UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

Filer's Name:	**Steven A. Alpert** **15760 Ventura Blvd.** **Suite 1100**	Atty Name (if applicable):	**Steven A. Alpert**
Street Address:	**Encino, CA 91436**	CA Bar No. (if applicable):	**159730**
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In re: **Michael Benjamin Nightingale** **Chelene Hope Nightingale**	Case No. **1:07-bk-11509** **Chapter 13**

AMENDED SCHEDULE(S) AND/OR STATEMENT(S)

A filing fee of $26.00 is required to amend any or all of Schedules "D" through "F." An addendum mailing list is also required as an attachment if creditors are being added to the creditors list. Is/are creditor(s) being added?

☐ Yes ☒ No

Indicate below which schedule(s) and/or statement(s) is(are) being amended.

☒ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☒ I ☒ J

☐ Statement of Social Security Number(s) ☐ Statement of Financial Affairs
☐ Statement of Intention ☒ Other Form 22C – Means Test

NOTE: IT IS THE RESPONSIBILITY OF THE DEBTOR TO MAIL COPIES OF ALL AMENDMENTS TO THE TRUSTEE AND TO NOTICE ALL CREDITORS LISTED IN THE AMENDED SCHEDULE(S) AND TO COMPLETE AND FILE WITH THE COURT THE PROOF OF SERVICE ATTACHED.

I/We, **Michael Benjamin Nightingale and Chelene Hope Nightingale**, the person(s) who subscribed to the foregoing Amended Schedule(s) and/or Statement(s) do hereby declare under penalty of perjury that the foregoing is true and correct.

DATED: 7/19/07

Michael Benjamin Nightingale
Debtor Signature

Chelene Hope Nightingale
Co-Debtor Signature

****FOR COURT USE ONLY****

****SEE PROOF OF SERVICE****

Form B6A
(10/05)

In re **Michael Benjamin Nightingale,**
Chelene Hope Nightingale

Debtors

Case No. **1:07-bk-11509**

SCHEDULE A. REAL PROPERTY - AMENDED

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
primary residence 40329 Racquet Lane Palmdale, CA 93551	**Fee simple**	**C**	**340,000.00**	**372,671.78**

Sub-Total > **340,000.00** (Total of this page)

Total > **340,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

Official Form 6I (10/06)

In re **Michael Benjamin Nightingale**
Chelene Hope Nightingale
Debtor(s)

Case No. **1:07-bk-11509**

SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Married	**daughter**	**17**
	son	**4**

Employment:	DEBTOR	SPOUSE
Occupation	**air conditioning repair**	**Wellness Technician**
Name of Employer	**self employed**	**self employed**
How long employed	**1 year**	**2 months**
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	$ 0.00	$ 0.00
2. Estimate monthly overtime	$ 0.00	$ 0.00
3. SUBTOTAL	$ 0.00	$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	$ 0.00	$ 0.00
b. Insurance	$ 0.00	$ 0.00
c. Union dues	$ 0.00	$ 0.00
d. Other (Specify):	$ 0.00	$ 0.00
	$ 0.00	$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	$ 0.00	$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	$ 0.00	$ 0.00
7. Regular income from operation of business or profession or farm (Attach detailed statement)	$ 8,000.00	$ 1,000.00
8. Income from real property	$ 0.00	$ 0.00
9. Interest and dividends	$ 0.00	$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	$ 0.00	$ 0.00
11. Social security or government assistance (Specify):	$ 0.00	$ 0.00
	$ 0.00	$ 0.00
12. Pension or retirement income	$ 0.00	$ 0.00
13. Other monthly income (Specify):	$ 0.00	$ 0.00
	$ 0.00	$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	$ 8,000.00	$ 1,000.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	$ 8,000.00	$ 1,000.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	$ 9,000.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
Unknown

Official Form 6J (10/06)

In re Michael Benjamin Nightingale
Chelene Hope Nightingale
Debtor(s)

