

**UNITED STATES BANKRUPTCY COURT  
District of Minnesota**

**MODIFIED  
CHAPTER 13 PLAN**

In Re:  
**Joshua Paul Hanson  
xxx-xx-0705  
Naomi Ann Hanson  
xxx-xx-5445**

Dated:  
Case No. **04-44294**

DEBTOR  
In a joint case,  
debtor means debtors in this plan.

**1. PAYMENTS BY DEBTOR -**

- a. As of the date of this plan, the debtor has paid the trustee **\$478.00**.
- b. After the date of this plan, the debtor will pay the trustee **\$239.00** per Month for 34 months, **plus a one time payment of \$1,580.00** beginning within 30 days after the filing of this plan for a total of **\$ 10,184.00**
- c. The debtor will also pay the trustee: **\$0.00**

d. The debtor will pay the trustee a total of **\$ 10,184.00** [line 1(a) + line 1(b) + line 1(c)].

**2. PAYMENTS BY TRUSTEE -** The trustee will make payments only to creditors for which proofs of claim have been filed, make payments monthly as available, and collect the trustee's percentage fee of 10.00% for a total of **1,018.40** [line 1(d) x .10] or such lesser percentage as may be fixed by the Attorney General. For purposes of this plan, month one (1) is the month following the month in which the debtor makes the debtor's first payment. Unless ordered otherwise, the trustee will not make any payments until the plan is confirmed. Payments will accumulate and be paid following confirmation.

**3. PRIORITY CLAIMS -** The trustee shall pay in full all claims entitled to priority under § 507, including the following. The amounts listed are estimates only. The trustee will pay the amounts actually allowed.

Creditor	Estimated Claim	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
<b>None</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	<b>0</b>	<b>0</b>	\$ <b>0.00</b>

**4. LONG-TERM SECURED CLAIMS NOT IN DEFAULT -** The following creditors have secured claims. Payments are current and the debtor will continue to make all payments which come due after the date the petition was filed directly to the creditors. The creditors will retain their liens.

Name of Creditor	Description Of Property
<b>Cit Bank Mortgage</b>	<b>Homestead real property located at 219 Crystal Lan</b>

**5. HOME MORTGAGES IN DEFAULT [§ 1322(b)(5)] -** The trustee will cure defaults (plus interest at the rate of 8.00 percent per annum) on claims secured only by a security interest in real property that is the debtor's principal residence as follows. The debtor will maintain the regular payments which come due after the date the petition was filed. The creditors will retain their liens. The amounts of default are estimates only. The trustee will pay the actual amounts of default.

Creditor	Amount of Default	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
<b>None</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	<b>0</b>	<b>0</b>	\$ <b>0.00</b>
<b>TOTAL</b>				<b>\$</b>	<b>0.00</b>

**6. OTHER LONG-TERM SECURED CLAIMS IN DEFAULT [§ 1322(b)(5)] -** The trustee will cure defaults (plus interest at the rate of 8.00 percent per annum) on other claims as follows and the debtor will maintain the regular payments which come due after the date the petition was filed. The creditors will retain their liens. The amounts of default are estimates only. The trustee will pay the actual amounts of default.

Creditor	Amount of Default	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
<b>Principal Resedential Mortgage Inc</b>	\$ <b>4,922.96</b>	\$ <b>1,422.00</b>	<b>1</b>	<b>1</b>	\$ <b>1,422.00</b>
<b>TOTAL</b>		\$ <b>215.10</b>	<b>2</b>	<b>17</b>	\$ <b>3,500.96</b>
				<b>\$</b>	<b>4,922.96</b>

7. **OTHER SECURED CLAIMS [§ 1325(a)(5)]** - The trustee will make payments to the following secured creditors having a value as of confirmation equal to the allowed amount of the creditor's secured claim using a discount rate of 6.50 percent. The creditor's allowed secured claim shall be the creditor's allowed claim or the value of the creditor's interest in the debtor's property, whichever is less. The creditors shall retain their liens. NOTE: NOTWITHSTANDING A CREDITOR'S PROOF OF CLAIM FILED BEFORE OR AFTER CONFIRMATION, THE AMOUNT LISTED IN THIS PARAGRAPH AS A CREDITOR'S SECURED CLAIM BINDS THE CREDITOR PURSUANT TO 11 U.S.C. § 1327 AND CONFIRMATION OF THE PLAN WILL BE CONSIDERED A DETERMINATION OF THE CREDITOR'S ALLOWED SECURED CLAIM UNDER 11 U.S.C. § 506(a).

Creditor	Claim Amount	Secured Claim	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
None	\$ 0.00	\$ 0.00	\$ 0.00	0	0	\$ 0.00
TOTAL						\$ 0.00

8. **SEPARATE CLASS OF UNSECURED CREDITORS** - In addition to the class of unsecured creditors specified in ¶ 9, there shall be a separate class of nonpriority unsecured creditors described as follows: (Cosiigned debts shall be paid at the contract rate of interest.):

Classification Creditor

None

- a. The debtor estimates that the total claims in this class are \$
- b. The trustee will pay this class \$

9. **TIMELY FILED UNSECURED CREDITORS** - The trustee will pay holders of nonpriority unsecured claims for which proofs of claim were timely filed the balance of all payments received by the trustee and not paid under ¶ 2, 3, 5, 6, 7 and 8 their pro rata share of approximately ~~4242.64~~ [line 1(d) minus lines 2, 3(e), 5(d), 6(d), 7(d) and 8(b)].

