

AMENDED SCHEDULE J

In re DONALD H. RUSH,
CATHERINE M. RUSH

Case No. 04-34363

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)	\$	1,000.00	
Are real estate taxes included? Yes _____ No <u>X</u>			
Is property insurance included? Yes _____ No <u>X</u>			
Utilities: Electricity and heating fuel	\$	214.00	
Water and sewer	\$	34.00	
Telephone	\$	120.00	
Other <u>Gas \$16/Cable \$60</u>	\$	76.00	
Home maintenance (repairs and upkeep)	\$	0.00	
Food	\$	0.00	
Clothing	\$	100.00	
Laundry and dry cleaning	\$	60.00	
Medical and dental expenses	\$	100.00	
Transportation (not including car payments)	\$	350.00	
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	50.00	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	\$	0.00	
Auto	\$	115.00	
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 <u>Food (special diets for cardiac problems & diabetes)</u>	\$	700.00	
Other <u>Prescriptions</u>	\$	400.00	
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 <u>Work related 50 Postage 5 Personal Care 23</u>	\$	125.00	78.00
Other <u>Supplies & paper prod 30 Toiletries 35 Publications 28 10</u>	\$	85.00	55.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	3,529.00	3402.00

[FOR CHAPTER 12 AND 13 DEBTOR ONLY]

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	\$	4,084.00	
B. Total projected monthly expenses	\$	3,529.00	3,402.00
C. Excess income (A minus B)	\$	555.00	682.00
D. Total amount to be paid into plan each <u>Monthly</u>	\$	555.00	682.00

(interval)

CAPITAL ONE
1957 WESTMORELAND RD
RICHMOND VA 23276

CREDIT PAYMENT SERVICES
%CREDIT PAYMENT SERVICES
2533 N CARLSON ST
CARSON CITY NV 89706

DELL PREFERRED
PO BOX 6403
CAROL STREAM IL 60197

FAIRVIEW LAKES REGIONAL MED CTR
PO BOX 1325
MINNEAPOLIS MN 55440

FAIRVIEW REGIONAL HEALTH CARE
11725 STINSON AVE
CHISAGO CITY MN 55013

GINNYS
1112 - 7TH AVE
MONROE WI 53566-1364

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

JC CHRISTENSEN & ASSOC
PO BOX 519
SAUK RAPIDS MN 56379-0519

MARQUETTE BANK
PO BOX 77007
MINNEAPOLIS MN 55480

MIDNIGHT VELVET
1112-7TH AVE
MONROE WI 53566

MITCHELL N. KAY
7 PENN PLAZA
NEW YORK NY 10001

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

NEUROLOGICAL ASSOC OF ST PAUL
1650 BEAM AVE
SAINT PAUL MN 55109 1192

OSI COLLECTION
PO BOX 550720
JACKSONVILLE FL 32255

PAYDAY OK
2810 SUDDERTH DRIVE STE 211
RUIDOSO NM 88345

PEOPLES SMALL LOAN
600 NORTH PARK AVE
PARK RAPIDS MN 56470

RICHARD SEIERSTAD
PO BOX 566
SAUK RAPIDS MN 56379-0566

ROSE & ERICKSON
ATTORNEYS AT LAW
921 MAIN STREET
PO BOX 5560
HOPKINS MN 55343

SEVENTH AVENUE
1112 - 7TH AVE
MONROE WI 53566-1364

SUBURBAN RADIOLOGIC CONSULTANTS
4801 W 81ST STREET #108
MINNEAPOLIS MN 55437-1191

UNITED CAPITAL
299 S MAIN ST #1700
SALT LAKE CITY UT 84111

WELLS FARGO
PO BOX B514
MINNEAPOLIS MN 55479

MARQUETTE CONSUMER FINANCE
C/O GENE T KELLY ATTY
120 S 6TH ST #1515
MINNEAPOLIS MN 55402

GENE T KELLY ATTY
120 S 6TH ST #1515
MINNEAPOLIS MN 55402

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re: Bankruptcy Case Number: 04-34363

Donald H. Rush,

and

SIGNATURE DECLARATION

Catherine M. Rush,

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: 9/13/04

Donald H. Rush

Signature of Debtor or Authorized Representative

Catherine M. Rush

Signature of Joint Debtor

Donald H. Rush

Printed Name of Debtor or Authorized Representative

Catherine M. Rush

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