0/10/06	4·47PM

		States Bankı uthern District		ourt				Volu	untary	Petition
Name of Debtor (if individual, enter Last, First, Middle): Diocese of Davenport			Name of Joint Debtor (Spouse) (Last, First, Middle):							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):						Joint Debtor l trade names		years		
ast four digits of Soc. 42-0680472	Sec./Complete EIN or oth	ner Tax ID No. (if mor	re than one, state all)	Last fo	ur digits of	Soc. Sec./C	Complete EIN	l or other Ta	x ID No. (i	f more than one, state a
treet Address of Debte 2706 Gaines Stre Davenport, IA	or (No. and Street, City, a eet	nd State):		Street A	Address of .	Joint Debto	r (No. and St	reet, City, an	nd State):	
• •		-	ZIP Code							ZIP Code
ounty of Residence	r of the Principal Place of		52804	Countr	of Resider	ce or of the	e Principal Pl	ace of Busin	ess.	
Scott	f of the Trincipal Trace of	Busiliess.		County	of Resider		e i meipai i i	ace of Bushi		
	btor (if different from stre	et address):		Mailing	g Address o	f Joint Deb	tor (if differe	ent from stree	et address):	:
Davenport, IA			ZID C. 1.							ZID Co do
		[ZIP Code 52804							ZIP Code
ocation of Principal A f different from street	address above):									
Туре о	f Debtor	Nature o	of Business			Chapte	r of Bankru	ptcy Code U	nder Whi	ch
	Organization)	(Check	one box)				Petition is F			
(Check	one box)	Health Care Bus			□ Chapte	r 7				
		Single Asset Re								
Individual (includes	s Joint Debtors)	in 11 U.S.C. § 1		ined	Chapte			1		Recognition eding
Individual (includes See Exhibit D on po	· · ·	□ Railroad		ined	Chapte	r 11	0	f a Foreign N	Iain Proce	eding
See Exhibit D on po	age 2 of this form.	 ☐ Railroad ☐ Stockbroker 	101 (51B)	ined	Chapte	r 11 r 12	of C	1	fain Proce tition for F	eding Recognition
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Official Form	1 (10/06)		FORM B1 , Page 2
Voluntar	y Petition	Name of Debtor(s): Diocese of Davenp	ort
(This page mı	ist be completed and filed in every case)	Diocese of Davenp	
	All Prior Bankruptcy Cases Filed Within Las	t 8 Years (If more than two	o, attach additional sheet)
Location Where Filed:	- None -	Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pe	ending Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (I	f more than one, attach additional sheet)
Name of Debt - None -	or:	Case Number:	Date Filed:
District:		Relationship:	Judge:
	Exhibit A	(To be completed if debter is	Exhibit B an individual whose debts are primarily consumer debts.)
forms 10K a pursuant to S and is reque	bleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.) A is attached and made a part of this petition.	I, the attorney for the petiti have informed the petition 12, or 13 of title 11, United	ioner named in the foregoing petition, declare that I er that [he or she] may proceed under chapter 7, 11, d States Code, and have explained the relief available further certify that I delivered to the debtor the notice 2(b).
	 F.v.l	l nibit C	
	or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.		identifiable harm to public health or safety?
		nibit D	
-	leted by every individual debtor. If a joint petition is filed, ea		nd attach a separate Exhibit D.)
If this is a joi	D completed and signed by the debtor is attached and made	a part of this petition.	
-	D also completed and signed by the joint debtor is attached a	and made a part of this petit	tion.
	Information Regardin	ng the Debtor - Venue	
_	(Check any ap	-	
	Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for		
	There is a bankruptcy case concerning debtor's affiliate, g	0 1	
	Debtor is a debtor in a foreign proceeding and has its prin- this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District.	s in the United States but is	a defendant in an action or
	Statement by a Debtor Who Resides (Check all app		l Property
	Landlord has a judgment aganist the debtor for possession		ox checked, complete the following.)
	(Name of landlord that obtained judgment)		
	(Address of landlord)		
	Debtor claims that under applicable nonbankruptcy law, the permitted to cure the entire monetary default that gave rise possession was entered, and		
	Debtor has included in this petition the deposit with the co after the filing of the petition.	ourt of any rent that would b	become due during the 30-day period

