

FRANK L. CHAPIN
SYDNEY L. GUTIERREZ-CHAPIN
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ORIGINAL

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CLERK OF DISTRICT COURT
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Appearing Pro Se

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF IDAHO

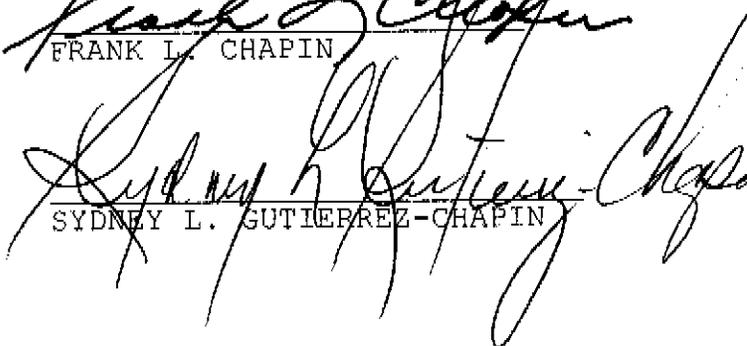
FRANK CHAPIN and SYDNEY CHAPIN
Debtors,

Case No. 02-0218 ²⁰²¹⁸
AMENDED SCHEDULE B-
PERSONAL PROPERTY
AMENDED SCHEDULE F-
CREDITORS HOLDING
UNSECURED NONPRIORITY
CLAIMS

COMES NOW the above named Debtors, Frank L. Chapin and Sydney L. Gutierrez-Chapin, and hereby amend Schedule B, to correct ownership of interests pertaining to joint and separate assets. Schedule F is amended to differentiate between joint and separate debt.

DATED this 23rd day of April, 2004.


FRANK L. CHAPIN


SYDNEY L. GUTIERREZ-CHAPIN

AMENDED SCHEDULE B-PERSONAL PROPERTY
AMENDED SCHEDULE F-CREDITORS HOLDING
UNSECURED NONPRIORITY CLAIMS-1

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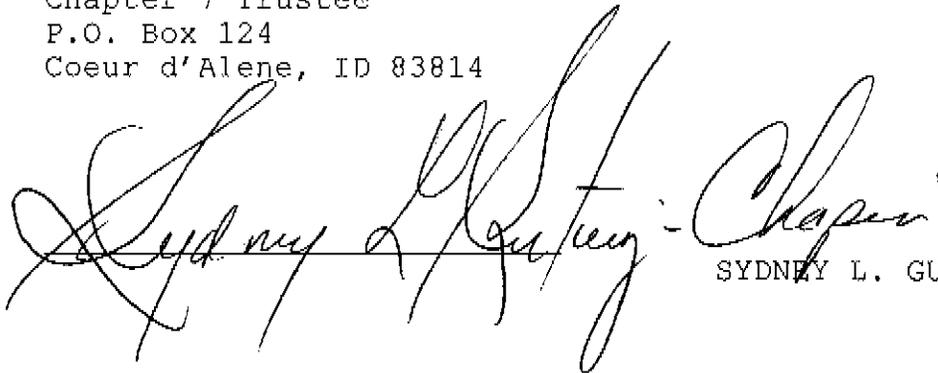
CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 23rd day of April, 2003, I caused to be served a true and correct copy of the foregoing AMENDED SCHEDULE B-PERSONAL PROPERTY and AMENDED SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS by U.S. Mail, and addressed to the following:

U.S. Trustee
P.O. Box 110
Boise, ID 83701

James H. Magnuson
Attorney for Chapter 7 Trustee
P.O. Box 2288
Coeur d'Alene, ID 83816

C. Barry Zimmerman
Chapter 7 Trustee
P.O. Box 124
Coeur d'Alene, ID 83814



SYDNEY L. GUTIERREZ-CHAPIN

In re	(SHORT TITLE)	Case Number:
Frank L. Chapin & Sydney L. Gutierrez-Chapin	Debtor.	02-20218 (If Known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.	yes	Cash	joint	47.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	yes	See Attachment	joint	
3.	Security deposits with public utilities, telephone companies, landlords, and others.	none			
4.	Household goods and furnishings, including audio, video, and computer equipment.	yes	See Attachment	joint	3,455.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	yes	Art Prints (4)\$415., Misc.collectables\$17	joint	590.00
6.	Wearing apparel.	yes	Frank \$200, Sydney \$320	joint	520.00
7.	Furs and jewelry.	yes	Wedding Rings (2)	joint	1,200.00
8.	Firearms and sports, photographic, and other hobby equipment.	yes	2 Revolvers	joint	300.00
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	none			
10.	Annuities. Itemize and name each issuer.	none			

ATTACHMENT 2-A

Checking Account Horizon Credit Union 520 N. 5 th Ave. Sandpoint, ID 83864	W	\$ 97.89
Checking Account Idaho Independent Bank 8882 N. Government Way Hayden Lake, ID 883835	H	258.24
Checking Account Pend Oreille Bank 476655 Highway 95 N. Sandpoint, ID 83864	W	722.05
Medical Savings Account Pend Oreille Bank 476655 Highway 95 N. Sandpoint, ID 83864	W	106.76
Savings Account Horizon Credit Union 520 N. 5 th Ave. Sandpoint, ID 83864	W	<u>50.00</u>
	Total	\$1,234.94

ATTACHEMENT 4-A

China cabinet (2) \$150, Refrigerator \$50,
Dishes & Glassware \$100, Pots & Pans \$250,
Bench \$20, Sewing Machine \$35, High Chair \$20

Total \$ 625.00

Misc. Garden Tools \$30, Lawnmower \$50, Gas
BBQ \$40, Outside Lawn Furniture \$50, Bedroom
Sets (2) \$1100., Living Room Set \$750, TV
\$50, Stereo \$50, VCR \$50, Tables (4) \$100,
Washer/Dryer \$200, Desks (2) \$110, File
Cabinets (3) \$60, Dinette \$140, Bookcase \$50

Total \$2,830.00

In re	(SHORT TITLE)	Case Number:
Frank L. Chapin & Sydney L. Gutierrez-Chapin	Debtor.	02-20218 (If Known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	yes	See Attachment	wife	\$ 25,000.00
12.	Stock and interests in incorporated and unincorporated businesses. Itemize.	none			\$
13.	Interests in partnerships or joint ventures. Itemize.	yes	See Attachment	joint	\$ 450,206.45
14.	Government and corporate bonds and other negotiable and non-negotiable instruments.	none			\$
15.	Accounts receivable.	yes	See Attachment	husband	\$ 17,239.61
16.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	none			\$
17.	Other liquidated debts owing debtor including tax refunds. Give particulars.	none			\$
18.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. (Form 6A.)	none			\$
19.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	yes	Life Interest-Hoodoo Mountain Ranchette Trust-Beneficiaries	husband	\$ 20,000.00
20.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	none			\$
21.	Patents, copyrights, and other intellectual property. Give particulars.	none			\$
22.	Licenses, franchises, and other general intangibles. Give particulars.	none			\$

ATTACHMENT 11

Interests in IRA

IRA Annuity-New York Life	Wife	\$15,000.00
IRA H.Y. Bond-New York Life	Wife	\$ 8,000.00
IRA Annuity-New York Life	Husband	\$ 2,000.00

ATTACHMENT 13-A

Financial Management Services, Inc. - Corporate Stock	\$412,533.80
Frank L. Chapin, P.A. - Corporate Stock	37,672.65
Moments, LLC - Interest in LLC	0.00
S and F, LLC - Interest in LLC Decreased value for Glabb Ranch & Linden property foreclosure	Unknown

ATTACHMENT 15-A

ACCOUNTS RECEIVABLE - FRANK L. CHAPIN

Bi-Rite Hardware & Building Supply, Inc.	\$9,213.75
Don & Sharon Ahles	507.94
Trimble LDHA Fisher Road	230.00
Trimble LDHA Kern Road	70.00
Trimble LDHA Leidich Road	70.00
Trimble LDHA Pelton Road	230.00
Tim & Pam Trimble	460.00
Tom Carothers	1,600.80
Lena Cereghino	3,097.12
Stephen Falciani	370.00
Kelly Kearns	460.00
Travis Kiebert	440.00
Daniel & Donna Valencia	<u>490.00</u>
Total	\$17,239.61

In re Frank L. Chapin & Sydney L. Gutierrez-Chapin	(SHORT TITLE) Debtor.	Case Number: 02-20218 (If Known)
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SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
23.	Automobiles, trucks, trailers, and other vehicles and accessories.	yes	2000 Ford F250	joint	\$ 15,000.00
24.	Boats, motors, and accessories.	none			\$
25.	Aircraft and accessories.	none			\$
26.	Office equipment, furnishings, and supplies.	none			\$
27.	Machinery, fixtures, equipment and supplies used in business.	yes	See Attachment	joint	\$
28.	Inventory.	none			\$
29.	Animals.	none			\$
30.	Crops - growing or harvested. Give particulars.	none		joint	\$
31.	Farming equipment and implements.	yes	See Attachment	joint	\$ Unknown
32.	Farm supplies, chemicals, and feed.	yes			\$
33.	Other personal property of any kind not already listed. Itemize.	yes	See Attachment	husband	\$ Unknown
_____ continuation sheets attached					\$ 537,704.63

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

ATTACHMENT 27

Equipment, Furniture & Fixtures
Used in Business

Office equipment, furnishings, fixtures Frank L. Chapin, P.A.	Husband	\$ 830.00
Office equipment, furnishing, fixtures Financial Management Services, Inc.	Joint	490.00
Office equipment, furnishings, fixtures Frank L. Chapin	Husband	\$ 1,420.00

ATTACHMENT 31-A

Farm equipment and machinery.

<u>ADDENDUM TO FORM OCCI</u>	<u>SERIAL NUMBER</u>
JD 2440 Tractor w/ Loader	3B3961T
JD 4020 Tractor w/ Loader - #1	6404DR-01
JD 4020 Tractor w/ Loader - #2	214982R
Ford 5550 Backhoe	
Case 1816 UniLoader	MODEL 1816
8 1/2' S&S Camper	52256
Caulkins Utility Trailer	117
Eagle Flat Trailer	
6' Rear Blade	
5th Wheel Drey Wagon	
2 Seat Surrey	
Doctor's Buggy	
3 Seat Cutter	
2 Seat Cutter	
Cattle Chute	
Calf Table	
Howard 7' Rotovator	
Honda Power Carrier	
Chute System	
JD 240 Lawn & Garden Tractor	M00240A100867
12" Post Auger	
Pasture Harrow	
Pressure Washer	
Generator	
10' Rock Rake	
Irrigation Pump on Trailer	
Chisel Plow	
Fertilizer Spreader	
Sprayer	
Bale Unroller	
Grain Drill	
Manure Spreader	
7' Back Blade	Model 150
Gopher Machine	
JD 820 Mower Conditioner	E00820X986711
Vermeer 605H Baler	574
2000 Honda Four Wheeler	XL3502007648
2000 Honda SnoHogg	SB41002194
2000 Honda Snow Blower	
Hay Accumulator	
Van Storage Box	

ATTACHMENT 33

Other Personal Property

Right of setoff/indemnification from Robert Kovacevich, Frederick
A. Leaf and Estate of Wilbur Leaf

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife Joint or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured non-priority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. Advanced Physical Therapy 1905 Pine Street Sandpoint, ID 83864	<input type="checkbox"/>	02/02 Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 345.00
LAST FOUR DIGITS OF ACCOUNT NO. American Lutheran Church c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H 10/29/01	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,000,000.00
LAST FOUR DIGITS OF ACCOUNT NO. American Red Cross c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H 10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. 5986 AT&T - Collection: Sunrise Credit Services Customer Care 2174 Jackson Ave. P.O. Box 3611 Seaford, NY 11783 Bothell, WA 98041	<input type="checkbox"/>	J 05/00 Cell Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 341.47
Subtotal >						\$ 1,000,686.47
Total >						\$ 1,000,686.47

7 continuation sheets attached

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin	Case Number: Debtor. 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. 08-01 Bonner General Hospital 520 N. Third Ave. Sandpoint, ID 83864	<input type="checkbox"/>	J	02/01 Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 534.83
LAST FOUR DIGITS OF ACCOUNT NO. Bonner Physical Therapy 1327 Superior Street Sandpoint, ID 83864	<input type="checkbox"/>	J	09/00 Physical Therapy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 48.09
LAST FOUR DIGITS OF ACCOUNT NO. 3762 Capital One P.O. Box 85015 Richmond, VA 23285	<input type="checkbox"/>	J	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 237.94
LAST FOUR DIGITS OF ACCOUNT NO. 1630 Capital One P.O. Box 85015 Richmond, VA 23285	<input type="checkbox"/>	J	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 391.43
LAST FOUR DIGITS OF ACCOUNT NO. Daniel Wagner c/o William Schroeder 717 West Sprague Ave., Ste 1200 Sookane. WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00

Subtotal > \$ 1,212.29

Sheet no. 1 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

(Total of this page)
 Total > \$
 (Use only on last page of the completed Schedule F)

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin Debtor.	Case Number: 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. Deaconess Medical Center c/o Allen Ruben 720 West Boone, Ste 200 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. 7051 Discover Card P.O. Box 30395 Salt Lake City, UT 84130	<input type="checkbox"/>	J	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 3,884.89
LAST FOUR DIGITS OF ACCOUNT NO. Donald Wagner c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. Douglas Cipriano, M.D. 1327 Superior St. Sandpoint, ID 83864	<input type="checkbox"/>	J	06/01 Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 489.00
LAST FOUR DIGITS OF ACCOUNT NO. Estate of Christina Leaf c/o Joseph P. Delay 601 West Main, Ste 1212 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00

Sheet no. 2 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

	Subtotal >	\$ 4,373.89
(Total of this page)	Total >	\$

(Use only on last page of the completed Schedule F)

