

**PLAN SUMMARY**

DEBTOR \_\_\_\_\_ CASE NO. \_\_\_\_\_

PETITION FILED \_\_\_\_\_ CONFIRMATION DATE \_\_\_\_\_

PLAN TERM \_\_\_\_\_ TRUSTEE FEES 10% - Not to exceed \$4,000 per year

1. Unsecured creditors to be paid by the Trustee from net disposable income.

NAME AND ADDRESS

AMOUNT OF CLAIM

2. Secured creditors to be paid under the plan by the Trustee.

NAME AND ADDRESS

AMOUNT TO BE PAID

DATES OF PAYMENTS

3. Priority, administrative and attorney fee payments to be made under the plan by the Trustee.  
(Note: Trustee fees are to be paid concurrently with disbursements to creditors.)

<u>NAME AND ADDRESS</u>	<u>AMOUNT TO BE PAID</u>	<u>DATES OF PAYMENTS</u>
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4. Unsecured Creditors to be paid specific amounts under the Plan by the Trustee.

<u>NAME AND ADDRESS</u>	<u>AMOUNT TO BE PAID</u>	<u>DATES OF PAYMENTS</u>
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5. Other provisions (direct payments, turnover of property, etc.):

<u>NAME AND ADDRESS</u>	<u>AMOUNT TO BE PAID</u>	<u>DATES OF PAYMENTS</u>
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PLEASE BE SURE TO MAKE YOUR CHECKS PAYABLE TO JAMES A. OVERCASH, CHAPTER 12 TRUSTEE, FOR EACH CHECK SENT PROVIDE LIST OF CREDITORS THAT ARE PAID WITH FUNDS.

Dated: \_\_\_\_\_

\_\_\_\_\_  
James A. Overcash  
Chapter 12 Trustee  
301 South 13<sup>th</sup> Street  
Lincoln, NE 68508-2578  
Phone: 402-437-8500  
Fax: 402-437-8558

Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Debtor