

In re **Brian Thomas Peterson, Ginelle Marie Peterson**

Case No. **04-42047**

Debtor

(If known)

AMENDED SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

| | | |
|--|---------------------------------|---------------------------------------|
| Debtor's Marital Status: Married | DEPENDENTS OF DEBTOR AND SPOUSE | |
| Debtor's Age: 45 Spouse's Age: 42 | RELATIONSHIP | AGE |
| EMPLOYMENT: | DEBTOR | SPOUSE |
| Occupation | Truck Driver | Customer Service |
| Name of Employer | Bay & Bay Trucking | Oakley National Bank |
| How long employed | 6 months | 7 years |
| Address of Employer | Minneapolis MN | PO Box 40 Buffalo MN 55313 |

| | DEBTOR | SPOUSE |
|---|--|---------------------------------------|
| Income: (Estimate of average monthly income) | | |
| Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.) | \$ <u>2,268.00</u> | \$ <u>2,704.00</u> |
| Estimated monthly overtime | \$ <u>0.00</u> | \$ <u>0.00</u> |
| SUBTOTAL | \$ <u>2,268.00</u> | \$ <u>2,704.00</u> |
| LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and social security | \$ <u>261.00</u> | \$ <u>256.00</u> |
| b. Insurance | \$ <u>0.00</u> | \$ <u>40.00</u> |
| c. Union dues | \$ <u>0.00</u> | \$ <u>0.00</u> |
| d. Other (Specify) _____ | \$ <u>0.00</u> | \$ <u>0.00</u> |
| SUBTOTAL OF PAYROLL DEDUCTIONS | \$ <u>261.00</u> | \$ <u>296.00</u> |
| TOTAL NET MONTHLY TAKE HOME PAY | \$ <u>2,007.00</u> | \$ <u>2,408.00</u> |
| Regular income from operation of business or profession or farm (attach detailed statement) | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Income from real property | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Interest and dividends | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above. | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Social security or other government assistance (Specify) _____ | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Pension or retirement income | \$ <u>0.00</u> | \$ <u>0.00</u> |
| Other monthly income (Specify) <u>Proceeds from future real estate loan</u> | \$ <u>-1,146.00</u> | \$ <u>0.00</u> |
| TOTAL MONTHLY INCOME | \$ <u>2007.00</u> 3,153.00 | \$ <u>2,408.00</u> |
| TOTAL COMBINED MONTHLY INCOME | \$ <u>4,415.00</u> | |
| | \$ <u>5,564.00</u> | (Report also on Summary of Schedules) |

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

Debtor's medical expenses are high due to health problems.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re: Brian Thomas Peterson
Ginelle Marie Peterson

SIGNATURE DECLARATION

Debtor(s).

Case No. _____

- PETITION, SCHEDULES & STATEMENTS
 CHAPTER 13 PLAN
 SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION
 AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
 MODIFIED CHAPTER 13 PLAN
 OTHER (Please describe: _____)

I [We], the undersigned debtor(s) or authorized representative of the debtor, *make the following declarations under penalty of perjury:*

- The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
- The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct;
- **[individual debtors only]** If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number;
- I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration and the completed "Debtor Information Pages," if applicable; and
- **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor.

