Dr. Richard Cordero, Esq.

Ph.D., University of Cambridge, England M.B.A., University of Michigan Business School D.E.A., La Sorbonne, Paris 59 Crescent Street, Brooklyn, NY 11208-1515 Dr.Richard.Cordero.Esq@Judicial-Discipline-Reform.org tel. (718) 827-9521

1

Summary of the DeLanos' income of \$291,470 + mortgage receipts of \$382,187 = \$673,657 and credit card borrowing of \$98,092

unaccounted for and inconsistent with their declaration in Schedule B (D:31)¹ of their bankruptcy petition that at the time of its filing on January 27, 2004, they had in hand and on account only \$535!

Exhibit		Mortgages or loans				
page #	produced by the DeLanos to Chapter 13 Trustee George Reiber a (cf.Add:966§B)	year	amount			
D ^b :342	1) from Columbia Banking, S&L Association	16jul75	\$26,000			
D:343	2) another from Columbia Banking, S&L Asso.	30nov77	7,467			
D:346	3) still another from Columbia Banking, S&L Asso.	29mar88	59,000			
D:176/9	4) owed to Manufacturers &Traders Trust=M&T Bank	March 88	59,000			
D:176/10	5) took an overdraft from ONONDAGA Bank	March 88	59,000			
D:348	6) another mortgage from Central Trust Company	13sep90	29,800			
D:349	7) even another one from M&T Bank	13dec93	46,920			
D:350-54	8) yet another from Lyndon Guaranty Bank of NY	23dec99	95,000			
	9) any other not yet disclosed?	btotal	\$382,187			
	The DeLanos' earnings in just the three years preceding their voluntary bankruptcy petition of January 27, 2004 (D:23)					
2001	1040 IRS form (D:186)	\$91,229	\$91,229			
2002	1040 IRS form (D:187)	\$91,859				
	Statement of Financial Affairs (D:47)		91,655			
2003	1040 IRS form (D:188)	+97,648				
	Statement of Financial Affairs (D:47)		+108,586			
	ust be added the receipts contained in the \$98,092 owed on 18	\$280,736 ^d	\$291,470 ^d			
credit car	rds, as declared in Schedule F (D:38) ^c	TOTAL	\$673,657			

^a The DeLanos claimed in their bankruptcy petition that their only real property is their home, valued on November 23, 2003, at \$98,500, as to which their mortgage is still \$77,084 and their equity is only \$21,416 (D:30/Sch.A)...after making mortgage payments for 30 years! and having received during that same period at least \$382,187 through the known elements of a string of mortgages! *Mind-boggling!*

b D=Designated items in the record of *Cordero v. DeLano*, 05-6190L, WDNY, of April 18, 2005.

The DeLanos declared that their credit card debt on 18 cards totals \$98,092 (D:38/Sch.F), while they set the value of their household goods at only \$2,810! (D:31/Sch.B) *Implausible!* Couples in the Third World end up with household possessions of greater value after having accumulated them in their homes over their worklives of more than 30 years.

d Why do these numbers not match?

Dr. Richard Cordero, Esq.

Ph.D., University of Cambridge, England M.B.A., University of Michigan Business School D.E.A., La Sorbonne, Paris 59 Crescent Street, Brooklyn, NY 11208-1515 tel. (718) 827-9521 DrRCordero@Judicial-Discipline-Reform.org

(as of 8/19/7)

The DeLanos' String of Eight Known Mortgages and the Valuation of their Only Real Property and its Real Market Value

David Gene DeLano, born on September 1, 1941, and his wife, Mary Ann DeLano, born on September 21, 1944, bought on July 16, 1975, the property on 1262 Shoecraft Road, Town of Penfield, by taking out a mortgage for \$26,000. That was the first of eight known mortgages that the DeLanos took on that same property and through which they obtained a known total of \$382,187.

Preparing for retirement, they filed a bankruptcy petition on January 27, 2004, when Mr. DeLano was a 39-year veteran of the banking and financing industries, working precisely as an officer in the bankruptcy department of M&T Bank, and Ms. DeLano was a Xerox technician. They listed that property in Schedule A as their only real property, had it appraised two months earlier at \$98,500, and declared that their mortgage was still \$77,084 and their equity only \$21,416...after making monthly mortgage payments for 30 years!

Question 1: Where did \$382,187, the proceeds of those eight mortgages, and their mortgage payments go, particularly since the DeLanos listed in Scheduled B that they had in cash and on account only \$535, although they reported in their Statement of Financial Affairs and their 1040 IRS forms for the three years preceding their filing that they had earned \$291,470? Were assets concealed and, if so, which and where?

Moreover, a public record obtained through WestLaw puts the value of the same property at 1262 Shoecraft Road, Webster, NY 14580-8954, assessed by the County of Monroe and updated as of May 4, 2007, at \$116,000.

Question 2: How could that property increase in value in 3.5 years by \$17,500, i.e., 18%, in a market going down for years? Was the valuation declared in Schedule A fraudulent?

The DeLanos have submitted some mortgage documents, though incomplete. They can be found below together with their bankruptcy petition, their 1040 IRS forms, the WestLaw public record, and an Equifax credit report concerning what are deemed to be two of the eight mortgages. The most salient data on these documents is presented on the table of their income, receipts, and borrowings below.

Nevertheless, those documents contain with respect to both that property and the mortgages some technical references that may be useful in searching the property records to find the answer to the above questions. A summary of those references is as follows: (D:# is the page number of the documents in this file.)

- 1. (D:345) property on Shoecraft Road, Liber 3679 of Deeds, page 489;
- 2. (D:342) sold by the Church of the Holy Spirit of Penfield, NY, to David Gene and Mary Ann DeLano by warranty deed on July 16, 1975, Liber 4865 of Deeds, page 122;
- 3. (D:342) mortgaged on July 16, 1975, Liber 4000 of Mortgages, page 196;
- 4. (D:343, 345) mortgaged on November 30, 1977, Liber 4488 of Mortgages, pages 152;
- 5. (D:346-347) mortgaged on March 29, 1988, Liber 8682 of Mortgages, page 81, Mortgage # CE033444;
- 6. (D:176/9) the DeLanos borrowed \$59,000 in March 1988 from Manufacturers & Traders Trust Bank;
- 7. (D:176/10) the DeLanos obtained \$59,000 in March 1988 from ONODAGA Bank/Overdraft;
- 8. (D:348) mortgaged on September 13, 1990, Liber 10363 of Mortgages, page 38, Mortgage # CH016334;
- 9. (D:348) mortgage assigned on November 26, 1991, Liber 893 of Assignment of Mortgages, page 402;
- 10. (D:349) mortgaged on December 13, 1993, Liber 12003 of Mortgages, page 507, Mortgage # CK039604;
- 11. (D:350-352) mortgaged on April 23, 1999, Liber 14410 of Mortgages, page 132, Mortgage # CQ002917
- 12. (D:353-354) involvement of the U.S. Department of Housing and Urban Development in a settlement dated April 23, 1999

United States Bankruptcy Court

04-20280

CHAPTER 13 BANKRUPTCY CASE, MEETING OF CREDITORS, AND DEADLINES

You may be a creditor of the debtor(s). This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

AKA:

Debtor(s) (name(s) and address):

DAVID G DELANO 1262 SHOECRAFT ROAD Date Case Filed(or Converted): January 27, 2004

Soc Sec/Tax Id Nos:

077-32-3894 091-38-0517

WEBSTER, NY 14580

Joint: MARY ANN DELANO 1262 SHOECRAFT ROAD

WEBSTER, NY 14580

al debters must provide picture identification and proof of social security number to the trustee at this meeting of creditors.

Paliure to do so may result in your case being dismissed. Attorney for Debtor(s) (name and addesss)

CHRISTOPHER K WERNER, ÉSC BOYLAN, BROWN, ET AL 2400 CHASE SQUARE **ROCHESTER, NY 14604-0000**

Bankruptcy Trustee (name and address):

George M. Relber 3136 South Winton Road Suite 206 Rochester, NY 14623

Telephone Number: (716) 232-5300

Telephone Number: (585) 427-7225

See Reverse Side For Important Explanations.

Meeting of Creditors:

DATE: March 08, 2004 TIME: 01:00 PM

J.S. Trustees Office Location:

6080 U.S. Courthouse 100 State Street

Rochester, NY 14614

Deadlines:

Papers must be received by the bankrupacy clerk's office by the following deadlines.

Deadline to File a Proof of Claim:

For all creditors (except a governmental unit):

June 07, 2004

For governmental units: July 26, 2004

Deadline to Object to Exemptions:

Thirty (30) days after the conclusion of the meeting of creditors.

Filing of Plan, Hearing on Confirmation of Plan

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

DATE: March 08, 2004 TIME: 03:30 PM

Location:

U. S. Bankruptcy Court 1400 U.S. Courthouse 100 State Street

Rochester, NY 14614

Creditors May Not Take Certain Actions

The filling of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

The plan proposes payments to the Trustee of \$1,940.00 MO is to be paid 22 cents on the dollar. With unpecured dis

PLEASE TAKE FURTHER NOTICE THAT ALL CLAIMS, INCLUDING THOSE CLAIMS PURPORTING TO BE A LIEN UPON REAL PROPERTY, MAY BE DEEMED TO BE UNSECURED UNLESS PROOF OF THE DEBT. THE PERFECTION OF THE LIEN AND THE VALUE OF THE SECURITY IS FILED WITH THE COURT AT OR BEFORE THE ABOVE MEETING OF CREDITORS.

A HEARING TO DETERMINE THE VALIDITY AND THE VALUE OF ANY CLAIMED SECURITY INTEREST IN PROPERTY OF THE DEBTOR, AND A HEARING TO DETERMINE VALIDITY OF ANY LIEN OR SECURITY INTEREST CLAIMED AGAINST EXEMPT **PROPERTY COVERED BY SEC. 522 F, 11 USC WILL BE HELD AT THE HEARING ON CONFIRMATION.**

WRITTEN OBJECTIONS TO CONFIRMATION MAY BE FILED WITH THE COURT AT ANY TIME PRIOR TO CONFIRMATION.

Address of the Bankruptcy Clerk's Office:

U.S. Benkruptcy Court 100 State St.

Website: http://www.nywb.uscourts.gov

Clerk of the Bankruptcy Court: PAUL R. WARREN

DATED: February 03, 2004

Rochester, NY 14614

Case filing information and deadline dates can be obtained free of charge by calling our Voice Case Information System: (716) 551-5311 or (800) 776-9578. Hours Open 8:00am to 4:30pm

020304.0027.63,00111358.023

0420280.018 .3.C21

D:23

146

Filing of Chapter 13 **Bankruptcy Case**

A bankruptcy case under Chapter 13 of the Bankruptcy Code (Title 11, United States Code) has been filed in this court by the debtor(s) listed on the front side, and an order for relief has been entered. Chapter 13 allows an individual with regular income and debts below a specificied amount to adjust debts pursuant to a plan. A plan is not effective unless confirmed by the bankruptcy court. You may object to confirmation of the plan and appear at the confirmation hearing. A copy or summary of the plan [is included with this notice] or [will be sent to you later], and [the confirmation hearing will be held on the date indicated on the front of this notice] or [you will be sent notice of the confirmation hearing]. The debtor will remain in possession of the debtor's property and may continue to operate the debtor's business, if any, unless the court orders otherwise.

Creditors May Not

Prohibited collection actions against the debtor and certain codebtors are listed in the Bankruptcy Code Take Certain Actions §362 and §1301. Common examples of prohibited actions include contacting the debtor by telephone, mail or otherwise to demand repayment; taking actions to collect money or obtain property from the debtor; repossessing the debtor's property; starting or continuing lawsuits or foreclosures; and garnishing or deducting from the debtor's wages.

Meeting of Creditors A meeting of creditors is scheduled for the date, time, and location listed on the front side. The debtor (both spouses in a joint case) must be present at the meeting to be questioned under oath by the trustee and by creditors. Creditors are welcome to attend, but are not required to do so. The meeting may be continued and concluded at a later date without further notice.

Claims

A Proof of Claim is a signed statement describing a creditor's claim. If a Proof of Claim form is not included with this notice, you can obtain one at any bankruptcy clerk's office. If you do not file a Proof of Claim by the "Deadline to File a Proof of Claim" listed on the front side, you may not be paid any money on your claim against the debtor in the bankruptcy case. To be paid you must file a Proof of Claim even if your claim is listed in the schedules filed by the debtor. Do not file voluminous attachments to your proof of claim. Include only relevant excerpts which are clearly labeled as such. Full versions of excerpted documents must be made available upon request.

Discharge of Debts

The debtor is seeking a discharge of most debts, which may include your debt. A discharge means that you may never try to collect the debt from the debtor.

Exempt Property

The debtor is permitted by law to keep certain property as exempt. Exempt property will not be sold and distributed to creditors; even if the debtor's case is converted to Chapter 7. The debtor must file a list of all property claimed as exempt. You may inspect that list at the bankruptcy clerk's office. If you believe that an exemption claimed by the debtor is not authorized by law, you may file an objection to that exemption. The bankruptcy clerk's office must receive the objection by the "Deadline to Object to Exemptions" listed on the front side.

Bankruptcy Clerk's Office

Any paper that you file in this bankruptcy case should be filed at the bankruptcy clerk's office at the address listed on the front side unless otherwise noted. You may inspect all papers filed, including the list of the debtor's property and debts and the list of property claimed as exempt, at the bankruptcy clerk's office.

Legal Advice

The staff of the bankruptcy clerk's office cannot give legal advice. You may want to consult an attorney to protect your rights.

Return Mail

The address of the debtor's attorney will be used as the return address for the Notice of Meeting of Creditors. For returned or undeliverable mailings, debtor's must obtain the intended recipient's correct address, resend the notice and file an affidavit of service with the Clerk's office. The Clerk's office will then update its records for future mailings. Failure to serve all parties with a copy of this notice may adversely affect the debtor.

