

Fill in this information to identify your case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
 (If known)

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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2.1	Describe the property that secures the claim: _____	\$ _____	\$ _____	\$ _____
Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	_____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____			

2.2	Describe the property that secures the claim: _____	\$ _____	\$ _____	\$ _____
Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	_____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____			

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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□	Describe the property that secures the claim:	\$ _____	\$ _____	\$ _____
Creditor's Name				
Number Street				
City State ZIP Code				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____		Last 4 digits of account number _____		

□	Describe the property that secures the claim:	\$ _____	\$ _____	\$ _____
Creditor's Name				
Number Street				
City State ZIP Code				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____		Last 4 digits of account number _____		

□	Describe the property that secures the claim:	\$ _____	\$ _____	\$ _____
Creditor's Name				
Number Street				
City State ZIP Code				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____		Last 4 digits of account number _____		

Add the dollar value of your entries in Column A on this page. Write that number here:	\$ _____
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$ _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _
<input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _
<input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _
<input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _
<input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _
<input type="checkbox"/> Name _____ Number Street _____ City State ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ _ _ _