

AMENDED SCHEDULE I

Form B61
(12-03)

In re **MICHAEL E. LOWERS,
RHONDA L. LOWERS**

Case No. 04-45103

Debtors

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| | | |
|---|---------------------------------|---------------------------|
| Debtor's Marital Status: Married | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP | AGE 3 5 14 17 |
| EMPLOYMENT: | DEBTOR | SPOUSE |
| Occupation | Industrial Painting Age 35 | Cashier Age 35 |
| Name of Employer | LEAF INDUSTRIES | COUNTY MARKET |
| How long employed | 3 Years | 2 Years |
| Address of Employer | PLYMOUTH, MN | ST. FRANCIS, MN |

INCOME: (Estimate of average monthly income)

| | DEBTOR | SPOUSE |
|--|--|--|
| Current monthly gross wages, salary, and commissions (pro rate if not paid monthly) | \$ 3397. 3,311.00 | \$ 1303. 4,085.00 |
| Estimated monthly overtime | \$ 383. 0.00 | \$ 0.00 |
| SUBTOTAL | \$ 3780. 3,311.00 | \$ 1303. 4,085.00 |
| LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and social security | \$ 950. 878.00 | \$ 390. 325.00 |
| b. Insurance | \$ 290. 387.00 | \$ 0.00 |
| c. Union dues | \$ 0.00 | \$ 0.00 |
| d. Other (Specify) | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 1240. 4,265.00 | \$ 390. 325.00 |
| TOTAL NET MONTHLY TAKE HOME PAY | \$ 2540. 2,046.00 | \$ 913. 760.00 |
| Regular income from operation of business or profession or farm (attach detailed statement) | \$ 0.00 | \$ 0.00 |
| Income from real property | \$ 0.00 | \$ 0.00 |
| Interest and dividends | \$ 0.00 | \$ 0.00 |
| Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ 0.00 | \$ 0.00 |
| Social security or other government assistance (Specify) | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| Pension or retirement income | \$ 0.00 | \$ 0.00 |
| Other monthly income (Specify) | \$ 0.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| TOTAL MONTHLY INCOME | \$ 2540. 2,046.00 | \$ 913. 760.00 |
| TOTAL COMBINED MONTHLY INCOME | \$ 2,006.00 3,453.00 | |

(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:

AMENDED SCHEDULE J

In re MICHAEL E. LOWERS,
RHONDA L. LOWERS

Case No. 04-45103

Debtors

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

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) | \$ | 761.00 | |
| Are real estate taxes included? Yes <u>X</u> No _____ | | | |
| Is property insurance included? Yes <u>X</u> No _____ | | | |
| Utilities: Electricity and heating fuel | \$ | 161.00 | |
| Water and sewer | \$ | 99.00 | |
| Telephone | \$ | 55.00 | |
| Other <u>Garbage</u> | \$ | 28.00 | |
| Home maintenance (repairs and upkeep) | \$ | 15.00 | |
| Food | \$ | 350.00 | 315. |
| Clothing | \$ | 400.00 | 0. |
| Laundry and dry cleaning | \$ | 0.00 | |
| Medical and dental expenses | \$ | 10.00 | |
| Transportation (not including car payments) | \$ | 250.00 | |
| Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 0.00 | |
| Charitable contributions | \$ | 0.00 | |
| Insurance (not deducted from wages or included in home mortgage payments) | | | |
| Homeowner's or renter's | \$ | 0.00 | |
| Life | \$ | 0.00 | |
| Health | \$ | 224.00 | |
| Auto | \$ | 0.00 | |
| Other | \$ | 0.00 | |
| Taxes (not deducted from wages or included in home mortgage payments) (Specify) | \$ | 0.00 | |
| Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.) | | | |
| Auto | \$ | 0.00 | |
| Other | \$ | 0.00 | |
| Other | \$ | 0.00 | |
| Other | \$ | 0.00 | |
| Alimony, maintenance, and support paid to others | \$ | 0.00 | |
| Payments for support of additional dependents not living at your home | \$ | 0.00 | |
| Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 | |
| Other | \$ | 0.00 | |
| Other | \$ | 0.00 | |
| TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) | \$ | -2,050.00 | 1921. |

[FOR CHAPTER 12 AND 13 DEBTORSONLY]

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 | \$ | -2,000.00 | 3,453.00 |
| B. Total projected monthly expenses | \$ | -2,050.00 | 1,921.00 |
| C. Excess income (A minus B) | \$ | -750.00 | 1,532.00 |
| D. Total amount to be paid into plan each <u>Monthly</u> | \$ | -750.00 | 1,532.00 |

(interval)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:
Michael E. Lowers,
and
Rhonda L. Lowers,

Bkry Case No: 04-45103
Chapter 13 Case

Debtor(s).

