

CLIENT QUESTIONNAIRE FOR 2017

Thank you very much for calling the STITTLEBURG LAW OFFICES, LLC for legal assistance relating to your debt problems. We can provide you with the most helpful and accurate advice only if we have a complete and accurate understanding of your current financial situation. Please fill out this form as completely as possible. Please provide us with emergency phone or address contact information. If you have e-mail, please let us know - this is an excellent way for us to contact you and we can use e-mail to keep you up-to-date with legal topics of interest.

If you don't understand a question, please ask for assistance. We ask that you list each and every financial obligation you have in the "creditor boxes." If you need more space, please use the back or photocopy the page of boxes.

Please also remember to list every creditor to whom you are obligated. This means, for example, that if you have co-signed for your nephew's car loan, that car lien-holder is your creditor. Similarly, you should list debts even if you think the creditor has written off the loan or if you think that someone else may pay the bill in the future (i.e. a medical bill that may be covered by insurance). Please provide us with the correspondence address for each creditor rather than the billing address.

The Courts have asked us to be very specific about when you last used your credit cards. Please make sure to fill in the "last time used" box.

If you have copies of your bills, please provide them via email or fax. If necessary, we can assist you in requesting a credit bureau report. We also ask that you provide the last seven months of paystubs or provide payroll information for both you and your spouse. Even if your spouse does not want to participate, we still need to know about your household expenses and income.

One of the most important items of information that you can provide relates to whether a debt is "secured" or "unsecured." A "secured" debt is a debt that is backed by collateral, such as a house, car or even household items. By contrast, an "unsecured" debt is backed only by your signature. Examples of unsecured debts are credit card bills and medical bills. Please note that many finance companies ask you to list household goods at the time you obtain your loan. This usually means that you may have given the finance company a security interest in your property.

Finally, if you have a house or car, you will need a copy of the insurance declarations page – not just the insurance card.

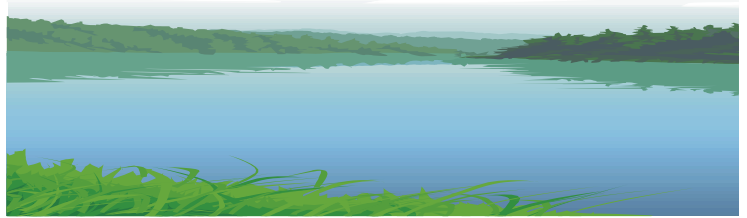
Again, thank you for choosing the STITTLEBURG LAW OFFICES, LLC. We will make every effort to see to it that your experience as our client is a pleasant one. We thank you for allowing us to serve you.

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We have been designated as a debt relief agency by an act of the United States Congress. We help people file for bankruptcy relief under the bankruptcy code.

PERSONAL INFORMATION



Today's Date: _____

How did you hear about Stittleburg Law Offices? _____

Your Name (as it appears on Soc. Sec. Card): _____ Date of Birth: _____

Maiden name/former names: _____

Social Security Number: _____ Marital status: _____

Your address: _____ Apt. #: _____ Rent Own

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Cell: _____

E-Mail address: _____

Name and # of someone who could reach you in an emergency: _____

Spouse's Name: _____ Date of birth: _____ E-mail: _____

Spouse's maiden/former name: _____

Spouse's social security number: _____ Spouse's work phone: _____

Spouse's home address and home phone (if different from yours): _____

How long have you lived at your home address: _____ If less than 2 years, please list

previous addresses, beginning with the most recent:

_____ Dates: _____

_____ Dates: _____

Income Information

Marital Status: _____

	Yourself	Spouse
Job title/occupation:	_____	_____
Employer:	_____	_____
How long there:	_____	_____
Payroll address:	_____	_____
City, ST Zip	_____	_____
Payroll office phone #:	_____	_____
Date next paycheck expected	_____	_____

Children & Step-children

Gender	Age	Relationship	Does child live with you?	Child support \$ please note if you pay or receive

Expected changes in income:

Describe when & why: _____

Income & Expenses

Please note that under current bankruptcy laws, a debtor must provide the previous seven (7) months of household income in order to evaluate a case for means testing purposes. **Therefore, please provide copies of your paystubs for the past seven (7) months. If you are self employed, please provide documentation of your income from the past seven (7) months.** Additionally, if you have other sources of income, please provide documentation of that income as well.

