

Filing

AMENDED

SCHEDULES

United States Bankruptcy Court
 _____ District Of _____

The pdf image of any Amended Schedule or Schedules, must now INCLUDE BOTH an Amended Summary of Schedules, and an Amended Statistical Summary Sheet (shown on the next page).

In re _____,
 Debtor

Case No. _____
 Chapter _____

AMENDED

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property			\$		
B - Personal Property			\$		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)				\$	
F - Creditors Holding Unsecured Nonpriority Claims				\$	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)					\$
J - Current Expenditures of Individual Debtors(s)					\$
TOTAL			\$	\$	

United States Bankruptcy Court

District Of _____

In re _____,
Debtor

Case No. _____

Chapter _____

AMENDED

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

In re _____, Debtor

AMENDED

Case No. _____ (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

The .pdf image of any Amended Schedule(s) must now include the FULL AMENDED SCHEDULE.

Filing just the additions will no longer be accepted and will result in a request by the court that you RE-FILE the amended schedule in its entirety.

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor. The complete account number of any account the debtor has with the creditor is required if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and if "a minor child" is stated, also include the name, address, and legal relationship to the minor child. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the attached continuation sheets.

If the claim is jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the claim in the Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community is liable. Place "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal ▶							\$
Total ▶							\$

____ continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



In re _____

Case No. xxx-xxxxxx

Debtors

AMENDED

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. §112; Fed.R.Bankr.P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) xxxxxxxx40AK00	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. ACPE 3030 Vintage Boulevard Juneau, AK 99801-7100 xxxx xxxx xxxx 2539		2001 student loan W				4,413.20
Account No. CITI PO Box 6241 Des Moines, IA 50368-9182 xxxx-xxxx-xxxx-5836		2005 credit purchase H Believed to be Sears credit card purchases.				2,033.87
Account No. Citibank c/o CBE Group PO Box 2547 Waterloo, IA 50704-2547 3477-2121		2005 J water & sewer services from 677 N Yakima Street.				1,412.66
Account No. City of Wasilla Finance Dept 290 E Herning Ave Wasilla, AK 99654-7091		J				54.00
Subtotal (Total of this page)						7,913.73

1 continuation sheets attached

CONTINUED EXAMPLE....

In re **Charlton Haze Bryan,
Jolene Ann Bryan**

Case No. **06-176**

Debtors

AMENDED

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Jerry Rexrod PO Box 870725 Wasilla, AK 99687		J	2005 Estimated amount of past due rent from prior rental agreement.			2,270.00	
Account No. none Patricia Cowdery PO Box 877196 Wasilla, AK 99687		J	May 12, 2006 Money loaned to Debtors for bankruptcy and filing fees. Creditor is Aunt to Ms. Bryan.			850.00	
Account No. sewxxx xxx143-3 Providence Seward Medical Center c/o Mattson Investigations PO Box 92500 Anchorage, AK 99509-2500		W	unknown medical services			511.32	
Account No. mutiple accounts Student Loan Finance Corporation 105 First Ave SW Aberdeen, SD 57401-4173		W	student loans			7,600.00	
Account No. xxxxxx2158 Wells Fargo PO Box 102680 Anchorage, AK 99510		J	4/23/05 Deficiency amount due on note after sale of repossessed 2003 Ford Focus automobile.			7,047.73	
Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	18,279.05
						Total (Report on Summary of Schedules)	26,192.78

**United States Bankruptcy Court
District of Alaska**

In re XXXXXXXXXXXXXX

Debtor(s)

Chapter

CASE NO XXXXX-XXXXXX
7

DECLARATION CONCERNING DEBTORS'

AMENDED SCHEDULE F

DECLARATION UNDER PENALTY OF PERJURY BY JOINT DEBTORS

 We declare under penalty of perjury that we have read the foregoing amended schedule F, consisting of **2** sheets and that the information contained in Schedule F is true and correct to the best of our knowledge, information, and belief.

Date 8-18-06

Signature /s/ Darlene P. Debtor
Debtor

Date 8-18-06

Signature /s/ Joseph P. Debtor
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

As always, a declaration page is required to be filed with any amended schedule

Eric Conard
Law Office of Eric Conard LLC
832 S Colony Way
Palmer, AK 99645
Ph (907) 746-6229
Fax (907) 746-6296
Attorney for Debtors

Any Amended Matrix, or Amendments to the matrix, which add new creditors, should include ONLY the NEW ADDITIONS you want added to the matrix, as shown here.