--- Refer To Other Side For Important Deadlines and Notices---

CERTIFICATE OF MAILING

CASE: 0420280 TRUSTEE: 63 COURT: 146

TASK: 02-02-2004.00111358.N13N02 DATED: 02/03/2004

I HOIN- U	2-02-2004	. 00111338 . N13N02 DATED - 02/03/2004	
Court		U.S. Bankruptcy Court	100 State St. Rochester, NY 14614
Trustee	•	George M. Reiber	3136 South Winton Road
		Suite 206	Rochester, NY 14623
Debtor		DAVID C DELANO	1262 SHOECRAFT ROAD WEBSTER, NY 14580
Jaint		MARY ANN DELAND	1262 SHOECRAFT ROAD WEBSTER, NY 14580
799	000001	CHRISTOPHER K WERNER, ESQ 2400 CHASE SQUARE	BOYLAN, BROWN, ET AL ROCHESTER, NY 14604-0000
001	000005	AT & T UNIVERSAL CARD	P 0 BOX 8217 S HACKENSACK, NJ 07606
014	000016	CITICARDS	P O BOX 8116 S HACKENSACK, NJ 07606
015	000018	CITICARDS	P O BOX 8116 S HACKENSACK, NJ 07606
018	000021	DR RICHARD CORDERO	59 CRESCENT STREET BROOKLYN, NY 11208-1515
011	000014	CHASE	P 0 B0X 1010 HICKSVILLE, NY 11802-0000
021	000023	HSBC BANK USA	SUITE 0627 BUFFALG, NY 14270-0627
020	000004	GENESEE REGIONAL BANK	3670 MT READ BLVD ROCHESTER, NY 14616
003	000007	BANK ONE	P O BOX 15153 WILMINGTON, DE 19886
004	000009	BANK ONF	P O BOX 15153 WILMINGTON, DE 19886
005	000010	BANK ONE	P O BOX 15153 WILMINGTON, DE 19886
022	000024	MBNA AMERICA	P O BOX 15137 WILMINGTON, DE 19886
023	000025	MBNA AMERICA	P O BOX 15137 WILMINGTON, DE 19886
024	000026	MBNA AMERICA	P D BOX 15102 WILMINGTON, DE 19884-0000
016	000019	DISCOVER CARD	P D BOX 15251 WILMINGTON, DE 19884-5251
019	000022	FLEET CREDIT CARD SERVICES	F O BOX 15368 WILMINGTON, DE 19886-5368
006	800000	BANK ONE/FIRST USA BANK RECOVERY DEPT	PO BOX 517 FREDERICK, MD 21705-0517
007	000011	CAPITAL ONE	P O BOX 85147 RICHMOND, VA 23285
008	000013	CAPITAL ONE	P O BOX 85147 RICHMOND, VA 23285
010	000012	CAFITAL ONE BANK	P O BOX 85167 RICHMOND, VA 23285-0000
017	000020	DISCOVER FINANCIAL SERVICES	P.O. BOX 8003
AFFA	0.000/20	PANAMARN I THURWARD GENATORS	HILLIARD, OH 43026

Page 1 of 2

CERTIFICATE OF MAILING

CASE:	0420280	TRUSTEE: 63	COURT:	146	Page 2 of 2
TASK:	02-02-2004.	00111358.N13N02	DATED:	02/03/2004	
025	000027	SEARS			PAYMENT CENTER
		P 0 BOX 182149			COLUMBUS, OH 43218
026	000028	SEARS			PO BOX 3671
		ATTM: BK DEPT			DES MOINES, IA 50322- 000
002	000006	BANK OF AMERICA			P O BOX 531323
					PHOENIX, AZ 85072-3132
012	000015	CHASE MANHATTAN BA	NK USA		150 WEST UNIVERSITY DRIVE
		ATTN PAYMENT PRO	CESSING		TEMPE, AZ 85281
013	000017	CITIBANK/CHOICE			P O BOX 6305
		EXCEPTION PYMT PRO	CESSING		THE LAKES, NV 88901-6305
027	000029	WELLS FARGO FINANC	IAL		P D BOX 98784
					LAS VEGAS, NV 89193
009	000003	CAPITAL ONE AUTO F	INANCE		P O BOX 93016
					LONG BEACH, CA 90809-3016

32 NOTICES

THE ABOVE REFERENCED NOTICE WAS MAILED TO EACH OF THE ABOVE ON 02/03/2004. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED UN 02/03/2004 BY

MCM - Indicates notice served via Certified Mail

United States Bankruptcy Court Western District of New York						Voluntary Petition			
Name of Deb DeLano, D		dual, enter l	Last, First,	Middle):			Joint Debto ano, Mary		t, First, Middle):
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):								ed by the Joint I aiden, and trade	Debtor in the last 6 years names):
Last four digition (if more than one	, state all):	c. No. / Com x-xx-3894	plete EIN or	r other Tax I.D.	No.	Last four (if more tha	digits of Son one, state all	oc. Sec. No. / Con): xxx-xx-0517	mplete EIN or other Tax I.D. No.
Street Addres 1262 Shoe Webster, N	craft Road	(No. & Stree	et, City, Stat	e & Zip Code):		1262	dress of Joi 2 Shoecrafester, NY 1	t Road	Street, City, State & Zip Code):
County of Re Principal Plac			iroe				f Residence Place of B		roe
Mailing Addr	Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address):								
	Location of Principal Assets of Business Debtor (if different from street address above):								
precedin	has been doning the date of a bankruptc	niciled or har f this petition y case conce	ns had a resi n or for a lo erning debto	onger part of su or's affiliate, ge	l place of ch 180 da	business ays than ner, or p	s, or princip in any other artnership	oal assets in this District.	
☐ Individu☐ Corpora☐ Partners☐ Other_	tion	btor (Check	☐ Rai ☐ Stoo ☐ Cor			☐ Cha	the pter 7 pter 9	e Petition is File Cha	cruptcy Code Under Which d (Check one box) upter 11
Chap ☐ Debtor i ☐ Debtor i	Nature of Debts (Check one box) Consumer/Non-Business ☐ Business Chapter 11 Small Business (Check all boxes that apply) ☐ Debtor is a small business as defined in 11 U.S.C. § 101 ☐ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional) Filing Fee (Check one box) Full Filing Fee attached ☐ Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.								
☐ Debtor of	estimates that estimates that	t funds will t, after any	be available exempt prop	es only) e for distribution perty is exclude unsecured cred	d and adr			paid, there	THIS SPACE IS FOR COURT USE ONLY
Estimated Nu	mber of Cre	ditors	1-15	16-49 50-99	100-199	200-999	1000-over		
Estimated As	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,00 \$50 million		50,000,001 to 100 million	More than \$100 million	
Estimated Del \$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,00 \$50 millior		50,000,001 to 100 million	More than \$100 million	

Date

U.S.C. § 110; 18 U.S.C. § 156.

United States Bankruptcy Court Western District of New York

In re	David G. DeLano,		Case No	
	Mary Ann DeLano			
_		Debtors	Chapter	13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	98,500.00		
B - Personal Property	Yes	4	164,956.57		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		87,369.49	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		98,092.91	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			4,886.50
J - Current Expenditures of Individual Debtor(s)	Yes	1			2,946.50
Total Number of Sheets of ALL Schedules		16			
	T	otal Assets	263,456.57		
		'	Total Liabilities	185,462.40	

In re	David G. DeLano
	Mary Ann DeLan

Case No.	

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. 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 holds no interest in real property, write "None" under "Description and Location of Property."

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

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1262 Shoecraft Road, Webster (value per appraisal	Fee Simple	J	98,500.00	77,084.49

Sub-Total > 98,500.00 (Total of this page)

Total > 98,500.00

____ continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re	David G. DeLand
	Mary Ann Del an

Case No.	

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	N O Description and Location of Property E	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	misc cash on hand	J	35.00
2.	Checking, savings or other financial	M & T Checking account	J	300.00
	accounts, certificates of deposit, or shares in banks, savings and loan,	M & T Savings	W	200.00
	thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	M & T Bank Checking	W	0.50
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Furniture: sofa, loveseat, 2 chairs, 2 lamps, 2 tv's 2 radios, end tables, basement sofa, kitchen table and chairs, misc kitchen appliances, refrigerator, stove, microwave, place settings; Bedroom furniture - bed, dresser, nightstand, lamps, 2 foutons, 2 lamps, table 4 chairs on porch; desk, misc garden tools, misc hand tools.	J	2,000.00
		computer (2000); washer/dryer, riding mower (5 yrs), dehumidifier, gas grill,	J	350.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	misc books, misc wall decorations, family photos, family bible	J	100.00
6.	Wearing apparel.	misc wearing apparel	J	50.00
7.	Furs and jewelry.	wedding rings, wrist watches	J	100.00
		misc costume jewelry, string of pearls	W	200.00
		(Tota	Sub-Total of this page)	al > 3,335.50

³ continuation sheets attached to the Schedule of Personal Property

D:31

In re	David G. DeLand
	Mary Ann Del an

Case No.

SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

			,		
	Type of Property	N O N E	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
8.	Firearms and sports, photographic, and other hobby equipment.		camera - 35mm snapshot cameras ((2) purchased for \$19.95 each new	J	10.00
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	Χ			
11.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing) 8	Xerox 401-K \$38,000; stock options \$4,000; retirement account \$17,000 - all in retirment account	W	59,000.00
	plans. Itemize.	4	401-k (net of outstanding loan \$9,642.56)	Н	96,111.07
12.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Х			
13.	Interests in partnerships or joint ventures. Itemize.	Χ			
14.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15.	Accounts receivable.	ι	Debt due from son (\$10,000) - uncertain collectibility - unpaid even when employed but now laid off from Heidelberg/Nexpress	J	Unknown
16.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17.	Other liquidated debts owing debtor including tax refunds. Give particulars.	2	2003 tax liability expected	J	0.00
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.	X			
				Sub-Tota	al > 155,121.07
			(Total	of this page)	-,

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re	David G. DeLano
	Mary Ann Del and

Case No.	
----------	--

SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	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
19.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	Х			
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.	Х			
21.	Patents, copyrights, and other intellectual property. Give particulars.	X			
22.	Licenses, franchises, and other general intangibles. Give particulars.	X			
23.	Automobiles, trucks, trailers, and	1	993 Chevrolet Cavalier 70,000 miles	W	1,000.00
	other vehicles and accessories.	1 E	1998 Chevrolet Blazer 56,000 miles (value Kelly Blue Book average of retail and trade-in - good condition)	Н	5,500.00
24.	Boats, motors, and accessories.	Х			
25.	Aircraft and accessories.	Χ			
26.	Office equipment, furnishings, and supplies.	X			
27.	Machinery, fixtures, equipment, and supplies used in business.	Χ			
28.	Inventory.	X			
29.	Animals.	Χ			
30.	Crops - growing or harvested. Give particulars.	X			
31.	Farming equipment and implements.	X			
			-	Sub-Total of this page)	al > 6,500.00

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re David G. DeLano, Mary Ann DeLano

	Case No.
--	----------

Debtors

SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

		(Continuation Sheet)		
Type of Property	N O N E	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
32. Farm supplies, chemicals, and feed.	Х			
33. Other personal property of any kind not already listed.	X			

Sub-Total > 0.00 (Total of this page)

Total >

164,956.57

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

-	r	
	n	ro

David G. DeLano, Mary Ann DeLano

Case No.	

Debtors

SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: [Check one box]

☐ 11 U.S.C. §522(b)(1): ☐ 11 U.S.C. §522(b)(2):

Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states. Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
Real Property 1262 Shoecraft Road, Webster (value per appraisal 11/23/03)	NYCPLR § 5206(a)	20,000.00	98,500.00
Household Goods and Furnishings Furniture: sofa, loveseat, 2 chairs, 2 lamps, 2 tv's 2 radios, end tables, basement sofa, kitchen table and chairs, misc kitchen appliances, refrigerator, stove, microwave, place settings; Bedroom furniture - bed, dresser, nightstand, lamps, 2 foutons, 2 lamps, table 4 chairs on porch; desk, misc garden tools, misc hand tools.	NYCPLR § 5205(a)(5)	2,000.00	2,000.00
Books, Pictures and Other Art Objects; Collectibles misc books, misc wall decorations, family photos, family bible	NYCPLR § 5205(a)(2)	100.00	100.00
Wearing Apparel misc wearing apparel	NYCPLR § 5205(a)(5)	50.00	50.00
Furs and Jewelry wedding rings, wrist watches	NYCPLR § 5205(a)(6)	100.00	100.00
Interests in IRA, ERISA, Keogh, or Other Pension or F Xerox 401-K \$38,000; stock options \$4,000; retirement account \$17,000 - all in retirment account	Profit Sharing Plans Debtor & Creditor Law § 282(2)(e)	59,000.00	59,000.00
401-k (net of outstanding loan \$9,642.56)	Debtor & Creditor Law § 282(2)(e)	96,111.07	96,111.07
Automobiles, Trucks, Trailers, and Other Vehicles 1993 Chevrolet Cavalier 70,000 miles	Debtor & Creditor Law § 282(1)	1,000.00	1,000.00

n re	David G. DeLano,
	Mary Ann Del and

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured 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 the 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 secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C C D E B T C R	ے ا	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	UZ LL QULDAH	SPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 5687652			2001	٦ [T E D			
Capitol One Auto Finance PO Box 93016 Long Beach, CA 90809-3016		J	auto lien 1998 Chevrolet Blazer 56,000 miles (value Kelly Blue Book average of retail and trade-in - good condition)					
	╀	+	Value \$ 5,500.00			Н	10,285.00	4,785.00
Account No. Genesee Regional Bank 3670 Mt Read Blvd Rochester, NY 14616		J	fist mortgage 1262 Shoecraft Road, Webster (value per appraisal 11/23/03)				77.004.40	0.00
Account No.	╀	+	Value \$ 98,500.00	╀	_	Н	77,084.49	0.00
Account No.			Value \$					
Account No.						Ш		
			Value \$					
	_			Subt	ota	ıl		
0 continuation sheets attached			(Total of	his	pag	ge)	87,369.49	
			(Report on Summary of So		ota lule		87,369.49	

In re	David G. DeLano,
	Mary Ann DeLano

Case No.		

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

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

in the box moder 10th of the last sheet of the completed schedule. Repeat this total tilbs on the Summary of Schedules.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).
☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,650* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, which ever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,650* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

\square Deposits by individuals

Claims of individuals up to \$2,100* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

\square Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2004, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

D:37

In re	David G. DeLano,		Case No.	
	Mary Ann DeLano			
-		Debtors	,	

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, 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. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. 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 maybe 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 the 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 claims to report on this Schedule F.

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community	C	į	ļ P	
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF SO STATE			D I S P U T E D	AMOUNT OF CLAIM
Account No. 5398-8090-0311-9990			1990 and prior	T		<u> </u>	
AT&T Universal P.O. Box 8217 South Hackensack, NJ 07606-8217		F	Credit card purchases				1,912.63
Account No. 4024-0807-6136-1712		t	1990 and prior	+	+	\dagger	
Bank Of America P.O. Box 53132 Phoenix, AZ 85072-3132		F	Credit card purchases				3,296.83
Account No. 4266-8699-5018-4134 Bank One Cardmember Services P.O. Box 15153		F	1990 prior Credit card purchases				
Wilmington, DE 19886-5153							9,846.80
Account No. 4712-0207-0151-3292 Bank One Cardmember Services P.O. Box 15153 Wilmington, DE 19886-5153		F	1990 and prior Credit card purchases				
							5,130.80
_3 continuation sheets attached			(Total o	Sub of this			20,187.06

In re	David G. DeLano,	Case No.	
	Mary Ann DeLano		

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

Husband, Wife, Joint, or Community CODEBTOR UNLLQULDATED CONTINGENT CREDITOR'S NAME, AND MAILING ADDRESS DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM INCLUDING ZIP CODE, W AND ACCOUNT NUMBÉR J AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. С (See instructions.) Account No. 4262 519 982 211 1990 and prior Credit card purchases Bank One Н Cardmember Services P.O. Box 15153 Wilmington, DE 19886-5153 9,876.49 2001-8/03 Account No. 4388-6413-4765-8994 Credit card purchases Capital One Η P.O. Box 85147 Richmond, VA 23276 449.35 Account No. 4862-3621-5719-3502 2001 - 8/03 Credit card purchases Capital One Н P.O. Box 85147 Richmond, VA 23276 460.26 Account No. 4102-0082-4002-1537 1990 and prior Credit card purchases Chase W P.O. Box 1010 Hicksville, NY 11802 10,909.01 Account No. 5457-1500-2197-7384 1990 and prior Credit card purchases Citi Cards W P.O. Box 8116 South Hackensack, NJ 07606-8116 2,127.08 Sheet no. 1 of 3 sheets attached to Schedule of Subtotal 23,822.19

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

In re	David G. DeLano,
	Mary Ann DeLano

Case No.		

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

	1.	_		-	1	1.	1
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	F V J	CONSIDERATION FOR CLAIM. IF CLAIM	CONTINGEN	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Account No. 5466-5360-6017-7176		Γ	1990 and prior	Т	T E		
Citi Cards P.O. Box 8115 South Hackensack, NJ 07606-8115		F	Credit card purchases		D		4,043.94
Account No. 6011-0020-4000-6645	╁	t	1990 and prior		t	+	
Discover Card P.O. Box 15251 Wilmington, DE 19886-5251		J	Credit card purchases				5,219.03
Account No.	╁	t	2002		╁	╁	·
Dr. Richard Cordero 59 Crescent Street Brooklyn, NY 11208-1515		F	Alleged liability re: stored merchandise as employee of M&T Bank - suit pending US BK Ct.		×	X	Unknown
Account No. 5487-8900-2018-8012	╁	$^{+}$	1990 and prior		H	+	
Fleet Credit Card Service P.O. Box 15368 Wilmington, DE 19886-5368		V	Credit card purchases				2,126.92
Account No. 5215-3125-0126-4385	T	t	1990 and prior		T		
HSBC MasterCard/Visa HSBC Bank USA Suite 0627 Buffalo, NY 14270-0627		F	Credit card purchases				9,065.01
Sheet no. 2 of 3 sheets attached to Schedule of		_	1	Sub	tota	al	00.454.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	20,454.90

n re	David G. DeLano,
	Mary Ann DeLand

Case No.		

