SHELDEN M. VIE
Attorney at Law
503 Jackson Avenue NW
Elk River MN 55330
(763) 241-9376

October 7, 2004

RE: Scott D. Rivers
Kimberly K. Benjamin-Rivers
Chapter 13 Case 04-34385

To Creditors and interested parties as set forth on the attached Certificate of Mailing

NOTICE OF HEARING

Please take notice that the above named Debtor will move the Court for Confirmation of the Modified Plan dated September 28, 2004, at 10:00 a.m. on October 28, 2004, at Courtroom 228C, U.S.Courthouse, 316 North Robert Street, St. Paul, Minnesota. 55101

UNLESS A RESPONSE OPPOSING THE MOTION IS TIMELY FILED, THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.

Shelden M. Vie
Attorney for Debtors
503 Jackson Avenue NW
Elk River MN 55330
(763) 241-9376
Atty Reg No 11280X

United States Bankruptcy Court
District of Minnesota

IN RE: Case No. **04-34385**
RIVERS, SCOTT D. & BENJAMIN-RIVERS, KIMBERLY K. Chapter **13**
Debtor(s)

AMENDED CHAPTER 13 PLAN

Dated: **September 28, 2004**

1. **PAYMENTS BY DEBTOR** -
   a. As of the date of this plan, the debtor has paid the trustee 700.
   b. After the date of this plan, the debtor will pay the trustee $ **varies**[1] per **month** for **60** months, beginning within 30 days after the filing of this plan for a total of $ **14,214.00**.
   c. The debtor will also pay the trustee: **n/a**
   d. The debtor will pay the trustee a total of $ **14,214.00** [line 1(a) + line 1(b) + line 1(c)].

[1] **2 payments of $350.00 followed by 58 payments of $233.00**

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 $ **1,421.40** [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*	*Beginning in mo. #*	*Number of Payments*	*TOTAL PAYMENTS*
MILLE LACS COUNTY AUDITOR	6,442.02	207.81	24	31	6,442.02
Shelden M. Vie	444.00	222.00	1	2	444.00
TOTAL					6,886.02

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.

   US BANK N.A.

5. **HOME MORTGAGES IN DEFAULT [' 1322(b)(5)]** - The trustee will cure defaults (plus interest at the rate of 8 per cent 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*	*Beginning in mo. #*	*Number of Payments*	*TOTAL PAYMENTS*
Ocwen Federal Mortgage	4,619.37	200.84	2	23	4,619.37
TOTAL					4,619.37

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.

Creditor	*Amount of Default*	*Monthly Payment*	*Beginning in mo. #*	*Number of Payments*	*TOTAL PAYMENTS*
None					
TOTAL					0.00

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).

Creditor	*Claim Amount*	*Secured Claim*	*Monthly Payment*	*Beginning in mo. #*	*Number of Payments*	*TOTAL PAYMENTS*
None						
TOTAL						0.00

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:
   a. The debtor estimates that the total claims in this class are $ 0.00.
   b. The trustee will pay this class $ 0.00.

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 $ 1,287.21 [line 1(d) minus paragraphs 2, 3, 5, 6, 7 and 8].
   a. The debtor estimates that the total unsecured claims held by creditors listed in & 7 are $ 30,640.17.
   b. The debtor estimates that the debtor's total unsecured claims (excluding those in & 7 and & 8) are 0.00.
   c. Total estimated unsecured claims are $ 30,640.17 [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 - Mille Lacs county allowed property tax claim shall be paid in full as filed. Debtors' tax refunds shall be paid to Trustee during life of Plan.**

12. **SUMMARY OF PAYMENTS C**

Trustee's Fee [Paragraph 2]	1,421.40
Priority Claims [Paragraph 3]	6,886.02
Home Mortgage Defaults [Paragraph 5]	4,619.37
Long-Term Debt Defaults [Paragraph 6]	0.00
Other Secured Claims [Paragraph 7]	0.00
Separate Class [Paragraph 8]	0.00
Unsecured Creditors [Paragraph 9]	1,287.21
TOTAL [must equal Paragraph 1, Line (d)]	14,214.00

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

Shelden M. Vie 11280X
Shelden M. Vie
503 Jackson Avenue NW
Elk River, MN 55330
(763) 241-9376

Signed: ***/s/ SCOTT D. RIVERS***
DEBTOR

Signed: ***/s/ KIMBERLY BENJAMIN-RIVERS***
DEBTOR (if joint case)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Scott D. Rivers
Kimberly K. Benjamin-Rivers

SIGNATURE DECLARATION

Debtor(s).