**UNITED STATES BANKRUPTCY
DISTRICT OF ALASKA**

In re) Case No. 06-0176
)
In re: Charlton Haze Bryan &) Chapter: 7
Jolene Ann Bryan)
Debtor)
_____)

NOTICE OF AMENDMENT TO CREDITOR MATRIX

Charlton and Jolene Bryan, notify the Court that since the time of our initial petition an additional creditor has become known to us. In conjunction with the filing of our Amended Schedule F, we request that the Court update our matrix by adding the following names:

Providence Seward Medical Center
c/o Mattson Investigations, LLC
PO Box 92500
Anchorage AK 99509-2500

Providence Seward Medical Center
PO Box 365
Seward AK 99664

I declare under the penalty of perjury that foregoing information is true and correct.

Dated: 8/18/06

By: /s/ Charlton Bryan
Charlton Bryan

Dated: 8/18/06

By: /s/ Jolene Bryan
Jolene Bryan

Miscellaneous:

06-00023 Suzanna Q Publix

Type: bk

Chapter: 7 v

Office: 3 (Anchorage)

Assets: n

Case Flag: SSNdue, MEANSNO,
DischargeDeferred

For Receipt #, court users enter the actual receipt number or the word **Other if payment has not been made.**

Receipt #: Fee: \$

Which Schedules are you amending?

Refer to existing event(s)?

When working through the event in CM / ECF, you should indicate the schedules you are amending, as you've always done in the past.... and be aware of the new "Summary of Schedules" screen which now appears...



Miscellaneous:06-00023 Suzanna Q Publix

Type: bk

Chapter: 7 v

Office: 3 (Anchorage)

Assets: n

Case Flag: SSNdue, MEANSNO

DischargeDeferred

This NEW summary screen appears in CM / ECF at case opening where you will input the debtors information.

When filing amended schedules, this screen will appear again and will be automatically populated with the numbers you initially presented...

SUMMARY OF SCHEDULES

Report the totals from Schedules A, B, D, E, F, I, J, Form 22, and Nondischargeable Debt in the boxes provided.

NAME OF SCHEDULE/FORM	ASSETS	LIABILITIES	OTHER
A - Real Property	<input type="text" value="109000.00"/>		
B - Personal Property	<input type="text" value="29000.00"/>		
D - Creditors Holding Secured Claims	→	<input type="text" value="55000.00"/>	old information
E - Creditors Holding Unsecured Priority Claims	→	<input type="text" value="3400.00"/>	
F - Creditors Holding Unsecured Nonpriority Claims		<input type="text" value="44555.00"/>	
I - Average Income (line 16)			<input type="text" value="4500.00"/>
J - Average Expenses (line 18)			<input type="text" value="3950.00"/>
22 - Current Monthly Income line 12 on Form B22A, line 11 on Form B22B, or line 20 on Form B22C			<input type="text" value="11000.00"/>
Total nondischargeable debt From Form 6, page 2 (28 USC 159)		<input type="text" value="88000.00"/>	
Total Dischargeable Debt (Computed) Note: Not computed when any value above for D, E, F, or nondischargeable debt is not known.		<input type="text" value="14955.00"/>	

Next

Clear

Miscellaneous:06-00023 Suzanna Q Publix

Type: bk

Chapter: 7 v

Office: 3 (Anchorage)

Assets: n

Case Flag: SSNdue, MEANSNO,
DischargeDeferred

... you will need to update these fields with the NEW information presented in the amended schedules.

The total at the bottom of the page will automatically update.

SUMMARY OF SCHEDULES

Report the totals from Schedules A, B, D, E, F, I, J, Form 22, and Nondischargeable Debt i

NAME OF SCHEDULE/FORM	ASSETS	LIABILITIES	OTHER
A - Real Property	109000.00		
B - Personal Property	29000.00		
D - Creditors Holding Secured Claims	→	62000.00	Type in the new information.
E - Creditors Holding Unsecured Priority Claims	→	6200.00	
F - Creditors Holding Unsecured Nonpriority Claims		44555.00	
I - Average Income (line 16)			4500.00
J - Average Expenses (line 18)			3950.00
22 - Current Monthly Income line 12 on Form B22A, line 11 on Form B22B, or line 20 on Form B22C			11000.00
Total nondischargeable debt From Form 6, page 2 (28 USC 159)		88000.00	
Total Dischargeable Debt (Computed) Note: Not computed when any value above for D, E, F, or nondischargeable debt is not known.	→	24755.00	Your new total will automatically calculate.

Next

Clear