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	Hu: H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLXGEN	ľb	10	_	AMOUNT OF CLAIM
Account No. 4313-0228-5801-9530 MBNA America P.O. Box 15137 Wilmington, DE 19886-5137		w	1990 and prior Credit card purchases		A T E D			
Account No. 5329-0315-0992-1928 MBNA America P.O. Box 15137 Wilmington, DE 19886-5137		Н	1990 and prior Credit card purchases					6,422.47
Account No. 749 90063 031 903 MBNA America P.O. Box 15102 Wilmington, DE 19886-5102		Н	1990 and prior Credit card purchases					18,498.21 3,823.74
Account No. 34 80074 30593 0 Sears Card Payment Center P.O. Box 182149 Columbus, OH 43218-2149		Н	1990 - 10/99 Credit card purchases					3,554.34
Account No. 17720544 Wells Fargo Financial P.O. Box 98784 Las Vegas, NV 89193-8784		н	8/03 Credit card purchases					1,330.00
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this)	33,628.76
			(Report on Summary of S		Γota dul		- 1	98,092.91

In re	David G. DeLano
	Mary Ann Del and

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

ontinuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re	David G. DeLano, Mary Ann DeLano		Case No.	
•		Debtors	•,	

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

im	mediately preceding the commencement of this case.		_	-	
	Check this box if debtor has no codebtors.				
	NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR			

In	re

David G. DeLano, Mary Ann DeLano

Debtors

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE				
	RELATIONSHIP	AG	E		
	None.				
Married					
Marriod					
EMPLOYMENT:	DEBTOR		SPOUS	Е	
Occupation Lo	an officer				
Name of Employer M	& T Bank	unemploy	ed - Xerox		
How long employed					
1 5	D Box 427				
Bu	ıffalo, NY 14240				
INCOME: (Estimate of a	average monthly income)		DEBTOR	-	SPOUSE
`	ges, salary, and commissions (pro rate if not paid month	ıly) \$	5,760.00	\$	1.741.00
, ,	ne	\$ \$	0.00	\$	0.00
•		<u> </u>	5,760.00	-\$ <u></u>	1,741.00
LESS PAYROLL DE		Ψ_	0,7 00.00	Ψ	1,7 11.00
	ocial security	\$	1,440.00	\$	435.25
-	ociai security	φ <u></u>	414.95	\$ \$	0.00
	\$ \$	0.00	\$	0.00	
c. Union dues			324.30	\$	0.00
u. Other (Specify) Ne		\$ <u> </u>	0.00	\$ <u></u>	0.00
SUBTOTAL OF PAY	ROLL DEDUCTIONS	\$	2,179.25	\$	435.25
TOTAL NET MONTHLY	TAKE HOME PAY	\$	3,580.75	\$	1,305.75
	ration of business or profession or farm (attach detailed				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	distincts of profession of farm (attach detailed	\$	0.00	\$	0.00
, , , , , , , , , , , , , , , , , , ,	,	\$	0.00	\$	0.00
Interest and dividends			0.00	\$	0.00
	support payments payable to the debtor for the debtor's	use			
	d above	\$	0.00	\$	0.00
Social security or other go					
(Specify)		\$	0.00	\$	0.00
		\$	0.00	\$	0.00
	ome	\$	0.00	\$	0.00
Other monthly income					
(Specify)		\$ <u></u>	0.00	\$	0.00
TOTAL MONTHLY INC	OMF	- Φ <u></u>	3,580.75	 	1,305.75
TOTAL COMBINED MC	ONTHLY INCOME \$ 4,886.50	(Report also on Sur	nmary c	of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Wife currently on unemployment thru 6/04. Age 59 - re-employment not expected. Reduces net income by

\$1,129/month.

Retirement Loan was made to son, who was to re-pay @\$200/mon. but has been unable to do so as employed at \$10/hr. Potentially uncollectible - due to recent Kodak acquisition of Heidelberg - Nexpress.

David G. DeLano,
Mary Ann DeLano

In re

Case No.	

Debtors

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

tent or home mortgage payment (include lot rented for mobile home)		\$	1,167.00
are real estate taxes included? Yes X No			
s property insurance included? Yes NoX			
tilities: Electricity and heating fuel			168.00
Water and sewer			30.00
Telephone			
Other Cell Phone \$62 (req. for work); cable \$55; Internet \$23.95		\$	140.95
Iome maintenance (repairs and upkeep)		\$	50.00
ood		\$	430.00
Clothing		\$	60.00
aundry and dry cleaning		\$	5.00
Medical and dental expenses		\$	120.00
ransportation (not including car payments)			295.00
decreation, clubs and entertainment, newspapers, magazines, etc.			107.50
Charitable contributions			50.00
nsurance (not deducted from wages or included in home mortgage payments)			
Homeowner's or renter's		\$	0.00
Life		\$	0.00
Health			0.00
Auto			110.00
Other		\$	0.00
axes (not deducted from wages or included in home mortgage payments) (Specify)		\$	0.00
nstallment payments: (In chapter 12 and 13 cases, do not list payments to be included in the	e plan.)		
Auto		\$	0.00
Other reserve for auto			50.00
Other Parking Other			58.05 0.00
Alimony, maintenance, and support paid to others			
ayments for support of additional dependents not living at your home			
degular expenses from operation of business, profession, or farm (attach detailed statement)			0.00
Other family gifts - Christmas/Birthdays		\$	
Other Haircuts and personal hygine		\$	45.00
OTAL MONTHLY EXPENSES (Report also on Summary of Schedules)		\$	2,946.50
	L		
OR CHAPTER 12 AND 13 DEBTORSONLY]			
ovide the information requested below, including whether plan payments are to be made bi-	weekly, mor	nthly, annu	ally, or at
her regular interval.	<i>3</i> /	,	3,
Total projected monthly income	\$	4,886.50	
			-
	S	2.940.50	
B. Total projected monthly expenses		2,946.50 1,940.00	-

United States Bankruptcy Court Western District of New York

David G. DeLano Mary Ann DeLano		Case No.	
	Debtor(s)	Chapter	13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

	DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR			
	1 2	mary page plus 1], at	and the foregoing summary and schedules, consisting of and that they are true and correct to the best of my	
Date	January 26, 2004	_ Signature	/s/ David G. DeLano David G. DeLano Debtor	
Date	January 26, 2004	_ Signature	/s/ Mary Ann DeLano Mary Ann DeLano Joint Debtor	
P_{ρ}	enalty for making a false statement or i	concealing property:	Fine of up to \$500,000 or imprisonment for up to 5 years or bot	

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

Software Copyright (c) 1996-2003 Best Case Solutions, Inc. - Evanston, IL - (800) 492-8037

Form 7 (12/03)

United States Bankruptcy Court Western District of New York

T	David G. DeLano		Com No	
In re	Mary Ann DeLano	Debtor(s)	Case No. Chapter	13
		STATEMENT OF FINANCIAL AF	FFAIRS	
not a joi propriete	buses is combined. If the case is file int petition is filed, unless the spous	I by every debtor. Spouses filing a joint petition may be dunder chapter 12 or chapter 13, a married debtor a ses are separated and a joint petition is not filed. An imployed professional, should provide the informatical affairs.	must furnish informa individual debtor er	ation for both spouses whether or ngaged in business as a sole
	ns 19 - 25. If the answer to an app	eted by all debtors. Debtors that are or have been in blicable question is "None," mark the box labeled heet properly identified with the case name, case number 1.	"None." If addition	nal space is needed for the answer
		DEFINITIONS		
of the fo	" for the purpose of this form if the llowing: an officer, director, managed	siness" for the purpose of this form if the debtor is a debtor is or has been, within the six years immediaging executive, or owner of 5 percent or more of the p; a sole proprietor or self-employed.	tely preceding the fi	ling of this bankruptcy case, any
	ions of which the debtor is an office curities of a corporate debtor and	ludes but is not limited to: relatives of the debtor; ge er, director, or person in control; officers, directors, their relatives; affiliates of the debtor and insiders of	and any owner of 5	percent or more of the voting or
	1. Income from employment of	or operation of business		
None State the gross amount of income the debtor has received from emp business from the beginning of this calendar year to the date this cat two years immediately preceding this calendar year. (A debtor that fiscal rather than a calendar year may report fiscal year income. Ide joint petition is filed, state income for each spouse separately. (Mar of both spouses whether or not a joint petition is filed, unless the spouse separately.)		this calendar year to the date this case was commening this calendar year. (A debtor that maintains, or har may report fiscal year income. Identify the beginn me for each spouse separately. (Married debtors fili	as maintained, finan ing and ending date ng under chapter 12	ross amounts received during the cial records on the basis of a s of the debtor's fiscal year.) If a or chapter 13 must state income
	AMOUNT \$91,655.00	SOURCE (if more than one) 2002 joint income		
	\$108,586.00	2003 Income (H) \$67,118; (W) \$41,46	88	
	2. Income other than from en	ployment or operation of business		
None	during the two years immediate each spouse separately. (Marrie	reived by the debtor other than from employment, travely preceding the commencement of this case. Give ed debtors filing under chapter 12 or chapter 13 must uses are separated and a joint petition is not filed.)	particulars. If a join	t petition is filed, state income for

AMOUNT

SOURCE

3. Payments to creditors

None

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL OF CREDITOR **PAYMENTS** AMOUNT PAID **OWING** Genesee Regional Bank monthly mortgage \$5,000.00 \$77,082.49 3670 Mt Read Blvd \$1,167/mon with taxes and Rochester, NY 14616 insurance Capitol One Auto Finance monthly auto payment \$1,044.00 \$10,000.00 PO Box 93016 \$348/mon Long Beach, CA 90809-3016

None

b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
In re Premier Van Lines, Inc;
James Pfuntner / Ken Gordon
Trustee v. Richard Cordero, M
& T Bank et al v. Palmer,

NATURE OF PROCEEDING (As against debtor) damages for inability of Cordero to recover property held in storage COURT OR AGENCY STATUS OR
AND LOCATION DISPOSITION
US Bankruptcy Court, Western
District of NY

Dworkin, Hefferson Henrietta Assoc and Delano

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF CUSTODIAN

OF COURT CASE TITLE & NUMBER DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO

DESCRIPTION AND

DEBTOR, IF ANY

DATE OF GIFT

VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Christopher K. Werner 2400 Chase Square Rochester, NY 14604

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR Nov - Dec 2003

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$1,350 plus filing fee

10. Other transfers

None

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

NAME AND ADDRESS OF INSTITUTION

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY M & T Bank Webster Branch NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY debtors

DESCRIPTION OF CONTENTS Personal papers DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

NAME AND ADDRESS OF OWNER

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

NAME USED

ADDRESS

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

NAME

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

TAXPAYER

I.D. NO. (EIN) ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING
DATES

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21 . Current Partners, Officers, Directors and Shareholders

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

None

NATURE OF INTEREST

PERCENTAGE OF INTEREST

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE
NAME AND ADDRESS TITLE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 26, 2004 Signature /s/ David G. DeLano

David G. DeLano

Debtor

Date January 26, 2004 Signature /s/ Mary Ann DeLano

Mary Ann DeLano

Joint Debtor

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

United States Bankruptcy Court Western District of New York

	David G. DeLano		G 33	
In re	Mary Ann DeLano	Debtor(s)	Case No. Chapter	13
		Deotor(s)	Chapter	_10
	DISCLOSURE OF COMP	ENSATION OF ATTORI	NEY FOR DI	EBTOR(S)
co	ursuant to 11 U.S.C. § 329(a) and Bankruptcy ompensation paid to me within one year before the e rendered on behalf of the debtor(s) in contemplation	filing of the petition in bankruptcy,	or agreed to be pai	d to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,350.00
	Prior to the filing of this statement I have receive	ed	\$	1,350.00
	Balance Due		\$	0.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4 . ■	I have not agreed to share the above-disclosed co	mpensation with any other person ur	nless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the			
a. b. c.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.			
6. B	y agreement with the debtor(s), the above-disclosed Representation of the debtors in any o other adversary proceeding.	fee does not include the following subschargeability actions, judicial	ervice: lien avoidances,	relief from stay actions or any
		CERTIFICATION		
	certify that the foregoing is a complete statement conkruptcy proceeding.	of any agreement or arrangement for	payment to me fo	r representation of the debtor(s) in
Dated:	January 26, 2004	/s/ Christopher K. W		
		Christopher K. Werr Boylan, Brown, Cod 2400 Chase Square Rochester, NY 1460 585-232-5300	e, Vigdor & Wilso	on, LLP

United States Bankruptcy Court Western District of New York

in re <u>Mary Ann Delano</u>		Case No.
3	Debtor(s)	Chapter 13
VE	CRIFICATION OF CREDITOR	MATRIX
The above-named Debtors hereby veri	fy that the attached list of creditors is true and c	orrect to the best of their knowledge.
Date: January 26, 2004	/s/ David G. DeLano	
	David G. DeLano	
	Signature of Debtor	
Date: January 26, 2004	/s/ Mary Ann DeLano	
	Mary Ann DeLano	

Signature of Debtor

David G. DeLano

AT&T Universal P.O. Box 8217 South Hackensack, NJ 07606-8217

Bank Of America P.O. Box 53132 Phoenix, AZ 85072-3132

Bank One Cardmember Services P.O. Box 15153 Wilmington, DE 19886-5153

Capital One P.O. Box 85147 Richmond, VA 23276

Capitol One Auto Finance PO Box 93016 Long Beach, CA 90809-3016

Chase P.O. Box 1010 Hicksville, NY 11802

Citi Cards P.O. Box 8116 South Hackensack, NJ 07606-8116

Citi Cards P.O. Box 8115 South Hackensack, NJ 07606-8115

Citibank USA 45 Congress Street Salem, MA 01970

Discover Card P.O. Box 15251 Wilmington, DE 19886-5251

Dr. Richard Cordero 59 Crescent Street Brooklyn, NY 11208-1515 Fleet Credit Card Service P.O. Box 15368 Wilmington, DE 19886-5368

Genesee Regional Bank 3670 Mt Read Blvd Rochester, NY 14616

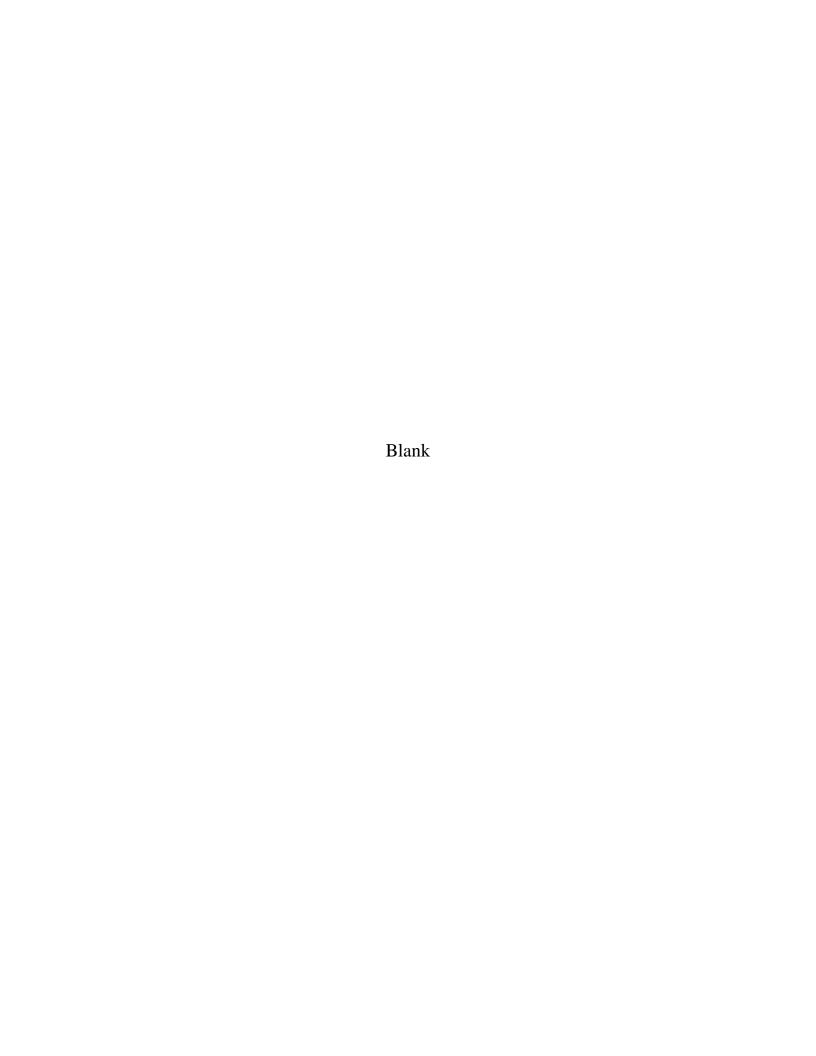
HSBC MasterCard/Visa HSBC Bank USA Suite 0627 Buffalo, NY 14270-0627

