B-3002.1-1 Response to Notice of Final Cure

(a) A Response to a Notice of Final Cure shall be filed on Local Form 3002.1-1 and include a copy of the payoff statement as defined by 12 C.F.R. \$1026.36(c)(3) (Eff. 1/10/14). If the Response is not on the proper form or accompanied by the payoff statement, the Response shall be amended within 14 days of notice by the Trustee of the deficiency.

(b) Trustee shall serve a blank copy of local form 3002.1-1 required by this rule along with the Notice of Final Cure.

HISTORICAL AND REGULATORY NOTES

This new rule and corresponding form were adopted by Order Amending Local Bankruptcy Rules dated December 10, 2020, addressing a response to notice of final cure.

Fill in this information to identify the case:				
(post publication	draft)			
Debtor 2 (Spouse, if filing)				
United States Bankruptcy Court for the:	District of (State)			
Case number				

Local Bankruptcy Form 3002.1-1

Response to Notice of Final Cure Payment 10/19

According to Bankruptcy Rule 3002.1(g), the creditor responds to the trustee's notice of final cure payment.

Part 1: Mortgage	Information	
Name of creditor:		Court claim no. (if known):
Last 4 digits of any r	number you use to identify the debtor's account:	
Property address:		
	Number Street	
	City State ZIP Code	
Part 2: Prepetition	n Default Payments	
Check one:		
Creditor agrees the the creditor's claim	hat the debtor(s) have paid in full the amount required to cure the prepetition defa n.	ult on
	es that the debtor(s) have paid in full the amount required to cure the prepetition d daim. Creditor asserts that the total prepetition amount remaining unpaid as of the s:	
Part 3: Postpetitio	on Mortgage Payment	
Check one:		
including all fees, o	at the debtor(s) are current with all postpetition payments consistent with § 1322 charges, expenses, escrow, and costs. Creditor provides the following information the date of this Response:	
Date last paymen	nt was received on the mortgage:	\$
Date next post-pe	etition payment from the debtor(s) is due:	\$
Amount of the ne	ext post petition payment due:	\$
Unpaid principal	balance of the loan:	\$
Additional amour	nts due for any deferred or accrued interest:	\$
Balance of the es	scrow account:	\$
Balance of unapp	plied funds or funds held in a suspense account:	\$

Response to Notice of Final Cure Payment

		Case number (#	known)
	First Name Middle Name Last Name		
Code,	or states that the debtor(s) are not current on all postpetition including all fees, charges, expenses, escrow, and costs. For asserts that the total amount remaining unpaid as of the		
	tal post-petition ongoing payments due:		\$
			*
b. Iot	tal fees, charges, expenses and costs outstanding:		\$
c. Tot	tal negative escrow amount:		\$
d. To f	tal. Add lines a , b and c.		\$
	or asserts that the debtor(s) are contractually the monthly payment that first became due on:		MM DD YYYY
art 4: I	temized Payment History		
the creditor bankruptc all pay all fees	are not current with all postpetition payments, including or must attach an itemized payment history disclosing the sy filing through the date of this response: yments received; s, costs, escrow, and expenses assessed to the mortga ounts the creditor contends remain unpaid.	he following amounts	
Part 5: S	ign Here		
proof of cla		nse must be filed as	a supplement to the creditor's
-	opropriate box::		
I am the			
I am the	creditor's authorized agent.		
	nder penalty of perjury that the information provided knowledge, information, and reasonable belief.	d in this response is	true and correct to the
	int your name and your title, if any, and state your addr	•	mber if different from the
• •	ess listed on the proof of claim to which this response a	ipplies.	
• ·			,
otice addre		— Date/	_/
otice addre	Signature	Date/	/
Print	د	Date/	
otice addre	Signature	Date/	
Print Company	Signature	Date/	
Print Company different fror	Signature First Name Middle Name Last Name m the notice address listed on the proof of claim to which this resp	Date/	
Print Company different fror	Signature First Name Middle Name Last Name	Date/	
Print Company	Signature First Name Middle Name Last Name mthe notice address listed on the proof of claim to which this resp Number Street	Date/	

LBF 3002.1-1

Response to Notice of Final Cure Payment

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