority Creditor's Name		
	<b>PO Box 268 North Clarendon, VT 05759-0268</b>	<b>When was the debt incurred?</b> _____	
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Busines Debt</u>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.62	<b>Donna Wolfe Consultation</b>	Last 4 digits of account number <b>1199</b>	<b>\$2,000.00</b>
	Nonpriority Creditor's Name		
	<b>24 Auburn St Ste 2</b>	<b>When was the debt incurred?</b> _____	
	<b>Brookline, MA 02446-6329</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.63	<b>Drohan Tocchio &amp; Morgan PC</b>	Last 4 digits of account number <b>8111</b>	<b>\$9,188.00</b>
	Nonpriority Creditor's Name		
	<b>175 Derby St</b>	<b>When was the debt incurred?</b> <b>2015</b>	
	<b>Hingham, MA 02043-4007</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Legal/2015</b>	

4.64	<b>Elizabeth Carroll</b>	Last 4 digits of account number _____	<b>\$500.00</b>
	Nonpriority Creditor's Name		
	<b>108 Elmwood Ave</b>	<b>When was the debt incurred?</b> _____	
	<b>Quincy, MA 02170-1405</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Wages</b>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.65	<b>Elizabeth Reardon</b> Nonpriority Creditor's Name <b>c/o Mario J. Paiva, Investigator II</b> <b>105 William St Ofc</b> <b>New Bedford, MA 02740-6257</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$2,320.00</b>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Wages</u>	

4.66	<b>Elizabeth S. Burns</b> Nonpriority Creditor's Name <b>c/o Preston W. Leonard Leonard</b> <b>Law Offi</b> <b>63 Atlantic Ave Ste 3</b> <b>Boston, MA 02110-3752</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$2,100.00</b>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <u>2015</u>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Wgaes</u>	

4.67	<b>Eric Basile</b> Nonpriority Creditor's Name <b>c/o Preston W. Leonard Leonard</b> <b>Law Offic</b> <b>63 Atlantic Ave Ste 3</b> <b>Boston, MA 02110-3752</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$900.00</b>
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Wages</u>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.68** **Eversource** **Last 4 digits of account number** 1042 **\$1,224.37**  
 Nonpriority Creditor's Name

**When was the debt incurred?** unknown

**PO Box 660369**  
**Dallas, TX 75266-0369**  
 Number Street 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

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 \_\_\_\_\_

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

**4.69** **Eversource** **Last 4 digits of account number** 0056 **unknown**  
 Nonpriority Creditor's Name

**When was the debt incurred?** \_\_\_\_\_

**PO Box 660369**  
**Dallas, TX 75266-0369**  
 Number Street 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

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 \_\_\_\_\_

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

**4.70** **Eversource** **Last 4 digits of account number** 0101 **unknown**  
 Nonpriority Creditor's Name

**When was the debt incurred?** \_\_\_\_\_

**PO Box 660369**  
**Dallas, TX 75266-0369**  
 Number Street 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

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 \_\_\_\_\_

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



Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.71	<b>Eversource Electric</b>	Last 4 digits of account number <b>1033</b>	<b>\$3,481.08</b>
	Nonpriority Creditor's Name		
	<b>PO Box 6606369</b>	<b>When was the debt incurred?</b> _____	
	<b>Dallas, TX 75266-0369</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Utility</b>	

4.72	<b>Extra Space Storage</b>	Last 4 digits of account number <b>E292</b>	<b>\$651.40</b>
	Nonpriority Creditor's Name		
	<b>594 Turnpike St</b>	<b>When was the debt incurred?</b> _____	
	<b>South Easton, MA 02375-1797</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Storage</b>	

4.73	<b>Extra Space Storage</b>	Last 4 digits of account number <b>C114</b>	<b>\$649.80</b>
	Nonpriority Creditor's Name		
	<b>594 Turnpike St</b>	<b>When was the debt incurred?</b> _____	
	<b>South Easton, MA 02375-1797</b>		
	Number Street City State Zip Code		
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Coughlin, John W. III**

Case number (f know)

4.74	<b>First Data Global Leasing</b>	Last 4 digits of account number <b>3886</b>	<b>\$1,008.67</b>
	Nonpriority Creditor's Name <b>c/o Hunter Warfield PO Box 1022 Wixom, MI 48393-1022</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.75	<b>First Data Global Leasing</b>	Last 4 digits of account number <b>5128</b>	<b>\$1,054.51</b>
	Nonpriority Creditor's Name <b>c/o Hunter Warfield of New England, Inc. 4620 Woodland Corporate Blvd Tampa, FL 33614-2415</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.76	<b>First Data Global Leasing</b>	Last 4 digits of account number <b>2467</b>	<b>\$1,008.67</b>
	Nonpriority Creditor's Name <b>c/o Hunter Warfield of New England Inc. 4620 Woodland Corporate Blvd Tampa, FL 33614-2415</b>	When was the debt incurred? _____	
	Number Street City State Zip Code <b>Who incurred the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Coughlin, John W. III**

4.77	<b>Food Management Group, Inc.</b>	Last 4 digits of account number <b>9007</b>	<b>\$2,500.00</b>
	Nonpriority Creditor's Name		
	<b>70 Jessie Dupont Memorial Hwy Burgess, VA 22432-2025</b>	When was the debt incurred?	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b>	

4.78	<b>Fora Financial</b>	Last 4 digits of account number <b>nown</b>	<b>\$46,887.42</b>
	Nonpriority Creditor's Name		
	<b>519 8th Ave Fl 11 New York, NY 10018-4581</b>	When was the debt incurred? <b>4/2015</b>	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Business Loan</b>	

4.79	<b>Force Factor</b>	Last 4 digits of account number <b>1R32</b>	<b>\$69.99</b>
	Nonpriority Creditor's Name		
	<b>105 Commerce Dr Aston, PA 19014-3204</b>	When was the debt incurred? <b>07/08/2015</b>	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Miscellaneous Debt/ 2015</b>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.80 **Ford Credit** Last 4 digits of account number **6051** **\$21,858.85**  
 Nonpriority Creditor's Name  
**PO Box 31111**  
**Tampa, FL 33631-3111**  
 Number Street 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  
 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 **Repossessed vehicle 10-28-15**

4.81 **Formost Insurance Group Corp** Last 4 digits of account number **1566** **unknown**  
**Headquarter**  
 Nonpriority Creditor's Name  
**PO Box 3342**  
**Grand Rapids, MI 49501-3342**  
 Number Street 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  
 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 \_\_\_\_\_

4.82 **Gibbs Associates** Last 4 digits of account number **nown** **\$839.50**  
 Nonpriority Creditor's Name  
**81 Summer St**  
**North Easton, MA 02356-2241**  
 Number Street 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  
 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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.83** **Glaxo Smith Kline Inc.** Last 4 digits of account number noun **\$43,108.87**  
 Nonpriority Creditor's Name

**830 Winter St**  
**Waltham, MA 02451-1477**  
 Number Street 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

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 \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

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

**4.84** **Globe Life & Accident Insurance Company** Last 4 digits of account number 7681 **unknown**  
 Nonpriority Creditor's Name

**PO Box 268937**  
**Oklahoma City, OK 73126-8937**  
 Number Street 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

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 \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

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

**4.85** **Green Electrical Solutions** Last 4 digits of account number \_\_\_\_\_ **\$1,040.00**  
 Nonpriority Creditor's Name

**63 Shannon St**  
**Boston, MA 02135-3408**  
 Number Street 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

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 Utility/2015

When was the debt incurred? 2015

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

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.86

**Harvard Pilgrim**

Nonpriority Creditor's Name

Last 4 digits of account number **nown**

**unknown**

**133 Brookline Ave # 6  
Boston, MA 02215-3904**

Number Street City State Zip Code

When was the debt incurred?