MBNA America P.O. Box 15137 Wilmington, DE 19886-5137

MBNA America P.O. Box 15102 Wilmington, DE 19886-5102

Sears Card
Payment Center
P.O. Box 182149
Columbus, OH 43218-2149

Wells Fargo Financial P.O. Box 98784 Las Vegas, NV 89193-8784



United States Bankruptcy Court Western District of New York

	David G. DeLano			
In re	Mary Ann DeLano		Case No.	
		Debtor(s)	Chapter	13

CHAPTER 13 PLAN

- Payments to the Trustee: The future earnings or other future income of the Debtor is submitted to the supervision and control of the trustee. The Debtor (or the Debtor's employer) shall pay to the trustee the sum of \$1,940.00 per month for 5 months, then \$635.00 per month for 25 months, then \$960.00 per month for 6 months.
 Total of plan payments: \$31,335.00
- Plan Length: This plan is estimated to be for 36 months.
- Allowed claims against the Debtor shall be paid in accordance with the provisions of the Bankruptcy Code and this Plan.
 - a. Secured creditors shall retain their mortgage, lien or security interest in collateral until the amount of their allowed secured claims have been fully paid or until the Debtor has been discharged. Upon payment of the amount allowed by the Court as a secured claim in the Plan, the secured creditors included in the Plan shall be deemed to have their full claims satisfied and shall terminate any mortgage, lien or security interest on the Debtor's property which was in existence at the time of the filing of the Plan, or the Court may order termination of such mortgage, lien or security interest.
 - b. Creditors who have co-signers, co-makers, or guarantors ("Co-Obligors") from whom they are enjoined from collection under 11 U.S.C. § 1301, and which are separately classified and shall file their claims, including all of the contractual interest which is due or will become due during the consummation of the Plan, and payment of the amount specified in the proof of claim to the creditor shall constitute full payment of the debt as to the Debtor and any Co-Obligor.
 - c. All priority creditors under 11 U.S.C. § 507 shall be paid in full in deferred cash payments.
- 4. From the payments received under the plan, the trustee shall make disbursements as follows:
 - Administrative Expenses

(1) Trustee's Fee: 10.00%

-NONE-

(2) Attorney's Fee (unpaid portion): NONE

(3) Filing Fee (unpaid portion): NONE

Priority Claims under 11 U.S.C. § 507

Name

Amount of Claim Interest Rate (If specified)

- c. Secured Claims
 - (1) Secured Debts Which Will Not Extend Beyond the Length of the Plan

Proposed Amount of

Name Allowed Secured Claim Monthly Payment (If fixed) Interest Rate (If specified)
Capitol One Auto Finance 5,500.00 Prorata 6.00%

(2) Secured Debts Which Will Extend Beyond the Length of the Plan

Name Amount of Claim Monthly Payment Interest Rate (If specified)

-NONE-

d. Unsecured Claims

(1) Special Nonpriority Unsecured: Debts which are co-signed or are non-dischargeable shall be paid in full (100%).

Name Amount of Claim Interest Rate (If specified)
-NONE-

(2) General Nonpriority Unsecured: Other unsecured debts shall be paid 22 cents on the dollar and paid pro rata, with no interest if the creditor has no Co-obligors, provided that where the amount or balance of any unsecured claim is less than \$10.00 it may be paid in full.

Software Copyright (c) 1996-2003 Best Case Solutions, Inc. - Evanston, IL - (800) 492-8037

Best Case Bankruptcy

٥.	The Debtor proposes to cure defaults to the	e following credito	rs by means o	of monthly payments by the tru	istee:
	Creditor -NONE-			Amount of Default to be Cured	Interest Rate (If specified)
6.	The Debtor shall make regular payments of	lirectly to the follow	ving creditors	:	
	Name Genesee Regional Bank		unt of Claim 77,084.49	Monthly Payment 0.00	Interest Rate (If specified) 0.00%
7.	The employer on whom the Court will be NONE. Payments to be made directly by			held from earnings is:	
8.	The following executory contracts of the	lebtor are rejected:			
	Other Party -NONE-		Description	of Contract or Lease	
9.	Property to Be Surrendered to Secured Cr	editor			
	Name -NONE-	Amo	unt of Claim	Description of Property	
10.	The following liens shall be avoided pursu	ant to 11 U.S.C. §	522(f), or oth	er applicable sections of the B	ankruptcy Code:
	Name -NONE-	Amor	unt of Claim	Description of Property	
11.	Title to the Debtor's property shall revest	in debtor on confirm	nation of a pl	an.	
12.	As used herein, the term "Debtor" shall in	clude both debtors	in a joint case	b.	
13.	Other Provisions:				
Da	te January 26, 2004	Signature	/s/ David G.	DeLano	
		Ü	David G. De Debtor		
Da	te _January 26, 2004	Signature	/s/ Mary An Mary Ann D Joint Debto	eLano	



CREDIT FILE: May 8, 2004

Personal Identification information (This section includes your name, current and previous) addresses, and any other identifying information reported by your creditors.

Name On File:

Mary Ann Delano

Social Security #

091-36-0517 Date of Birth: September 21, 1944

Current Address:

1262 Shoecraft Rd, Webster, NY 14580

Last Reported Employment: Product Specialist; Xerox;

Confirmation # 4129001647

Please address all future correspondence to:



www.investigate.equifax.com



Equifax Information Services LLC PO Box 740256

Atlanta, GA 30374



Phone: (800) 290-8749

M - F 9:00am to 5:00pm in your time zone.

J: Voluntary Surrender

In order to speak with a Customer Service Representative regarding the specific information contained in this credit file, you must call WITHIN 60 DAYS of the date of this credit file AND have a copy of this credit file along with the confirmation number.

Credit Account Information

(For your security, the last 4 digits of account number(s) have been replaced by *) (This section includes open and closed accounts reported by credit grantors)

Account Column Title Descriptions:

Account Number - The Account number reported by credit grantor

Date Acct. Opened - The Date that the credit grantor opened the account

High Credit - The Highest Amount Charged Credit Limit - The Highest Amount Permitted

Terms Duration - The Number of Installments or Payments

1:30-59 Days Past Due

Terms Frequency - The Scheduled Time Between Payments

Months Reviewed - The Number of Months Reviewed

Activity Description - The Most Recent Account Activity

Creditor Class - The Type of Company Reporting The Account

Date Reported - The Month and Year of the Last Account Update

Balance Amount - The Total Amount Owed as of the Date Reported

5: 150-179 Days Past Due

6: 180 or More Days Past Due

Amount Past Due - The Amount Past Due as of the Date Reported

Date of Last Paymnt - The Date of Last Payment

Actual Pay Amt - The Actual Amount of Last Payment Sched Pay Amt - The Requested Amount of Last Payment

Date of Last Activity - The Date of the Last Account Activity

Date Maj Delq Rptd - The Date the 1st Major Delinquency Was Reported

Charge Off Amt - The Amount Charged Off by Creditor

Deferred Pay Date - The 1st Payment Due Date for Deferred Loans

Balloon Pay Amt - The Amount of Final(Balloon) Payment Balloon Pay Date - The Date of Final(Balloon) Payment

Date Closed - The Date the Account was Closed

K: Repossession 2:60-89 Days Past Due Status Code L: Charge Off G: Collection Account 3:90-119 Days Past Due Descriptions H : Forclosure 4 : 120-149 Days Past Due

Items As of Belance Amount Date of Artuel Scheduled Date of Date Maj. Charge Off Defend Pay Balloon F	Dete Opened High Credit Credit Limit Terms Duration Terms Programs 467	
Date Reported Amount Past Due Last Paymet Amount Paymet Amount Last Activity Del. 181 Paymet Amount 04/1995	Date of Artical Scheduled Date of Date Maj Charge Off Deferred Pay Balloon Pay Balloon Pay Last Paymnt Amount Paymnt Amount Last Activity Del. 1st Roll Amount Start Date Amount Start Date	Date Closed

Current Status - Pays As Agreed; Type of Account - Revolving; Whose Account - Individual Account; ADDITIONAL INFORMATION - Account Paid/Zero Balance;

Account History

	Capital O	nePO Box 8:	520 Internal	Zip 12030-01	Hich	norid VA 23285- Gredit L	6520 Termi	Duration Ter	ms Frequency	Moths Rev	d Activity Descrip	otion	Creditor Clasification	
3	Account vumber	t		ate Opened Hg 1/2002 \$3	n Credit O	OI OUT L				18	<u> </u>	<u> </u>	Barr Barr	Date
	486236226 Items As of Date Reported	Balance Amount	Amount Past Due	Date of Last Pay	Ac mnt Pa	etual	Scheduled Paymnt Amount	Date of Last Activity 02/2004	Date Maj. Dat, 1st Rptd 03/2004	Charge Off Amount	Deferred Pay Start Date	Balloon P#Y Amount	Balloon Pay Start Date	Closed
	05/2004	\$0		02/20	04		· Tanadla	OZIZOV4	ard · Whos	e Account - ind	vidual Accou	nt: ADDITION	IAL INFORMATION	ON - Accoun
	Current Sta	itus - Included It Chapter 13 Det	n Wage Ear ot Adjustme	ner Plan;Ty nt;	pe of A	Account - Hevol	Ving; Type of Lo	an - Greuit C	ard, Willos	e poodin ind			IAL INFORMATION	
2	Chusasea	rs						Duration Ter	ms Frequency	Moths Rev	d Activity Descrip	otion	Creditor Clasification	Artico de de la compansión de la compans
_	Account Number	· · · · · · · · · · · · · · · · · · ·			r Credit	Credit Li \$3,14	11114	- Cularon		78				
	348007430) <u>*</u>		8/1982			Scheduled	Date of	Date Maj.	Charge Off	Deferred Pay	Balloon Pay	Balloon Pay Start Date	Date Closed
	Date Reported	Balance Amount \$0	Amount Past Due	Date of Last Pay 10/20	mnt Pa	etual symnt Amount	Paymet Amount	Last Activity 12/2003	Del. 1st Plotd	Amount	Start Date	Amount	Start Date	
	Current Ste	410 - 60 - 89 Da	vs Past Du	e : Type of Ac	count	- Revolving; T	ype of Loan - Ch	arge Accoun	t; Whose /	Account - Author	ized User;			
			01/2004 11/	1997 10/1997										
	Account His with Status	~~.,	1	1 1							in the second	ernennennen van er eld 1770/7500	angar kananan karang kananan dari Ari Sala	
_		Coces	****************			001 907 2222			e de la companya de		100	100		
3		100 Duffy A	· HCKEVIII	ate Opened Hg	o Credit	Credit Li	mit Terms	Duration Ter	ms Frequency	Mnths Rev	d Activity Descrip	otion	Creditor Clasification	
	Account Number				1,651	\$7.60		<u> M</u> c	onthly	99			Balloon Pay	Date
	410200824		Amount	Date of		otuai	Scheduled	Date of	Date Maj, Del, 1st Rotd	Charge Off Amount	Deferred Pay Start Date	Balloon Pay Amount	Start Date	Closed
	Items As of Date Reported	Amount :	Past Due	Lest Pay		symnt. Amount-	Paymnt Amount	Lest Activity 12/2003	02/2004					
		\$11,651	\$1,392	11/20	03 \$	450	\$233			t ADDITIONAL	INFORMAT	ION - Account	Involved in Chap	ter 13 Debt
	Current Sta	tus - Included Ir	ı Wage Ear	ner Plan ; Ty	pe of L	_oan - Credit Ca	ard ; Whose Acco	Junt - Individi	aai Accoun	ic, 7.00	,			
	Adjustment	; Account Invol	ved in Char	oter 13 Debt	4d justr	ment;		04/1000 02/100	0.0001/00	1/1009 09/1998 07	/1998 06/1998	05/1998 11/1997	09/1997	
	Account His		02/2004 01/2	2004 12/2003 (4/2003	12/2000 07/1999	06/1999 05/1999	1 1	1	1 1	2 1	1 1	1	
	with Status		3 .	2 1	3	1 1		Automorroscussimotoscissimi	HANTON TO THE REAL PROPERTY OF		4.44C.800G.CTX.575.5			
ы	***************************************	Financial Serv	inaa							Moths Rev	d Activity Descrip	otion	Creditor Clasification	
Т	Account Number		D		r Credit	Credit Li	mit Termi		ms Frequency	99	0 70000,			_
	601100204		. 1	2/1988 _ \$5	,755	1.			onthly Date Maj.	Charge Off	Deferred Pay	Balloon Pay	Balloon Pay	Date
	items As of	Balance	Amount	Date of		ctual symnt Amount	Scheduled Paymot Amount	Date of Last Activity	Del, tet Aptd	Amount	Start Date	Amount	Start Date	Closed
	Date Reported	Amount	Past Due	Last Pay 10/20		112		09/2003	04/2004				D	
	04/2004	\$0	T	Leen Credit	Card		nt - Joint Accour	t: ADDITIO	VAL INFO	RMATION - Acc	ount Closed A	t Consumers I	Request;	
	Type of Acc	count - Revolvin	g: Type of	Loan - Creui	Calu	07/1000 11/1008	nt - Joint Accour							
	Account His		11/2003 11/	2001 09/2001	1	1 1	1 1	1 1						
	with Status	Codes 2	1	l l	corone MccAm		nanananananan							
	ECNO DE	Herred Charge							ms Frequency	Mnths Rev	d Activity Descrip	otion	Creditor Clasification	
	Account Number	56.05440 4124244444444444	D		h Credit	Credit Li	mit cermi	Duration Ter	HIS LIBROREIVY	27	•			
	800491*		0	5/1994 \$ 4	00		2414	Date of	Date Maj.	Charge Off	Deferred Pay	Balloon Pay	Balloon Pay Start Date	Date Closed
	Items As of	Balance	Amount	Date of Last Pay	mot Pa	otual aymot Amount	Scheduled Paymnt Amount	Last Activity	Del. 1st Piptd	Amount	Start Date	Amount	Stat Late	
	Date Reported	Amount	Past Due			-		11/1995						
	09/1996	\$0	aroad · Turn	e of Account	- Revo	olvina : Whose	Account - Individ	ual Account;						
	Current Sta	atus • Pays As A	âtaan 'i Ah	O AL MOCORIN			,							

