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[ADDRESSED TO DEBTOR[S] AND DEBTOR[S]' COUNSEL]

[LENDER MAY INCLUDE IMPOSED STATEMENTS AND DISCLAIMERS AS REQUIRED BY APPLICABLE NON-BANKRUPTCY LAW]

Re:	Reque	Request for Proof of Payment of Taxes or Proof of Insurance.				
		, Case Number in the United States Bankruptcy Court for uthern District of Texas.				
Dear 1	Debtor(s) and Counsel:				
	s secure med cha	equest is sent on behalf of (the "Lender"). Lender holds a claim of by the real property located at [address]. Pursuant to paragraph 13 of the apter 13 plan, you must provide the following within 30 days of receipt of this				
		Proof that all ad valorem taxes for the year(s) have been paid in full. This proof may take the form of a receipt from the applicable taxing authorities, a print-out from a government website reflecting full payment, or a copy of a canceled check or other form of payment.				
		A copy of a certificate of insurance or an insurance policy reflecting that insurance on the above described property is in full force and effect. The insurance required by your deed of trust must provide coverage for				
		<u> </u>				

[SIGNATURE BLOCK BY LENDER OR COUNSEL]

Your written proof must be sent to: [Name and address or electronic mail address]

bankruptcy and non-bankruptcy law and purchase insurance or pay the taxes, as appropriate. This could result in a plan default, the loss of your property or a substantial increase in your

payment obligations.

If you fail to comply with this request, we may exercise our rights under applicable