UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WASHINGTON

COMPLETE THIS FORM AND MAIL TO: PO BOX 2164, SPOKANE, WA 99210-2164

PROOF OF CLAIM
EDWA – LF 3001 10/05

Name of Debtor	Case Number
The Catholic Diocese of Spokane	04-08822-PCW11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check Box if you are filing this claim on behalf of the creditor who has not timely filed a proof of claim.

Name and Address where notices should be sent:
ST. Joseph Parish
PO Box 417
Metaline Falls, Wa 99153

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Name and address where payments should be sent (if different from above):

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated: _____

Telephone number: 509 446-2651

Last four digits of number by which creditor identifies debtor:

1. Total Amount of Claim At Case Filing: $ 3975.47

☒ Check box if claim is Unsecured and complete Section 6.

☐ Check box if some or all of claim is secured and complete Sections 4 and 6.

☐ Check box if some or all of claim is entitled to Priority and complete Sections 5 and 6

☐ Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

2. Date debt was incurred: 1985 Thru 12-6-06

3. If Court Judgment, date obtained: _____

4. Secured Claim:

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other_____

Value of Collateral: $_____ Interest Rate _____

Amount of arrearage and other charges at time case filed included in secured claim, if any $_____

Total Amount of Secured Claim $_____

(may not exceed value of collateral)

5. Unsecured Priority Claim:

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to $2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount Entitled to Priority: $ 0.00.

**Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. SUMMARY OF PROOF OF CLAIM:

TOTAL AMOUNT OF CLAIM $ 3975.47 **(From Section 1)**

Secured $_____ **(From Section 4)**

Priority $ 0.00 **(From Section 5)**

Unsecured $_____ **(Total Claim Less Secured Less Priority)**

7. **Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
8. **Supporting Documents:** Attach *copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS: If the documents are not available, explain. If the documents are voluminous, attach a summary.
9. **Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim or go to **www.waeb.uscourts.gov.**

FOR COURT USE ONLY

10. Basis for Claim:

☐ Goods sold
☐ Services performed
☒ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other_____

☐ Retiree benefits as defined in 11 USC § 1114(a)
☐ Wages, Salaries, and compensation (fill our below):
Last four digits of SS# - _____
Unpaid compensation for services performed from
_____ (date) to _____ (date)

Date: 2-26-06

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Rev [signature]

12(K)

CATHOLIC DIOCESE OF SPOKANE
1023 West Riverside Avenue
Post Office Box 1453
Spokane, Washington 99210-1453

Catholic Pastoral Center

DEPOSIT & LOAN FUND

Parish Savings

July 29, 2004

St Joseph Parish
P O Box 417
Metaline Falls WA 99153

The following is a statement of the accounts in the Deposit and Loan Fund with the Catholic Diocese of Spokane. If these figures do not agree with your records, please report any discrepancies to the Fiscal Services office by August 12, 2004. This report has all the entries received in the Fiscal Services office through June 30, 2004.

SAVINGS ACCOUNTS WITH THE DIOCESE

12/31/03 interest:	$	29.40
06/30/04 interest:	$	29.30
06/30/04 balance:	$	3,946.17
Add interest		29.30
Total		3975.47

Current interest on savings is paid at 1.5%.

Our auditors, Langenhorst Norwood & Hopkins CPA's, P.S. are conducting an audit of our financial statements. Our records show the above noted amount due to you as of June 30, 2004.

If the above noted amount is "**NOT**" correct, please report any differences to our auditors, Langenhorst Norwood & Hopkins CPA's, P.S. at 9 South Washington St., Suite 615, Spokane, WA 99201.

NO REPLY IS NECESSARY IF THIS AMOUNT AGREES WITH YOUR RECORDS.