Case No. 04-34385

_ PETITION, SCHEDULES & STATEMENTS
_ _ CHAPTER 13 PLAN
_ _SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION
_X_AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
_X 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 anti partnership debtors only] I have been authorized to file this petition on behalf of the debtor.

Date: 9/28/04

x_____
Signature of Debtor or Authorized Representative

x_____
Signature of Joint Debtor

Scott Rivers
Printed Name of Debtor or Authorized Representative

Kimberly K. Benjamin Rivers
Printed Name of Joint Debtor

.UNITED STATES BANKRUPTCY COURT

DISTRICT OF MINNESOTA

In re:
Scott D. Rivers
Kimberly K. Benjamin-Rivers

Bky Case 04-34385 Chapter 13

UNSWORN CERTIFICATE OF SERVICE

Debtor(s)

The undersigned hereby certifies that on the 11th day of October, 2004, he served a copy of the Amended Schedules A,B,C, J and Declaration dated September 28, 2004, and Modified Plan dated September 28, 2004, by placing said copy in a postpaid envelope addressed to the persons set forth below and on the attached distribution list, at the place and address stated thereon, which is the last known address, and by depositing said envelope and contents in the United States Mail at Elk River, Minnesota.

Shelden M. Vie

U.S. Trustee
1015 U.S. Courthouse
300 South 4th Street
Minneapolis MN 55415

Michael J. Farrell, Chapter 13 Trustee
PO Box 519
Barnesville MN 56514

Scott D. Rivers
Kimberly K. Benjamin- Rivers
8633 125th Street
Milaca MN 56353

Creditors on attached mailing list

ALLIANCE ONE
1684 WOODLANDS DR SUITE 150
MAUMEE, OH 43537

AT & T UNIVERSAL
PO BOX 625
METAIRIE, LA 70004-0625

CAPITOL ONE MASTERCARD
PO BOX 60000
SEATTLE, WA 98190-6000

CHASE MANHATTAN BANK USA NA
PO BOX 52195
PHOENIX, AZ 85072-2195

CONSULTING RADIOLOGISTS LTD
1221 NICOLLET MALL #600
MINNEAPOLIS, MN 55403-2444

EAR HEAD AND NECK CLINIC
701 25TH AVE SO #200
MINNEAPOLIS, MN 55454

FAIRVIEW HEALTH SERVICES
PO BOX 147
MINNEAPOLIS, MN 55440

FAIRVIEW NORTHLAND CLINICS
PO BOX 9389
MINNEAPOLIS, MN 55440-9389

FAIRVIEW PHARMACY SERVICES
PO BOX 1450 NW 7685
MINNEAPOLIS, MN 55485-7685

FAIRVIEW RIVERSIDE
PO BOX 2398
AVON, MN 56310

HOUSEHOLD BANK MASTER CARD
PO BOX 5222
CAROL STREAM, IL 60197-5022

HOUSTON FUNDING CORPORATION
PO BOX 572233
HOUSTON, TX 77257-2233

J C CHRISTIANSON ASSOC
PO BOX 519
SAUK RAPIDS, MN 56379

MATHISON MOTORS INC
PO BOX 279
CLEARWATER, MN 55320

MICHAEL DOTY DDS
140 2ND STREET SE
MILACA, MN 56353

MIDLAND CREDIT MANAGEMENT INC
PO BOX 939019
SAN DIEGO, CA 92193-9019

MILLE LACS COUNTY AUDITOR
635 2NDSTREET SE
MILACA, MN 56353

MILLE LACS HOSPITAL
C/O RELIANCE RECOVERIES
PO BOX 29227
MINNEAPOLIS, MN 55429-0227

MN EAR HEAD & NECK CLINIC PA
701 25TH AVE SO SUITE 200
MINNEAPOLIS, MN 55454-1443

NORTH MEDICAL TRANSPORT
PO BOX 14[illegible] NW 8090
MINNEAPOLIS, MN 55485

Ocwen Federal Mortgage
C/O WILFORD & GESKE
7650 CURRELL BLVD #300
WOODBURY, MN 55125

PROGRESSIVE INSURANCE
C/O NCO FINANCIAL SYSTEMS
PO BOX 41457
PHILADELPHIA, PA 19109-1457

RICHARD DEJANA & ASSOCIATES PLLC
126 N MERIDIAN ROAD
KALISPELL, MT 59901

UNIVERSITY MN PHYSICIANS
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PO BOX 790167
ST. LOUIS, MO 63179-0167

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ST LOUIS, MO 63179-0408

VERIZON WIRELESS
PO BOX 790406
ST LOUIS, MO 63179-0406

WELLS FARGO BANK, NA
711 WEST BROADWAY
TEMPE, AZ 85282