

KATHLEEN A. LEAVITT
Chapter 13 Bankruptcy Trustee, District of Nevada
711 S. 4th Street, Suite 101, Las Vegas, NV 89101
Phone (702) 853-0700 • Fax (702) 853-0713

In Re: _____ Case Number: _____

Property Address: _____

**PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ONGOING MORTGAGE PAYMENTS
CONNECTED WITH THE ABOVE ADDRESS, AND FAX THIS INFORMATION TO THE ABOVE NUMBER
WITHIN 3 BUSINESS DAYS TO INSURE PROMPT PAYMENT OF ON-GOING MORTGAGE PAYMENTS.**

Correct Creditor Name and Payment Address for on-going mortgage payments while in bankruptcy:

Creditor's Phone Number: _____

Contact Person for Account: _____

Attorney name: (if any) _____

Attorney address: _____

Attorney phone number: _____

Current Mortgage Account Number: _____

New Mortgage Account Number due to bankruptcy (if any): _____

Exact Amount of the Current Installment Payment From date of filing:

Principal & Interest: \$ _____

Late Fees: \$ _____

Taxes \$ _____

Grace Period of: _____ Days

Insurance: \$ _____

Mortgage Insurance Premium: \$ _____ Estimated Ending Date _____

Other 1. _____ \$ _____

2. _____ \$ _____

Grand Total: \$ _____

Date Current Payment is Due: _____

Escrow account reviewed: Annually _____ Semi-annually _____ Next Scheduled Review _____

Type of Loan: Conventional _____ Adjustable Rate Mortgage _____ Balloon _____

If Adjustable: How often is it adjusted _____

When is the next scheduled adjustment date _____

Current Interest Rate: _____

When is the Balloon Payment due _____

Is the loan due in full and payable in less than 5 years? _____

If yes, date due: _____

Print _____ name: _____

Title: _____

Company: _____

Signature: _____

Date: _____