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin Debtor.	Case Number: 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. Estate of Wilbur Leaf c/o Joseph P. Delay 601 West Main, Ste. 1212 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. Finney & Finney 120 Lake Street Sandpoint, ID 83864	<input type="checkbox"/>	J	Attorneys Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 3,964.18
LAST FOUR DIGITS OF ACCOUNT NO. Ford Motor Credit P.O. Box 543099 Omaha, NE 68154	<input type="checkbox"/>	J	Deficiency on Excursion Repossessed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ Unknown
LAST FOUR DIGITS OF ACCOUNT NO. Frederick A. Leaf c/o Maris Baltins 601 West Riverside Ave., Ste 1900 Spokane, WA 99201	<input type="checkbox"/>	H	Indemnification/Setoff in Lawsuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. Internal Medicine 207 Church Street Sandpoint, ID 83864	<input type="checkbox"/>	J	01/01 Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 110.00

Sheet no. 3 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal	>	\$ 4,074.18
(Total of this page) Total	>	\$

(Use only on last page of the completed Schedule F)

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin	Case Number: Debtor. 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBATOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. Internal Medicine 207 Church Street Sandpoint, ID 83864	<input type="checkbox"/>	J	01/29/02 Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 448.60
LAST FOUR DIGITS OF ACCOUNT NO. Jay & Nancy Whitson 1923 E. Buena Vista Dr. Tempe, AZ 85284	<input type="checkbox"/>	J	02/02 Personal Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20,000.00
LAST FOUR DIGITS OF ACCOUNT NO. Jerilyn A. Klungrvedt c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. Jerilyn Bierema c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. John C. Wagner c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00

Subtotal > \$ 20,448.60

Sheet no. 4 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

(Total of this page)
 Total > \$
 (Use only on last page of the completed Schedule F)

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin	Case Number: Debtor. 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. John P. Murray 3405 South Altamont St. Spokane, WA 99223-4637	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. Karen Sazowsky c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokanc, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. 6544 Lincaire P.O. Box 3387 Spokane, WA 99220	<input type="checkbox"/>	J	01/19/02 Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 119.54
LAST FOUR DIGITS OF ACCOUNT NO. Lynette J. Brekke c/o William Schroeder 717 West Sprague Ave., Ste 1200 Spokane, WA 99201	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. 0589 Providian Financial P.O. Box 9539 Manchester, NH 03108	<input type="checkbox"/>	J	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 335.01

Subtotal > \$ 454.55

Sheet no. 5 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

(Total of this page)
 Total >
 (Use only on last page of the completed Schedule F)

\$

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin	Case Number: Debtor. 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. 1029 Providian Financial P.O. Box 9539 Manchester, NH 03108	<input type="checkbox"/>	J	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,181.34
LAST FOUR DIGITS OF ACCOUNT NO. Robert Kovacevich, PLLC c/o Timothy J. Graham 1420 Fifth Ave., Ste 4100 Seattle, WA 98101	<input type="checkbox"/>	H	10/29/01 (Duplicate of American Lutheran Church Claim)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0.00
LAST FOUR DIGITS OF ACCOUNT NO. Robert Kovacevich, PLLC W. 818 Riverside Ave., Ste 530 Spokane, WA 99220	<input type="checkbox"/>	J	06/94 Attorney's Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 79,330.00
LAST FOUR DIGITS OF ACCOUNT NO. 7964 Sears Roebuck P.O. Box 182149 Columbus, OH 43218	<input type="checkbox"/>	J	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 2,963.48
LAST FOUR DIGITS OF ACCOUNT NO. 9CH9 Selkirk Medical c/o I.C. Systems, Inc. 444 Hwy 96 E. St. Paul, MN 55164	<input type="checkbox"/>	J	05/08/96 Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 495.00

Subtotal > \$ 83,969.82

Sheet no. 6 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

(Total of this page)
 Total >
 (Use only on last page of the completed Schedule F)

(Report total also on Summary of Schedules)

In re (SHORT TITLE) Frank L. Chapin and Sydney L. Gutierrez-Chapin	Case Number: Debtor. 02-20218 (If Known)
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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
LAST FOUR DIGITS OF ACCOUNT NO. FC01 City of Sandpoint 1123 Lake Street Sandpoint, ID 83864	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/02 Business Improvement District	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1,290.00
LAST FOUR DIGITS OF ACCOUNT NO. Travelers Insurance Group Insurance One Travelers Plaza Hartford, CT	<input type="checkbox"/>	H	12/02 Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,678.00
LAST FOUR DIGITS OF ACCOUNT NO. _____ _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
LAST FOUR DIGITS OF ACCOUNT NO. _____ _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
LAST FOUR DIGITS OF ACCOUNT NO. _____ _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Subtotal > \$ 2,968.00

Sheet no. 7 of 7 sheets attached to
 Schedule of Creditors Holding Unsecured
 Nonpriority Claims

(Total of this page)
 Total >
 (Use only on last page of the completed Schedule F)

\$ 1,118,187.80

(Report total also on Summary of Schedules)