FORM 1. VOLUNTARY PETITION

United States Bankruptcy Court For the District of Arizona	VOLUNTARY PETITION
Name of Debtor (if individual, enter Last, First, Middle): Microwave Medical Corporation	Name of Joint Debtor (Spouse) (Last, First, Middle)
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 6 years (Include married, maiden, and trade names):
Soc. Sec./Tax I.D. No. (if more than one, state all): SSN: TIN: 94-323-2106	Soc. Sec./Tax I.D. No. (if more than one, state all): SSN: TIN:
Street Address of Debtor (No. & Street, City, State & Zip Code): 6929 E. Chaney Paradise Valley, AZ 85253	Street Address of Joint Debtor (No. & Street, City, State & Zip): 6929 E. Chaney Paradise Valley, AZ 85253
County of Residence or of the Principal Place of Business: Maricopa	County of Residence or of the Principal Place of Business: Maricopa
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from st. address)

0201298PHX GBN

Location of Principal Assets of Business Debtor (if different from street address above): 6929 E. Chaney Paradise Valley, AZ 85253

Information Regarding Debtor (Check Applicable Boxes)

Venue (Check one box)

	Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition of for a longer part of such 180 days than in any other District.
X	There is a bankruptcy case concerning the debtor's affiliate, general partner, or partnership pleading in this District.

Type of Debtor

	Individual(s)		Railroad
X	Corporation		Stockbroker
	Partnership		Stockbroker
	Other		

Nature of Debt

	Consumer/Non-Business	X	Business

Chapter 11 Small Business (Check Boxes that apply)

	Debtor is a small business as defined in 11 U.S.C. Sec 101.
	Debtor elects to be a small business under 11 USC Sec 1121(e)

Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)

	Chapter 7	X	Chapter 11		Chapter 13
	Chapter 9		Chapter 12		Section 304

Filing Fee (Check one box)

X	Filing fee attached
	Filing fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Offical Form No. 3.

Statistical/Administrative Information (U.S.C. SEC. 604) (Estimates only)

	Debtor estimates that funds will be available for distribution to creditors.
X	Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

THIS SPACE FOR COURT USE ONLY

Estimated Number of Creditors

1-15	16-49	50-99	100-999	200-999	1000-over
X					

Estimated Assets

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	10,000,001 to 50 million	50,000,001 to 100 million	More than 100 million
X							

Estimated Debts

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	10,000,001 to 50 million	50,000,001 to 100 million	More than 100 million
X							

FILED
FROM OVERNIGHT BOX
JAN 25 2002
KEVIN E. O'BRIEN
UNITED STATES
BANKRUPTCY COURT
FOR THE DISTRICT OF ARIZONA

3-12-02
2:00PM

Voluntary Petition, Page 2

VOLUNTARY PETITION
(This page must be completed and filed in every case)

Name of Debtor(s): Microwave Medical Corporation

FORM B1, Page 2

Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)

Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (if more than one, attach additional sheet)

Name of Debtor:	Case Number:	Date Filed:
MW Medical, Inc.	None Assigned Yet	01/22/02
District:	Relationship:	Judge:
Arizona	Parent Company	Unknown

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

_____
Telephone Number (If not represented by attorney)
Date:

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in 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 Jan Wallace
Signature of Authorized Individual

Jan Wallace
Printed Name of Authorized Individual

President
Title of Authorized Individual

Jan 25 2002
Date

Signature of Attorney

X _____
Signature of Attorney for Debtor(s)

Name of Attorney: Ronald E. Warnicke, Esq.
Firm Name: Warnicke & Littler, P.L.C.
Address: 1411 N. Third Street
Phoenix, AZ 85004
Telephone Number: (602) 256-0400
Date:

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. Sec. 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

_____
Printed Name of Bankruptcy Petition Preparer
Social Security Number:
Address:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requestion relief under Chapter 11)

| | Exhibit A is attached and made part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumor debts)

I, the attorney for the petitioner named in the foregoing petition declare that I have informed the petitioner that [he United States Code, and have explained the relief available under each such chapter.

