

Date of Last Payment \$ _____ (Attach full payment history)
Breakdown of Past Due Payments as of the Bankruptcy Filing Date:

Date payments due _____

Past Due Payments: \$ _____
Late Charges: \$ _____
Other charges not included
above - i.e., insurance etc.: \$ _____
TOTAL PAST DUE \$ _____

Have you received any payments since the bankruptcy filing date: Yes No

Note: If you received payments after the bankruptcy filing date then PLEASE ATTACH TO THIS FORM A SEPARATE LIST SHOWING ALL PAYMENTS RECEIVED AFTER THE BANKRUPTCY FILING DATE WITH DATE AND AMOUNT.



INSURANCE INFORMATION:

Is the collateral currently insured? Yes No Don't know

Have you added force placed insurance (lender's coverage)? Yes No
If yes, date you added insurance and amount (\$) of premium _____



Tell us what else you think we should know (attach extra sheet if necessary)

IMPORTANT DOCUMENTS YOU NEED TO ATTACHED - ALL PAGES!!

- Note and/or loan agreement (signed copy - front and back of all pages)
- Trust Deed (if real property account)
- Valuation / Appraisal Information (even if it's old)
- Certificate(s) of title (if vehicle account)



ACTIONS REQUESTED:

- [] File Proof of claim
- [] File Motion for Relief from Stay
- [] File Objection to Chapter 13 Plan
- [] Other: _____

HOW DO WE CONTACT YOU?:

Contact/Rep: _____ Phone No: _____

Address: _____ FAX No: _____
_____ E-Mail: _____

DATE: _____ By: _____