Mnths Revd Activity Description

Creditor Clasification

Date Opened

Credit Limit

5 Fleet National Bank Account Number

Account Number		ON WAR CHENNING THE HOUSE	Date Opened 02/1993	High Cre	dit Credit \$4,2	Print is.	rms Duration	Monthly				Balloon Pay	Date
548789002 Items As of Date Reported	Balance Amount	Amount Past Due	Di La	-/0000	Actual Paymet Amount	Scheduled Paymnt Amount \$47	Date of Last Activi 12/200	3 04/2004	\$2,184	Deterred Pay Start Date	Balloon Pay Amount	Start Date	Closed
04/2004	\$2,184	\$297	<u> </u>	O/2003	ng; Type of Los	n - Credit Card	: Whose Acc	ount - Individ	ual Account;				
Current St	atus - Charge (Off; Type o	f Account	Hevolvi	99 12/1998 12/199	7 09/1997							
Account Hi	~/	04 01/2004 1 1	1 1 1	999 02/19 1	1 1	2							oorgaageset@@##\$\$
with Status	Codes 2		serenoreneeseree					all grain an such that					are se
GMAC						Te	rms Duration	Terms Frequency	Mnths Revo	Activity Descrip	tion	Oreditor Clasification	
Account Number	W	-	Date Opened			FILM	(III) DO: 43-01		44				
052-1504-	1 <u>* </u>		07/1995	\$10,3	Actual	Scheduled	Date of	Date Maj.	Charge Off	Deferred Pay Start Date	Balloon Pay Amount	Balloon Pay Start Date	Date Closed
Items As of	Balance	Amount Past Due	Ĺa.	ete of et Paymnt	Paymot Amount	Paymnt Amount	Last Activi	Á					
Date Reported	\$n	,		· •		\$191	02/199	9	INFORMATION -	Account Do	id/Zero Bala	nce : Auto :	
Ourse at Ct	otus Pove As	Agreed · Ty	voe of Acc	ount - Ins	stallment; Whos	e Account - Joir	nt Account;	ADDITIONAL	MINIONMATION	ACCOUNT FE			
experiences and a contract of the contract of	aius - rays no								A4 40 9 (A4 A A A A A A A A A A A A A A A A A A	24-21-1-19-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	CAP AN ANALASSIS AND		
GMAC		of Colored	Oate Opened		di Credit	Limit Te	rms Duration	Terms Frequency	Moths Revd	Activity Descrip	tion	Creditor Clasification	
Account Number			02/1993	\$10,79	33			- 19	47			Balloon Pay	Dale
052-3036-				ate of	Actual	Scheduled	Date of	Date Maj. V Del, 1st Rptd	Charge Off	Deferred Pay Start Date	Balloon Pay Amount	Start Date	Closed
Items As of Date-Reported	Balance Amount	Amount Past Due	Ĺ.	st Paymnt	Paymet Amount	Paymnt Amount	Last Activi 02/199	÷		-			
02/1997	\$0			<u> </u>		\$224	ADDITI	ONAL INFOE	RMATION - Accou	nt Paid/Zero	Balance:		
Current St	atus - Pavs As	Agreed : T	ype of Acc	ount - in:	stallment ; Whos	e Account - Mai	Ker, ADDIII				er agraece grant to the control		
							A STATE OF THE STA		TORREST CONTRACTOR OF THE PARTY			Creditor Clasification	
JC Penn	ey / Monogran		Date Opened	High Cra	dit Credit	Limit Te	1) (D Dai - 10.	Terms Frequency	Moths Flevd	Activity Descrip	IIIOFI	4.02.10.	
Account Numbe	er .		10/1980	\$569	\$20	0		Monthly	80	Deferred Pay	Balloon Pay	Balloon Pay	Date
-080246*	Bajance	Amount	De	ate of	Actual	Scheduled Paymnt Amount	Date of Last Activi	Date Mal. y Del, 1st Rotd	Charge Off Amount	Start Date	Amount	Start Date	Closed
Items As of Date Reported	Amount	Past Due		st Paymot	Paymnt Amount	#1E	05/200	À					
05/2004	\$57	· .	. 0	4/2004	341 	Man Charge	Account · M	hose Accour	nt - Joint Account;		<u> </u>		
Current St	atus - Pays As	Agreed; Ty	ype of Acc	ount - He	evolving; Type c	T Loan - Charge	Account, V						
Account Hi	istory 07/19	98 01/1998 1	IOUTABL CALL	997									
with Status	Codes 1	1	2 1				AAAAMAAAAAAAAAAAAAAAAA						
						derage and the				Activity Descrip	tion	Creditor Clasification	i i i i i i i i i i i i i i i i i i i
JC Penn	ey / Monogran		Date Opened	High Cre	di Credit	Limit Te	rms Duration	Terms Frequency	Mnths Flevd	ACTAIN DOSCIA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
Account Number	er .		10/1980							Deferred Pay	Balloon Pay	Balloon Pay	Date
-010699*	B-l-see	Amount		ate of	Actual	Scheduled America	Date of Last Activi	Date Maj, v Del, 1st Aptd	Charge Off Amount	Start Date	Amount	Start Date	Closed
Items As of Date Reported	Balance Amount	Past Due	Li	et Paymit	Paymnt Amount	Paymet Amount	05/200	,					
05/00/04					01								
Current St	atus - Card Is I	ost Or Stol	en ; Type	of Loan	- Charge Accou								
		中央 2018年2月2日 日本日本							Maths Revo	Activity Descrip	ition	Creditor Clasification	
Kaumar	m's		Date Opened	High Cre	di Credi	Limit Te	rms Duration	Terms Frequency Monthly	99				
Account Number 25243*		•	09/1985	\$928		<u></u>		Date Mai.	Charge Off	Deferred Pay	Balloon Pay	Balloon Pay	Date Closed
	Balance	Amount	D	ate of	Actual	Scheduled Paymet Amount	Date of Last Activi	=	Amount	Start Date	Amount	Start Date	Closen
Items As of Date Reported	Amount	Past Due	Le	ast Paymint	Paymnt Amount.		05/199	ġ					
			n	5/1999					nt - Joint Account;				

Terms Frequency

(This section includes inquires which display only to you and sits not considered when evaluating you credit worthiness yexamples of this inquiry type include a pre-approved offer at credit. insurance, or periodic account review by an existing creditor; \$250.

Company Information - Prefix Descriptions:

PRM - Inquiries with this prefix indicate that only your name and address were given to a credit grantor so they can provide you a firm offer of credit or insurance. (PRM inquiries remain for twelve months)

AM or AR - Inquiries with these prefixes indicate a periodic review of your credit history by one of your creditors.

(AM and AR inquiries remain for twelve months) Equifax or EFX - Inquiries with these prefixes indicate Equifax's activity in response to your contact with us for a copy of your credit file or a research request. ND - Inquiries with this prefix are general inquiries that do not display to credit grantors. (ND inquiries remain for twelve months)

ND - Inquiries with this prefix at			splay to	credit gra	iliois. (i	1D Inqui	les rome					
Company Information	Inquiry De	te(s)								20000		
Equifax	05/2004		04 1000 4	12/2003	11/2003	10/2003	09/2003	08/2003	07/2003	07/2003	06/2003	
AR-Assoc/Citibank SD			01/2004	12/2003	11/2000	10/2000						
PRM-At&T Wireless	03/2004 0	01/2004										
PRM-First Premier Bank Promo	02/2004	1 5004	12/2003	11/2003	10/2003	09/2003	08/2003	07/2003	07/2003	05/2003		
AR-Capital One	V	1/2004	12/2003	172000	10/2000	00,2000						
PRM-At&T Wireless Services	02/2004											
AR-MBNA	12/2003	15/2003			,							
PRM-Evergreen Acceptance Corp.	10/2003	0.0003	. 									
PRM-Direct Lending Source Inc	10/2003 0 09/2003 0			<u>-</u>								
PRM-DM Services, Inc.	05/2003	7772003	<u></u>									
PRM-Household Bank	05/2003	·										
PRM-Assoc Fin Ser Cons Div Promo	05/2003											

Form 1040	U.S. Individ	lual Income Ta	ax Return	2001	(99) IRS us	e only — D	o not write	or staple in this space	ce.
	For the year Jan 1 - Dec 31			, 2001, ending	, 20			MB No. 1545-0074	
Label	Your First Name	М						ial Security Number	
1	David		DeLano			İ	077-3	2-3894	
Use the	If a Joint Return, Spouse's	First Name M	Last Name					Social Security Num	ber
IRS label.	Mary Ann		DeLano				091-3	6-0517	
Otherwise, please print	Home Address (number and	d street). If You Have a P.O	Box, See Instruction	s.	Apartmen			Important!	$\overline{\blacktriangle}$
or type.	1262 Shoecraf					Ì	You m	ust enter your so	
	City, Town or Post Office. If	f You Have a Foreign Addre	ss, See Instructions.		State ZIP Code		securi	ty number(s) abo	ove.
Presidential Election	Webster				NY 14580				
Campaign	Note: Checking "Y	res' will not change y	our tay or reduce	a vour refund		You]	Spouse	
(See instructions.)	Do you, or your s	pouse if filing a joint	return, want \$3	to go to this fun	d?►	Yes	X		No
Filina Ctatus	1 Single								
Filing Status	2 X Married fi	ling joint return (ever	if only one had	income)					
	3 Married fi	iling separate return.	Enter spouse's S	SSN above & ful	li name here	-			
Check only	4 Head of h	nousehold (with qualif	ying person). (S	ee instructions.)	If the qualifying	person is	a child	but not your	
one box.	dependen	nt, enter this child's n	ame here 🟲						
	5 Qualifying	g widow(er) with depe	ndent child (yea	r spouse died 🕨). (See instr	uctions.)	
Exemptions	6a X Yourself. her tax re	If your parent (or so eturn, do not check be	meone else) can ox 6a	claim you as a	dependent on his	or	l ci	o. of boxes necked on a and 6b	2
	b X Spouse	<u></u>					_) N	o. of your	- -
	c Dependents:		(2) De	ependent's	(3) Dependent's	(4)	√if 6⊲	nildren on : who:	
	c Dependents.			al security lumber	relationship to you	qualit child fo	lying • irchild	lived	
	(1) First nam	ne Last	name ''	oanber	to you	tax c	redit W	ith you did not	
							T li	/e with you	
If more than					-		1 0	ue to divorce r separation	
six dependents,							<u> </u>	ee instrs)	
see instructions.							•	ependents n 6c not ntered above .	
								INDIAN ADDA .	
		· · · · · · · · · · · · · · · · · · ·			 		 		
	d Total number	of exemptions claim	ed				┼	dd numbers ntered on	2
	d Total number 7 Wages, salar	of exemptions claim	ed					ntered on nes above . ►	2
Income	7 Wages, salar	ries, tips, etc. Attachil	Form(s) W-2				┼	ntered on nes above . ► 90,7	90.
Attach Forms	7 Wages, salar8a Taxable inter	ries, tips, etc. Attach l rest. Attach Schedule	Form(s) W-2 B if required	,	· · · · · · · · · · · · · · · · · · ·		A	ntered on nes above . ► 90,7	
Attach Forms W-2 and W-2G	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divid	ies, tips, etc. Attach lest. Attach lest. Attach Schedule interest. Do not includends. Attach Schedu	Form(s) W-2 B if required de on line 8a ule B if required		3 b		7 8a 9	ntered on nes above . ► 90,7	90.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary dividential	ries, tips, etc. Attach lest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset	Form(s) W-2 B if required de on line 8a ule B if required s of state and lo	cal income taxes	S (see instructions		7 8a 9	ntered on nes above . ► 90,7	90. 27.
Attach Forms W-2 and W-2G here. Also attach	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divident 10 Taxable refur 11 Alimony rece	ries, tips, etc. Attach lest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset eived	Form(s) W-2 B if required de on line 8a lle B if required s of state and lo	cal income taxe	3 b	s)	7 8a 9 10	ntered on nes above . ► 90,7	90. 27.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divident 10 Taxable refur 11 Alimony rece 12 Business income	ries, tips, etc. Attach lest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset eived	Form(s) W-2 B if required de on line 8a lle B if required s of state and lo	cal income taxe	S (see instruction:	s)	7 8a 9 10 11 12	ntered on nes above . ► 90,7	90. 27.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business incr 13 Capital gain or (ries, tips, etc. Attach lest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset ived	Form(s) W-2 B if required de on line 8a lle B if required s of state and loc Schedule C or (required. If not required.	cal income taxe:	s (see instruction:	s)	7 8a 9 10 11 12 13	ntered on nes above . ► 90,7	90. 27.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of	ries, tips, etc. Attach lest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset ived	Form(s) W-2 B if required de on line 8a lle B if required s of state and local control control Schedule C or (required If not required 4797	cal income taxes	s (see instruction:	s)	7 8a 9 10 11 12 13 14	ntered on nes above . ► 90,7	90. 27.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset ived	Form(s) W-2 B if required de on line 8a ule B if required s of state and loc Schedule C or (required. If not required and and and and and and and and and an	cal income taxes	s (see instructions	i)	7 8a 9 10 11 12 13 14 15b	ntered on nes above . ► 90,7	12.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions.	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedunds, credits, or offset ived	Form(s) W-2 B if required de on line 8a lle B if required s of state and location Schedule C or (required. If not required. If not required. If not sequenced as 3,	cal income taxe	s (see instructions s (see instructions ble amount (see instructions)	nstrs)	7 8a 9 10 11 12 13 14	ntered on nes above . ► 90,7	90. 27.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do	7 Wages, salar 8a Taxable inter b Tax-exempt i 9 Ordinary divider 10 Taxable refur 11 Alimony rece 12 Business incompanies of the companies of	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule ands, credits, or offset resived	Form(s) W-2 B if required de on line 8a dle B if required s of state and loc Schedule C or (required. If not required a 3, erships, S corponedule F	cal income taxes C-EZ uired, check here b Taxa 257. b Taxa prations, trusts,	s (see instructions s (see instructions ble amount (see instructions) s (see instructions)	nstrs)	7 8a 9 10 11 12 13 14 15b 16b	ntered on nes above . ► 90,7	90. 27. 12.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule ands, credits, or offset resived	Form(s) W-2 B if required de on line 8a le B if required s of state and loc Schedule C or (required. If not required a 3, lerships, S corponedule F	cal income taxes C-EZ uired, check here b Taxa 257. b Taxa prations, trusts,	s (see instructions s (see instructions ble amount (see instructions) s (see instructions) ble amount (see instructions)	nstrs)	9 10 11 12 13 14 15b 16b 17 18 19	ntered on nes above . ► 90,7	90. 27. 12.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pensior 17 Rental real e 18 Farm income 19 Unemployme 20a Social security b	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule ands, credits, or offset eived	Form(s) W-2 B if required de on line 8a dle B if required s of state and loc Schedule C or (required. If not required a 3, erships, S corponedule F	cal income taxes C-EZ uired, check here b Taxa 257. b Taxa prations, trusts,	s (see instructions s (see instructions ble amount (see instructions) s (see instructions)	nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	ntered on nes above . ► 90,7	90. 27. 12.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld lf you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also,	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business income 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20a Social security to 21 Other income	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule ands, credits, or offset reived	Form(s) W-2 B if required de on line 8a de B if required s of state and loc Schedule C or (required. If not required a 3, erships, S corponedule F	cal income taxes C-EZ ired, check here b Taxa 257. b Taxa brations, trusts,	s (see instructions s (see instructions ble amount (see instructions ble amount (see instructions ble amount (see instructions) ble amount (see instructions)	nstrs) ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20a Social security b 21 Other income 22 Add the amo	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule ands, credits, or offset rived	Form(s) W-2 B if required de on line 8a lle B if required s of state and local s	cal income taxes C-EZ ired, check here b Taxa 257. b Taxa brations, trusts,	s (see instructions s (see instructions ble amount (see instructions ble amount (see instructions ble amount (see instructions ble amount (see instructions)	nstrs) ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	ntered on nes above . ► 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule ands, credits, or offset reved	Form(s) W-2 B if required de on line 8a lle B if required s of state and local s	cal income taxes C-EZ Jired, check here b Taxa 257. b Taxa b Taxa b Taxa 7 through 21. Th	s (see instructions s (see instructions ble amount (see instructions ble amount (see instructions ble amount (see instructions ble amount (see instructions) ble amount (see instructions)	nstrs) ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security to 21 Other income 22 Add the amo 23 IRA deductio 24 Student Ioan	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule one or (loss). Attach Schedule D if or (losses). Attach Foot (losses). Attach Foot (losses). Attach Foot (losses). Attach Foot (losses). Attach Schedule D if or (losses). Attach Schedule D in (losses). Att	Form(s) W-2 B if required de on line 8a lle B if required s of state and loc Schedule C or (required. If not required a 3, terships, S corporated to the state and loc a serious for lines a seri	cal income taxes C-EZ ired, check here b Taxa 257. b Taxa orations, trusts, b Taxa 7 through 21. Th	s (see instructions s (see instructions ble amount (see instructions)	nstrs) ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld lf you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio 24 Student Ioan 25 Archer MSA	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule onds, credits, or offset sived	Form(s) W-2 B if required de on line 8a lle B if required so of state and location of state and lo	cal income taxes C-EZ ired, check here b Taxa 257. b Taxa orations, trusts, b Taxa 7 through 21. Th	s (see instructions s (see instructions ble amount (see instructions) ble amount (see instructions) ble amount (see instructions)	nstrs) ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pensior 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio 24 Student Ioan 25 Archer MSA 26 Moving expe	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule one or (loss). Attach Schedule D if or (losses). Attach Foot (losses). Attach Foot (losses). Attach Foot (losses). Attach Foot (losses). Attach Schedule D if or (losses). Attach Schedule D in (losses). Att	Form(s) W-2 B if required de on line 8a de on line 8a de B if required s of state and location Schedule C or (required. If not required. If not required as a a a description of the state and location of the state and locatio	cal income taxes C-EZ Jired, check here b Taxa 257. b Taxa b Taxa rations, trusts, cal income taxes	s (see instructions s (see instructions ble amount (see instructions) ble amount (see instructions) ble amount (see instructions)	nstrs) nstrs) ule E nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business inco 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio 24 Student loan 25 Archer MSA 26 Moving expe 27 One-half of s	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedulends, credits, or offset sived	Form(s) W-2 B if required de on line 8a de on line 8a de Sif required so of state and location	cal income taxes C-EZ ired, check here b Taxa 257. b Taxa b Taxa rations, trusts, cal income taxes	s (see instructions s (see instructions ble amount (see instructions)	nstrs) nstrs) ule E nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business income 13 Capital gain or (1) 14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security be 21 Other income 22 Add the amo 23 IRA deduction 24 Student Ioan 25 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 29 Self-employe 29 Self-employe 29 Self-employe 20 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 29 Self-employe 29 Self-employe 20 Ordinary divides 20 Ordinary divides 21 Other gains or (2) 22 Other income 23 IRA deduction 24 Student Ioan 25 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 29 Self-employe 29 Self-employe 20 Ordinary divides 20 Ordinary divides 20 Ordinary divides 20 Other gains or (2) 21 Other gains or (2) 22 Other gains or (2) 23 Other gains or (2) 24 Other gains or (2) 25 Other gains or (2) 26 Other gains or (2) 27 Other gains or (2) 28 Other gains or (2) 29 Other gains or (2) 20 Other gains or (2) 20 Other gains or (2) 21 Other gains or (2) 22 Other gains or (2) 23 Other gains or (2) 24 Other gains or (2) 25 Other gains or (2) 26 Other gains or (2) 27 Other gains or (2) 28 Other gains or (2) 29 Other gains or (2) 20 Other gains or (2) 20 Other gains or (2) 21 Other gains or (2) 22 Other gains or (2) 23 Other gains or (2) 24 Other gains or (2) 25 Other gains or (2) 26 Other gains or (2) 27 Other gains or (2) 28 Other gains or (2) 29 Other gains or (2) 20 Other gains or (2) 20 Other gains or (2) 21 Other gains or (2) 22 Other gains or (2) 23 Other gains or (2) 24 Other gains or (2) 25 Other gains or (2) 26 Other gains or (2) 27 Other gains or (2) 28 Other gains or (2) 29 Other gains or (2) 20 Other gains or (2) 20 Other gains or (2) 20 Other gains or (2) 21 Other gains or (2) 22 Other gains or (2) 23 Other gains or (2) 24 Other gains or (2) 25 Other gains or (2) 26 Other gains or (2) 27 Other gains or (2) 28 Other gains or (2) 29 Other gains or (2) 20 Other gains or (2) 20 Other gains or (2	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule onds, credits, or offset sived	Form(s) W-2 B if required de on line 8a de on line 8a de B if required s of state and loc Schedule C or (required. If not required a 3, derships, S corponedule F dee instructions) m 8853 do 3 Attach Schedule eduction (see instruction (see instruction) I qualified plans	cal income taxes C-EZ Jired, check here b Taxa 257. b Taxa prations, trusts, b Taxa 7 through 21. The 2 2 SE SE 2 structions) 2	s (see instructions s (see instructions ble amount (see instructions)	nstrs) nstrs) ule E nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business income 13 Capital gain or (1) 14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security be 21 Other income 22 Add the amo 23 IRA deductio 24 Student loan 25 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 30 Penalty on e	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule onds, credits, or offset eived	Form(s) W-2 B if required de on line 8a de on line 8a de B if required so of state and local s	cal income taxes C-EZ ired, check here b Taxa 257. b Taxa orations, trusts, b Taxa orations, trusts, 22. 23. 25. 25. 25. 26. 27. 27. 28. 28. 29. 20. 20. 20. 20. 20. 20. 20	s (see instructions s (see instructions ble amount (see instructions)	nstrs) nstrs) ule E nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21	ntered on nes above . > 90,7	90. 27. 12. 0.
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business income 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio 24 Student loan 25 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 29 Self-employe 30 Penalty on e 31 a Alimony paid b	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule one or (loss). Attach rest or (loss). Attach Footributions	Form(s) W-2 B if required de on line 8a de on line 8a de B if required so of state and location of state and locatio	cal income taxe: C-EZ ired, check here b Taxa 257. b Taxa orations, trusts, b Taxa 7 through 21. Th 2 2 2 SE SE 2 structions) 2 3 3	s (see instructions ble amount (see instructions) nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	ntered on nes above . > 90,7	90. 27. 12. 0.	
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld If you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business income 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio 24 Student loan 25 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 29 Self-employe 30 Penalty on e 31 a Alimony paid b 32 Add lines 23 thr	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedule one or (loss). Attach Schedule D if or (losses). Attach Footributions	Form(s) W-2 B if required de on line 8a de on line 8a de B if required sof state and location of state and location	cal income taxe: C-EZ ired, check here b Taxa 257. b Taxa orations, trusts, b Taxa 7 through 21. Th 2 2 2 SE SE 2 structions) 2 3 3	s (see instructions ble amount (see instructions) nstrs) nstrs) ule E nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	90,7 4	90. 27. 12. 0.	
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R i tax was withheld of you did not get a W-2, see instructions. ROLLOVER Enclose, but do not attach, any payment. Also, please use Form 1040-V. Adjusted Gross Income	7 Wages, salar 8a Taxable inter b Tax-exempt 9 Ordinary divid 10 Taxable refur 11 Alimony rece 12 Business income 13 Capital gain or (14 Other gains of 15a Total IRA dis 16a Total pension 17 Rental real e 18 Farm income 19 Unemployme 20 a Social security b 21 Other income 22 Add the amo 23 IRA deductio 24 Student loan 25 Archer MSA 26 Moving expe 27 One-half of s 28 Self-employe 29 Self-employe 30 Penalty on e 31 a Alimony paid b 32 Add lines 23 thr	ries, tips, etc. Attach rest. Attach Schedule interest. Do not includends. Attach Schedule interest. Do not includends. Attach Schedulends, credits, or offset eived	Form(s) W-2 B if required de on line 8a de on line 8a de B if required sof state and location of state and location	cal income taxe: C-EZ ired, check here b Taxa 257. b Taxa orations, trusts, b Taxa 7 through 21. Th 2 2 2 SE SE 2 structions) 2 3 d gross income	s (see instructions ble amount (see instructions) nstrs) nstrs) ule E nstrs)	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b 21 22	90,7 4	90. 27. 12. 0.	