Household Expenses

Please list your normal, monthly average living expenses for the categories listed below. If something is almost always the same amount every month, such as rent, list that amount. For things that go up and down, like utilities, pick a fair average, somewhere between the high and low. If you pay quarterly for something like garbage pickup or insurance premiums, divide that by 3 to get the monthly average.

We also need to consider expenses that might not come up every month, such as clothing, medical expenses and automobile maintenance and repair. For those things, make your best guess of how much you are likely to spend in a whole year and divide that by 12 to get the monthly average. We even need to consider expenses that don't happen every year, like tires for the car, or eye glasses. For those types of expenses, estimate how much you will spend in the next 3 years and divide that by 36 to get the monthly average.

If the basis for your answer is not obvious, please add a brief note or notes on the line. Be realistic. Think about everything for the entire family. Don't make the mistake of understating your expenses.

Only list expenses that you pay (or your spouse pays). If you share expenses with a roommate or someone else who is not your spouse, only list your share of those expenses. **DO NOT** list payment for credit cards, personal loans, or other unsecured debts. Those are not expenses; they are debts and will be dealt with elsewhere.

Monthly expenses

Attorney's Notes

Housing:

Rent:	_____	_____
First mortgage:	_____	_____
Second mortgage:	_____	_____
Third mortgage:	_____	_____
Associate Dues/ Cam Fees:	_____	_____
Alarm Service/ Security	_____	_____
Home maintenance/ and repairs:	_____	_____

Utilities and Services:

Electric bill: _____

Gas bill: _____

Water/sewer: _____

Telephone: _____

All cellular service: _____

Cable TV: _____

Internet service: _____

Garbage pickup: _____

Food:

Groceries: _____

Dining out: _____

Meals at work or
School: _____

Transportation:

Gasoline:
(All cars in household) _____

Maintenance: _____

Tires, misc repairs: _____

Registration/taxes: _____

Cab, bus, private rides: _____

Parking: _____

Clothing:

Clothing: _____

Laundry/dry cleaning: _____

Medical/Dental:

Medical: _____

Dental: _____

Optical: _____

Prescriptions: _____

Church/Charity:

Charity:
(Other than church receipts required) _____

Church:
(Receipts are required) _____

Insurance:

Real property/renter's: _____

Life insurance: _____

Long term health care: _____

Health insurance (not deducted from pay): _____

Auto insurance: _____

Installment Payments:

Car/truck payment#1: _____

Car/truck payment#2: _____

Appliances: _____

Student Loans: _____

Electronics: _____

Other: _____

Court Ordered or Voluntary Payments:

Alimony: _____

Child support: _____

School/Education/Other:

Child care expenses: _____

Tuition 1: _____

Tuition 2: _____

Tuition 3: _____

Child care expenses: _____
Care fore elderly or
disabled: _____
Laundry/cleaning: _____
Other: _____
Other: _____

(for attorney's use only)

Emergency matters . . .

Are you currently facing a mortgage foreclosure: _____

If so, how do you know: _____

For what month is the foreclosure scheduled: _____

Are you currently facing a vehicle repossession: _____

If so, who is the finance company? _____

How far are you behind? _____

Yearly income

Year	Gross income/year	Where employed?	Spouse's gross income/year	Where was spouse employed?
2017 (year to date)				
2016				
2015				

Tax returns

Year	Tax returns filed?	If not, why not	Spouse filed tax returns?	If not, why not?
2016				
2015				
2014				

Has the IRS, State of Georgia or any other taxing entity ever advised you that a tax lien has been filed against you?

Within the last ten (10) years, have you or your spouse not filed tax returns? If so, please describe:

Has a lawsuit ever been filed against you - has a sheriff's deputy ever served a summons upon you?

Lawsuit filed against you by:	Reason for lawsuit & date lawsuit served on you	County where filed	Case number	Status now

Have your wages ever been garnished? _____

Who is garnishing	When did garnishment begin	How much \$ taken to date	Is garnishment on-going	Who is plaintiff's lawyer?

Have you ever lost a house to a mortgage foreclosure? _____

Mortgage company/lender	Foreclosing law firm	When was house sold	Address of lost property	Status now

Please identify any real estate that is in your name.

Property address	Date purchased	Purchase price	Value now	Total debt owed on property

Please identify any cars or trucks you own.