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

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 **Business Debt./ Hopewell**

4.87

**Helen Horn Figman Esq.**

Nonpriority Creditor's Name

Last 4 digits of account number **544**

**\$805.50**

**45 Bristol Dr Ste 207  
South Easton, MA 02375-1916**

Number Street City State Zip Code

When was the debt incurred?

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

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 **Legal Services/2015**

4.88

**Hopewell Capital Partners LLC**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$275,000.00**

**10332 Main St Ste 138  
Fairfax, VA 22030-2410**

Number Street City State Zip Code

When was the debt incurred?

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

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 **Business Debt; Hopewell**

Debtor 1 **Coughlin, John W. III**

Case number (if known)

**4.89** **Hyundi Finance** Last 4 digits of account number **6615** **\$16,342.52**  
 Nonpriority Creditor's Name

**PO Box 650805**  
**Dallas, TX 75265-0805**  
 Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

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

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another

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 **Reposessed vehicle October 2015**

Check if this claim is for a community debt   
 Is the claim subject to offset?  
 No  
 Yes

**4.90** **Infinity Behavioral Health Services** Last 4 digits of account number **nown** **unknown**  
 Nonpriority Creditor's Name

**2901 Stirling Rd Ste 300**  
**Fort Lauderdale, FL 33312-6529**  
 Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

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

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another

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 **Business Debt; Hopewell**

Check if this claim is for a community debt   
 Is the claim subject to offset?  
 No  
 Yes

**4.91** **Jeanne Mase, MD** Last 4 digits of account number \_\_\_\_\_ **\$75,000.00**  
 Nonpriority Creditor's Name

**331 E Falmouth Hwy**  
**East Falmouth, MA 02536-6039**  
 Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

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

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another

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 \_\_\_\_\_

Check if this claim is for a community debt   
 Is the claim subject to offset?  
 No  
 Yes

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.92	<b>Jessica Andrews</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>unknown</b>
	<b>110 Shade St Lexington, MA 02421-7704</b> Number Street City State Zip Code	When was the debt incurred?	
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.93	<b>Jillian Teves</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$1,800.00</b>
	<b>88 1/2 Harrison Ave Woburn, MA 01801-4048</b> Number Street City State Zip Code	When was the debt incurred?	
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Consultant</b>	

4.94	<b>John Dowd</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>2756</b>
	<b>36 Peabody Rd Shirley, MA 01464-2904</b> Number Street City State Zip Code	When was the debt incurred?	<b>2015</b>
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<b>Is the claim subject to offset?</b>	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Repair</b>	



Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

4.95 **John T. Kemmitt** Last 4 digits of account number \_\_\_\_\_ \$100,000.00  
 Nonpriority Creditor's Name

**30 Baker Rd**  
**Raynham, MA 02767-1722**  
 Number Street 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

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 Buisness Debt; Hopewell

4.96 **Karl Klausen** Last 4 digits of account number \_\_\_\_\_ \$900.00  
 Nonpriority Creditor's Name

**149 Bonad Rd**  
**Chestnut Hill, MA 02467-3601**  
 Number Street 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

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 Wages

4.97 **Liberty Mutual Group Inc.** Last 4 digits of account number \_\_\_\_\_ unknown  
 Nonpriority Creditor's Name

**175 Berkeley St**  
**Boston, MA 02116-5066**  
 Number Street 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

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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.98	<b>Linda Y Obasohan</b>	Last 4 digits of account number	<b>\$2,000.00</b>
	Nonpriority Creditor's Name		
	<b>18 Union Ave</b>	When was the debt incurred? _____	
	<b>Everett, MA 02149-2714</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Wages</u>	

4.99	<b>MA Health Connector</b>	Last 4 digits of account number	<b>\$473.04</b>
	Nonpriority Creditor's Name		
	<b>PO Box 970063</b>	When was the debt incurred? _____	
	<b>Boston, MA 02297-0063</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Insurance/2015</u>	

4.10 0	<b>MA Health Connector</b>	Last 4 digits of account number	<b>\$26.15</b>
	Nonpriority Creditor's Name		
	<b>PO Box 970063</b>	When was the debt incurred? _____	
	<b>Boston, MA 02297-0063</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.10 1	<b>Marilyn Hartin</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$1,500.00</b>
	<b>10 Breck St # 1</b> <b>Milton, MA 02186-2002</b> Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> 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"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

4.10 2	<b>McKenzie Kammenstein</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$20,000.00</b>
	<b>c/o Joseph P. Giovannini, Jr</b> <b>400 3rd Ave Bldg S207</b> <b>Kingston, PA 18704-5816</b> Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> 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"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business Debt</b>	

4.10 3	<b>McKenzie Kammenstein, aka</b> <b>Mckenzie</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>\$20,000.00</b>
	<b>c/o Atty Joseph P. Giovannini, Jr.</b> <b>400 3rd Ave Ste 207</b> <b>Kingston, PA 18704-5816</b> Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> 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"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.10 4	<b>Mohela/Dept of Ed</b>	Last 4 digits of account number <b>0002</b>	<b>\$1,731.00</b>
	Nonpriority Creditor's Name		
	<b>633 Spirit Dr</b>		
	<b>Chesterfield, MO 63005-1243</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
<b>Installment account</b>			

4.10 5	<b>Mohela/Dept of Ed</b>	Last 4 digits of account number <b>0001</b>	<b>\$1,225.00</b>
	Nonpriority Creditor's Name		
	<b>633 Spirit Dr</b>		
	<b>Chesterfield, MO 63005-1243</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____	
<b>Installment account</b>			

4.10 6	<b>National Grid</b>	Last 4 digits of account number <b>5936</b>	<b>\$1,486.59</b>
	Nonpriority Creditor's Name		
	<b>PO Box 11735</b>		
	<b>Newark, NJ 07101-4735</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Utility</b>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.10 7	<b>New England Coffee</b>	Last 4 digits of account number <b>7089</b>	<b>\$780.00</b>
	Nonpriority Creditor's Name		
	<b>100 Charles St Malden, MA 02148-6704</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	When was the debt incurred? <b>unknown</b>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Miscellaneous Business Debt</b>	