Department of the Treasury — Internal Revenue Service

FDIA0112 10/08/01

For the year Jan 1 - Dec 31, 2002, or other tax year beginning , 2002, ending , 20 OMB No. 1545-0074 Your first name	orm 1040	U.S.	Individual Income Tax	Return	2002	(99)	IRS use only	— Do not wi	ite or staple in this space.
See the servictions David See the servictions David The point will reported The point will report will be provided in the point will report will be provided in the point will be provided in the provided in th		For the year	Jan 1 - Dec 31, 2002, or other tax year begin	nning	, 2002, ending]	, 20		
Sea Notember Sea S	Label	Your first nam	ne Mi	Last name	-			{	•
Name Part	See instructions.)								
March filling Status The Check only one bound filling spansky, that spaces SSN above 6 full properties of the control of t	lise the	If a joint retur	rn, spouse's first name MI	Last name				1 ·	
Procedure 12.62 Shoecraft Road Cols. two my pot of those. If you was feminy address, we instructions. State Zill rook NY 14580 You was feminy address, we instructions. NY 14580 You was feminy address, we instructions. NY 14580 You was feminy address, we instructions National Process Notes	IRS label.	Mary Ar	าท	DeLano					
Transport 17.50 Shock of at 1 Road Shock of the state Shock of at 1 Road Shock of the state Shock of at 1 Road Shock of the state Shock of		ľ	•	, see instructions.		F	partment no.		Important!
Note Checking Yes will not change your tax or refuse your refund. You Spouse Note Checking Yes will not change your tax or refuse you refund. Yes No Ye	or type.	1262 St	hoecraft Road		 -	State 71D a	nda -	- You	rity number(s) above.
Mote: Checking "Yes" will not change your tax or reduce your return. You Spouse surprised post recording Yes" No Yes No No No No No No No N	- 11 11 1	City, town or	post office. If you have a foreign address, see	e instructions.				1 200	arry married (e) and a
No content No	Presidential Election	Webster	<u>r</u>			NY 14:	080	<u></u>	
Single S	Campaign (See instructions.)	Note: 0	Checking 'Yes' will not change you a, or your spouse if filing a joint ret	r tax or reducturn, want \$3	to go to this fi		▶∏	Yes 🗓	No Yes X No
Check only Che	Ellin - Chabre	1 1	Single		4	lead of hous	ehold (with	qualifying	person). (See
Check only Death leve S Coulifying widow(cr) with dependent child (year note box. See instructions.	Filing Status	2 <u>X</u>	•		t	out not your o	lependent.	enter this	child's
Spouse died Spouse Spous	Obselventy	3	-		ا ہے ا	name here . 1	-		
Exemptions Sa Yourself. If your parent (or someone etse) can claim you as a dependent on his or her tax return, do not check box 6a. Ca Dependent's Ca Dependent's Ca Dependent's Ca Ca Ca Ca Ca Ca Ca C	one box.		name here						
Comparison Com		——————————————————————————————————————	a						
Comparison Com	Exemptions	6a <u> X</u>	Yourself. If your parent (or some	eone else) ca 6a	n claim you as	a depender	it on his or		checked on
C Dependents C	_xp	. 17						1	
Compensation Comp		^ 0	J spouse	(2) [enendent's	(3) Denen	dent's	(4) √ if	- children
(1) First name Last name		c De	ependents:	soc	ial security	relation	ship	qualitying	• lived
if more than five dependents, see instructions.		(1)) First name Last na	4	number	to yo	ou [tax credit	with you
If more than five dependents, see instructions. Comparison Compar) Trist Harrie Cast He	1116					live with you
If more than five dependents, see instructions. Total number of exemptions claimed Comparison of the content of the conte									or separation
Income Attach Forms Vages, salaries, tips, etc. Attach Form(s) W-2 7 91,655 204	If more than								- · · ·
Income	five dependents								on 6c not
Income	see instructions	•							
Name			that a water of a compliance alone	<u></u>					on lines
Nation Sa Taxable interest. Attach Schedule B if required Sa 204.									
Attach Forms W-2 and W-2G Hore, Also attach Form(s) 1099-R it ax was withheld. 10	Income	8a T	evable interest. Attach Schedule F	l if required				8	a 204.
9 Crdinary dividends. Attach Schedule B if required 9 10 Taxable refunds, or offsets of state and local income taxes (see instructions) 109- R1 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule C or C-EZ 13 14 Other gains or (loss). Attach Form 4797 14 15a IRA distributions 1		ьт	ax-exempt interest. Do not include	e on line 8a .		8Ь		77.5	
Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions. If you did not get a W-2, see instructions. It alimony received of the year of (loss). Attach Schedule C or C-EZ or the year of (loss). Attach Schedule C or C-EZ or the year of (loss). Attach Form 4797 or the year of (loss). Attach Schedule F or the year of (loss). Attach Schedule Sched		_ 9 C	Ordinary dividends. Attach Schedul	e B if require	i.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> 9</u>	
12 Business income or (loss). Attach Schedule C or C-EZ 13 13 13 14 15 15 16 17 15 16 18 15 16 18 15 16 18 17 18 18 18 18 18 18	Form(s) 1099-F	tif 10 T							
If you did not got a W-2, see instructions. 13 Capital gain or (loss). Att Sch D if reqd, if not reqd, ck here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental read estate, roya(fies, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20 all b Taxable amount (see instrs) 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20 a Social security benefits 20 all b Taxable amount (see instrs) 21 Other income 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 23 Educator expenses (see instructions) 24 IRA deduction (see instructions) 25 Student loan interest deduction (see instructions) 26 Tuition and fees deduction (see instructions) 28 Moving expenses. Attach Form 8853 29 One-half of self-employment tax. Attach Schedule SE 30 Self-employed health insurance deduction (see instructions) 31 Self-employed SEP, SIMPLE, and qualified plans 32 Penalty on early withdrawal of savings 33 Alimony paid b Recipient's SSN 34 Add lines 23 through 33a 35 Subtract line 34 from line 22. This is your adjusted gross Income 35 Subtract line 34 from line 22. This is your adjusted gross Income 36 Subtract line 34 from line 22. This is your adjusted gross Income 36 Subtract line 34 from line 22. This is your adjusted gross Income 36 Subtract line 34 from line 22. This is your adjusted gross Income 36 Subtract line 34 from line 22. This is your adjusted gross Income 37 Subtract line 34 from line 22. This is your adjusted gross Income 38 Add lines 23 through 33a	tax was withhe								
14 Other gains or (losses). Attach Form 4797 14 15a RA distributions 15a b Taxable amount (see instrs) 15b 15b 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 17 Rental real estate, royafties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 18 19 Unemployment compensation 19 Unemployment compensation 19 20a 20a 20a 20b 21 20b 21 20b 21 22 24 24 24 24 24 24	If you did not								
15a RA distributions 15a b Taxable amount (see instrs) 16b 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 19 Unemployment compensation 19 Unemployment compensation 19 20 a Social security benefits 20a b Taxable amount (see instrs) 20b 21 Other income 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 91,859 23 Educator expenses (see instructions) 23 IRA deduction (see instructions) 24 IRA deduction (see instructions) 25 26 Tuition and fees deduction (see instructions) 26 27 Archer MSA deduction, Attach Form 8853 27 28 Moving expenses. Attach Form 8853 27 28 Moving expenses. Attach Form 3903 28 29 One-half of self-employment tax. Attach Schedule SE 29 30 Self-employed SEP, SIMPLE, and qualified plans 31 32 Penalty on early withdrawal of savings 32 33 a Alimony paid b Recipient's SSN 34 Add lines 23 through 33a 34 35 Subtract line 34 from line 22. This is your adjusted gross Income 35 91,859									
16a Pensions and annuities 16a b Taxable amount (see instrs) 16b	11011201101101								
Enclose, but do not attach, any payment. Also, please use Form 1040-V. 18 Farm income or (loss). Attach Schedule F		16 a F	Pensions and annuities 16a				•	•	b
19 Unemployment compensation payment. Also, please use Form 1040-V. 19 Unemployment compensation payment. Also, please use Form 1040-V. 20 a Social security benefits									
payment. Also, please use Form 1040-V. 20 a Social security benefits									
Form 1040-V. 21 Other income 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 91,859. Adjusted Gross Income 23 Educator expenses (see instructions) 24 IRA deduction (see instructions) 24 IRA deduction (see instructions) 25 Income 25 Student loan interest deduction (see instructions) 26 Income 26 Tuition and fees deduction (see instructions) 26 Income 27 Archer MSA deduction. Attach Form 8853 27 Income 28 Moving expenses. Attach Form 8903 28 Income 29 One-half of self-employment tax. Attach Schedule SE 29 Incomplete (see instructions) 30 Incomplete (see instructions) 30 Incomplete (see instructions) 31 Incomplete (see instructions) 32 Incomplete (see instructions) 32 Incomplete (see instructions) 33 Incomplete (see instructions) 34 Add lines 23 through 33a Incomplete (see instructions) 35 Incomplete (see instructions) 36 Incomplete (see instructions) 37 Incomplete (see instructions) 38 Incomplete (see instructions) 39 Incomplete (see instructions) 30 Incomplete (see instructions) 30 Incomplete (see instructions) 31 Incomplete (see instructions) 31 Incomplete (see instructions) 32 Incomplete (see instructions) 31 Incomplete (see instructions) 32 Incomplete (see instructions) 31 Incomplete (see instructions) 31 Incomplete (see instructions) 32 Incomplete (see instructions) 33 Incomplete (see instructions) 34 Incomplete (see instructions) 35 Incomplete (see instructions) 32 Incomplete (see instructions) 32 Incomplete (see instructions) 32 Incomplete (see instructions) 33 Incomplete (see instructions) 34 Incomplete (see instructions) 35 Incomplete (see instructions) 36 Incomplete (see instructions) 36 Incomplete (see instructions) 36 Incomplete	payment. Also	15 (· ·	j		avable amoi	int (see ins		
Adjusted Gross Income 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 91,859. 23 Educator expenses (see instructions)			•	<u> </u>	,	axable alliot	air (see iiis		
Adjusted Gross Income 23 Educator expenses (see instructions)	1011111040-11			lumn for line	7 through 21	. This is you	total incom		
Adjusted Gross Income 24 IRA deduction (see instructions) 25 Student loan interest deduction (see instructions) 26 Tuition and fees deduction (see instructions) 27 Archer MSA deduction. Attach Form 8853 28 Moving expenses. Attach Form 3903 29 One-half of self-employment tax. Attach Schedule SE 29 30 Self-employed health insurance deduction (see instructions) 30 Self-employed SEP, SIMPLE, and qualified plans 31 Self-employed SEP, SIMPLE, and qualified plans 32 Penalty on early withdrawal of savings 33 Adl lines 23 through 33a 34 Add lines 23 through 33a 35 Subtract line 34 from line 22. This is your adjusted gross Income 35 91,859						7			
Income 25 Student loan interest deduction (see instructions)									
Tuition and fees deduction (see instructions) 26 27 Archer MSA deduction. Attach Form 8853 27 28 Moving expenses. Attach Form 3903 28 29 One-half of self-employment tax. Attach Schedule SE 29 30 Self-employed health insurance deduction (see instructions) 30 31 Self-employed SEP, SIMPLE, and qualified plans 31 32 Penalty on early withdrawal of savings 32 33 a Alimony paid b Recipient's SSN 33 a 34 Add lines 23 through 33a 34 35 Subtract line 34 from line 22. This is your adjusted gross income 35 91,859	_	25	Student loan interest deduction (se	e instructions	s)				
28 Moving expenses. Attach Form 3903									
29 One-half of self-employment tax. Attach Schedule SE									
30 Self-employed health insurance deduction (see instructions)									
31 Self-employed SEP, SIMPLE, and qualified plans									3
32 Penalty on early withdrawal of savings 32 33 a Alimony paid b Recipient's SSN 33 a 34 Add lines 23 through 33a 34 35 Subtract line 34 from line 22. This is your adjusted gross income 35								_	
33 a Alimony paid b Recipient's SSN ▶		32	Penalty on early withdrawal of say	vings		. 32			
34 Add lines 23 through 33a		33 a	Alimony paid b Recipient's SSN b		·	. 33 a			
Co Cast det mile of ment mile LE, 11th to Jos. Let 1 to 1		34	Add lines 23 through 33a					<u></u>	
	PAA Faulti-								

