

UNITED STATES BANKRUPTCY C  
District of Minnesota

In Re:  
**Debra Lynn Habiger**  
**xxx-xx-1312**

**MODIFIED**  
**CHAPTER 13**

Dated:

Case No. **04-60921**

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 **\$238.00** per **Month** for **60** months, beginning within 30 days after the filing of this plan for a total of **\$14,280.00**.
- c. The debtor will also pay the trustee: **\$0.00**

d. The debtor will pay the trustee a total of **\$14,280.00** [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 **1,428.00** [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
Attorney Fees	\$ 1,250.00	\$ 208.33	1	6	\$ 1,250.00
<b>TOTAL</b>					<b>\$ 1,250.00</b>
Creditor	Estimated Claim	Monthly Payment	Beg. in Month #	No. of Payments	TOTAL PAYMENTS
Internal Revenue Service	\$ 2667.00	\$ 153.75	43	17	\$ 2667.00
MN Dept of Revenue	\$ 535.00	\$ 44.58	43	12	\$ 535.00
<b>TOTAL</b>					<b>\$ 4,452.00</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
Greentree	2001 Dutch Mobile Home

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
None	\$ 0.00	\$ 0.00	0	0	\$ 0.00
<b>TOTAL</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 0.00 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
None	\$ 0.00	\$ 0.00	0	0	\$ 0.00
<b>TOTAL</b>					<b>\$ 0.00</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 5 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
<b>Affinity Plus Credit Union</b>	\$ 12,606.15	\$ 6,925.00	\$ 201.04	7	37	\$ 7,375.12
<b>TOTAL</b>						<b>\$ 7,375.12</b>

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: (Cosigned debts shall be paid at the contract rate of interest.):

Classification: None  
Creditor:

- 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 1024.88 (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 \$5,681.15
- b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 7 and ¶ 8) are \$11,897.20
- c. Total estimated unsecured claims are \$17,578.35 [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** - Debtor shall receive a discharge upon completion of the 60 month plan or when 100% of timely filed unsecured claims are paid, whichever occurs first. Trustee shall not pay any untimely filed unsecured claims.

Title in the 2000 Ford Taurus will vest with Debtor upon payment of the secured portion of Affinity Plus Credit Union claim. The Debtor will file as and when due any and all post petition federal

Trustee's Fee [Line 2]	tax returns of any kind; and will timely pay as and	1,428.00
Priority Claims [Line 3(e)]	when due any and all post petition federal tax	\$ 4,452.00
Home Mortgage Defaults [Line 5(d)]	liabilities of any kind. Debtor's failure	\$0.00
Long-Term Debt Defaults [Line 6(d)]	to file as and when due any and all post	\$0.00
Other Secured Claims [Line 7(d)]	petition federal tax returns of any kind; or	\$ 7,375.12
Separate Class [Line 8(b)]	failure to timely pay as and when due any	\$0.00
	and all post petition federal tax liabilities of any kind, will	
	constitute grounds for dismissal.	

Chapter 13 Plan: Debra Lynn Habiger

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

\$ 1024.86  
\$14,280.00

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

320-252-0330

Signed: \_\_\_\_\_

Debra Lynn Habiger, DEBTOR

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

\_\_\_\_\_  
In Re:

Bkty. Case No.: 04-60921

Debra Lynn Habiger  
Debtor.  
\_\_\_\_\_

**NOTICE OF CONFIRMATION HEARING**

PLEASE TAKE NOTICE that the Confirmation Hearing on the Chapter 13 Plan is scheduled October 26, 2004 at 10:00 a.m., at the U. S. Bankruptcy Court, 205 PO Building, Courtroom 2, 118 South Mill Street, Fergus Falls, MN 56537.

Dated this 16<sup>th</sup> day of September, 2004.

SCHMIDT AND LUND



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



## SERVICE LIST

AFFINITY PLUS CREDIT UNION  
175 W LAFAYETTE RD  
ST PAUL MN 55107

ANDY'S TOWING  
675 CRESCENT ST NE  
ST CLOUD MN 56304

CBE  
131 TOWER PARK #100  
PO BOX 2635  
WATERLOO IA 50704

DIRECT TV  
PO BOX 78626  
PHOENIX AZ 85062-8626

GREENTREE  
800 LANDMARK TOWERS L800M  
ST PAUL MN 55102

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

LAW OFFICE OF MITCHELL KAY  
PO BOX 9006  
SMITHTOWN NY 11787

MN DEPT OF REVENUE  
ST PAUL MN 55146-1750

QWEST  
7171 MARCY RD #150  
OMAHA NE 68106

SHELDON LAW OFFICE  
606 25<sup>TH</sup> AVE S #211  
ST CLOUD MN 56302

TENVOORDE FORD  
185 ROOSEVELT RD  
PO BOX 1045  
ST CLOUD MN 56301

THE ASSOCIATES  
CITI BANK  
PO BOX 6531  
THE LAKES NV 88901-6531

US CABLE  
402 N RED RIVER AVE  
COLD SPRING MN 56320

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: **Debra Lynn Habiger**

**SIGNATURE DECLARATION**

Debtor(s).

Case No. 04-60921

- 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: 09/15/04

**X**

Debra L. Habiger  
Signature of Debtor or Authorized Representative

**X**

\_\_\_\_\_  
Signature of Joint Debtor

Debra L. Habiger  
Printed Name of Debtor or Authorized Representative

\_\_\_\_\_  
Printed Name of Joint Debtor