FORM B10 (Official Form 10) (4/98)

UNITED STATES BANKRUPTCY COURT **NORTHERN DISTRICT OF ILLINOIS EASTERN DIV**

PROOF OF CLAIM

Name of Debtor	Case Number
CONSECO FINANCE CORP & CONSECO FINANCE SERVICING	02-49675 & 02-49676

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)
JOE G TEDDER TAX COLLECTOR

☐ Check box if you are aware that • FORMCHECKBOX • OTHER • FORMTEXT relating to your claim Attach copy of statement giving particulars

☐ 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

THIS SPACE IS FOR COURT USE ONLY

Name and address where notices should be sent
JOE G TEDDER TAX COLLECTOR
P O BOX 1189
BARTOW FL 33830

Telephone number (863)534-4710

Account or other number by which creditor identifies debtor
292927 000000-022050

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

1 Basis for Claim

☐ Goods sold
☐ Money loaned
☐ Services performed
☐ Personal injury/wrongful death
☒ Taxes REAL ESTATE TAXES
☐ Other

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed
from _____ to _____

2 Date debt was incurred 01-01-01 & 01-01-02

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 753 12 + 18% INTEREST

If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below

☐ Check this 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

5 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 $ 11 690 00

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

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 300) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
Up to $1 950* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child – 11 U S C § 507(a)(7)
☐ 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)(____)
**Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

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

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FILED

FEB 19 2003

BMC

Date	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)
FEB 10, 2003	SUSAN HOLLAND DIVISION DIRECTOR TAX DEPARTMENT

Conseco Finance Corp Claim
49675000373

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

JOE G TEDDER
POLK COUNTY TAX COLLECTOR

Individual Tax Certificate 2001 318571.0000
NOTICE OF AD VALOREM TAXES AND NON AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
292927-000000-022050		11,690		11,690	100000

BackTaxDue-Call 863-534-4721

Holder 36

CONSECO FINANCE SERVICING CORP
C/O NORTHWEST MORTGAGE SERVICE
1270 NORTHLAND DR SUITE 200
SAINT PAUL MN 55120-1176

2532 MOUNTAIN LAKE CUTOFF
BEG 100 FT E & 30 FT N OF SW COR
OF SE1/4 OF SE1/4 RUN N 435.6 F
T E 100 FT S 435.6 FT W 100 FT T
O POB

PLEASE PAY IN U S FUNDS TO JOE G TEDDER, TAX COLLECTOR • P O BOX 1189, 430 E MAIN ST, BARTOW, FL 33831 1189, (863) 534-4721

Face Amt	2002	If Paid By	Jan 31 2003	Feb 28 2003	Mar 31 2003
363.57	Certificate	Please Pay	413.45	418.90	424.36
Bid % 18.00	19068.000				

0000000000 0000033591 0000003185710000 0001 3

JOE G TEDDER
POLK COUNTY TAX COLLECTOR

REAL ESTATE 2002 322581 0000

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AD VALOREM TAXES

TAXING AUTHORITY	MILLAGE RATE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED
C100 POLK COUNTY				
GENERAL REVENUE FUND	7 2470			84 72
ENV LAND AQUIST FUND	1250			1 46
COMMUNITY HLTH CARE	2800			3 27
LAND MGMT TRUST FUND	0750			88
S200 POLK COUNTY SCHOOL BOA				
GENERAL FUND	6 5780			76 89
LOCAL CAPITAL IMP	2 0000			23 38
W PR PEACE RIVER BASIN	1950			2 28
W SW SOUTHWEST FLORIDA WATE	4220			4 93
TOTAL MILLAGE	16 9220		AD VALOREM TAXES	197 81

NON-AD VALOREM ASSESSMENTS

LEVYING AUTHORITY	RATE	AMOUNT
G MN GARBAGE COLLECTION	1 unit @ 94 320	94 32
G SW GARBAGE DISPOSAL	1 unit @ 42 090	42 09
NON AD VALOREM ASSESSMENTS		136 41

COMBINED TAXES AND ASSESSMENTS	334 22	PAY ONLY ONE AMOUNT	See reverse side for important information

If Paid By	Nov 30 2002	Dec 31 2002	Jan 31 2003	Feb 28 2003	Mar 31 2003
Please Pay	320 85	324 19	327 54	330 88	334 22

IF PAID I

RETAIN THIS PORTION FOR YOUR RECORDS

JOE G TEDDER
POLK COUNTY TAX COLLECTOR

REAL ESTATE 2002 322581 0000

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RETURN WITH PAYMENT

PLEASE PAY IN U S FUNDS TO JOE G TEDDER TAX COLLECTOR • P O BOX 1189 430 E MAIN ST BARTOW FL 33831 1189 • (863) 534-4721

If Paid By	Nov 30 2002	Dec 31 2002	Jan 31 2003	Feb 28 2003	Mar 31 2003
Please Pay	320.85	324.19	327.54	330.88	334.22

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