X _____ _____
Signature of Attorney Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer
Date:

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. Sec. 110; 18 U.S.C Sec. 156.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona **Case Number**

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

EXHIBIT "A" TO VOLUNTARY PETITION

If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file num.:

The following financial data is the latest available information and refers to debtor's condition on. . . . . :

		Approximate number of holders
Total Assets . . . . . :	0.00	
Total Liabilities. . . . . :	23095.00	
secured// unsecured// subordinated :	23095.00	11
secured// unsecured// subordinated :	0.00	0
secured// unsecured// subordinated :	0.00	0
secured// unsecured// subordinated :	0.00	0
secured// unsecured// subordinated :	0.00	0
secured// unsecured// subordinated :	0.00	0
secured// unsecured// subordinated :	0.00	0
Number of shares of preferred stock:	0.00	0
Number of shares of common stock . :	0.00	0

Comments, if any:

Brief description of debtor's business:

Sale of medical microwave devices

List the names of any person who directly or indirectly owns, controls, or holds with power to vote, 5% or more of the voting securities of the debtor:

Debtor wholly owned by MW Medical, Inc.

In RE: Microwave Medical Corporation **Case Number:**

Schedule of the Top 20 Creditors (continued)

Name of Creditor	: *Federal Express*	*Amount :$*	*96.00*
Street addr of creditor	: *P. O. Box 1140*		
City, state, zip code	: *Memphis, TN 38101-1140*		
Codebtor?	: *No*		
Name of Creditor	: *datarite of Arizona, Inc.*	*Amount :$*	*47.00*
Street addr of creditor	: *P. O. Box 83224*		
City, state, zip code	: *Phoenix, AZ 85071-3224*		
Codebtor?	: *No*		
Name of Creditor	: *Edison Co.*	*Amount :$*	*37.00*
Street addr of creditor	: *P. O. Box 600*		
City, state, zip code	: *Rosemead, CA 91771-0001*		
Codebtor?	: *No*		
		Total :$	*23095.00*

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, Jan Wallace the President , of the corporation named as petitioner in the foregoing petition, declare under penalty of perjury under the laws of the United States that the foregoing is true and correct, and that the filing of this petition on behalf of the corportion has been authorized.

Executed on January 22, 2002 *Signature:* Jan Wallace

Petitioner

Petitioner

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona **Case Number**

In re: Microwave Medical Corporation

STATEMENT

Debtor's Employer's Tax Id. Number : 94-323-2106 Pursuant to Rule 2016

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

(1) The undersigned is the attorney for the debtor(s) in this case.
(2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
(a) for legal services rendered or to be rendered in contemplation of and in connection with this case $ 0.00
(b) prior to filing this statement, the debtor(s) have paid $ 0.00
(c) the unpaid balance due and payable is $ 0.00
(3) $ 830.00 of the filing fee in this case has been paid.
(4) The services rendered or to be rendered include the following:
(a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under Title 11 of the United States Code.
(b) Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
(c) representation of the debtor(s) at the meeting of creditors.
(a)(b) and (c) for parent company MW Medical, Inc. also

(5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

(6) The source of payments made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

(7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

(8) The undersigned has not shared or agreed to share with any other person, other than with members of the undersigned's law firm, any compensation paid or to be paid except as follows:

Dated: January 22, 2002 _____ *Attorney for Petitioner*
Attorney's Name:
Attorney's Addr: ,

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona

Case Number

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

Schedule A - SCHEDULE OF REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interests, including all property owned as a co-tenant, 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 stating so. If the debtor holds no interest in real property, write "none".

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.

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.

Market is defined as : Current Market Value of Debtor's Interest in Property Without Deducting any Secured Claim or Exemption.

Total: Schedule A : Real Property (Market) :	$ 0.00

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona **Case Number**

In re: Microwave Medical Corporation } Schedule B - SCHEDULE OF PERSONAL PROPERTY

Debtor's Employer's Tax Id. Number : 94-323-2106 }

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more categories, write "None" in the appropriate position below the category.

If the property is being held for the debtor by someone else, state that person's name and address.

Market is defined as : Current Market Value of Debtor's Interest in Property Without Deducting any Secured Claim or Exemption.

1) Cash on hand.

None

2) Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.

Description of Prop. : *Bank of America* *Market :$* *0.00*
Description (continued) : *Account #122202706 467 188 2271*
Street Address : *6501 N. Scottsdale Rd.*
City, State, Zip Code : *Scottsdale, AZ 85250*

3) Security deposits with public utilities, telephone companies, landlords, and others.