oluntary Petition	Name of Debtor(s):
·	Diocese of Davenport
his page must be completed and filed in every case)	
	natures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is true and correct.	I declare under penalty of perjury that the information provided in this petitio is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.
[If petitioner is an individual whose debts are primarily consumer	(Check only one box.)
debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States	□ I request relief in accordance with chapter 15 of title 11. United States Cou
Code, understand the relief available under each such chapter, and	Certified copies of the documents required by 11 U.S.C. §1515 are attached
choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer	Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapt of title 11 specified in this petition. A certified copy of the order granting
signs the petition] I have obtained and read the notice required	recognition of the foreign main proceeding is attached.
by 11 U.S.C. §342(b).	v
I request relief in accordance with the chapter of title 11, United	X
States Code, specified in this petition.	Signature of Foreign Representative
Signature of Debtor	Printed Name of Foreign Representative
Signature of Debtor	
	Date
Signature of Joint Debtor	Signature of Non-Attorney Bankruptcy Petition Preparer
	I declare under penalty of perjury that: (1) I am a bankruptcy
Telephone Number (If not represented by attorney)	petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a
	copy of this document and the notices and information required
Date	under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or
Signature of Attorney	guidelines have been promulgated pursuant to 11 U.S.C. § 110(h)
Signature of Actorney	setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum
🕻 _/s/ Richard A. Davidson	amount before preparing any document for filing for a debtor or
Signature of Attorney for Debtor(s)	accepting any fee from the debtor, as required in that section. Official Form 19B is attached.
Richard A. Davidson	Official Form 19B is attached.
Printed Name of Attorney for Debtor(s)	Printed Name and title, if any, of Bankruptcy Petition Preparer
Lane & Waterman LLP	rimed Name and due, if any, of Bankrupicy retution riepater
Firm Name 220 N. Main St.	Social Security number (If the bankrutpcy petition preparer is not
Suite 600	an individual, state the Social Security number of the officer,
Davenport, IA 52801-1987	principal, responsible person or partner of the bankruptcy petition
	preparer.)(Required by 11 U.S.C. § 110.)
Address	
563-333-6624 Fax: 563-324-1616	
Telephone Number	
October 10, 2006	Address
Date	X
Signature of Debtor (Corporation/Partnership)	
	Date
I declare under penalty of perjury that the information provided in	
I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to	Signature of Donkminter Detition Decession
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person or partner whose Social Security number is
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
this petition is true and correct, and that I have been authorized to	responsible person, or partner whose Social Security number is provided above.
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	responsible person, or partner whose Social Security number is
 this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. /s/ Charlene Maaske 	responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who
 this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. Is/ Charlene Maaske Signature of Authorized Individual 	responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. // /s/ Charlene Maaske Signature of Authorized Individual Charlene Maaske	responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. //s/ Charlene Maaske Signature of Authorized Individual <u>Charlene Maaske</u> Printed Name of Authorized Individual	responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional
this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Charlene Maaske Signature of Authorized Individual Charlene Maaske	responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional
 this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. /s/ Charlene Maaske Signature of Authorized Individual Charlene Maaske Printed Name of Authorized Individual Chief Finanical Officer Title of Authorized Individual 	responsible person,or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:
 this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. 	responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

United States Bankruptcy Court Southern District of Iowa

In re **Diocese of Davenport**

Debtor(s)

Case No. ______ Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [*or* chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Michl Uhde 2714 E Locust Davenport, IA 52803	Michl Uhde 2714 E Locust Davenport, IA 52803	Court verdict	Disputed	1,530,000.00
Sexual Abuse Victims See listing to be filed under seal	Sexual Abuse Victims See listing to be filed under seal	Tort Claims	Contingent Unliquidated Disputed	Unknown

Case No.

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Debtor(s)

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Chief Financial Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date October 10, 2006

Signature /s/ Charlene Maaske Charlene Maaske Chief Finanical Officer

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.

United States Bankruptcy Court Southern District of Iowa

In	re
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Diocese of Davenport

Debtor

Chapter	11

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 of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	38	4,492,809.42		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		49,950.12	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1		1,600,489.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedu	iles	46			
	Te	otal Assets	4,492,809.42		
			Total Liabilities	1,650,439.12	

United States Bankruptcy Court Southern District of Iowa

In re

Diocese of Davenport

Debtor

Case No.

Chapter_____11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

□ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	
4. Total from Schedule F	
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	