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**CHAPTER 13 TRUSTEES**  
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**REQUEST FOR PAYOFF CASE**  
CLOSEOUT DEPARTMENT  
TELEPHONE: 901-543-2889  
FAX: 901-543-3446

I here by request the Trustee's office provide the payoff of my case.

**I UNDERSTAND:**

- 1). If refinancing and mortgage is in the plan, we will need a **signed HUD1**. All checks must be made payable to **Sylvia Ford Brown, Trustee**. Mail to **P.O. Box 1924, Memphis, TN 38101-1924**. Any checks received without the correct trustee will not be accepted.
- 2). If not refinancing, make money order or cashiers check payable to **Sylvia Ford Brown, Trustee**. Mail to **P.O. Box 1924 Memphis, TN 38101-1924**. **If mortgage is in the plan please be aware it may be necessary to make further payments to the TRUSTEE for your mortgage.** (Until you receive a letter from the Trustee informing you to make your ongoing mortgage payments directly to the mortgage company, continue to make your plan payments to the Trustee. Any excess funds will be refunded to you upon discharge).
- 3). I must have the Trustees' permission if I am borrowing to pay off my case.
- 4). Refinancing: YES \_\_\_ NO \_\_\_

Case# \_\_\_\_\_ SS# \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_

ALL CHECKS AND PAYOFF REQUESTS WILL BE MAILED TO THE MOST RECENT ADDRESS ON FILE.

Office use  
only/Notes: \_\_\_\_\_

**THIS BALANCE IS GOOD FOR 10 DAYS.**  
**PLEASE MAIL THIS FORM TO OFFICE SHOWN ABOVE.**  
**DO NOT FAX.**

After audit and review, the pay off on your case as of this date \_\_\_\_\_ is \$ \_\_\_\_\_

Any questions concerning the pay off should be addressed to

Case Worker: \_\_\_\_\_ Date: \_\_\_\_\_