4.10 8	<b>Nicole S. Bancroft</b>	Last 4 digits of account number	<b>\$1,500.00</b>
	Nonpriority Creditor's Name		
	<b>1145 Washington St # 506 Boston, MA 02118-2728</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Wages</b>	

4.10 9	<b>Office of the Attorney General</b>	Last 4 digits of account number	<b>\$44,792.27</b>
	Nonpriority Creditor's Name		
	<b>Fair Labor Division 105 William St New Bedford, MA 02740-6257</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.11 0	<b>Paychex, Inc.</b>	Last 4 digits of account number <b>4434</b>	<b>\$816.73</b>
	Nonpriority Creditor's Name <b>c/o Corporate Collection Services</b> <b>PO Box 1500</b> <b>Henrietta, NY 14467-1500</b>	When was the debt incurred? _____	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.11 1	<b>PES Capital LLC</b>	Last 4 digits of account number _____	<b>unknown</b>
	Nonpriority Creditor's Name <b>10332 Main St Ste 138</b> <b>Fairfax, VA 22030-2410</b>	When was the debt incurred? _____	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.11 2	<b>Philadelphia Indemnity Insurance Company</b>	Last 4 digits of account number _____	<b>\$324.00</b>
	Nonpriority Creditor's Name <b>1 Bala Plz Ste 100</b> <b>Bala Cynwyd, PA 19004-1401</b>	When was the debt incurred? <b>2015</b>	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Insurance/2015</b>	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.11 3	<b>Plymouth United Methodist Church</b>	Last 4 digits of account number <b>nown</b>	<b>\$250.00</b>
	Nonpriority Creditor's Name		
	<b>29 Carver Rd Plymouth, MA 02360-4653</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.11 4	<b>Priscilla E. Castro</b>	Last 4 digits of account number _____	<b>\$650.00</b>
	Nonpriority Creditor's Name		
	<b>124 Brooks St Brighton, MA 02135-1713</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Wages</b>	

4.11 5	<b>Publishers Clearing House</b>	Last 4 digits of account number <b>3336</b>	<b>\$695.55</b>
	Nonpriority Creditor's Name		
	<b>PO Box 6344 Harlan, IA 51593-1844</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.11 6	<b>Reinhart Food Services</b>	Last 4 digits of account number <b>1381</b>	<b>\$1,106.51</b>
	Nonpriority Creditor's Name		
	<b>100 Harborview Plz Ste 200 La Crosse, WI 54601-4291</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Miscellaneous Business Debt.</b>	

4.11 7	<b>Rockland Trust</b>	Last 4 digits of account number <b>2279</b>	<b>\$0.00</b>
	Nonpriority Creditor's Name		
	<b>288 Union St Rockland, MA 02370-1803</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.11 8	<b>Signature Healthcare</b>	Last 4 digits of account number <b>9627</b>	<b>\$394.51</b>
	Nonpriority Creditor's Name		
	<b>PO Box 847472 Boston, MA 02284-7472</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	



Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.11  
9

**Signature Healthcare Brockton Hospital**

Nonpriority Creditor's Name

Last 4 digits of account number **2620**

**\$65.27**

**85 Prescott St Ste 402  
Worcester, MA 01605-2653**

Number Street City State Zip Code

When was the debt incurred?

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

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**

4.12  
0

**Southcoast Health System**

Nonpriority Creditor's Name

Last 4 digits of account number **6034**

**\$41.40**

**363 Highland Ave  
Fall River, MA 02720-3703**

Number Street City State Zip Code

When was the debt incurred?

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

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 \_\_\_\_\_

4.12  
1

**Southcoast Hospitals Group**

Nonpriority Creditor's Name

Last 4 digits of account number **3808**

**\$2,091.12**

**363 Highland Ave  
Fall River, MA 02720-3703**

Number Street City State Zip Code

When was the debt incurred?

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

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 \_\_\_\_\_

Debtor 1 Coughlin, John W. III

Case number (if known)

4.12  
2

**Southcoast Physicians Group, Inc.**

Last 4 digits of account number A788

\$59.10

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

**200 Mill Rd Ste 180  
Fairhaven, MA 02719-5255**

Number Street City State Zip Code

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

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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 \_\_\_\_\_

4.12  
3

**Southcoast Physicians Group, Inc.**

Last 4 digits of account number 6034

\$45.00

Nonpriority Creditor's Name

When was the debt incurred? 10/30/15

**363 Highland Ave  
Fall River, MA 02720-3703**

Number Street City State Zip Code

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

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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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/2015

4.12  
4

**Starthmore Realty**

Last 4 digits of account number nOWN

\$40,400.00

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

**100 State St  
Boston, MA 02109-2403**

Number Street City State Zip Code

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

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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 \_\_\_\_\_

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.12  
5

**Steven P Coughlin**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$190,000.00**

**7 Fishermans Cove Rd  
Buzzards Bay, MA 02532-5106**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

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

- 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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 \_\_\_\_\_

4.12  
6

**Strathmore Realty, LLC**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$40,400.00**

**c/o Ku Yoo, Esq. Chang & Yoo LLP  
100 State St Fl 11  
Boston, MA 02109-2410**

Number Street City State Zip Code

When was the debt incurred?

**10/8/15**

Who incurred the debt? Check one.

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

- 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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 **Rent; 2510 Cranberry Highway**

4.12  
7

**Susan Barry, Personal Representative**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

**c/o John B. Hopkins, Esquire  
1441 Iyanough Rd  
Barnstable, MA 02630**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

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

- 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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 **Rent**

Debtor 1 Coughlin, John W. III

Case number (if known)

4.12 8	<b>TD Auto Finance</b>	Last 4 digits of account number <b>2173</b>	<b>\$54,590.67</b>
	Nonpriority Creditor's Name		
	<b>PO Box 16035</b>	When was the debt incurred? _____	
	<b>Lewiston, ME 04243-9517</b>		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Reposessed 10-28-15</u>	

4.12 9	<b>Ted Black</b>	Last 4 digits of account number _____	<b>\$1,706.50</b>
	Nonpriority Creditor's Name		
	<b>c/o Preston W. Leonard Leonard Law Offic</b>	When was the debt incurred? _____	
	<b>63 Atlantic Ave Ste 3</b>		
	<b>Boston, MA 02110-3752</b>	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Wages</u>	

4.13 0	<b>Telcheck Services, Inc.</b>	Last 4 digits of account number <b>1865</b>	<b>\$122.80</b>
	Nonpriority Creditor's Name		
	<b>PO Box 60028</b>	When was the debt incurred? _____	
	<b>City of Industry, CA 91716-0028</b>		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.13 1	<b>Telecheck</b>	Last 4 digits of account number <b>1865</b>	<b>\$122.80</b>
	Nonpriority Creditor's Name	When was the debt incurred?	
	<b>PO Box 60028</b> <b>City of Industry, CA 91716-0028</b>		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify <b>Miscellaneous Debt</b>	
	<input type="checkbox"/> Yes		