- a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 7 are \$
- b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 7 and ¶ 8) are \$ 37,770.12
- c. Total estimated unsecured claims are \$37,770.12 [line 9(a) + line 9(b)].

10. **TARDILY-FILED UNSECURED CREDITORS** - All money paid by the debtor to the trustee under ¶ 1, but not distributed by the trustee under ¶ 2, 3, 5, 6, 7, 8 or 9 shall be paid to holders of nonpriority unsecured claims for which proofs of claim were tardily filed.

11. **OTHER PROVISIONS - Debtors shall receive a discharge upon completion of the 36 month plan or when 100% of timely filed unsecured claims are paid, whichever occurs first. Trustee shall not pay any untimely filed unsecured claims. Debtors shall pay trustee a one time payment of \$1,580.00 no later than November 5, 2004.**

12. **SUMMARY OF PAYMENTS -**

Trustee's Fee [Line 2]	1,018.40
Priority Claims [Line 3(e)]	<u>\$0.00</u>
Home Mortgage Defaults [Line 5(d)]	<u>\$0.00</u>
Long-Term Debt Defaults [Line 6(d)]	<u>\$ 4,922.96</u>
Other Secured Claims [Line 7(d)]	<u>\$0.00</u>
Separate Class [Line 8(b)]	<u>\$0.00</u>
Unsecured Creditors [Line 9(c)]	<u>\$ 4,242.64</u>
TOTAL [must equal Line 1(d)]	<u>\$ 10,184.00</u>

Signed: \_\_\_\_\_  
Joshua Paul Hanson, DEBTOR

Wesley W. Scott  
Bar no: 0264787  
Schmidt & Lund  
13 7th Avenue South  
St. Cloud, MN 56301

320-252-0330

Signed: \_\_\_\_\_  
Naomi Ann Hanson, JOINT DEBTOR

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

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In Re:

Bkty. Case No.: 04-44294 RJK

Joshua Paul Hanson and  
Naomi Ann Hanson,  
Debtors.

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**NOTICE OF CONFIRMATION HEARING**

PLEASE TAKE NOTICE that the Confirmation Hearing on the Chapter 13 Plan is continued to November 18, 2004 at 10:00 a.m., at the U. S. Bankruptcy Court, U.S. Courthouse, Courtroom 8 West, 300 South 4th Street, Minneapolis, Minnesota 55415.

Dated this 18<sup>th</sup> day of October, 2004.

SCHMIDT AND LUND



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Wesley W. Scott - #0264787  
Attorney for Debtor  
13 South Seventh Avenue  
St. Cloud, MN 56301  
(320) 252-0330



## SERVICE LIST

BUSINESS REVENUE  
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BENEFICIAL  
13501 BUSINESS CENTER DR  
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C/O JCC  
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SAUK RAPIDS MN 56379

BUFFALO HOSPITAL  
303 CATLIN ST  
BUFFALO MN 55313

BUFFALO HOSPITAL  
C/O ALLINA COLLECTIONS  
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GOLDEN VALLEY MN 55416

CAPITOL ONE  
C/O ALLIANCE ONE  
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MENDOTA HEIGHTS MN 55120

CITI BANK MORTGAGE  
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COMPU CREDIT  
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ST CLOUD MN 56303

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MINNEAPOLIS MN 55403

CORPORATE COLLECTIONS  
PO BOX 22630  
CLEVELAND OH 44122

DISCOVER CARD  
PO BOX 30395  
SALT LAKE CITY UT 84130

EPPA  
7301 OHMS LN STE 650  
EDINA MN 55439

EPPA  
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FINANCIAL RECOVERY  
PO BOX 385908  
MINNEAPOLIS MN 55438

FINGER HUT CREDIT  
PO BOX 90089  
W CHESTER OH 45071

GE CAPITAL CONS  
DEPARTMENT 008  
PALATINE IL 60055

MED CREDIT  
PO BOX 290126  
MINNEAPOLIS MN 55429

METHODIST HOSPITAL  
C/O MARK PITZELE  
1550 UTICA AVE S STE 500  
ST LOUIS PARK MN 55416

PARK NICOLLET  
PO BOX 9104  
MINNEAPOLIS MN 55480

PRINCIPAL RESIDENTIAL MORTGAGE  
INC  
711 HIGH ST  
DES MOINES IA 50392-0770

RELIANCE RECOVERIES  
6160 SUMMIT DR STE 420  
MINNEAPOLIS MN 55430

RETAILERS NATIONAL BANK  
PO BOX 59317  
MINNEAPOLIS MN 55459

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ELMSFORD NY 10523

RMBC  
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ELMSFORD NY 10523

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PO BOX 130668  
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1112 7<sup>TH</sup> AVE  
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C/O TIBURON FINANCIAL  
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OMAHA NE 68154

WELLS FARGO  
400 N CHESTNUT ST  
CHASKA MN 55318

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

MICHAEL J FARRELL  
PO BOX 519  
BARNESVILLE MN 56514

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re: Joshua Paul Hanson  
Naomi Ann Hanson

SIGNATURE DECLARATION

Debtor(s).

Case No. 04-44294

- 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: 10-18-04

x [Signature]  
Signature of Debtor or Authorized Representative

Joshua Hanson  
Printed Name of Debtor or Authorized Representative

x [Signature]  
Signature of Joint Debtor

Naomi Hanson  
Printed Name of Joint Debtor