Form 1040			<u>S. Individu</u>				<u> 200:</u>	<u>5</u>	(99) IRS Use (Only Do	not w	rite or staple in thi	s space.
	For	the ye	ear Jan 1 - Dec 31, 2				, 2003, end		, 20	Ť		OMB No. 1545-00	
Label		ır first				Last name		- · · · · · · · · · · · · · · · · · · ·	, ,		Your so	cial security num	
(See instructions.)	Da	vid			G	DeLano				ľ	77-	32-3894	
Use the	lf a	joint r	eturn, spouse's first r	name		Last name	****					's social security	number
use the IRS label.	Ma	rv	Ann			DeLano						36-0517	
Otherwise,			tress (number and st	reet). If you have	a P.O. box, s	see instructions.			Apartment no	-	, <u>,,,</u>		
please print or type.	12	62	Shoecraft	Road					• • • • • •	- 1	Vall I	Important nust enter yo	
o. 13 po.	City	y, town	or post office. If you	have a foreign ac	dress, see in	astructions.	<u></u>	State	e ZIP code			rity number(s)	
Presidential		bst		•						1			,
Election	_							NY	14580	_			
Campaign (See instructions.)		Note	e: Checking 'Yes	' will not char	nge your t	ax or reduce	your refun	d		You		Spous	
			ou, or your spor	use if filing a	joint retur	n, want \$3 to				Yes			X No
Filing Status		1	Single			_	4 📙	Head o	of household (wit tions.) If the qua	h qualif	ying I	person). (See	
		2		ointly (even if on	-	•		but not	t vour dependent	, enter	this c	hild's	
Check only		3		eparately. Enter	spouse's SSI	N above & full	_		here . ►			***	
one box.			name here				5		ng widow(er) with de		child. (See instructions.)	
Exemptions		6a		your parent (or someon	ne else) can	claim you a	as a dep	endent on his o	r [–]		No. of boxes checked on	
-xomptions												6a and 6b	2
		b.	X Spouse	<u></u>		<u> </u>						No. of children	
		¢	Dependents:			(2) De	pendent's security		Dependent's	(4)	if	on 6c who;	
			•				i security imber	"	elationship to you	qualify child for	child	lived with you	
			(1) First name		Last name	e				tax cr (see in	- Line	did not	
											1	live with you due to divorce	
								" -			1	or separation	
If more than					· · · · ·			†	· · · · · · · · · · · · · · · · · · ·	 -	-	(see instrs)	
five dependents, see instructions.								1	· · · · · · · · · · · · · · · · · · ·	╁┈┾┈		Dependents on 6c not	
occ moductions.				·				 		┟┈╌╠	!	entered above .	
			Total averbay of		-1-1						L	Add numbers on lines	_
												above	
Income		/ 0-	wages, salaries	, tips, etc. At	tach Form	i(s) W-2	• • • • • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • •	7	90	<u>5,821.</u>
		O a	Taxable interest	i. Ailach Sche	equie 🖰 if i	required	• • • • • • • • •	1 6.1		[8a		<u>17.</u>
Attach Forms		9.5	Tax-exempt into	erest, po not ede Attech Si	include of	i ine 8a		[RD]					
W-2 and W-2G		b	Qualto divs					9ы			9a		
here. Also attacl Form(s) 1099-R				edits or offsets o	of state and I	acal income tax	oc (con inctru						
tax was withheld	•"								• • • • • • • • • • • • • • • • • • • •		10 11		
		12	Business incom	ne or (loss) A	ttach Sch	edule C or C		• • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · · · · · ·	12		
		13 a	Capital gain or (loss							• • • • • • • • • • • • • • • • • • • •	13a	·	
If you did not get a W-2, see		b	If box on 13a is checked, a post-May 5 capital gain dis	enter	,,	44, 44, 14, 14, 14, 14, 14, 14, 14, 14,		l 13bl		ŀ			
instructions.		14	Other gains or	(losses). Atta	ch Form 4	797					14		
			IRA distribution:						amount (see ins	trs)	15b		
ROLLOVER		16 a	Pensions and a	nnuities	16 a		519. b T	axable	amount (see ins	trs)	16 b		0.
		17	Rental real esta	ite, royalties,	partnersh	ips, S corpo	rations, trus	sts, etc.	Attach Schedule	eЕ.	17		
Enclose, but do		18	Farm income or	r (loss). Attac	h Schedul	le F				[18		·····
not attach, any payment. Also,			Unemployment	-		· · · · · · · · · · · · · · ·				[19		810.
please use			Social security bene	efits	20 a		Ъ Т	「axable	amount (see ins	trs)	20 b		
Form 1040-V.		21	Other income								21		
		22							s your total inco	me . 🟲	22	9	7,648.
Adjusted		23	Educator exper										
Gross		24	IRA deduction (
Income		25	Student loan in	terest deducti	on (see in	nstructions) .	• • • • • • • • • •	. 25			igi digili. Samatan		
		26	Tuition and fee:	s deduction (s	see instruc	ctions)		26					
		27	Moving expense	es. Attach Foi	rm 3903 .			. 27	·		en y di kanana		
		28	One-half of self								Kiraniya Walio		
		29	Self-employed	nealth insural	nce deduc	tion (see ins	trs)	29			ş		
		30 21	Self-employed	OLP, SIMPLE	., and qua	uitied plans .	• • • • • • • • • • • • • • • • • • • •	30			82 . Alig 1		
		31 22.		y withdrawal :	ot savings	· · · · · · · · · · · · · · · · · · ·		. 31					
		22 24 g	Add lines 22 through	aupient's SSN			·	. 32a				}	
			Add lines 23 through								33		-
BAA For Discie	05111	ye De	Subtract line 3:	Panenyark P-	. IIIS IS Y	our adjusted	gross inc	ome .		· · · · · ·	34		7,648.
-UL LAI DISCH	voul	· =, r	ivacy Act, and t	aherwork Ke	euuction A	ict notice, s	ee instructi	ions.	FDIA0112	01/16/0)4	Form 1 0	040 (2003

Department of the Treasury — Internal Revenue Service



February 16, 2005

George M. Reiber, Esq. 3136 South Winton Road Rochester, New York 14623

Re: David G. and Mary Ann DeLano, Case No. 04-20280

Dear Mr. Reiber:

Pursuant to your request at the adjourned 341 Hearing, enclosed please find a copy of the relevant portion of Mr. and Mrs. DeLano's Abstract of Title for the period of the purchase of their home at 1262 Shoecraft Road, Penfield, New York in 1975, through their Lyndon Guaranty refinance of April 23, 1999. We also enclose the HUD-1 Settlement Statement, together with their attorney's Closing Statement.

It appears that the 1999 refinance paid off the existing M&T first mortgage and home equity mortgage and provided cash proceeds of \$18,746.69 to Mr. and Mrs. DeLano. Of this cash, \$11,000.00 was used for the purchase of an automobile, as indicated. Mr. DeLano indicates that the balance of the cash proceeds was used for payment of outstanding debts, debt service and miscellaneous personal expenses. He does not believe that he has any details in this regard, as this transaction occurred almost six (6) years ago.

Please advise what, if anything, further you require.

Very truly yours,

BOYLAN, BROWN, CODE, VIGDOR & WILSON, LLP

hristopher K. Weiner

CKW/trm Enclosures

cc: Richard Cordero (w/enclosures)

2400 Chase Square • Rochester, New York 14604 • 585-232-5300 • FAX: 585-232-3528
60-70 South Main Street, Suite 250 • Canandaigua, New York 14424 • 585-396-0400 • FAX: 585-232-3528
http://www.boylanbrown.com

4. Church of the Holy Spirit of Penfield New York

-To-

David G. DeLano and Mary Ann DeLano, his wife (2nd parties not certified) Warranty Deed

Dated July 16, 1975 Ack. same day Rec. same day at 12:18 P.M.

Liber 4866 Deeds, page

Conveys same as #L with same interest in and to Shoecraft Road and subject to same easements, covenants and restrictions.

Being the same premises conveyed to first party by Liber 3679 of Deeds, page 489.

This deed executes pursuant to a court order signed by Hon. Joseph G. Fritsel, Justice of the Supreme Court on July 15, 1975 and filed in Monroe County Clerk's Office July 16, 1975.

Contains Lien Fund Clause.

Revenue Stamps for \$35.75 affixed.

Note: Order of the Supreme Court dated July 15,

1975 is recorded herewith.

David G. DeLano and V DISCHARGED MORE PROPERTY Purchase Price

-TO- BY Witgel

Dated July 16, 1975 Ack. same day

Columbia Banking ONY ABSTRACT CORP Rec. same day at 12:18 P.M.

and Loan Association

Liber 400 Mortgages, page 196

Conveys same as #1 together with same interest in Shoecraft Road and subject to same easements, covenants and restrictions.

ma) 3/10/88

5.

David G. DeLano

Mortgage to secure \$7,467.18

Mary Ann DERRECTLY DISCHARGED OF RECORD

Dated November 30, 1977

tck. same day

December 1, 1977 at 10:39 AM Rec.

Columbia Banking and Loan ASSOCIATION

Liber 4488 of Mortgages, page 152

Conveys same premises as No. 1.

Subject to all covenants, easements and restrictions of record, if any, affecting said premises.

Being the same premises conveyed to the first parties by deed recorded in Monroe County Clerk's Office in Liber 4865 of Deeds, page 122.

С

PUBLIC ABSTRACT CORPORATION

A corporation duly established under the Laws of the State of New York, in consideration of one or more dollars to it paid, hereby Certifies to the record owners of an interest in or specific lien upon the premises hereinafter referred to or described that it has examined the Grantor and Mortgagor Indexes to the Records in the office of the Clerk of the County of Monroe, in the State of New York, for Deeds of Conveyance, Wills, Powers of Attorney and Revocations thereof, Mortgages, Indexes for General Assignments, Affidavits of Foreclosure, assignments of Mortgages, Sheriff's Certificates of Sales, Homestead Exemptions, Lien Book of Welfare Commissioners, Miscellaneous Records, Orders Appointing Receivers, Mortgage Book of Loan Commissioners of the United States Deposit Fund, Leases, Contracts, Notices of Pendency of Action, State Criminal Surety Bond Liens, Individual Surety Bond Lien Docket and Index of Incompetencies, and also the indexes to estates in the office of the Surrogate of of said County, against the names of the parties appearing in the foregoing Abstract of Title as owning or having an interest in the premieses hereinafter described, during the record period

owning or having an interest in the premieses hereinafter described, during the record period
of such ownership respectively from and including the date October .5, 1965
to the date hereof.
And that it finds the items set forth in the foregoing Abstract of Title, and nothing more, and that said items are correctly set forth, and that there is nothing more in said indexes
which appears to affect the premises or any part thereof, described in Liber of Deeds at page 489 in said Clerk's Office, set forth
of Deeds, at page
The state of the s
And PUBLIC ABSTRACT CORPORATION further Certifies that no judgment appears upon the docket books to have been docketed during the last 10 years, and no Collector's Bond filed and indexed during the last 20 years, and no Financing Statements affixed to Real Property indexed during the last 5 years, and no Federal Tax Lien filed and indexed during the last six years and one month, Lien or Lien Bond filed and indexed during the last year, in said Clerk's Office, against any of the persons who appear from the foregoing Abstract of Title to have held any title to said premises during said periods, which is a lien on said premises, except as correctly set forth in said Abstract of Title; that the items set forth in the foregoing Abstract of Title, including those taken from the records and files of the office of the Surrogate of Monroe County, are correctly abstracted.
In Witness Whereof, the Corporation has caused these presents to be signed by an Authorized Officer, this 10th day of June 19.75 at 8:59 o'clock A. M.
PUBDIC ABSTRACT CORPORATION No. 13735 By Market Market Authorized Officer
Abstracted by D. Nastasi
Contined by B.J. Fischette for premises at No. 1 with Nos. 4 and 5 added.
and redated July 16, 75 at 12:18P and re-issued.
Jerus feet Authorized Officer

(over)

ABSTRACT OF TITLE

-TO-

PART LOT #45

TOWNSHIP 13, RANGE 4

EAST SIDE SHOECRAFT ROAD

TOWN OF PENFIELD

MAPS:

Hopkins Atlas, Volume 5, Plate 13

A David G. DeLano and Mortgage to secure \$7,467.18
C Mary Ann DeLacorrectly DISCHARGED OF RECORD

0 L 0

A

B S T

C

0

R

O R

1.

