CSD 1099 [07/01/18] Name, Address, Telephone No. & I.D. No.		•		
UNITED STATES BANKRUPTCY COU SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-				
In Re				
		BANKRUPTCY NO.		
	Debtor.			
BALANCE OF SCHEDULE	S, STATEMENTS, AND	D/OR CHAPTER 13 PLAN		
Presented are the original with the number of [Check one or more boxes as appropriate]:	of copies required by CSI	D 1800 Administrative Procedures of the following		
Schedules A/B - J				
Statement of Financial Affairs				
Summary of Schedules (Includes Statistical Sur				
Summary of Your Assets and Liabilities and CerChapter 7 Statement of Current Monthly Income	tain Statistical Information	Schedules		
Chapter 7 Statement of Exemption from Presum	ntion of Abuse Under & 70	7(b)(2)		
Chapter 7 Means Test Calculation	phon or Abado onder 3 70	. (0)(2)		
Chapter 11 Statement of Your Current Monthly I	ncome			
Chapter 13 Statement of Your Current Monthly I		Commitment Period		
Chapter 13 Calculation of Your Disposable Incor	me			
Chapter 13 Plan				
Schedule of Real and/or Personal PropertySchedule of Property Claimed Exempt				
Creditors Holding Secured Claims by Property				
Creditors Holding Unsecured Priority and/or Nor	n-priority Claims:			
Schedule of Executory Contracts & Unexpired L	eases			
Schedule of Co-Debtors				
Income of Individual Debtor(s)				
Expenses of Individual Debtor(s) Expenses for Separate Household of Debtor 2				
If additional creditors are added at this time, th	e following are requir	ad:		
		led names and addresses (when the Balance of		
Schedules are filed on paper).	• .	· ·		
 Local Form CSD 1101, Notice to Creditors instructions on reverse side. 	of This Debtor Added by	y Amendment or Balance of Schedules. See		
Dated:	Signed:			
I[We] a	nd	Attorney for Debtor the debtor(s) hereby declare		
I[We] and , the debtor(s), hereby declare under penalty of perjury that the information set forth in the balance of schedules and/or chapter 13 plan attached hereto, consisting of pages, and on the creditor matrix, if any, is true and correct.				
Dated:				
*Debtor		* Ioint Dabtos		
Depior		*Joint Debtor		

^{*} If filed electronically, pursuant to LBR 5005-4(C), the original debtor signature(s) in a scanned format is required.

INSTRUCTIONS

- 1. Local Form CSD 1101, *Notice to Creditors of The Above-Named Debtor Added by Amendment or Balance of Schedules*, may be used to notify any added entity. When applicable, copies of the following notices must accompany the notice: Order for and Notice of Section 341(a) Meeting, Discharge of Debtor, Notice of Order Confirming Plan, and Proof of Claim.
- 2. If not filed previously and this is an ECF case, the *Declaration Re: Electronic Filing of Petition, Schedules & Statements* (Local Form CSD 1801) must be filed in accordance with LBR 5005-4(c).
- 3. If this is a Chapter 11 case, each member of any committee appointed must be served this Balance of Schedules.

PROOF OF SERVICE

I, whose address appears below, certify:

That I am, and at all relevant times was, more than 18 years of age;

I served a true copy of this **Balance of Schedules and/or Chapter 13 Plan** on the following persons listed below by the mode of service shown below:

1. To Be Served by the Court via Notice of Electronic Filing ("NEF"):

				,		
bankrı	F and hy uptcy cas	perlink to the document e or adversary proceed	t. Ón ing a	Rules(s) ("LBR"), the document(s) list, I checked nd determined that the following pers ail address(es) indicated and/or as cl	the (son(s)	CM/ECF docket for this are on the Electronic Mail Notice
	С	hapter 7 Trustee:				
	U	or Chpt. 7, 11, & 12 cases: NITED STATES TRUSTEE stp.region15@usdoj.gov		For ODD numbered Chapter 13 cases: THOMAS H. BILLINGSLEA, JR., TRUSTEE Billingslea@thb.coxatwork.com		For EVEN numbered Chapter 13 cases: DAVID L. SKELTON, TRUSTEE admin@ch13.sdcoxmail.com dskelton13@ecf.epiqsystems.com
2.	On	by United States Mail:	, I s	erved the following person(s) and/or	-	• •
n this		tcv case or adversary p		erved the following person(s) and/or eding by placing accurate copies in a	-	• •

Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

3.	Served by Personal Delivery, Facsimile Transm	nission, Overnight Delivery, or Electronic Mail:
and/or transm	Under Fed.R.Civ.P.5 and controlling LBR, onentity(ies) by personal delivery, or (for those who dission, by overnight delivery, and/or electronic mail	, I served the following person(s) consented in writing to such service method) by facsimile as follows:
	I declare under penalty of periury under the laws of	of the United States of America that the statements made in this
	proof of service are true and correct.	
ı	Executed on	
	(Date)	(Typed Name and Signature)
		(Address)
		(City, State, ZIP Code)