None

4) Household goods and furnishings, including audio, video and computer equipment.

None

5) Books, pictures and other art objects, antiques, stamp, coin, record, tape compact disk, and other collections or collectibles.

None

6) Wearing apparel.

None

7) Furs and jewelry.

None

8) Firearms and sports, photographic, and other hobby equipment.

None

9) Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.

None

10) Annuities. Itemize and name each issuer.

None

11) Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.

None

12) Stock and interests in incorporated and unincorporated business. Itemize.

None

13) Interests in partnerships or joint ventures. Itemize.

None

14) Government and corporate bonds and other negotiable and non-negotiable instruments.

None

15) Accounts Receivable.

None

16) Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.

None

17) Other liquidated debts owing debtor including tax refunds. Give particulars.

None

18) Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.

None

19) Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.

None

20) Other contingent and unliquidated claims of every nature including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value if each.

None

21) Patents, copyrights, and other intellectual property. Give particulars.

None

22) Licenses, franchises, and other general intangibles. Give particulars.

None

23) Automobiles, trucks, trailers, and other vehicles.

None

24) Boats, motors, and accessories.

None

25) Aircraft and accessories.

None

26) Office equipment, furnishing, and supplies.

None

27) Machinery, fixtures, equipment and supplies used in business.

None

28) Inventory.

None

29) Animals.

None

30) Crops - growing or harvested. Give particulars.

None

31) Farming equipment and implements.

None

32) Farm supplies, chemicals, and feed.

None

33) Other personal property of any kind not already listed. Itemize.

None

Total: Schedule B : Personal Property :	*$ 0.00*

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona

Case Number

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

Schedule D - SCHEDULE OF CREDITORS HOLDING SECURED CLAIMS

None of the following claims is contingent, unliquidated or disputed unless otherwise stated. Unless otherwise indicated, property is located at debtor(s) personal residence.

(Legend of amount titles: Amount= Amount of Claim, Market= Market value without deduction collateral, Un-Sec=Amount unsecured if any, Total=amount claimed.

Total: Schedule D : Creditors Holding Secured Claims	$ *0.00*

In RE: Microwave Medical Corporation **Case Number:**

Schedule E : Creditors Holding Unsecured Priority Claims (continued)

TYPES OF PRIORITY (continued)

| | 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. Sec. 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 Governers of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. Sec. 507 (a)(9).

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona

Case Number

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

Schedule E - SCHEDULE OF CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to property, 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 and mailing address, including zip code, and 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 this petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, please state so as a "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 stating so.

If the claim is "Contingent." state so. If the claim is "Unliquidated." state so. If the claim is "Disputed" state so. (You may need to state combinations of conditions.)

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

|X| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY

| | 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. Sec. 507(a)(2).

| | Wages, salaries and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of $2000 per employee, earned within 90 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. Sec. 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. Sec. 507(a)(4).

| | Certain farmers and fishermen

Claims of certain farmers and fishermen, up to a maximum of $2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. Sec. 507(a)(5).

| | Deposits by individuals

Claims of individuals up to a maximum of $900 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. Sec. 507(a)(6).

| | Taxes and Other Certain Debts Owed to Governmental

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. Sec. 507(a)(7).

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona **Case Number**

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

Schedule F - SCHEDULE OF CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

None of the following claims is contingent, unliquidated or disputed unless otherwise stated.

State the name, mailing address, including zip code, and account number , if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E.

If any entity other than a spouse in a joint case may be jointly liable on a claim, please state so as a "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 stating so.

