UNSECURED CREDITORS CONTINUED
(**i.e. medical bills, trade debts; credit cards, personal loans**)

Full Name & Full Address of Creditor with ZIP CODE	**Account Number**	**Type of Debt (medical, credit card, etc.)**	**Amount Owed**	**Co-Signor**	**Judgments (List Court, Case # & Date Entered)**
Example MBNA PO Box 57856 Memphis, TN 38101	123456	Credit Card	$2536	Jared Doe 123 NW Deer Bend, OR 97204	Multnomah County # 04-2356 02-05-04