

**RICK A. YARNALL,
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.