

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re: DALE AND ADORY BEUTEL

SIGNATURE DECLARATION

Debtor(s).

Case No. 04-43576 RJK

- 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 or 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 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: 10-9-04

Dale E. Beutel
Signature of Debtor or Authorized Representative

Dale E. Beutel
Printed Name of Debtor or Authorized Representative

Adory L. Beutel
Signature of Joint Debtor

Adory L. Beutel
Printed Name of Joint Debtor

In re **DALE E BEUTEL, ADORY L BEUTEL**

Case No. _____

Debtor

(If known)

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

Debtor's Marital Status: MARRIED	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
	DAUGHTER	10
	DAUGHTER	6
Employment:	DEBTOR	SPOUSE
Occupation	EDUC SPECIALIST	ADJUNCT PROFESSOR
Name of Employer	STATE OF MN	SCSU
How long employed	2.5 YRS	4.5 YRS
Address of Employer	ROSEVILLE, MN	ST CLOUD, MN

	DEBTOR	SPOUSE
Income: (Estimate of average monthly income)		
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ <u>3,819.24</u>	\$ <u>2,865.00</u>
Estimated monthly overtime	\$ <u>0.00</u>	\$ <u>0.00</u>
SUBTOTAL	\$ <u>3,819.24</u>	\$ <u>2,865.00</u>
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>478.36</u>	\$ <u>400.00</u>
b. Insurance	\$ <u>46.08</u>	\$ <u>0.00</u>
c. Union dues	\$ <u>12.00</u>	\$ <u>15.00</u>
d. Other (Specify) RETIREMENT	\$ <u>117.88</u>	\$ <u>250.00</u>
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>654.32</u>	\$ <u>665.00</u>
TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>3,164.92</u>	\$ <u>2,200.00</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>0.00</u>	\$ <u>0.00</u>
TOTAL MONTHLY INCOME	\$ <u>3,164.92</u>	\$ <u>2,200.00</u>

TOTAL COMBINED MONTHLY INCOME \$ 5,364.92 (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:
NONE

In re DALE E BEUTEL, ADORY L BEUTEL

Case No. _____

Debtor

(If known)

AMENDED SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>1,100.00</u>
Are real estate taxes included?	Yes _____ No <u>✓</u>		
Is property insurance included?	Yes _____ No <u>✓</u>		
Utilities Electricity and heating fuel		\$	<u>220.00</u>
Water and sewer		\$	<u>114.00</u>
Telephone		\$	<u>0.00</u>
Other <u>garbage</u>		\$	<u>60.00</u>
<u>phone/cable/internet</u>		\$	<u>110.00</u>
Home maintenance (repairs and upkeep)		\$	<u>175.00</u>
Food		\$	<u>650.00</u>
Clothing		\$	<u>150.00</u>
Laundry and dry cleaning		\$	<u>80.00</u>
Medical and dental expenses		\$	<u>200.00</u>
Transportation (not including car payments)		\$	<u>500.00</u>
Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>130.00</u>
Charitable contributions		\$	<u>525.00</u>
Insurance (not deducted from wages or included in home mortgage payments)			
Homeowner's or renter's		\$	<u>70.00</u>
Life		\$	<u>30.00</u>
Health		\$	<u>0.00</u>
Auto		\$	<u>130.00</u>
Other _____		\$	<u>0.00</u>
Taxes (not deducted from wages or included in home mortgage payments)			
(Specify) _____		\$	<u>0.00</u>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)			
Auto		\$	<u>220.00</u>
Other <u>child care</u>		\$	<u>200.00</u>
<u>school lunches</u>		\$	<u>150.00</u>
Alimony, maintenance or support paid to others		\$	<u>0.00</u>
Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
Other <u>parking</u>		\$	<u>100.00</u>
<u>professional dues</u>		\$	<u>25.00</u>
<u>school expenses/haircuts/photos</u>		\$	<u>125.00</u>

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)

\$ 5,064.00

[FOR CHAPTER 12 AND 13 DEBTORS ONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income		\$	<u>5,364.92</u>
B. Total projected monthly expenses		\$	<u>5,064.00</u>
C. Excess income (A minus B)		\$	<u>300.92</u>
D. Total amount to be paid into plan each _____	<u>Monthly</u> (interval)	\$	<u>300.00</u>