Date: 06/02/04

Brian Peterson
Signature of Debtor or Authorized Representative

BRIAN PETERSON
Printed Name of Debtor or Authorized Representative

Ginelle Peterson
Signature of Joint Debtor

Ginelle Peterson
Printed Name of Joint Debtor

SERVICE LIST

NORTHLAND FINANCE
5400 OPPORTUNITY CT STE 150
MINNETONKA MN 55343

ACCELERATED FINANCIAL
PO BOX 1042
ANOKA MN 55303

ALLERGY AND ASTHMA ASSOC
1511 NORTHWAY DR STE 101
ST CLOUD MN 56303

ALLINA COLLECTION DEPT
701 XENIA AVE S
GOLDEN VALLEY MN 55416

ALLINA COLLECTION DEPT
700 10TH AVE S
MINNEAPOLIS MN 55415-1760

AMERICAN RECOVERY
1699 WALL ST STE 300
MT PROSPECT IL 60056-5788

AMERICAN RECOVERY
1699 WALL ST STE 300
MT PROSPECT IL 60056

ANESTHESIA OF ST CLOUD
PO BOX 725
ST CLOUD MN 56302

BENEFICIAL HOUSEHOLD
PO BOX 8873
VIRGINIA BEACH VA 23450-8873

BUFFALO CLINIC
1700 HWY 25 N
BUFFALO MN 55313

CENTRA CARE CLINIC
1200 6TH AVE N
ST CLOUD MN 56303

CENTRA CARE CLINIC
1200 6TH AVE N
ST CLOUD MN 56303

CENTRAL MN EMERGENCY
1406 6TH AVE N
ST CLOUD MN 56303-1901

CENTRAL MN PHYSICIANS
1406 6TH AVE N
ST CLOUD MN 56303-1901

CENTRAL MN SURGEONS
2000 ABBOT N WESTERN COURT
STE 300
SARTELL MN 56377

CENTRAL ORAL SURGEONS
3950 N 8TH ST STE 100
ST CLOUD MN 56303

CHADWICKS
PO BOX 4400
TAUNTON MA 02780-7359

COLLECTION RESOURCES
PO BOX 2270
ST CLOUD MN 56302

CONSOLIDATED BUSINESS
701 XENIA AVE S
GOLDEN VALLEY MN 55416-1029

FORD CREDIT
PO BOX 64400
COLORADO SPRINGS CO 80962-4400

HAROLD AND PATRICIA PHIPPS
PO BOX 366
EDEN VALLEY MN 55329

HARRY'S DISCOUNT AUTO
1808 CEDAR PLACE
BUFFALO MN 55313

HPA
1300 GODWARD ST NE #4100
MINNEAPOLIS MN 55413

MIDWEST COLLECTION
PO BOX 1181
ST CLOUD MN 56302

MIDWEST COLLECTION
WEISBERG LAW
PO BOX 26759
MINNEAPOLIS MN 55426

MONTI BIG LAKE HOSPITAL
1013 HART BLVD
MONTICELLO MN 55362

NAT CREDIT AUDIT
8600 N INDUSTRIAL RD
PEORIA IL 61615

NAT CREDIT AUDIT
8600 N INDUSTRIAL RD
PEORIA IL 61615

NEWPORT NEWS
5000 CITY LINE RD
HAMPTON VA 23661

PAC CAR FINANCIAL
RIHM KENWORTH INC
2108 UNIVERSITY AVE
ST PAUL MN 55114

PROVIDENT BANK
C/O WILFORD & GESKE
7560 CURRELL BLVD STE 300
WOODBURY MN 55125

REGIONAL DIAGNOSTIC
PO BOX 7366
ST CLOUD MN 56302

RELIANCE RECOVERIES
PO BOX 29227
MINNEAPOLIS MN 55429

ROBERT LINDHOLM
BAYER TRUCKS
3904 SHERIDAN AVE S
MINNEAPOLIS MN 55410

SHERMAN INS AGENCY
PO BOX 177
S ST PAUL MN 55075-0177

ST CLOUD HOSPITAL
1406 6TH AVE N
ST CLOUD MN 56303

SUNRISE CREDIT
260 AIRPORT PLAZA
FARMINGDALE NY 11735-3976

WALSER OUTLET CENTER
C/O MARK PETERSON
STE 150
5200 WILSON RD
EDINA MN 55424

U S TRUSTEE
1015 U S COURTHOUSE
300 S FOURTH ST
MINNEAPOLIS MN 55415

MICHAEL J FARRELL
PO BOX 519
BARNESVILLE MN 56514