4.13 2	<b>The Easton Press</b>	Last 4 digits of account number <b>8850</b>	<b>unknown</b>
	Nonpriority Creditor's Name	When was the debt incurred?	
	<b>47 Richacos Ave</b> <b>Norwalk, CT 06857</b>		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes		

4.13 3	<b>The Figman Psychiatric Group</b>	Last 4 digits of account number <b>0000</b>	<b>\$58.50</b>
	Nonpriority Creditor's Name	When was the debt incurred?	
	<b>675 Paramount Dr</b> <b>Raynham, MA 02767-5416</b>		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes		

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

4.13 4	<b>The Love Response LLC and or Eva Selhub</b>	Last 4 digits of account number <u>7997</u>	<b>\$700.00</b>
	Nonpriority Creditor's Name		
	<b>40 Crescent St Waltham, MA 02453-4313</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.13 5	<b>Time Inc. Affluent Media Group</b>	Last 4 digits of account number <u>4661</u>	<b>\$76.81</b>
	Nonpriority Creditor's Name		
	<b>PO Box 62272 Tampa, FL 33662-2272</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Miscellaneous Debt/2015</u>	

4.13 6	<b>Time Insurance Company</b>	Last 4 digits of account number _____	<b>unknown</b>
	Nonpriority Creditor's Name		
	<b>PO Box 624 Milwaukee, WI 53201-0624</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

4.13  
7

**Underwriters at LLooyds of London**

Last 4 digits of account number 8500 \$6,609.33

Nonpriority Creditor's Name  
**c/o SWBC**  
**9311 San Pedro Ave Ste 600**  
**San Antonio, TX 78216-4459**

When was the debt incurred? \_\_\_\_\_

Number Street City State Zip Code

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

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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 \_\_\_\_\_

4.13  
8

**United Health Care**

Last 4 digits of account number nown unknown

Nonpriority Creditor's Name  
**PO Box 30607**  
**Salt Lake City, UT 84130-0607**

When was the debt incurred? \_\_\_\_\_

Number Street City State Zip Code

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

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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 Business Debt

4.13  
9

**United Health Care**

Last 4 digits of account number \_\_\_\_\_ unknown

Nonpriority Creditor's Name  
**3803 Parkwood Blvd Ste 500**  
**Frisco, TX 75034-8689**

When was the debt incurred? \_\_\_\_\_

Number Street City State Zip Code

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

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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 \_\_\_\_\_

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

4.14  
0

**United Health Care**

Nonpriority Creditor's Name

**Claim Refund**

**PO Box 20911**

**Dallas, TX 75320-9011**

Number Street 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 \_\_\_\_\_

**unknown**

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 \_\_\_\_\_

4.14  
1

**United Health Care Insurance Company**

Nonpriority Creditor's Name

**Springfield Small Group**

**PO Box 740800**

**Atlanta, GA 30374-0800**

Number Street 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 **6348**

**unknown**

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 \_\_\_\_\_

4.14  
2

**US Foods Inc.**

Nonpriority Creditor's Name

**CST Co.**

**PO Box 33127**

**Louisville, KY 40232-3127**

Number Street 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 **2440**

**\$2,330.00**

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 \_\_\_\_\_



Debtor 1 **Coughlin, John W. III**

Case number (if known)

4.14 3	<b>Verizon</b>	Last 4 digits of account number <b>0001</b>	<b>\$311.77</b>
	Nonpriority Creditor's Name		
	<b>PO Box 4003</b> <b>Acworth, GA 30101-9004</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.14 4	<b>Verizon</b>	Last 4 digits of account number <b>0001</b>	<b>\$204.98</b>
	Nonpriority Creditor's Name		
	<b>PO Box 4003</b> <b>Acworth, GA 30101-9004</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	

4.14 5	<b>Verizon Wireles</b>	Last 4 digits of account number <b>9594</b>	<b>\$259.33</b>
	Nonpriority Creditor's Name		
	<b>PO Box 4003</b> <b>Acworth, GA 30101-9004</b>	When was the debt incurred? _____	
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	

Debtor 1 Coughlin, John W. III

Case number (if known)

4.14  
6

**Vermont Mutual Insurance Co.**

Nonpriority Creditor's Name

Last 4 digits of account number 0861

**\$270.00**

**1138 Elm St  
Manchester, NH 03101-1531**

Number Street City State Zip Code

When was the debt incurred? 2015

Who incurred the debt? Check one.

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

- 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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 Insurance/2015

4.14  
7

**Vermont Mutual Insurance Company**

Nonpriority Creditor's Name

Last 4 digits of account number 0861

**\$270.00**

**PO Box 113  
Brattleboro, VT 05302-0113**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

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

- 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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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 Insurance

4.14  
8

**Wainhouse Wellness**

Nonpriority Creditor's Name

Last 4 digits of account number 0915

**\$575.00**

**112 Sumner Rd  
Brookline, MA 02445-6112**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

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

- 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

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

Is the claim subject to offset?

- No
- Yes

- 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

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

4.14 9	<b>William Derr</b>	Last 4 digits of account number <u>nown</u>	<b>\$2,302.50</b>
	Nonpriority Creditor's Name <b>c/o Preston W. Leonard Leonard Law Offic</b>	When was the debt incurred? _____	
	<b>63 Atlantic Ave Ste 3 Boston, MA 02110-3752</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Wages/2015</u>	

4.15 0	<b>William Kelly</b>	Last 4 digits of account number _____	<b>\$1,100.00</b>
	Nonpriority Creditor's Name	When was the debt incurred? _____	
	<b>311 Village Grn N Ste 160 Plymouth, MA 02360-7761</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Consultant</u>	

4.15 1	<b>Workout World/a/kaka W Fitness</b>	Last 4 digits of account number _____	<b>unknown</b>
	Nonpriority Creditor's Name	When was the debt incurred? _____	
	<b>PO Box 6800 Sherwood, AR 72124-6800</b>		
	Number Street City State Zip Code		
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<b>Type of NONPRIORITY unsecured claim:</b>	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

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

Debtor 1 **Coughlin, John W. III**

Case number (f know)

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

Name and Address  
**Amex**  
**PO Box 297871**  
**Fort Lauderdale, FL 33329-7871**

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

Last 4 digits of account number **5053**

Name and Address  
**Barclays Bank Delaware**  
**PO Box 8803**  
**Wilmington, DE 19899-8803**

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 **6961**

Name and Address  
**Bk of Amer**  
**4161 Piedmont Pkwy**  
**Greensboro, NC 27410-8110**

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 **5699**

Name and Address  
**Chase Card**  
**PO Box 15298**  
**Wilmington, DE 19850-5298**

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

Last 4 digits of account number **4729**

Name and Address  
**Optium Recovery Services**  
**PO Box 740804**  
**Atlanta, GA 30374-0804**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.138** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **nown**

Name and Address  
**Optium Recovery Services**  
**PO Box 740804**  
**Atlanta, GA 30374-0804**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.138** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **nown**

**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>62,407.82</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.	6e.	\$ <u>62,407.82</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>2,956.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>1,397,120.66</u>
	6j. Total. Add lines 6f through 6i.	6j.	\$ <u>1,400,076.66</u>

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

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).