Case No. 1:07-bk-11509

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	$ 2,662.24
a. Are real estate taxes included? Yes ___ No X	
b. Is property insurance included? Yes ___ No X	
2. Utilities: a. Electricity and heating fuel	$ 200.00
b. Water and sewer	$ 50.00
c. Telephone	$ 0.00
d. Other See Detailed Expense Attachment	$ 450.00
3. Home maintenance (repairs and upkeep)	$ 0.00
4. Food	$ 650.00
5. Clothing	$ 150.00
6. Laundry and dry cleaning	$ 20.00
7. Medical and dental expenses	$ 75.00
8. Transportation (not including car payments)	$ 50.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	$ 0.00
10. Charitable contributions	$ 0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	$ 0.00
b. Life	$ 0.00
c. Health	$ 0.00
d. Auto	$ 100.00
e. Other	$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	$ 0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	$ 0.00
b. Other Second Deed of Trust	$ 383.44
c. Other	$ 0.00
d. Other	$ 0.00
14. Alimony, maintenance, and support paid to others	$ 0.00
15. Payments for support of additional dependents not living at your home	$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	$ 0.00
17. Other See Detailed Expense Attachment	$ 3,385.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	$ 8,175.68

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:
Unknown.

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	$ 9,000.00
b. Average monthly expenses from Line 18 above	$ 8,175.68
c. Monthly net income (a. minus b.)	$ 824.32

Official Form 6J (10/06)

In re Michael Benjamin Nightingale
Chelene Hope Nightingale
Debtor(s)

Case No. 1:07-bk-11509

SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Detailed Expense Attachment

Other Utility Expenditures:

Cable Television/Internet	$ 110.00
Natural gas	$ 90.00
Cellular phone	$ 250.00
Total Other Utility Expenditures	$ 450.00

Other Expenditures:

Contingency	$ 50.00
Personal care/grooming	$ 75.00
Fuel for husband's business	$ 600.00
Parts for husband's business	$ 2,000.00
Liability insurance for husband's business	$ 25.00
Advertising for husband's business	$ 100.00
Fuel for wife's business	$ 200.00
Rent for Presentations for wife's business	$ 200.00
Supplies for wife's business	$ 135.00
Total Other Expenditures	$ 3,385.00

Form 22C (Chapter 13) (04/07)

In re **Michael Benjamin Nightingale**
Chelene Hope Nightingale
Debtor(s)
Case Number: **1:07-bk-11509**
(If known)

According to the calculations required by this statement:
☐ **The applicable commitment period is 3 years.**
■ **The applicable commitment period is 5 years.**
■ **Disposable income is determined under § 1325(b)(3).**
☐ **Disposable income is not determined under § 1325(b)(3).**
(Check the boxes as directed in Lines 17 and 23 of this statement.)

AMENDED
CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

1	**Marital/filing status.** Check the box that applies and complete the balance of this part of this statement as directed. a. ☐ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 2-10.** b. ■ Married. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.**		
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	**Column A** **Debtor's Income**	**Column B** **Spouse's Income**
2	**Gross wages, salary, tips, bonuses, overtime, commissions.**	$ 0.00	$ 0.00
3	**Income from the operation of a business, profession, or farm.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. Do not enter a number less than zero. **Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.** a. Gross receipts — Debtor $ 8,000.00 — Spouse $ 2,000.00 b. Ordinary and necessary business expenses — Debtor $ 2,725.00 — Spouse $ 600.00 c. Business income — Subtract Line b from Line a	$ 5,275.00	$ 1,400.00
4	**Rents and other real property income.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part IV.** a. Gross receipts — Debtor $ 0.00 — Spouse $ 0.00 b. Ordinary and necessary operating expenses — Debtor $ 0.00 — Spouse $ 0.00 c. Rent and other real property income — Subtract Line b from Line a	$ 0.00	$ 0.00
5	**Interest, dividends, and royalties.**	$ 0.00	$ 0.00
6	**Pension and retirement income.**	$ 0.00	$ 0.00
7	**Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child or spousal support.** Do not include amounts paid by the debtor's spouse.	$ 0.00	$ 0.00
8	**Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act — Debtor $ 0.00 — Spouse $ 0.00	$ 0.00	$ 0.00
9	**Income from all other sources.** Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. **Do not include** any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. a. — Debtor $ — Spouse $ b. — Debtor $ — Spouse $	$ 0.00	$ 0.00
10	**Subtotal.** Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	$ 5,275.00	$ 1,400.00
11	**Total.** If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	$ 6,675.00	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	**Enter the amount from Line 11**	$ 6,675.00
13	**Marital Adjustment.** If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.	$ 0.00
14	**Subtract Line 13 from Line 12 and enter the result.**	$ 6,675.00
15	**Annualized current monthly income for § 1325(b)(4).** Multiply the amount from Line 14 by the number 12 and enter the result.	$ 80,100.00
16	**Applicable median family income.** Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: CA b. Enter debtor's household size: 4	$ 72,996.00
17	**Application of § 1325(b)(4).** Check the applicable box and proceed as directed. ☐ **The amount on Line 15 is less than the amount on Line 16.** Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. ■ **The amount on Line 15 is not less than the amount on Line 16.** Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.	

