FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Illinois

PROOF OF CLAIM

Name of Debtor	Case Number
Conseco Finance/Green Tree Financial	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)
Douglas County Tax Department

Name and address where notices should be sent
Douglas County Tax Department
PO Box 850
Roseburg, Or 97470
Telephone number 541-440-4517

☐ 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 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

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
APR - 1 2003
KENNETH S. GARDNER, CLERK
MAILROOM - LL

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
M87215

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

1 Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☑ 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 _____ (date) to _____ (date)

2 Date debt was incurred 02/03

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 617.92
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 Manufactured home
Value of Collateral $ 58,619
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 $4 650) * 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 $2 100* 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 4/1/04 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

THIS SPACE IS FOR COURT USE ONLY

REC'D APR - 2003

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)
3/27/03	Margaret Cannaday, deputy / Douglas County Tax

Conseco Finance Corp Claim
49675000722

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

SUMMARY OF TAXES FOR DOUGLAS COUNTY TAX COLLECTIONS

Douglas County Tax Collector
PO Box 850
Roseburg OR 97470

ROSEBURG OR 97470
158 TROUT LOOP SPACE 33
Property M87215 28 06W-02-00601 00414
BKR BANKRUPTCY

GREMLER JOHN TADEUSZ & (140089)
GREMLER MICHELLE LEE &
% CONSECO FINANCE-REPO DEPT
PO BOX 3290
FEDERAL WAY WA 98063

RIVER PLACE PARK SPACE 033 MS
SERIAL # 0RFLW48A25141LP13 X #
247458 ON REAL ACCT
28-06W-02-00601 PERSONAL MS (1)
NEW FOR 99

INTEREST AND DISCOUNTS BASED ON A PAYMENT DATE ON OR BEFORE 01/15/2003

ID#	Bill ID	Levied Tax	Tax Paid	Interest	Amount Paid	Date Paid
1	WAR 012450	(WARRANT FEE)			25 00	07/15/02
2	WAR 021390	(WARRANT FEE)			0 00	
3	1999 131428 0	622 11	603 45	<18 66>	603 45	11/18/99
4	2000 19807 0	605 58	605 58	2 69	608 27	02/23/01
5	2001 19589 0	675 72	675 72	5 33	681 05	07/15/02

	Third Date Due	Levied Tax	Tax Due	Interest	Third Due	Balance Due
6	Current Taxes for bill 2002 19751		Levied tax of 612 48			
	1/3 due Nov 15	204 16	204 16	5 44	209 60	209 60
	2/3 due Feb 18	204 16	204 16		204 16	413 76
	3/3 due May 15	204 16	204 16		204 16	617 92
	Total Due	612 48	5 44		617 92	

END OF SUMMARY OF TAXES