- 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 contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- 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 <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.2 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.3 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.4 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.5 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

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?

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**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

**3.1** \_\_\_\_\_  
Name

\_\_\_\_\_

Number Street  
City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

**3.2** \_\_\_\_\_  
Name

\_\_\_\_\_

Number Street  
City State ZIP Code

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 John W. Coughlin, III

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number \_\_\_\_\_  
(if known)

Check if this is:  
 An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Official Form 106I

Schedule I: Your Income

12/15

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

Part 1: Describe Employment

1. Fill in your employment information.

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

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

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1	Debtor 2 or non-filing spouse
<input type="checkbox"/> Employed	<input type="checkbox"/> Employed
<input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Not employed
_____	_____
_____	_____
_____	_____
_____	_____

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

Debtor 1 **Coughlin, John W. III**

Case number (if known) \_\_\_\_\_

		For Debtor 1		For Debtor 2 or non-filing spouse
Copy line 4 here	4.	\$ <u>0.00</u>		\$ <u>N/A</u>
<b>5. List all payroll deductions:</b>				
5a. Tax, Medicare, and Social Security deductions	5a.	\$ <u>0.00</u>		\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b.	\$ <u>0.00</u>		\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c.	\$ <u>0.00</u>		\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d.	\$ <u>0.00</u>		\$ <u>N/A</u>
5e. Insurance	5e.	\$ <u>0.00</u>		\$ <u>N/A</u>
5f. Domestic support obligations	5f.	\$ <u>0.00</u>		\$ <u>N/A</u>
5g. Union dues	5g.	\$ <u>0.00</u>		\$ <u>N/A</u>
5h. Other deductions. Specify: _____	5h.+	\$ <u>0.00</u>	+	\$ <u>N/A</u>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <u>0.00</u>		\$ <u>N/A</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	\$ <u>0.00</u>		\$ <u>N/A</u>
<b>8. List all other income regularly received:</b>				
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>N/A</u>
8b. Interest and dividends	8b.	\$ <u>0.00</u>		\$ <u>N/A</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>N/A</u>
8d. Unemployment compensation	8d.	\$ <u>0.00</u>		\$ <u>N/A</u>
8e. Social Security	8e.	\$ <u>0.00</u>		\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$ <u>0.00</u>		\$ <u>N/A</u>
8g. Pension or retirement income	8g.	\$ <u>0.00</u>		\$ <u>N/A</u>
8h. Other monthly income. Specify: _____	8h.+	\$ <u>0.00</u>	+	\$ <u>N/A</u>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ <u>0.00</u>		\$ <u>N/A</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>0.00</u>	+	\$ <u>N/A</u>
			=	\$ <u>0.00</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> 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>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies				
	12.			\$ <u>0.00</u>
				<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>				
<input checked="" type="checkbox"/> No.				
<input type="checkbox"/> Yes. Explain: _____				



Fill in this information to identify your case:

Debtor 1 John W. Coughlin, III

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON  
DIVISION

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?  No

Do not list Debtor 1 and Debtor 2.

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?

Do not state the dependents names.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- No
- Yes
- No
- Yes
- No
- Yes
- No
- Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  No  Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

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

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

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ \_\_\_\_\_ **0.00**

If not included in line 4:

- 4a. Real estate taxes 4a. \$ \_\_\_\_\_ **0.00**
- 4b. Property, homeowner's, or renter's insurance 4b. \$ \_\_\_\_\_ **0.00**
- 4c. Home maintenance, repair, and upkeep expenses 4c. \$ \_\_\_\_\_ **0.00**
- 4d. Homeowner's association or condominium dues 4d. \$ \_\_\_\_\_ **0.00**
5. Additional mortgage payments for your residence, such as home equity loans 5. \$ \_\_\_\_\_ **0.00**

Debtor 1 **Coughlin, John W. III**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	450.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	250.00
6d. Other. Specify: _____	6d. \$	0.00
7. <b>Food and housekeeping supplies</b>	7. \$	400.00
8. <b>Childcare and children's education costs</b>	8. \$	0.00
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	101.00
10. <b>Personal care products and services</b>	10. \$	75.00
11. <b>Medical and dental expenses</b>	11. \$	0.00
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	200.00
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	100.00
14. <b>Charitable contributions and religious donations</b>	14. \$	0.00
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. <b>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).</b>	18. \$	0.00
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$	0.00
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. <b>Other:</b> Specify: _____	21. +\$	0.00
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	1,576.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	1,576.00
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	0.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$	1,576.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	-1,576.00

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:

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

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/ John W. Coughlin, III  
John W. Coughlin, III  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date January 20, 2016

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

**Official Form 107**  
**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

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 a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

1. What is your current marital status?

- Married
- Not married

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

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

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
-------------------------	----------------------------	-------------------------	----------------------------

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).

**Part 2 Explain the Sources of Your Income**

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

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

- No
- Yes. Fill in the details.

For last calendar year: (January 1 to December 31, 2015)	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$47,300.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

Debtor 1 **Coughlin, John W. III**

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For the calendar year before that: (January 1 to December 31, 2014)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$51,600.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year: (January 1 to December 31, 2013)</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$208,000.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

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

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

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below..	Sources of income Describe below.
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)

**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 \$6,225\* or more?

- No. Go to line 7.
- Yes List below each creditor to whom you paid a total of \$6,225\* 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 4/01/16 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.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

**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

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

**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**

Debtor 1 Coughlin, John W. III

Case number (if known)

**insider?**

Include payments on debts guaranteed or cosigned by an insider.