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	**Enter the amount from Line 11.**	$ 6,675.00
19	**Marital Adjustment.** If you are married, but are not filing jointly with your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. If you are unmarried or married and filing jointly with your spouse, enter zero.	$ 0.00
20	**Current monthly income for § 1325(b)(3).** Subtract Line 19 from Line 18 and enter the result.	$ 6,675.00
21	**Annualized current monthly income for § 1325(b)(3).** Multiply the amount from Line 20 by the number 12 and enter the result.	$ 80,100.00
22	**Applicable median family income.** Enter the amount from Line 16.	$ 72,996.00
23	**Application of § 1325(b)(3).** Check the applicable box and proceed as directed. ■ **The amount on Line 21 is more than the amount on Line 22.** Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ **The amount on Line 21 is not more than the amount on Line 22.** Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. **Do not complete Parts IV, V, or VI.**	

Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24	**National Standards: food, clothing, household supplies, personal care, and miscellaneous.** Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	$ 1,546.00
25A	**Local Standards: housing and utilities; non-mortgage expenses.** Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	$ 553.00

25B	**Local Standards: housing and utilities; mortgage/rent expense.** Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. **Do not enter an amount less than zero.** a. IRS Housing and Utilities Standards; mortgage/rent Expense — $ 1,646.00 b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 — $ 3,045.68 c. Net mortgage/rental expense — Subtract Line b from Line a.	$ 0.00
26	**Local Standards: housing and utilities; adjustment.** If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	$ 0.00
27	**Local Standards: transportation; vehicle operation/public transportation expense.** You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. ☐ 0 ☐ 1 ■ 2 or more. Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	$ 508.00
28	**Local Standards: transportation ownership/lease expense; Vehicle 1.** Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1 ☐ 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. **Do not enter an amount less than zero.** a. IRS Transportation Standards, Ownership Costs, First Car — $ 471.00 b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 — $ 242.86 c. Net ownership/lease expense for Vehicle 1 — Subtract Line b from Line a.	$ 228.14
29	**Local Standards: transportation ownership/lease expense; Vehicle 2.** Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. **Do not enter an amount less than zero.** a. IRS Transportation Standards, Ownership Costs, Second Car — $ 0.00 b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 — $ 0.00 c. Net ownership/lease expense for Vehicle 2 — Subtract Line b from Line a.	$ 0.00
30	**Other Necessary Expenses: taxes.** Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. **Do not include real estate or sales taxes.**	$ 0.00
31	**Other Necessary Expenses: mandatory payroll deductions.** Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. **Do not include discretionary amounts, such as non-mandatory 401(k) contributions.**	$ 0.00

32	**Other Necessary Expenses: life insurance.** Enter average monthly premiums that you actually pay for term life insurance for yourself. **Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.**	$ 0.00
33	**Other Necessary Expenses: court-ordered payments.** Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. **Do not include payments on past due support obligations included in line 49.**	$ 0.00
34	**Other Necessary Expenses: education for employment or for a physically or mentally challenged child.** Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	$ 0.00
35	**Other Necessary Expenses: childcare.** Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. **Do not include other educational payments.**	$ 0.00
36	**Other Necessary Expenses: health care.** Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or paid by a health savings account. **Do not include payments for health insurance listed in Line 39.**	$ 75.00
37	**Other Necessary Expenses: telecommunication services.** Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service - such as cell phones, pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. **Do not include any amount previously deducted.**	$ 250.00
38	**Total Expenses Allowed under IRS Standards.** Enter the total of Lines 24 through 37.	$ 3,160.14

Subpart B: Additional Expense Deductions under § 707(b)

