

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
at _____**

In re: _____ :
_____ :
_____ : Case No. _____
Debtor. _____ : Chapter 13
_____ :

**CHAPTER 13 PLAN SUPPLEMENT
LOCAL RULE 3015-1 LIEN VALUATION OR AVOIDANCE
Per 5.1 of Debtor's Chapter 13 Plan – Valuing a Claim or Avoiding a Lien
Under 11 U.S.C. § 506 – Through the Plan**

Collateral: _____ [description of collateral]

Collateral Value: \$ _____; per [describe valuation evidence, such as an appraisal, etc.]; dated _____

Lienholders:

First Lienholder Amount: \$ _____; **held by:** _____ :
per proof of claim filed on _____; or
per [describe other evidence of amount due].

Other Lienholders that are Senior to Lien to be Avoided (if any):

Amount: \$ _____; **held by:** _____ :
per proof of claim filed on _____; or
per [describe other evidence of amount due].

Lien to be Avoided: \$ [Amount] _____; held by _____
per proof of claim filed on _____; or
per [describe other evidence of amount due].

Summary:

| | |
|---|----------|
| Collateral Value: | \$ _____ |
| First Lienholder: | \$ _____ |
| Total of other Senior Liens: | \$ _____ |
| Total all Liens Senior to Lien to be Valued or Avoided: | \$ _____ |
| New Lien Value or Lien Remaining After Avoidance: | \$ _____ |

CHECKLIST FOR CHAPTER 13 PLAN SUPPLEMENT LOCAL RULE 3015-1 LIEN VALUATION OR AVOIDANCE:

- Evidence of Collateral's value
- Existence and amount of senior liens (include for each senior lien)
- Exemption claimed
- Evidence of amount of lien to be avoided
- Existence of any non-debtor owner of property-(include the name, address and nature of ownership)
- Service of this filing on the creditor whose lien is proposed to be impacted by the Plan

* * *

To the extent this supplement has not been served with the chapter 13 plan, you are required to complete proper service of these documents, and include the certificate of service below.

* * *

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 2018, I served the forgoing Chapter 13 Plan Supplement pursuant to Bankruptcy Rule 7004 on the following creditor whose lien is proposed to be impacted by the Plan (and not by separate motion) under Plan Paragraph 5.1. State the address served and method of service. See Bankruptcy Rule 7004(h) if the party served is an insured depository institution.

Name of Creditor

Name Served

Capacity (Resident Agent, Officer, etc.)

Address

City, State, Zip

Method of Service:

Signature: _____ [Type or print your name]