

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

MODIFIED CHAPTER 13 PLAN

In Re: Michael E. Lowers SSN: xxx-xx-2586
 Rhonda L. Lowers SSN: xxx-xx-5444

Dated: October 15, 2004
Bkry Case No. 04-45103

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 \$750.00.
- b. After the date of this plan, the debtor will pay the trustee \$1,532.00 per month for 35 months, beginning November 2004 for a total of \$53,620.00, or until all claims are paid in full whichever occurs first.
- c. The debtor(s) shall also the Trustee None.
- d. The debtor will pay the trustee a total of \$54,370.00 [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% for a total of \$4,942.00 [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.

<i>Creditor</i>	<i>Estimated Claim</i>	<i>Monthly Payment</i>	<i>Beginning in Month #</i>	<i>Number of Payments</i>	<i>TOTAL PAYMENTS</i>
a. Attorney Fees	\$ 1,100.00	\$ 681.00/419.00	1/2	1/1	\$ 1,100.00
b. Internal Revenue Service	\$ 138.00	\$Pro rata			\$ 138.00
c. Minnesota Dept of Revenue	\$ 4,530.00	\$Pro rata			\$ 4,530.00
d.	\$	\$			\$
e.	\$	\$			\$
f. TOTAL					\$ 5,768.00

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.

- a. None
- b.

5. HOME MORTGAGES IN DEFAULT [§ 1322(b)(5)] - The trustee will cure defaults 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. Remaining balances due under the modified plan.

<i>Creditor</i>	<i>Amount of Default</i>	<i>Monthly Payment</i>	<i>Beginning in Month #</i>	<i>Number of Payments</i>	<i>TOTAL PAYMENTS</i>
a. USDA	\$ 17,069.00	\$ 973.00/1,342.00	2/3	1/12	\$ 17,069.00
b.	\$	\$			\$
c.	\$	\$			\$
d. TOTAL:					\$ 17,069.00

6. OTHER LONG-TERM SECURED CLAIMS IN DEFAULT [§ 1322 (b)(5)] - The trustee will cure defaults (plus interest at the rate of 8 per cent 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. Remaining balances due under the modified plan.

<i>Creditor</i>	<i>Amount of Default</i>	<i>Monthly Payment</i>	<i>Beginning in Month #</i>	<i>Number of Payments</i>	<i>TOTAL PAYMENTS</i>
a. Anoka County Treasurer	\$ 1,020.00	\$ 1,020.00	16	1	\$ 1,183.00
b.	\$	\$			\$
c.	\$	\$			\$
d. TOTAL					\$ 1,183.00

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 8 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). Remaining balances due under the modified plan.

	<i>Creditor</i>	<i>Claim Amount</i>	<i>Secured Claim</i>	<i>Monthly Payment</i>	<i>Beginning in Month #</i>	<i>Number of Payments</i>	<i>TOTAL PAYMENTS</i>
a.	Credit Acceptance	\$ 1,200.00	\$ 1,200.00	\$ 50.00/667.00	3/15	12/1	\$ 1,267.00
b.		\$	\$	\$			\$
c.		\$	\$	\$			\$
d.		\$	\$	\$			\$
e.		\$	\$	\$			\$
f.	TOTAL						\$ 1,267.00

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: None

- a. The debtor estimates that the total claims in this class are \$ None
- b. The trustee will pay this class \$ None

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 \$24,141.00 [line 1(d) minus lines 2, 3(f), 5(d), 6(d), 7(f), and 8(b)].

- a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 7 are \$None.
- b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 7 and ¶ 8) are \$15,856.00.
- c. Total estimated unsecured claims are \$15,856.00 [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 forms were tardily filed.

11. **OTHER PROVISIONS** - The trustee may distribute funds not allocated above at his discretion. The tax authorities including the federal government, state revenue and property taxes shall be paid per claim whether filed as priority or secured. The plan shall allow debtors current child support obligation to be paid through payroll deduction, and the back child support obligation shall be paid in full inside the plan. All child support debt classified as non-priority shall be paid in full by the Trustee, as a separate class. Upon the completion of payment of the secured portion of any claim, the property securing said claim shall vest in the debtor(s) free and clear of any lien, claim or interest of the secured creditor, and the secured creditor shall execute whatever documents necessary to release the lien on title to security.

12. **SUMMARY OF PAYMENTS** -

Trustee's Fee [Line 2]	\$ 4,942.00
Priority Claims [Line 3(f)]	\$ 5,768.00
Home Mortgage Defaults [Line 5(d)]	\$ 17,069.00
Long-Term Debt Defaults [Line 6(d)]	\$ 1,183.00
Other Secured Claims [Line 7(f)]	\$ 1,267.00
Separate Class [Line 8(b)]	\$ None
Unsecured Creditors [Line 9]	\$ 24,141.00
TOTAL [must equal Line 1(d)]	\$ 54,370.00

Invert Name, Address, Telephone and License Number of Debtor's Attorney:

Robert J. Hoglund #210997
P.O. Box 130938
Roseville, Minnesota 55113

Signed /e/ Michael E. Lowers
DEBTOR

(651) 628-9929

Signed /e/ Rhonda L. Lowers
DEBTOR (if joint case)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re: Bkry Case No: 04-45103
Michael E. Lowers, Chapter 13 Case
and
Rhonda L. Lowers, NOTICE OF MODIFICATION AND HEARING
Debtor(s). ON CONFIRMATION OF CHAPTER 13 PLAN

TO: ALL PARTIES IN INTEREST

PLEASE TAKE NOTICE that the debtor(s) modified the Chapter 13 Plan and the Hearing on Confirmation of Plan scheduled to be heard on November 4, 2004 at 10:30 a.m. in United States Bankruptcy Court, Courtroom 7 West, 300 South Fourth Street, Minneapolis, Minnesota, will be continued to December 2, 2004 at 10:30 a.m. in United States Bankruptcy Court, Courtroom 7 West, 300 South Fourth Street, Minneapolis, Minnesota.

Dated: October 26, 2004

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

Signed: /e/ Robert J. Hogleund

Robert J. Hogleund #210997
Keith Chwialkowski #210134
Marie F. Martin #287040
Jeffrey J. Bursell #293362
Attorney for Debtor(s)
1611 West County Road B #106
P.O. Box 130938
Roseville, Minnesota 55113
Telephone Number: (651) 628-9929

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 Hogleund, 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:
Michael E. Lowers,
and
Rhonda L. Lowers,

Bankruptcy Case Number: 04-45103

SIGNATURE DECLARATION

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, GREERMAN & 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