- No
- Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**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.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Commonwealth of Massachusetts v. John Coughlin III</b>	<b>Criminal</b>	<b>Suffolk Superior Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded  <b>Found guilty of a felony - under appeal</b>
<b>Alexander Vuckovic vs. Hopewell Recovery Services, LLC and Steven Coughlin and John Coughlin SC878/15</b>	<b>Small claims</b>	<b>Cambridge Distric Court 4040 Mystic Valley Pkwy Medford, MA 02155-6918</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Brian Barney vs. Hopewell Recovery Services, LLC and Steven Coughlin and John Coughlin 1509SC256</b>	<b>small claims</b>	<b>Brookline District Court 360 Washington St Brookline, MA 02445-6851</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Eric Basile vs. Hopewell Recovery Services, LLC and Steven Coughlin and John Coughlin 1509SC253</b>	<b>Small claims</b>	<b>Brookline District Court 360 Washington St Brookline, MA 02445-6851</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>William Derr vs. Hopewell Recovery Servicesw, LLC and Steven Coughlin and John Coughlin 1508SC00329</b>	<b>small claims</b>	<b>Boston Municipal Court Dept. 32 Academy Hill Rd Brighton, MA 02135-3316</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Ted Black vs. Hopewell Recovery Services, LLC and Steven Coughlin and John Coughlin 1510SC1245</b>		<b>Somerville District Court 175 Fellsway W Somerville, MA 02145-1101</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Elizabeth S. Burns v. Steven Coughlin, John Coughlin, John S. Marani a/k/a Jack Marani, Hopewell Recovery Services, LLC SC 901/15</b>	<b>small claims</b>	<b>Cambridge District Court 4040 Mystic Valley Pkwy Medford, MA 02155-6918</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 Coughlin, John W. III

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
Susan M. Barry, Personal Representative of the Estate of Brian Joseph Kenney vs John Coughlin and Hopewell Recovery Services, L:LC BA14P1326EA		Barnstable Probate Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Strathmore Realty, LLC v. Hopewell Recovery Services, LLC 1508SU0000-40	Execution	BMC Brighton 52 Academy Hill Rd Brighton, MA 02135-3316	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Commonwealth of Mass vs John Coughlin 2011SUCR2011-11003		Suffolk Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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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.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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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.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
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14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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**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,

Debtor 1 **Coughlin, John W. III**

Case number (if known)

or gambling?

- No
- Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
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**Part 7: List Certain Payments or Transfers**

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

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

- No
- Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Lawrence L. Hale 128 Main St Ste 7 Carver, MA 02330-2024	\$4,000.00	10/5/2015 and 12/14/2015	\$4,000.00

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.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
- Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
John's Auto Sales 181 Somerville Ave Somerville, MA 02143-3401	2 - 2012 Yamaha Jet Ski(s) - \$12,180	Received 2006 Chevrolet Silverado 2500 with plow	12/19/2015

None

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.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Debtor 1 Coughlin, John W. III

Case number (if known)

**Part 8: List of 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.

Name of Financial Institution and Address (Number, Street, City, State and 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
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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.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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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.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**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.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

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

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

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

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

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 Coughlin, John W. III

Case number (if known)

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

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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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.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**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.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Hopewell Recovery Services LLC 2510 Cranberry Hwy Wareham, MA 02571-1019	Extended Care - Sober Living Conley and Wood, CPA's	EIN: 900596169 From-To 11/2010 - 10/8/2015
Beacon Addiction Advocacy Group LLC 2510 Cranberry Hwy Wareham, MA 02571-1019	Providing Mental Health Conly and Woods, CPA's	EIN: 001087668 From-To 1/2011 - 10/8/2015
Gateway Enterprises LLC 2510 Cranberry Hwy Wareham, MA 02571-1019	Provide Sober Living Conly and Wood CPA's	EIN: 001091802 From-To 2012 - present

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.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

Debtor 1 Coughlin, John W. III Case number (if known) \_\_\_\_\_

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.

/s/ John W. Coughlin, III  
John W. Coughlin, III  
Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Date January 20, 2016

Date \_\_\_\_\_

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 John W. Coughlin, III  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS, BOSTON DIVISION

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

# Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Colonial Savings &amp; Loa</b>  Description of property: <b>26 Bates Pond Rd, Carver, MA 02330-1522</b> securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u><b>Retain and pay pursuant to contract</b></u>	<input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes
Creditor's name: <b>Colonial Savings &amp; Loa</b>  Description of property: <b>267 Purchase St, New Bedford, MA 02740-5737</b> securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u><b>Retain and pay pursuant to contract</b></u>	<input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes
Creditor's name: <b>Roundpoint Mtg</b>  Description of property: <b>426 Main St, Wareham, MA 02571-2117</b> securing debt:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u><b>Retain and pay pursuant to contract</b></u>	<input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes

Debtor 1 Coughlin, John W. III

Case number (if known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

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

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: Sign Below**

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

X /s/ John W. Coughlin, III  
John W. Coughlin, III  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date January 20, 2016

Date \_\_\_\_\_

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

**This notice is for you if:**

**You are an individual filing for bankruptcy, and**

**Your debts are 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."

**The types of bankruptcy that are available to individuals**

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

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**Chapter 7: Liquidation**

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\$245	filing fee
\$75	administrative fee
<u>+ \$15</u>	<u>trustee surcharge</u>
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. 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.

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**Chapter 12: Repayment plan for family farmers or fishermen**

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	\$200	filing fee
+	\$75	administrative fee
	<hr/>	
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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**Chapter 13: Repayment plan for individuals with regular income**

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	\$235	filing fee
+	\$75	administrative fee
	<hr/>	
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.



**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Document Page 98 of 122
United States Bankruptcy Court
District of Massachusetts, Boston Division

IN RE:

Case No. \_\_\_\_\_

Coughlin, John W. III

Chapter 7

Debtor(s)

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Coughlin, John W. III
Printed Name(s) of Debtor(s)

X /s/ John W. Coughlin, III
Signature of Debtor

1/20/2016
Date

Case No. (if known) \_\_\_\_\_

X
Signature of Joint Debtor (if any) \_\_\_\_\_
Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

A T & T  
PO Box 6463  
Carol Stream, IL 60197-6463

ABC Financial Services  
PO Box 6800  
Sherwood, AZ 72124-6800

Aetna Insurance  
151 Farmington Ave # Rwa4  
Hartford, CT 06156-0001

Aetna Overpayment Recovery  
PO Box 14079  
Lexington, KY 40512-4079

Alexander Vuckovic  
c/o Preston W Leonard Leonard Law  
63 Atlantic Ave Ofc  
Boston, MA 02110-3716

Alexander Vuckovic  
c/o Preston W. Leonard Leonard Law Offic  
63 Atlantic Ave Ste 3  
Boston, MA 02110-3752

American Express  
PO Box 3001  
Malvern, PA 19355-0701

American Express  
PO Box 1270  
Newark, NJ 07101-1270

Amex  
PO Box 297871  
Fort Lauderdale, FL 33329-7871

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81 Orchard St # 3  
New Bedford, MA 02740-3624

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Newton, MA 02459-2497

Antonio Gomes  
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Eston, MA 02536

APS  
2527 Cranberry Hwy  
Wareham, MA 02571-1046

APS Medical Bill  
2527 Cranberry Hwy  
Wareham, MA 02571-1046

Arbella Insurance Group  
PO Box 55392  
Boston, MA 02205-5392

Assurant Health  
PO Box 624  
Milwaukee, WI 53201-0624

Avee Laboratories Inc.  
c/o Greenberg, Grant & Richards, Inc.  
PO Box 571811  
Houston, TX 77257-1811

Bank Of America  
P.O. Box 15710  
Wilmington, DE 19886-5710

Bank Of America  
4161 Peidmont Pkwy  
Att; Bankruptcy Department  
Greensboro, NC 27410-0000

