

**UNITED STATES BANKRUPTCY COURT**  
 District of Minnesota

**MODIFIED**

In Re:

**Celina Aegidia Gill**  
**XXX-XX-0113**

**CHAPTER 13 PLAN**

Dated:

Case No. 04-60437

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 \$0.00.
- b. After the date of this plan, the debtor will pay the trustee \$330.00 per Month for 36 months, beginning within 30 days after the filing of this plan for a total of \$11,880.00.
- c. The debtor will also pay the trustee: \$0.00

d. The debtor will pay the trustee a total of \$11,880.00 [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 1,188.00 [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.

Creditor	Estimated Claim	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
<b>Attorney Fees</b>	\$ 1,250.00	\$ 250.00	1	5	\$ 1,250.00
<b>TOTAL</b>					\$ 1,250.00
Creditor	Estimated Claim	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
<b>Internal Revenue Service</b>	\$ 1,235.00	\$ 205.83	12	6	\$ 1,235.00
<b>TOTAL</b>					\$ 2,485.00

**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.

Name of Creditor	Description Of Property
<b>None</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>Cuna Mutual Group</b>	\$ 2,160.00	\$ 285.76	5	8	\$ 2,286.05
<b>TOTAL</b>					\$ 2,286.05



Unsecured Creditors [Line 9(c)]  
TOTAL [must equal Line 1(d)]

**\$79,867.20**  
**\$11,880.00**

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

320-252-0330

Signed: \_\_\_\_\_  
Celina Aegidia Gill, DEBTOR



## SERVICE LIST

AT&T UNIVERSAL CARD  
PO BOX 8116  
S HACKENSACK NJ 07606-8116

BANK OF AMERICA  
PO BOX 5270  
CAROL STREAM IL 60197-5270

BEST BUY  
RETAIL SERVICES  
PO BOX 5238  
CAROL STREAM IL 60197-5238

CAPITAL ONE  
PO BOX 6000  
SEATTLE WA 98190-6000

CUNA MUTUAL GROUP  
PO BOX 3076  
MILWAUKEE WI 53201-3076

DISCOVER  
PO BOX 30952  
SALT LAKE CITY UT 84130-0952

FIRST NATIONAL BANK OF COLD  
SPRING  
PO BOX 416  
301 MAIN ST  
COLD SPRING MN 56320

FIRST NORTH AMERICAN NATIONAL  
BANK  
PO BOX 78313  
PHOENIX AZ 85062-9507

INTERNAL REVENUE SERVICE  
STOP 5700  
316 N ROBERT ST  
ST PAUL MN 55101

JAMES GILL  
11398 230<sup>TH</sup> ST  
COLD SPRING MN 56320

JC PENNEY  
PO BOX 96001  
ORLANDO FL 32896-0001

RETAILERS NATIONAL BANK  
PO BOX 59231  
MINNEAPOLIS MN 55459-0231

SEARS  
PO BOX 105486  
ATLANTA GA 30348-5486

STATE BANK OF COLD SPRING  
PO BOX 415  
COLD SPRING MN 56320

TARGET  
RETAILERS NATIONAL BANK  
PO BOX 59317  
MINNEPOLIS MN 55459

GREAT RIVER FEDERAL CREDIT  
UNION  
1532 WEST ST GERMAIN ST  
PO BOX 1208  
ST CLOUD MN 56302-1208

CUNA MUTUAL GROUP  
CUNA MUTUAL MORTGAGE CORP  
PO BOX 1332  
MADISON WI 53701-1332

FIRST NORTH AMERICAN NATIONAL  
BANK  
PO BOX 100044  
KENNESAWA GA 30156-9244

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: **Celina Aegidia Gill**

**SIGNATURE DECLARATION**

Debtor(s).

Case No. 04-60437

- 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: 8-3-04

Celina A Gill

Signature of Debtor or Authorized Representative

Celina A Gill

Printed Name of Debtor or Authorized Representative

\_\_\_\_\_

Signature of Joint Debtor

Printed Name of Joint Debtor