If the claim is "Contingent." state so. If the claim is "Unliquidated." state so. If the claim is "Disputed" state so. (You may need to state combinations of conditions.)

| | *Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.*

Name of creditor : *AT&T Wireless Service*	*Amount:$*	*1064.00*
Street addr of creditor : *P. O. Box 60360*		
City, state, zip code : *Los Angeles, CA 90060-0360*		
Codebtor? : *No*		
Name of creditor : *Edison Co.*	*Amount:$*	*37.00*
Street addr of creditor : *P. O. Box 600*		
City, state, zip code : *Rosemead, CA 91771-0001*		
Codebtor? : *No*		
Name of creditor : *Federal Express*	*Amount:$*	*96.00*
Street addr of creditor : *P. O. Box 1140*		
City, state, zip code : *Memphis, TN 38101-1140*		
Codebtor? : *No*		
Name of creditor : *Fidelity Leasing*	*Amount:$*	*700.00*
Street addr of creditor : *P. O. Box 8500-9805*		
City, state, zip code : *Philadelphia, PA 19178-9805*		
Codebtor? : *No*		
Name of creditor : *Nelson Nameplate*	*Amount:$*	*4077.00*
Street addr of creditor : *2800 Casitas Ave.*		
City, state, zip code : *Los Angeles, CA 90039-2942*		
Codebtor? : *No*		
Subtotal (Total of this page) :	*$*	*5974.00*

In RE: Microwave Medical Corporation **Case Number:**

Schedule F : Creditors Holding Unsecured Nonpriority Claims (continued)

Name of creditor	*: Nichols Venture*	*Amount:$*	*2108.00*
Street addr of creditor	*: 644 Manor Ridge Road*		
City, state, zip code	*: Santa Paula, CA 93060*		
Codebtor?	*: No*		
Name of creditor	*: R. A. Boguki*	*Amount:$*	*5987.00*
Street addr of creditor	*: 6914 Canby Ave., #109*		
City, state, zip code	*: Reseda, CA 91335*		
Codebtor?	*: No*		
Name of creditor	*: Regulatory Specialists, Inc.*	*Amount:$*	*6273.00*
Street addr of creditor	*: 3722 Ave. Sausolito*		
City, state, zip code	*: Irvine, CA 92606*		
Codebtor?	*: No*		
Name of creditor	*: Robert B. Spertell*	*Amount:$*	*2500.00*
Street addr of creditor	*: 8843 Newcastle Ave.*		
City, state, zip code	*: Northridge, CA 91325*		
Codebtor?	*: No*		
Name of creditor	*: Verizon California*	*Amount:$*	*206.00*
Street addr of creditor	*: P. O. Box 30001*		
City, state, zip code	*: Inglewood, CA 90313-0001*		
Codebtor?	*: No*		
Name of creditor	*: datarite of Arizona, Inc.*	*Amount:$*	*47.00*
Street addr of creditor	*: P. O. Box 83224*		
City, state, zip code	*: Phoenix, AZ 85071-3224*		
Codebtor?	*: No*		

Subtotal (Total of this page) :	*$*	*17121.00*
Total: Schedule F : Unsecured Nonpriority Claims	*$*	*23095.00*

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona

Case Number

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

Schedule G - SCHEDULE OF 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 address 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.

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

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona

Case Number

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

Schedule H - SCHEDULE OF CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that may also be 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 nondebtor spouse during the six years immediately preceding the commencement of this case.

|X| *Check this box if debtor has no codebtors*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona **Case Number**

In re: Microwave Medical Corporation

Debtor's Employer's Tax Id. Number : 94-323-2106

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 Schedule D, E, and F to determine the total amount of the debtor's liabilities.

Schedule	Attached?	No. of Sheets	Assets	Liabilities	Other
A-Real Property	Yes	1	0.00		
B-Personal Property	Yes	4	0.00		
C-Property Claimed as Exempt	Yes	0			
D-Creditors Holding Secured Claims	Yes	1		0.00	
E-Creditors Holding Unsecured Priority Claims	Yes	2		0.00	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	2		23095.00	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	Yes	0			0.00
J-Current Expenditures of Individual Debtor(s)	Yes	2			0.00
Total Number of sheets in ALL Schedules>		14.00			
		Total Assets>	0.00		
			Total Liabilities>	23095.00	

In RE: Microwave Medical Corporation **Case Number:** _____

DECLARATION CONCERNING DEBTOR'S SCHEDULES

I, Jan Wallace the President , of the corporation named as petitioner in the foregoing petition, declare under penalty of perjury under the laws of the United States that I have read the following summary and schedules consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date Jan. 25/2002 *Signature* Jan Wallace

Signature _____

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Arizona

Case Number

In re: Microwave Medical Corporation	STATEMENT OF FINANCIAL AFFAIRS
Debtor's Employer's Tax Id. Number : 94-323-2106	

(1) Income from Employment or Other Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year.

