

In re Yolanda M. Sewell

Case No. 09-73134

Debtor(s)

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. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

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)		\$ <u>12.00</u>
a. Are real estate taxes included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:		
a. Electricity and heating fuel		\$ <u>90.00</u>
b. Water and sewer		\$ <u>0.00</u>
c. Telephone		\$ <u>0.00</u>
d. Other _____		\$ <u>0.00</u>
3. Home maintenance (repairs and upkeep)		\$ <u>0.00</u>
4. Food		\$ <u>320.00</u>
5. Clothing		\$ <u>0.00</u>
6. Laundry and dry cleaning		\$ <u>0.00</u>
7. Medical and dental expenses		\$ <u>5.00</u>
8. Transportation (not including car payments)		\$ <u>83.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ <u>0.00</u>
10. Charitable contributions		\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$ <u>0.00</u>
b. Life		\$ <u>0.00</u>
c. Health		\$ <u>0.00</u>
d. Auto		\$ <u>0.00</u>
e. Other _____		\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____		\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto		\$ <u>0.00</u>
b. Other _____		\$ <u>0.00</u>
c. Other _____		\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ <u>0.00</u>
17. Other _____		\$ <u>0.00</u>
Other _____		\$ <u>0.00</u>

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.) \$ 510.00

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

20. STATEMENT OF MONTHLY NET INCOME		
a.	Average monthly income from Line 15 of Schedule I	\$ <u>710.00</u>
b.	Average monthly expenses from Line 18 above	\$ <u>510.00</u>
c.	Monthly net income (a. minus b.)	\$ <u>200.00</u>

I, Yolanda M. Sewell, declare under penalty of perjury that the information contained in Amended Schedule J, Amended Summary of Schedules and Amended Statistical Summary is corrected to the best of my information and belief.

This the 18 day of December, 2009.

Yolanda Sewell
Yolanda M. Sewell

I hereby certify that I have this day served Hon. C. David Cottingham, Trustee, with a copy of the Amended Schedule J, Amended Summary of Schedules and Amended Statistical Summary via hand delivery.

This the 18 day of December, 2009.

/s/ Anne Wilson Guthrie
Attorney for Debtor