Note: Do not include any expenses that you have listed in Lines 24-37

39	**Health Insurance, Disability Insurance, and Health Savings Account Expenses.** List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance — $ 0.00 b. Disability Insurance — $ 0.00 c. Health Savings Account — $ 0.00 Total: Add Lines a, b, and c	$ 0.00
40	**Continued contributions to the care of household or family members.** Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. **Do not include payments listed in Line 34.**	$ 0.00
41	**Protection against family violence.** Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	$ 0.00
42	**Home energy costs.** Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. **You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.**	$ 0.00
43	**Education expenses for dependent children less than 18.** Enter the average monthly expenses that you actually incur, not to exceed $137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. **You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.**	$ 0.00
44	**Additional food and clothing expense.** Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) **You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.**	$ 0.00
45	**Continued charitable contributions.** Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	$ 0.00
46	**Total Additional Expense Deductions under § 707(b).** Enter the total of Lines 39 through 45.	$ 0.00

Subpart C: Deductions for Debt Payment

47 **Future payments on secured claims.** For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. Mortgage debts should include payments of taxes and insurance required by the mortgage. If necessary, list additional entries on a separate page.

	Name of Creditor	Property Securing the Debt	60-month Average Payment
a.	**Aurora Loan Services, Inc.**	**primary residence 40329 Racquet Lane Palmdale, CA 93551**	$ **2,662.24**
b.	**Countrywide Home Loans**	**primary residence 40329 Racquet Lane Palmdale, CA 93551**	$ **383.44**
c.	**Ford Motor Credit Company**	**2003 Mazda Tribute, encumbered**	$ **242.86**
			Total: Add Lines

$ **3,288.54**

48 **Other payments on secured claims.** If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.

	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
a.	**Aurora Loan Services, Inc.**	**primary residence 40329 Racquet Lane Palmdale, CA 93551**	$ **366.67**
b.	**Countrywide Home Loans**	**primary residence 40329 Racquet Lane Palmdale, CA 93551**	$ **58.33**
			Total: Add Lines

$ **425.00**

49 **Payments on priority claims.** Enter the total amount of all priority claims (including priority child support and alimony claims), divided by 60. $ **0.00**

50 **Chapter 13 administrative expenses.** Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.

a.	Projected average monthly Chapter 13 plan payment.	$ **824.00**
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x **10.00**
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b

$ **82.40**

51 **Total Deductions for Debt Payment.** Enter the total of Lines 47 through 50. $ **3,795.94**

Subpart D: Total Deductions Allowed under § 707(b)(2)

52 **Total of all deductions allowed under § 707(b)(2).** Enter the total of Lines 38, 46, and 51. $ **6,956.08**

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	**Total current monthly income.** Enter the amount from Line 20.	$ **6,675.00**
54	**Support income.** Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	$ **0.00**
55	**Qualified retirement deductions.** Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).	$ **0.00**
56	**Total of all deductions allowed under § 707(b)(2).** Enter the amount from Line 52.	$ **6,956.08**
57	**Total adjustments to determine disposable income.** Add the amounts on Lines 54, 55, and 56 and enter the result.	$ **6,956.08**
58	**Monthly Disposable Income Under § 1325(b)(2).** Subtract Line 57 from Line 53 and enter the result.	$ **-281.08**

Part VI. ADDITIONAL EXPENSE CLAIMS

59 **Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		$
b.		$
c.		$
d.		$
	Total: Add Lines a, b, c and d	$

Part VII. VERIFICATION

60 I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this is a joint case, both debtors must sign.)*

Date: 7/12/07 Signature: ______________________
Michael Benjamin Nightingale
(Debtor)

Date: 7/13/07 Signature ______________________
Chelene Hope Nightingale
(Joint Debtor, if any)

PROOF OF SERVICE

I hereby certify that a copy of the Amendment(s) was(were) mailed to the Trustee and that notice was given to the additional creditors listed.

DATED: **July 25, 2007**

Jamie Santana
Print or Type Name

Signature

U.S. Trustee
21051 Warner Center Lane, Suite 115
Woodland Hills, CA 91367

Elizabeth Rojas
Chapter 13 Trustee
15301 Ventura Blvd., Building B, Suite 400
Sherman Oaks, CA 91403

Michael & Chelene Nightingale
40329 Racquet Lane
Palmdale, CA 93551