Attorney or Party Name, Address, Telephone and FAX ☐ Pro Se Debtor	
OFFICE OF THE UNITED STATES TRUSTEE LOS ANGELES DIVISION	**SUBMIT TO UNITED STATES TRUSTEE – DO NOT FILE WITH COURT**
In Re: Debtor-In-Possession.	Case Number: **DECLARATION OF DEBTOR REGARDING COMPLIANCE WITH UNITED STATES TRUSTEE GUIDELINES AND REQUIREMENTS FOR CHAPTER 11 DEBTORS IN POSSESSION**

Privacy Policy [Privacy Act of 1974, as amended (5 U.S.C 552a) and LBR 1002-1(e)].

Declarant acknowledges that they have redacted all personally identifiable information contained in this declaration and its attachments and further acknowledges that is the responsibility of the filing party, not the United States Trustee Program, to ensure compliance with this policy.

(1) All "personal identifiers" must be redacted from documents filed with the USTP, including attachments. "Personal identifiers" are considered to be the following:

(A) *Social Security Numbers. If an individual's Social Security number (SSN), or Individual Tax Payer Identification Numbers (ITIN) must be included in the document, only the last four digits of that number should be used.*

(B) *Financial Account Numbers. Only the last four digits of these numbers should be used;*

(C) *Dates of Birth. If an individual's date of birth must be included in the document, only the year should be used; and*

(D) *Names of Minor Children. If the name of a minor child must be mentioned, only the initials of that child should be used.*

1. REAL PROPERTY

1.1. For each property that debtor owns, leases, has an interest in, or is in the process of purchasing, including debtor's personal residence, declarant has attached the following documentation:

Check All That Apply:

☐ 1.1.1. Debtor owns a personal residence. A Real Property Questionnaire for Principal Residence (USTLA-5.1) is attached hereto.

☐ 1.1.2. Debtor owns, leases, has an interest in, or is in the process of purchasing a total of **four (4) or less** parcels of real property. For each such property, declarant has attached a Real Property Questionnaire (USTLA-5.2).

☐ 1.1.3. Debtor owns, has an interest in, or is in the process of purchasing a total of **five (5) or more** parcels of real property. Attached is an Owned Property Summary Sheet (USTLA-5.3) which identifies all such parcels of real property.

☐ 1.1.4. Debtor leases **five (5) or more** parcels of real property. Attached is a Leased Properties Summary Sheet (USTLA-5.4)

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2. BANK ACCOUNT INFORMATION

2.1. Debtor has closed all pre-petition bank accounts indicated below. For each account that is closed, Debtor has attached a copy of a bank statement evidencing that the account has been closed. For each account that has not been closed, debtor has provided a detailed explanation as to why each account has not been closed.

2.1.1. Account Name: _____
Depository: _____
Last 4 digits of Account Number: _____
Date of Closure: _____
Closing Balance: _____
Explanation if account has not been closed:
_____
_____
_____

2.1.2. Account Name: _____
Depository: _____
Last 4 digits of Account Number: _____
Date of Closure: _____
Closing Balance: _____
Explanation if account has not been closed:
_____
_____
_____

2.1.3. Account Name: _____
Depository: _____
Last 4 digits of Account Number: _____
Date of Closure: _____
Closing Balance: _____
Explanation if account has not been closed:
_____
_____
_____

☐ Additional sheets are attached hereto, marked Attachment 2.1, and incorporated herein by reference.

2.2. All funds from the above-referenced pre-petition bank accounts were transferred to the following Chapter 11 debtor in possession bank accounts:

2.2.1. Account Name: _____
Depository: _____
Last 4 digits of Account Number: _____
Opening Date: _____
Initial Deposit: _____
The beginning balance of this account differs from the ending balance of the pre-petition account because:
_____
_____

2.2.2. Account Name: _____
Depository: _____
Last 4 digits of Account Number: _____
Opening Date: _____
Initial Deposit: _____
The beginning balance of this account differs from the ending balance of the pre-petition account because: _____

2.2.3. Account Name: _____
Depository: _____
Last 4 digits of Account Number: _____
Opening Date: _____
Initial Deposit: _____
The beginning balance of this account differs from the ending balance of the pre-petition account because: _____

☐ Additional sheets are attached hereto, marked Attachment 2.2, and incorporated herein by reference.

3. INSURANCE COVERAGE

3.1. Debtor will maintain appropriate insurance coverage for all estate property, including vacant land, throughout the pendency of this proceeding.

