

**KATHLEEN A. LEAVITT,  
CHAPTER 13 BANKRUPTCY TRUSTEE**  
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Debtor(s) Name(s): \_\_\_\_\_ Case No: \_\_\_\_\_

**PURSUANT TO ADMINISTRATIVE ORDER 2013- 04. THE FOLLOWING INFORMATION  
MUST BE PROVIDED FOR ALL CONDUIT PAYMENTS.**  
THIS FORM IS TO BE COMPLETED BY DEBTOR(S).

**Name of Debtor:** \_\_\_\_\_  
(Name of Debtor #1) (Name of Debtor #2, if applicable)

**Debtor(s) Contact Phone No.:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Property Address** (for mortgages only): \_\_\_\_\_  
Residential \_\_\_\_\_ Rental \_\_\_\_\_ Other (Describe): \_\_\_\_\_

**Property Description** (for vehicles only): \_\_\_\_\_

**Complete Name and Payment Address of the Creditor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Creditor's Phone Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**"Are the following items included in the mortgage payment?"** (complete for mortgages only)

\_\_\_\_\_ Escrow Account for Taxes Amount: \_\_\_\_\_

\_\_\_\_\_ Escrow Account for Insurance Amount: \_\_\_\_\_

\_\_\_\_\_ Escrow Account for Taxes and Insurance: Amount: \_\_\_\_\_

How often is the escrow account reviewed:

Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_

\_\_\_\_\_ Mortgage Insurance Premium:

If yes, when will it be petitioned to be eliminated: \_\_\_\_\_

**Type of Loan:** Conventional \_\_\_\_\_ Adjustable Rate Mortgage \_\_\_\_\_ Balloon \_\_\_\_\_

If Adjustable: How often is it adjusted? \_\_\_\_\_

When is the next scheduled adjustment date? \_\_\_\_\_

**"Do you intend to modify this loan?"** \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Debtor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Debtor Signature

\_\_\_\_\_  
Date

**ATTACH A COPY OF THE MOST RECENT STATEMENT OR PAYMENT COUPON PROVIDED TO YOU  
BY THE CREDITOR.**

*Please send this form immediately to your Trustee.*