UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

In Re:	)	CHAPTER 13
	)	
	)	Case No.
_____	)	
Name of Debtor (s)		**NOTICE OF ASSIGNMENT/TRANSFER OF CLAIM**

1. The undersigned hereby gives notice of the unconditional assignment and transfer of the following filed claim (a copy of which is attached.):

   a. Original claimant/creditor name:

   b. Original claimant/creditor account no.:

   c. Amount of original claim:

   d. Date original claim was filed:

2. **TRUSTEE PAYMENTS ON THE ABOVE CLAIM SHOULD NOW BE MADE TO THE ASSIGNEE/TRANSFEREE IDENTIFIED AS FOLLOWS:**

   a. Name:

   b. Address:

   c. Telephone No.: Fax No.:

   d. New account number (if different from account number at l.b.):

3. The original creditor/claimant (now **ASSIGNOR/TRANSFEROR**) can be contacted as follows:

   a. Name:

   b. Address:

   c. Telephone No.: Fax No.:

By: _____ Date: _____
Assignor Authorized Signature

_____ _____
(Print name) (Print title)

INSTRUCTIONS FOR USING THIS FORM: Fill out form completely, including case number, name of debtor (s), and all identifying information concerning the claim, the Assignor and the Assignee. **Attach a copy of the original proof of claim to this form.** The original of this form must be filed with the Clerk of the United States Bankruptcy Court for the Central District of California. If you wish to receive a conformed (file-stamped) copy from the court, submit more than one copy and a self-addressed, stamped envelope. Please provide the Chapter 13 Standing Trustee with a **conformed** (file-stamped) copy of the proof of claim, at : 700 South Flower Street, Suite 1950, Los Angeles, CA 90017 (ATTN: Claims Department). **NO PAYMENTS WILL BE MADE TO THE ASSIGNEE/TRANSFEREE UNTIL THE TRUSTEE HAS BEEN PROVIDED WITH A CONFORMED COPY OF THIS NOTICE OF ASSIGNMENT/TRANSFER OF PROOF OF CLAIM WITH A CONFORMED COPY OF THE ORIGINAL CLAIM ATTACHED.**