Bank Of America  
P.O. Box 660369  
Dallas, TX 75266-0369

Bankamerica  
MC: NC4-105-03-14  
4161 Piedmont Pkwy  
Greensboro, NC 27410-8110

Barclays Bank Delaware  
Attn: Bankruptcy  
PO Box 8801  
Wilmington, DE 19899-8801

Barclays Bank Delaware  
PO Box 8803  
Wilmington, DE 19899-8803

Belmont Springs  
PO Box 660579  
Dallas, TX 75266-0579

Bk of Amer  
4161 Piedmont Pkwy  
Greensboro, NC 27410-8110

Blossoming Heart Ministry  
14 Meehan St  
Boston, MA 02130-3610

Blue Cross Blue Shield of Massachusetts  
1 Enterprise Dr  
North Quincy, MA 02171-2125

Blue Cross/ Blue Shield of Massachusetts  
Landmark Center  
401 Park Dr  
Boston, MA 02215-3325

Bonner Kiernan  
200 Portland St Fl 4  
Boston, MA 02114-1722

Boston Water & Sewer  
PO Box 55466  
Boston, MA 02205-5466

Boston Water and Sewer  
PO Box 55466  
Boston, MA 02205-5466

Brian Barney  
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63 Atlantic Ave Ste 3  
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Capital 1 Bank  
PO Box 30285 Attn: Bankruptcy  
Salt Lake City, UT 84130-0000

Capital One Bank (U.S.A.), N.A.  
PO Box 71083  
Charlotte, NC 28272-1083

Chase Card  
PO Box 15298  
Wilmington, DE 19850-5298

Chase Card Services  
Attn:Bankruptcy Dept  
PO Box 15298  
Wilmington, DE 19850-5298

Chase Chase Card Services  
PO Box 15298 Attn: Bankrutpcy Dept  
Wilmington, DE 19850-5298

Churchhill's Oil & Gas  
PO Box 1018 State Rd  
Manomet, MA 02345-0000

Cigna  
900 Cottage Grove Rd  
Bloomfield, CT 06002-2920

City Of New Bedford  
133 William St Unit 308  
New Bedford, MA 02740-6113

City Of New Bedford  
Deptarment of Public Infrastructure  
PO Box 967  
New Bedford, MA 02741-0967

Colonial Savings & Loa  
Attn Bankruptcy  
2626 West Fwy Bldg B  
Fort Worth, TX 76102-7109



Colonial Savings & Loan  
PO Box 2988  
Fort Worth, TX 76113-2988

Comcast  
PO Box 1577  
Newark, NJ 07101-1577

Comcast  
PO Box 196  
Newark, NJ 07101-0196

Commerce Insurance Insurance Company  
11 Gore Rd  
Webster, MA 01570-6817

Commonwealth Of Massachusetts  
Office Of Attorney General/Fair Labor Di  
1 Ashburton Pl Rm 1813  
Boston, MA 02108-1520

Conley Peckham & Wood PC  
939 Washington St  
South Easton, MA 02375-1171

Connor C Harbert  
1 Charles St S Unit 5D  
Boston, MA 02116-5449

Cranberry Crossing Realty Group LLC  
PO Box 1499  
Westport, MA 02790-0631

Devaney Energy Inc.  
177 Wells Ave  
Newton, MA 02459-3301

Diana Clark  
PO Box 268  
North Clarendon, VT 05759-0268

Donna Wolfe Consultation  
24 Auburn St Ste 2  
Brookline, MA 02446-6329

Drohan Tocchio & Morgan PC  
175 Derby St  
Hingham, MA 02043-4007

Elizabeth Carroll  
108 Elmwood Ave  
Quincy, MA 02170-1405

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105 William St Ofc  
New Bedford, MA 02740-6257

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Boston, MA 02110-3752

Eversource  
PO Box 660369  
Dallas, TX 75266-0369

Eversource Electric  
PO Box 6606369  
Dallas, TX 75266-0369

Extra Space Storage  
594 Turnpike St  
South Easton, MA 02375-1797

First Data Global Leasing  
c/o Hunter Warfield  
PO Box 1022  
Wixom, MI 48393-1022

First Data Global Leasing  
c/o Hunter Warfield of New England, Inc.  
4620 Woodland Corporate Blvd  
Tampa, FL 33614-2415

First Data Global Leasing  
c/o Hunter Warfield of New England Inc.  
4620 Woodland Corporate Blvd  
Tampa, FL 33614-2415

Food Management Group, Inc.  
70 Jessie Dupont Memorial Hwy  
Burgess, VA 22432-2025

Fora Financial  
519 8th Ave Fl 11  
New York, NY 10018-4581

Force Factor  
105 Commerce Dr  
Aston, PA 19014-3204

Ford Credit  
PO Box 31111  
Tampa, FL 33631-3111

Formost Insurance Group Corp Headquarter  
PO Box 3342  
Grand Rapids, MI 49501-3342

Gibbs Associates  
81 Summer St  
North Easton, MA 02356-2241

Glaxo Smith Kline Inc.  
830 Winter St  
Waltham, MA 02451-1477

Globe Life & Accident Insurance Company  
PO Box 268937  
Oklahoma City, OK 73126-8937

Green Electrical Solutions  
63 Shannon St  
Boston, MA 02135-3408

Harvard Pilgrim  
133 Brookline Ave # 6  
Boston, MA 02215-3904

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South Easton, MA 02375-1916

Hopewell Capital Partners LLC  
10332 Main St Ste 138  
Fairfax, VA 22030-2410

Hyundi Finance  
PO Box 650805  
Dallas, TX 75265-0805

Infinity Behavioral Health Services  
2901 Stirling Rd Ste 300  
Fort Lauderdale, FL 33312-6529

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

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331 E Falmouth Hwy  
East Falmouth, MA 02536-6039

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110 Shade St  
Lexington, MA 02421-7704

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Woburn, MA 01801-4048

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36 Peabody Rd  
Shirley, MA 01464-2904

John T. Kemmitt  
30 Baker Rd  
Raynham, MA 02767-1722

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c/o Law Firm of Kotin Crabtree & Strong  
1 Bowdoin Sq  
Boston, MA 02114-2927

Karl Klaussen  
149 Bonad Rd  
Chestnut Hill, MA 02467-3601

Liberty Mutual Group Inc.  
175 Berkeley St  
Boston, MA 02116-5066

Linda Y Obasohan  
18 Union Ave  
Everett, MA 02149-2714

MA Health Connector  
PO Box 970063  
Boston, MA 02297-0063

Marilyn Hartin  
10 Breck St # 1  
Milton, MA 02186-2002

Mass Department Of Unemployment Asst.  
Revenue Services, 5th Floor  
19 Staniford Street  
Boston, MA 02114

Mass Dept of Revenue  
PO Box 7089  
Boston, MA 02204-7089

Mass DOR  
PO Box 9564 Litigation Unit, Bankruptcy  
Boston, MA 02114-9564

Massachusetts Department of Revenue  
Bankruptcy Unit Post Office  
PO Box 9564 Box 9564  
Boston, MA 02114-9564