(2) Income Other than from Employment or Other Business

State the amount of income received by the debtor other than from employment trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case.

None

(3a) Payments to Creditors

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.

1. Independent Review Consulting $2,995.00
2. Regulatory Specialists, Inc. $10,000.00
3. S & R Machine $1,804.16

(3b) Payments to Creditors

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.

None

(4a) Suits, Executions, Garnishments, and Attachments

List all suits to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case.

None

Statement of Financial Affairs (continued)

(4b) Suits, Executions, Garnishments, and Attachments
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.

None

(5) Repossessions, Foreclosures and Returns
List all property that has been repossessed by a creditor, sold at 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.

None

(6a) Assignments and Receiverships
Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.

None

(6b) Assignments and Receiverships
List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately proceeding the commencement of this case.

None

(7) Gifts
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.

None

(8) Losses
List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencent of this case or since the commencement of this case.

None

Statement of Financial Affairs (continued)

(9) Payments Related to Debt Counseling or Bankruptcy

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 a petition in bankruptcy within one year immediately preceding the commencement of this case.

(10) Other Transfers

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.

None

(11) Closed Financial Accounts

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.

None

(12) Safe Deposit Boxes

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.

None

(13) Setoffs

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.

None

Statement of Financial Affairs (continued)

(14) Property Held for Another Person
List all property owned by another person that the debtor holds or controls.

None

(15) Prior Address of Debtor
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.

1. July 2000 to October 2001 - 601 Del Norte Blvd., Ste. S. Oxnard, CA
2. 65 W. Easy Street, Simi Valley, CA

(16a) Nature, Location and Name of Business
If the debtor is an individual, list the names & addresses of all business 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 two 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 two years immediately preceding the commencement of this case.

None

(16b) Nature, Location and Name of Business
If the debtor is a partnership, list the names and addresses of all business in which the debtor was a partner or owned 5 percent or more of the voting securities, within the two years immediately preceding the commencement of this case.

None

(16c) Nature, Location and Name of Business
If the debtor is a corporation, list the names and addresses of all businesses in which the debtor was a partner or owned 5 percent or more of the voting securities within the two years immediately preceding the commencement of this case.

None

Statement of Financial Affairs (continued)

(17a) Books, Records and Financial Statements
List all bookkeepers and accountants who within the six years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

1. *Smith & Co., 10 W. 100 South, #700, Salt Lake City, UT 84101*
2. *Grant Thornton, 1000 Wilshire Blvd., #700, Los Angeles, CA 90017*
3. *Cane & Co., LLC, 2300 West Sahara Ave., #500, Las Vegas, NV 89102*
4. *MW Medical*

(17b) Books, Records and Financial Statements
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.

None

(17c) Books, Records and Financial Statements
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.

1. *Smith & Co.*
2. *Grant Thornton*
3. *Cane & Co.*
4. *MW Medical*

(17d) Books, Records and Financial Statements
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.

Bank of America, 6501 N. Scottsdale Rd., Scottsdale, AZ 85250
Account No. 122101706 467 188 2271

(18a) Inventories
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 basis of each inventory.

None

Statement of Financial Affairs (continued)

(18b) Inventories
List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

None

(19a) Current Partners, Officers, Directors and Shareholders
If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None

(19b) Current Partners, Officers, Directors and Shareholders
If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, or controls, or holds 5 percent or more of the voting securities of the corporation.

1. *Jan Wallace*
2. *Grace Sim*

(20a) Former Partners, Officers, Directors and Shareholders
If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None

(20b) Former Partners, Officers, Directors and Shareholders
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.

None

(21) Withdrawals from a Partnership or Distributions by Corp.
If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any from, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

None

In RE: Microwave Medical Corporation **Case Number:**

Statement of Financial Affairs (continued)

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I (We), Jan Wallace and declare under penalty of perjury under the laws of the United States that I (we) have read the answers contained in the foregoing statement of financial affairs and that they are true and correct to the best of my (our) knowledge, information, and belief.

Executed on January 22, 2002 *Signature:* _____
Corporate Officer

_____
Corporate Officer