Year/make/model of vehicle & mileage	Date purchased	In whose name	Value now	Total debt owed on property

Are you currently involved in a car accident claim, workers' compensation claim or any other claim that may result in money damages payable to you?

Please describe: _____

Please identify any bank accounts you own.

Name of bank	Checking/savings?	In whose name	Current balance	Any other loans or credit cards with this lender?

Please identify any pension, 401(k) or profit-sharing programs in which you participate

Name of financial institution	Type of plan	In whose name	Are you still contributing?	Current balance	Any loans against this plan?

Other assets not yet described (i.e. boats, stocks/bonds, antiques, musical instruments, valuable collections, insurance policies with cash value, guns, sporting equipment, jewelry, etc.)

Asset description	Current value	Who owns this asset?	Has asset been pledged as collateral for a loan?

Have you ever lost a car to repossession? _____

Car finance company	When was vehicle seized	Vehicle make/model	Have you received notice that you still owe money on vehicle?

Recent activity

During the last 90 days, have you done any of the following	Yes/No	Name of lender/transferee	Amount borrowed w/in last 70 days
Used credit cards			
Taken cash advances			
Taken out any new loans			
Gave away or sold any property worth more than \$600			

Have you ever filed a Chapter 7 or a Chapter 13 bankruptcy before? _____

Type of bankruptcy (Ch. 7 or Ch. 13)	Date filed	Was case completed or dismissed?	When was case closed by Court	Case number	Former BK lawyer

I certify that the information I have provided in this questionnaire is true and correct, under penalty of perjury.

_____ Date _____ Signature

_____ Date _____ Signature

DISCLOSURE CERTIFICATE

I, the undersigned, hereby attest and affirm that all debts, whether joint debts, co-signed debts, claims or lawsuits for collection of debts, whether disputed or not, have been listed on my questionnaire.

I acknowledge that my attorneys rely on the information provided in this questionnaire in order to assist and advise me, and that it is my responsibility to provide my attorneys with a full, complete and accurate financial disclosure. I further agree to update my attorneys with regard to any incomplete information contained herein.

I further acknowledge that in the event a creditor is omitted from any bankruptcy petition filed by my attorneys as a result of an omission on this questionnaire, I will not have the protection of the Bankruptcy Court from actions by that creditor.

Date _____ Signature _____

Date _____ Signature _____

Avoiding Conflicts of Interest

Our law firm has represented many clients in the Atlanta area over the past several years. In very rare cases, we must decline to accept a case because of a potential conflict of interest with another present or former client. For example, we would not be able to represent you if you are currently engaged in litigation with another of our clients.

Please advise us as to the following:

1. Are you presently married: _____ Spouse's name: _____
2. Has your spouse ever filed a bankruptcy? _____
3. Are you currently involved in a divorce or child custody case? _____

Name of opposing party: _____

4. Have you ever been divorced: _____ Name of former spouse: _____
5. Have you ever filed a lawsuit against anyone? _____

Name of the other party in this lawsuit: _____

6. Has anyone ever sued you? _____ Who: _____

Why were you sued?: _____

7. Have you ever been to Court for any reason not described above (include criminal charges, workers' compensation, social security, eviction, car accident cases, divorce or child support):

Type of case: _____

Name of opposing party: _____

What happened in this case: _____

Type of case: _____

Name of opposing party: _____

What happened in this case: _____

Taxes Due

Internal Revenue Service Account Number: _____

Address: _____

For tax year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

Georgia Dept. of Revenue Account Number: _____

Address: _____

For tax year: _____ Total taxes due to IRS for tax year: _____

Return filed? _____ In whose name: _____ Installment agreement filed? _____

Other taxes: _____ Account number: _____

Address: _____

What type of tax is this? _____ Tax year: _____ Taxes due (total) _____

In whose name: _____ Return filed? _____

Other taxes: _____ Account number: _____

Address: _____

What type of tax is this? _____ Tax year: _____ Taxes due total) _____

In whose name: _____ Return filed? _____

Note: We will need copies of your last two (2) years of tax returns for both federal and state returns.