-To- 6-14-88 1419 Dis 142 Dated November 30, 1977

Columbia Banking Saving Rec. December 1, 1977

and Loan Associate Apstract CORP Liber 4488 of Mortgages, page 152

Conveys ***R1 that or parcel of land situate in the Town of Penfield, County of Monroe and State of New York, being a part of Lot No. 45, Township 13, Range 4, commencing at a point on the east street line of Shoecraft Road a distance of 1085.36 feet northerly from a point where the north street line of State Road intersects the east street line of Shoecraft Road; thence in an easterly direction making an interior angle of 90° with the east street line of Shoecraft Road, a distance of 200 feet; thence in a southerly direction making an interior angle of 90° with the last described course, a distance of 100 feet; thence in a westerly direction making an interior angle of 90° with the last described course a distance of 200 feet to the east line of Shoecraft Road; thence in a northerly direction along the east street line of Shoecraft Road a distance of 100 feet to the point and place of beginning.

Also hereby intending to mortgage any and all interest that the mortgagor may have in and to the bed of Shoecraft Road.

Subject to all covenants, easements and restrictions of record if any affecting said premises.

Being the same premises conveyed to the mortgagors herein by Deed dated July 16, 1975 and recorded in Monroe County Clerk's Office on July 16, 1975 in Liber 4865, page 122.

David G. DeLano Mary Ann DeLano, his wife

Mortgage to secure \$59,000.00

to

Dated: March 29,1988 Ack: same day

Columbia Banking Federal Savings and Loan Association Rec: same day @ 4:14 PM

Liber 8682 of Mortgages, page 81

Conveys same premises as #1.

Subject to covenants, easements and restrictions of record.

Being same premises conveyed by deed recorded in Monroe County Clerk's Office in Liber 4865 of Deeds, page 122.

2.

T R

A C

T

C

R

O R A T I #33516

ABSTRACT OF TITLE

- TO -

LOT #9

ROMAN CREST SUBDIVISION

1262 SHOECRAFT ROAD

TOWN OF PENFIELD

MAPS: HOPKINS ATLAS, VOLUME 5, PLATE 13

1.

David G. DeLano Mary Ann DeLano, husband and wife

- TO -

Columbia Banking Federal Savings and Loan Association

Mortgage

To Secure: \$59,000.00 Dated: March 29, 1988

Ack: Same Date Rec: March 29, 1988

Liber 8682 of Mortgages, page 81

Mortgage#: CE033444

Covers ALL THAT TRACT OR PARCEL OF LAND, situate in the Town of Penfield, County of Monroe, and State of New York, being a part of Lot No. 45, Township 13, Range 4, commencing at a point on the east street line of Shoecraft Road a distance of 1085.36 feet northerly from a point where the north street line of State Road intersects the east street line of Shoecraft Road; thence in an easterly direction making an interior angle of 90° with the east street line of Shoecraft Road, a distance of 200 feet; thence in a southerly direction making an interior angle of 90° with the last described course, a distance of 100 feet; thence in a westerly direction making an interior angle of 90° with the last described course a distance of 200 feet to the east line of Shoecraft Road; thence in a northerly direction along the east street line of Shoecraft Road a distance of 100 feet to the point and place of beginning.

Subject to all covenants, easements and restrictions of record, if any, affecting said premises.

Being the same premises conveyed to the Mortgagors herein by Deed dated July 16, 1975 and recorded in the Monroe County Clerk's Office in Liber 4865 of Deeds, page 122.

2.

3.

David G. DeLano Mary Ann DeLano

- TO -

- 10

OV Covers same as #1.

Mortgage

To Secure: \$29,800.00 Dated: September 13, 1990

Ack: Same Date

Rec: September 14, 1990

Liber 10363 of Mortgages, page 38

Mortgage#: CH016334

Columbia Banking Federal Savings and Loan Association

- TO -

Federal Home Loan Mortgage Corporation

Assignment of Mortgage

Dated: November 26, 1991

Ack: Same Date

Rec: December 27, 1991

Liber 893 of Assignments of Mortgages,

page 402

Mortgage#: N/A

Assigns mortgage at #1.

4.

David G. DeLano Mary Ann DeLano

- TO -

Manufacturers and Traders Trust

Company

Mortgage

To Secure: \$46,920.60 Dated: December 13, 1993

Ack: Same Date

Rec: December 27, 1993

Liber 12003 of Mortgages, page 507

Mortgage#: CK039604

Covers same as #1.

David G. Delano and Mary Ann Delano

- TO -

Lyndon Guaranty Bank of New

York

Mortgage

To Secure: \$95,000.00 Dated: April 23, 1999

Ack: Same Date

Rec: April 28, 1999 @ 10:31 a.m. Liber 14410 of Mortgages, page 132

Mortgage#: CQ002917

Covers same as #1.

MORTGAGE CLOSING STATEMENT

Date:

April 23, 1999

File No: LYN05-0125

Property:

1262 Shoecraft Road, Town of Penfield

Mortgagors: David G. Delano and Mary Ann Delano

Amount of Mortgage: \$95,000.00

Rate: 8.5%

LOAN CLOSING EXPENSES

To: Lyndon Guaranty Bank of New York

> Interest for 4/28/99 - 4/30/99 \$ 67.29 Flood Certification Fee 22.50 Tax Service Fee 75.00 Tax and Insurance Escrow 1,527.24

> > \$1,692.03

To: Monroe County Clerk

> Mortgage Tax 687.50* Record Mortgage 55.00 Record Discharge of Mortgages (3) 49.50

> > \$ 792.00

To: Four Corners Abstract

> Title Insurance 485.00 Redate Abstract 75.00

> > \$ 560.00

To: Gullace & Weld

> Attorney fees \$ 400.00

To:	M&T Bank		
	Payoff Home Equity #23764242001		\$20,032.14
To:	M&T Mortgage Corp.		
	Mortgage Payoff #920182-3		<u>\$52,777.14</u>
		TOTAL	\$76,253.31
follow As at		and direct that they b	\$76,253.31
TOT.			\$95,000.00
Davi	d G. Delano		
Mary	y Ann Delano		

^{*}Mortgagee Tax \$237.50

U.S. Department of Housing and Urban Development Optional Form for Transactions without Sellers

Name & Address of Borrower: DAVID G. DELANO MARY ANN DELANO		ne & Address of Lender: NDON GUARANTY BANK OF NEW YORK	
1262 SHOECRAFT ROAD	i	370 MT. READ BOULEVARD	
WEBSTER, NY 14580			NY 14616
Property Location: (if different from above) 1262 SHOECRAFT ROAD	GULLA	ent Agent: ACE & WELD	
PENFIELD, NY 14580	Place of	Settlement: MAR MDLND PLZ ROCHESTER, NY 14604	
Loan Number:	Settlem	ent Date:	
L. Settlement Charges	APRIL	23, 1999 M. Disbursement to Others	
300. Items Payable In Connection with Loan		1501 M&T BANK - PAYOFF MO	52,777.1
301. Loan Origination Fee 0.000%		1501. Mai Baik Pater No	
302. Loan Discount		1502. M&T BANK - HOME EQUI	20,032.1
303. Appraisal Fee to \$ (POC) 304. Credit Report to \$ (POC)			
305. Lender's inspection Fee to:		1503.	
306. Mortgage Insurance Application Fee to:			
307. Assumption Fee		1504.	
808. Tax Service Contract to:	75.00	1505.	
809. Underwriting Fee 810. Administration Fee			
810. Administration Fee 811. Application Fee	0.00	1506.	
812. Commitment Fee	0.00		*
B13. Warehouse Fee/Interest Differential		1507.	
814. Yield Spread Premium \$ (POC)			
815. Service Release Premium \$ 0.00 (POC)		1508.	
816. Origination Fee Due Broker	0.00		
817. FHA Upfront MIP/VA Funding Fee		1509.	
818. FLOOD CERTIFICATION FEE	22.50	1510.	
819. 820.			
B21.		1511.	}
B22.			
823.		1512.	
824.		1510	
825.		1513.	
900. Items Required by Lender to be Paid in Advance 901. Interest from 4/28/9 to 4/30/99 @ \$ 22.43 per day	67.29	1514.	
901. Interest from 4/28/9 to 4/30/99 @ \$ 22.43 per day 902. Mortgage Ins. Premium for months to	67.29		
903. Hazard Ins. Premium for year(s) to		1515.	
904. Flood Ins. Premium for year(s) to			
905.		1520. TOTAL DISBURSED (enter on line 1603)	72,809.2
1000. Reserves Deposited with Lender			
1001. Hazard Insurance 2 months @ \$ 29.92per month	59.84		
1002. Mortgage insurance months @ \$ per month			
1003. City Property Taxes months @ \$ per month	F4F 16		
1004. County Property Taxes 7 months @ \$ 77.88per month 1005. Annual Assessments months @ \$ per month	545.16		
1006. Flood Insurance months @ \$ 0.00per month	0.00	1	
1007. SCHOOL 10 months @ \$ 138.38per month	1,383.80		
1008. months @ \$ per month		1	
1009. Aggregate Analysis Adjustment	-461.56		
1100. Title Charges			
1101. Settlement or Closing Fee to			
102. Abstract or Title Search to FOUR CORNERS ABST	75.00		
,	L		
1104. Title Insurance Binder to			
104. Title Insurance Binder to 105. Document Preparation to		·	
105. Document Preparation to	400.00		
105. Document Preparation to 106. Notary Fees to 1107. Attorney's Fees to GULLACE & WELD	400.00		
105. Document Preparation to 1106. Notary Fees to 1107. Attorney's Fees to GULLACE & WELD 1108. Title Insurance to FOUR CORNERS ABSTRACT 1109. Lender's Coverage \$	400.00 485.00		
105. Document Preparation to 106. Notary Fees to 1107. Attorney's Fees to GULLACE & WELD 1108. Title Insurance to FOUR CORNERS ABSTRACT 1109. Lender's Coverage \$			
105. Document Preparation to 106. Notary Fees to 107. Attorney's Fees to GULLACE & WELD 108. Title Insurance to FOUR CORNERS ABSTRACT 109. Lender's Coverage \$ 110. Owner's Coverage \$			
105. Document Preparation to 106. Notary Fees to 1107. Attorney's Fees to GULLACE & WELD 1108. Title Insurance to FOUR CORNERS ABSTRACT 1109. Lender's Coverage \$ 1110. Owner's Coverage \$ 1111.			
105. Document Preparation to 106. Notary Fees to 107. Attorney's Fees to GULLACE & WELD 108. Title Insurance to FOUR CORNERS ABSTRACT 109. Lender's Coverage \$ 110. Owner's Coverage \$			

	L		. I
18. FLOOD CERTIFICATION FEE	22.50	1510.	,
19.		1810.	
20.			
21.		1511.	
22.			
23.		1512.	
24.			
25.		1513.	
00. Items Required by Lender to be Paid in Advance			
01. Interest from 4/28/9 to 4/30/99 @ \$ 22.43 per day	67.29	1514.	
02. Mortgage Ins. Premium for months to			
03. Hazard Ins. Premiun for year(s) to		1515.	
04. Flood Ins. Premium for year(s) to			
05.		1520. TOTAL DISBURSED (enter on line 1603)	72,809.2
000. Reserves Deposited with Lender			1
001. Hazard Insurance 2 months @ \$ 29.92per month	59.84		
	33.04		
003. City Property Taxes months @ \$ per month			
77.88per month	545.16		
005. Annual Assessments months @ \$ per month			
006. Flood Insurance months @ \$ 0.00per month	0.00		
007. SCHOOL 10 months @ \$ 138.38per month	1,383.80		
008. months @ \$ per month			
009. Aggregate Analysis Adjustment	-461.56		
100. Title Charges			
101. Settlement or Closing Fee to			
102. Abstract or Title Search to FOUR CORNERS ABST	75.00		
103. Title Examination to			
104. Title Insurance Binder to			
105. Document Preparation to	<u> </u>	·	
106. Notary Fees to			
107 Atterceute France CIII LACE & MELD	400 00		
107. Attorney's Fees to GULLACE & WELD	400.00		
108. Title Insurance to FOUR CORNERS ABSTRACT	485.00		
109. Lender's Coverage \$			
110. Owner's Coverage \$			
111.			
112.			
200. Government Recording and Transfer Charges			
201. Recording Fees; Deed \$;Mtg \$ 55.00;Rel\$ 49.50	104.50		
202. City/County Tax/Stamps: Deed \$;Mtg \$		N. NET SETTLEMENT	
203. State Tax/Stamps: Deed \$;Mtg \$ 687.50	687.50		
204.		1600. Loan Amount	95,000.00
300. Additional Settlement Charges			<u> </u>
301. Survey to		1601. Plus Cash/Check from Borrower	0.00
302. Pest Inspection to			
303. Architectural/engineering services to		1602. Minus Total Settlement Charges (line 1400)	\$ 3,444.03
304. Building Permit to			3,333.03
305.		1603. Minus Total Disbursements to Others (line 1520)	72,809.28
306.	0.00		72,003.20
307.	0.00	1604. Equals Disbursements to Borrower	18,746.69
308 WEBSTER	0.00	(after expiration of any	10,740.09
	0.00	applicable rescission period	
400. Total Settlement Charges (enter on line 1602)	2 /// ^^	required by law)	
orrowe(is Signature(s))	3,444.03		
Havid b. VII Xuno		may andle In)
DS-213 (05/94)	· · · · · · · · · · · · · · · · · · ·		
Λ / A.	/	For	m HUD-1A (2/95) ref. RESPA





APN: 264200-094-020-0001-012-000

REAL PROPERTY TAX ASSESSOR RECORD

Tax Roll Certification Date:07-01-2006

Owner Information Current Through:04-12-2007

County Last Updated:05-04-2007

Current Date:05/31/2007

Source:TAX ASSESSOR

MONROE, NEW YORK

OWNER INFORMATION

Owner(s): **DELANO DAVID** G

DELANO MARYANN

Property Address:1262 SHOECRAFT RD

WEBSTER, NY 14580-8954

Mailing Address:1262 E SHOECRAFT S RD

WEBSTER, NY 14580 Phone:585-671-8833

PROPERTY INFORMATION

County: MONROE

Assessor's Parcel Number:264200-094-020-0001-012-000 Property Type:SINGLE FAMILY RESIDENCE - TOWNHOUSE

Land Use: SINGLE FAMILY RESIDENCE

Zoning:2

Homestead Exempt:HOMEOWNER EXEMPTION
Lot Size (acres or square feet):20037

Lot Acreage:0.4600
Width Footage:100
Depth Footage:200
Municipality:PENFIELD

Legal Description:0045-13-04 ROMAN CR 1 L9

01360000000018162 Block Number:1 Lot Number:12

TAX ASSESSMENT INFORMATION

Tax Year:0000

Land Value: \$36,700.00

Improvement Value:\$79,300.00
Total Value:\$116,000.00

Valuation Method:ASSESSED Tax Code Area:264200

BUILDING/IMPROVEMENT CHARACTERISTICS

Number of Buildings:1

Year Built:1956

Living Square Feet:1249
Number of Bedrooms:3
Number of Bathrooms:1.00

Full Baths:1
Fireplace:YES

Garage Type:ATTACHED
Number of Stories:100

Style/Shape:RAN

Exterior Wall Type:ALUMINUM/VINYL

Electricity: TYPE UNKNOWN

Heat:HA0
Fuel:OIL

Water:COMMERCIAL Sewer:PRIVATE

ADDITIONAL PROPERTIES POSSIBLY CONNECTED TO OWNER have been located. The owner's mailing address is associated with other properties as indicated by tax assessor records. Additional charges may apply.

Call Westlaw CourtExpress at 1-877-DOC-RETR (1-877-362-7387) to order copies of documents related to this or other matters.

Additional charges apply.

END OF DOCUMENT