**UNSWORN CERTIFICATE
OF SERVICE**

I, Robin Nori, employed by Hogle, Chwialkowski, Greeman & Bergmanis, P.L.L.C., attorneys licensed to practice law in this Court, with office address of 1611 West County Road B, Suite 106, Roseville, Minnesota 55113, declare that on October 26, 2004, I served the Notice of Modification and Hearing on Confirmation of Plan, modified Chapter 13 Plan, and amended Schedules I, and J petition pages, to each of the entities named below by mailing to each of them a copy thereof by enclosing the same in an envelope with first class mail postage prepaid and depositing the same in the post office in Roseville, Minnesota, addressed to each of the entities as follows:

Ms. Jasmine Z. Keller
Trustee in Bankruptcy
12 South Sixth Street #310
Minneapolis, Minnesota 55402

United States Trustee
1015 United States Courthouse
300 South Fourth Street
Minneapolis, Minnesota 55415

Michael E. Lowers and Rhonda L. Lowers
23238 Yucca Street
Saint Francis, Minnesota 55070

all creditors/parties in interest listed on matrix (see attached)

And I declare, under penalty of perjury, that the foregoing is true and correct.

Date: October 26, 2004

Signed: /e/ Robin Nori
Paralegal

ANOKA COUNTY TREASURY OFFICE
2100 - 3RD AVE
ANOKA MN 55303

CREDIT ACCEPTANCE CORP
25505 W 12 MILE RD #3000
SOUTHFIELD MI 48034

ECAST SETTLEMENT CORP
PO BOX 35480
NEWARK NJ 07193-5480

HOUSEHOLD
PO BOX 98715
LAS VEGAS NV 89193-8715

HOUSEHOLD BANK/SEIU EDGE MC
PO BOX 5222
CAROL STREAM IL 60197-5222

INTERNAL REVENUE SERVICE
ROOM 320 STOP 5700
316 NORTH ROBERT STREET
ST PAUL MN 55101

MN DEPT OF REVENUE
551 BKCY SECTION CEU DEPT
PO BOX 64447
ST PAUL MN 55164

PROVIDIAN
PO BOX 9539
MANCHESTER NH 03108-9539

PROVIDIAN
PO BOX 24224
LOUISVILLE KY 40224

USDA
RURAL HOUSING SVC
PO BOX 66827
SAINT LOUIS MO 63166

USDA RURAL HOUSING SERVICE
PO BOX 66879
SAINT LOUIS MO 63166

ROYLENE A CHAMPEAUX ATTY
600 US COURTHOUSE
300 S 4TH ST
MINNEAPOLIS MN 55415

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re: Bankruptcy Case Number: 04-45103

Michael E. Lowers,

and

SIGNATURE DECLARATION

Rhonda L. Lowers,

Debtor(s).

- () PETITION, SCHEDULES & STATEMENTS
() CHAPTER 13 PLAN
() SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION
(X) AMENDMENT TO PETITION/SCHEDULES/STATEMENTS/DOCUMENTS
(X) MODIFIED CHAPTER 13 PLAN/MOTION FOR HEARING
() OTHER: (Please describe) _____
(X) VERIFICATION: I(We), debtor(s) named in the attached amended petition schedules, declare under penalty of perjury that the foregoing is true and correct.

I[We], the undersigned debtor(s) or authorized representative of the debtor(s),
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

X Rhonda Lowers
Signature of Joint Debtor

Michael E. Lowers
Printed Name of Debtor or Authorized Representative

Rhonda L. Lowers
Printed Name of Joint Debtor

HOGLUND, CHWIALKOWSKI, GREEMAN & BERGMANIS, P.L.L.C.

Signed: /e/ Robert J. Hoglund
Robert J. Hoglund #210997
1611 West County Road B, Suite 106
P.O. Box 130938
Roseville, Minnesota 55113
Telephone Number: (651) 628-9929