Mortgages & Real Estate

First Mortgage: _____ Acct. _____

Address: _____ Phone #: _____ Total loan payoff: _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Second Mortgage: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

When did you take mortgage out: _____ When did you buy property: _____

Address of property: _____ Is this your residence? _____

In whose name is loan? _____ Co-signers? _____ Who is this person: _____

How much is property worth in a quick sale? _____ Has foreclosure started? _____

Who is foreclosure attorney? _____

Home Improvement loan: _____ Acct. #: _____

Address: _____ Phone #: _____ Total loan payoff: _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

When did you take loan out: _____ How did you use money?: _____

Cars & Trucks

Vehicle 1 – (year, make, model and mileage) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Phone #: _____ Total loan payoff: _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Vehicle 2 – (year, make, model & mileage) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Phone #: _____ Total loan payoff: _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Vehicle 3 – (year, make, model & mileage) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Phone #: _____ Total loan payoff: _____

City: _____ ST: _____ Zip: _____ Monthly payment: _____

How many months behind are you? _____ What happened: _____

In whose name: _____ Co-signers: _____

Is this a lease or a purchase: _____ When was vehicle bought: _____

Vehicle insurance company: _____ Ins. Expiration: _____

Furniture Loans

Furniture 1 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 2 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Furniture 3 (describe furniture): _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers _____

When was merchandise purchased: _____ Do you still have it? _____

Do you want to surrender furniture and reduce or eliminate debt? _____

Finance Companies and Loan Companies

Finance Company Loan 1 Did you pledge household goods (describe) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you
want to surrender collateral and reduce or eliminate debt? _____

Finance Company Loan 2 Did you pledge household goods (describe) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you
want to surrender collateral and reduce or eliminate debt? _____

Finance Company Loan 3 Did you pledge household goods (describe) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? _____

Loans for Jewelry, Gifts & Household Goods

Secured Creditor 1 (Describe items purchased) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? _____

Secured Creditor 2 (Describe items purchased) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? _____

Secured Creditor 3 (Describe items purchased) _____

Finance/loan company: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ If you pledged household goods, do you

Do you want to surrender collateral and reduce or eliminate debt? _____

Student Loans

Student Loan Creditor 1

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Name of school attended: _____

Is loan in default? _____ Is loan in deferment?: _____

Student Loan Creditor 2

Student loan lender: _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take out loan: _____ Name of school attended: _____

Is loan in default? _____ Is loan in deferment?: _____

Health Club/Spa Membership

Health Club Finance Company: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

Do you still use facility: _____ Did you sign a contract: _____

Do you want to continue to use this facility/club: _____

Credit Cards

Credit Card Lender 1: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 2: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 3: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 4: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 5: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Credit Card Lender 6: _____ Acct #: _____

Correspondence Address: _____ Monthly pymt: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you first obtain this card? _____

When is last time you used this card? _____ Total charged in last 6 months? _____

Collection agency name, address, acct #: _____

Please use a separate sheet or copy this one if you have more credit card debt.

Medical Bills

Medical provider 1: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 2: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 3: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 4: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 5: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Medical provider 6: _____ Acct. #: _____

Address: _____ Monthly payment: _____

City: _____ ST: _____ Zip: _____ Total balance due: _____

In whose name: _____ Co-signers: _____

Do you still use this health care provider? _____ When last used: _____

Collection agency name, address, acct # _____

Other Creditors/Extra space

Pension or 401(k) Loans

Type of investment _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

When did you take loan out? _____ How long will loan last? _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Creditor/Lender : _____ Acct #: _____

Address: _____ Monthly payment: \$ _____

City: _____ ST: _____ Zip: _____ Total loan payoff: \$ _____

In whose name: _____ Co-signers: _____

What type of debt is this? _____ What did you buy: _____

Collection agency name, address, acct #: _____

Please use a separate sheet or copy this one if you have more creditors.

For Attorney's Use Only -Debt Analysis Worksheet

_____ 1.	_____	_____
_____ 2.	_____	_____
_____ 3.	_____	_____
_____ 4.	_____	_____
_____ 5.	_____	_____
_____ 6.	_____	_____
_____ 7.	_____	_____
_____ 8.	_____	_____
_____ 9.	_____	_____
_____ 10.	_____	_____
_____ 11.	_____	_____
_____ 12.	_____	_____
_____ 13.	_____	_____
_____ 14.	_____	_____
_____ 15.	_____	_____
_____ 16.	_____	_____
_____ 17.	_____	_____
_____ 18.	_____	_____

Total Arrearage: _____ Total Priority: _____

Total Secured: _____ Total unsecured (100%) _____

Total general unsecured: _____ Total non-exempt equity: _____

Estimated plan payment: _____ % Plan: _____