

Secured Claims

Secured Creditor	Claim Amount	Payment Amount	Payment Month Numbers
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Secured Arrearage

Name of Creditor	Claim Amount	Payment Amount	Payment Month Numbers
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Secured Gap Payments

Name of Creditor	Claim Amount	Payment Amount	Payment Month Numbers
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Property to Be Surrendered:**Creditor Name:****Property Address:****Valuation of Security:**

Name of Creditor	Claim Amount	Payment Amount	Payment Month Numbers
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(motion to value must be filed consistent with plan treatment)

Executory Contracts:**The following Executory Contracts are assumed**

Name of Creditor:	Description of Collateral:	Month Numbers:
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The following Executory Contracts are rejected:

Name of Creditor:

Description of Collateral:

Unsecured Creditors: whose claims are allowed shall receive a pro rate share of the balance of the funds remaining after payments to Priority and Secured Creditors are made. Approximate percentage: _____%

Property of the Estate reverts in the Debtor(s) upon confirmation of the plan, OR upon completion of all plan payments and the discharge of Debtor(s).

CERTIFICATE OF SERVICE

I/We hereby certify that a true and correct copy of the Amended Chapter 13 Plan of Debtor(s) was furnished by United States mail, postage prepaid, to All Creditors and Parties in Interest as listed on the Court's Matrix as attached, this _____ day of _____, 2009.

Debtor Signature

Debtor Signature

Attorney for Debtor
(name, address)