

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF ALABAMA

Debtor 1: _____

Case No. _____ -13

Debtor 2: _____

FINAL SUMMARY OF PLAN TERMS

(REFER TO CHAPTER 13 PLAN FOR COMPLETE TREATMENT LANGUAGE)

1. For ____ months Debtor(s) will make regular monthly payments to the trustee as follows:

_____ per month for ____ months and
_____ per month for ____ months. *Insert additional lines if needed.*

2. Secured Pre-Confirmation Adequate Protection Payments and Payments to Lessors:

CREDITOR	COLLATERAL DESCRIPTION	AMOUNT

3. Post-Confirmation Secured Alternate Monthly Payments:

CREDITOR	COLLATERAL DESCRIPTION	AMOUNT

4. Attorney's Fees for Debtor's Bankruptcy Counsel to be paid by Trustee: _____

5. Secured by Collateral:

CREDITOR	COLLATERAL	SECURED CLAIM AMT	INT	§1325(a)(5)

6. Domestic Support Obligations:

CREDITOR	SCHD AMT	AMP PMT	PREF PMT

7. Curing Defaults and Maintaining Direct Payments:

CREDITOR	COLLATERAL	DIRECT PAYMENT	SCHEDULED ARREARAGE

8. Priority Claims (Excluding Domestic Support Obligations):

CREDITOR	TYPE OF PRIORITY	SCHD AMT

9. Unsecured claims: Percentage to unsecured creditors to be determined after expiration of the claims bar date.

10. Surrendered Property:

CREDITOR	COLLATERAL DESCRIPTION

11. Executory Contracts and Unexpired Leases:

CREDITOR	PROPERTY DESCRIPTION	REJECT	ASSUME

12. Other Plan Provisions: Refer to plan for complete language for Section 12(a) through 12(c) (d) Other Provisions of the Plan Not Elsewhere Described (Include and identify creditors here and remove secured treatment above due to the filing of an unsecured claim):

Counsel for the Debtor hereby certifies that a review all claims filed to date has been performed and all necessary objections to claims have been filed.

DEBTOR'S SIGNATURE (not required)

DATE

DEBTOR'S SIGNATURE (not required)

DATE

COUNSEL'S SIGNATURE

DATE