3.2. Debtor has named the United States Trustee, 725 S. Figueroa Street, Suite 2600, Los Angeles, CA 90017, as an ***additional interest party*** on each and every insurance policy listed herein and any other policies, throughout the pendency of this proceeding.

3.3. If, for any reason, an insurance policy shall lapse, not be renewed, or fails to be in full force and effect, debtor will ***immediately*** provide updated proof of insurance to the United States Trustee.

3.4. The following policies are in effect as of the date of this declaration.

	Name of Insurance Carrier	Type of Insurance	Policy Number
3.4.1.			
3.4.2.			
3.4.3.			
3.4.4.			

3.5. ***COPIES OF THE DECLARATION PAGE(S) for each policy listed herein are attached hereto as Attachment 3.5. Each declaration page(s) reflects (1) the name of insured, the additional interest party(ies), type and extent of coverage; policy expiration date; and the account or policy number (or other identifying information).***

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4. PROOF OF REQUIRED CERTIFICATES AND LICENSES

4.1. Debtor will maintain all appropriate certificates and licenses required by federal, state and local law for the lawful operation of debtor's business.

4.2. The following certificates and licenses are in effect as of the date of this declaration:

	Type of Certificate or License	Issuing Authority
4.2.1.		
4.2.2.		
4.2.3.		
4.2.4.		

4.3. ***Attached hereto as Attachment 4 is a copy, or other proof, of each license or certificate listed above.***

5. LIST OF INSIDERS

The following constitutes a complete list of all insiders of the debtors, as that term is defined by 11 U.S.C. Section 101(31):

	Name of Person	Relationship to Debtor
5.1.1.		
5.1.2.		
5.1.3.		

☐ Additional sheets are attached hereto, marked Attachment 5, and incorporated herein by reference.

6. FINANCIAL STATEMENTS

Debtor has the following financial statements that were issued in the two year period prior to the filing of this bankruptcy:

	Audited	Unaudited
6.1.1.		
6.1.2.		
6.1.3.		
6.1.4.		
6.1.5.		
6.1.6.		
6.1.7.		

☐ Debtor **HAS NOT** issued any financial statements in the two year period prior to the filing of this bankruptcy.

7. HEALTH CARE BUSINESS

☐ Debtor **IS NOT** a health care business as defined by 11 U.S.C. Section 101(27A).

☐ Debtor **IS** a health care business as defined by 11 U.S.C. Section 101(27A).

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8. TRUST AGREEMENTS

☐ Debtor **IS NOT** a party to a trust agreement or a beneficiary under a trust agreement that holds property.

☐ Debtor **IS** a party to a trust agreement, or is a beneficiary under a trust agreement that holds property. Copies of all such trust agreements are attached hereto as Attachment 8.

9. RECORDATION OF CHAPTER 11 PETITION

☐ Debtor **DOES NOT** hold an interest in real property.

☐ Debtor **HAS** recorded a copy of the Chapter 11 petition in all counties in which it holds an interest in real property. Copies (or conformed copies) of each recorded petition are attached hereto as Attachment 9.

☐ Debtor has not been able to fulfill this requirement because:

_____

_____

10. FEDERAL AND STATE TAX RETURNS

Debtor has filed the following tax returns (list last two years for which returns have been filed). ***Copies will be provided at the Initial Debtor Interview.***

Tax Year	Form Number and Name of Return *(i.e., 1040, Individual Income Tax Return)*	Taxing Agency's Name *(i.e., IRS)*

☐ Current tax returns have not been filed because:

_____

_____

_____

11. EMPLOYEE BENEFIT PLANS

Attached hereto and marked Attachment 11 is a fully executed Employee Benefit Plan Questionnaire.

☐ **BUSINESS ENTITIES**: I, am the authorized agent of the debtor named in this case, declare under penalty of perjury that I have read the foregoing Declaration, and the information provided is true and correct to the best of my knowledge, information, and belief. I further declare that I have been authorized to file this declaration on behalf of the debtor.

DATED: _____

_____
Signature of Authorized Individual

_____
Printed Name of Authorized Individual

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_____
Title of Authorized Individual

☐ **INDIVIDUAL DEBTORS**: I declare under penalty of perjury that the information provided in the foregoing Declaration is true and correct to the best of my knowledge, information and belief.

DATED: _____

_____
Signature of Individual Debtor

_____
Printed Name of Individual Debtor

DATED: _____

_____
Signature of Joint Debtor

_____
Printed Name of Joint Debtor