McKenzie Kammenstein  
c/o Joseph P. Giovannini, Jr  
400 3rd Ave Bldg S207  
Kingston, PA 18704-5816

McKenzie Kammenstein, aka Mckenzie  
c/o Atty Joseph P. Giovannini, Jr.  
400 3rd Ave Ste 207  
Kingston, PA 18704-5816



Mohela/Dept of Ed  
633 Spirit Dr  
Chesterfield, MO 63005-1243

National Grid  
PO Box 11735  
Newark, NJ 07101-4735

New England Coffee  
100 Charles St  
Malden, MA 02148-6704

Nicole S. Bancroft  
1145 Washington St # 506  
Boston, MA 02118-2728

Office of the Attorney General  
Fair Labor Division  
105 William St  
New Bedford, MA 02740-6257

Optium Recovery Services  
PO Box 740804  
Atlanta, GA 30374-0804

Paychex, Inc.  
c/o Corporate Collection Services  
PO Box 1500  
Henrietta, NY 14467-1500

PES Capital LLC  
10332 Main St Ste 138  
Fairfax, VA 22030-2410

Philadelphia Indemnity Insurance Company  
1 Bala Plz Ste 100  
Bala Cynwyd, PA 19004-1401

Plymouth United Methodist Church  
29 Carver Rd  
Plymouth, MA 02360-4653

Priscilla E. Castro  
124 Brooks St  
Brighton, MA 02135-1713

Publishers Clearing House  
PO Box 6344  
Harlan, IA 51593-1844

Reinhart Food Services  
100 Harborview Plz Ste 200  
La Crosse, WI 54601-4291

Rockland Trust  
288 Union St  
Rockland, MA 02370-1803

Roundpoint Mtg  
5032 Parkway Plaza Blvd  
Charlotte, NC 28217-1918

Signature Healthcare  
PO Box 847472  
Boston, MA 02284-7472

Signature Healthcare Brockton Hospital  
85 Prescott St Ste 402  
Worcester, MA 01605-2653

Southcoast Health System  
363 Highland Ave  
Fall River, MA 02720-3703

Southcoast Hospitals Group  
363 Highland Ave  
Fall River, MA 02720-3703

Southcoast Physicians Group, Inc.  
200 Mill Rd Ste 180  
Fairhaven, MA 02719-5255

Southcoast Physicians Group, Inc.  
363 Highland Ave  
Fall River, MA 02720-3703

Starthmore Realty  
100 State St  
Boston, MA 02109-2403

Steven P Coughlin  
7 Fishermans Cove Rd  
Buzzards Bay, MA 02532-5106

Strathmore Realty, LLC  
c/o Ku Yoo, Esq. Chang & Yoo LLP  
100 State St Fl 11  
Boston, MA 02109-2410

Susan Barry, Personal Representative  
c/o John B. Hopkins, Esquire  
1441 Iyanough Rd  
Barnstable, MA 02630

TD Auto Finance  
PO Box 16035  
Lewiston, ME 04243-9517

Ted Black  
c/o Preston W. Leonard Leonard Law Offic  
63 Atlantic Ave Ste 3  
Boston, MA 02110-3752

Telcheck Services, Inc.  
PO Box 60028  
City of Industry, CA 91716-0028

Telecheck  
PO Box 60028  
City of Industry, CA 91716-0028

The Easton Press  
47 Richacos Ave  
Norwalk, CT 06857

The Figman Psychiatric Group  
675 Paramount Dr  
Raynham, MA 02767-5416

The Love Response LLC and or Eva Selhub  
40 Crescent St  
Waltham, MA 02453-4313

Time Inc. Affluent Media Group  
PO Box 62272  
Tampa, FL 33662-2272

Time Insurance Company  
PO Box 624  
Milwaukee, WI 53201-0624

Underwriters at LLooyds of London  
c/o SWBC  
9311 San Pedro Ave Ste 600  
San Antonio, TX 78216-4459

United Health Care  
PO Box 30607  
Salt Lake City, UT 84130-0607

United Health Care  
3803 Parkwood Blvd Ste 500  
Frisco, TX 75034-8689

United Health Care  
Claim Refund  
PO Box 20911  
Dallas, TX 75320-9011

United Health Care Insurance Company  
Springfield Small Group  
PO Box 740800  
Atlanta, GA 30374-0800

US Foods Inc.  
CST Co.  
PO Box 33127  
Louisville, KY 40232-3127

Verizon  
PO Box 4003  
Acworth, GA 30101-9004

Verizon Wireles  
PO Box 4003  
Acworth, GA 30101-9004

Vermont Mutual Insurance Co.  
1138 Elm St  
Manchester, NH 03101-1531

Vermont Mutual Insurance Company  
PO Box 113  
Brattleboro, VT 05302-0113

Wainhouse Wellness  
112 Sumner Rd  
Brookline, MA 02445-6112

William Derr  
c/o Preston W. Leonard Leonard Law Offic  
63 Atlantic Ave Ste 3  
Boston, MA 02110-3752

William Kelly  
311 Village Grn N Ste 160  
Plymouth, MA 02360-7761

Workout World/a/kaka W Fitness  
PO Box 6800  
Sherwood, AR 72124-6800

IN RE:

Case No. \_\_\_\_\_

Coughlin, John W. III

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 20, 2016

Signature: /s/ John W. Coughlin, III  
John W. Coughlin, III

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any



Fill in this information to identify your case: Debtor 1 John W. Coughlin, III Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the District of Massachusetts, Boston Division 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. Married and your spouse is filing with you. Married and your spouse is NOT filing with you. Living in the same household and are not legally separated. Living separately or are legally separated.

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.

Table with 3 columns: Description, Column A Debtor 1, Column B Debtor 2 or non-filing spouse. Rows include gross wages, alimony, household expenses, net income from business, net income from rental, and interest/dividends/royalties.

Debtor 1 **Coughlin, John W. III**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ <u>0.00</u>	\$ _____
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 .....	\$ <u>0.00</u>	
For your spouse .....	\$ _____	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ _____
<b>10. Income from all other sources not listed above.</b> 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>0.00</u>	\$ _____
_____	\$ <u>0.00</u>	\$ _____
_____	\$ <u>0.00</u>	\$ _____
Total amounts from separate pages, if any.	<b>+</b> \$ <u>0.00</u>	\$ _____
<b>11. Calculate your total current monthly income.</b> 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>	\$ _____
	<b>+</b> \$ _____	<b>=</b> \$ <u>0.00</u>
		<b>Total current monthly income</b>

**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=>** \$ 0.00

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ 0.00

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

Fill in the state in which you live. **MA**

Fill in the number of people in your household. **1**

Fill in the median family income for your state and size of household. 13. \$ 57,526.00

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/ John W. Coughlin, III**  
**John W. Coughlin, III**  
 Signature of Debtor 1

Date **January 20, 2016**  
 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.