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

# PROOF OF CLAIM

03103120808146

**Name of Debtor Against Which You Assert Your Claim**

YOU MUST SELECT A DEBTOR AGAINST WHOM YOU ASSERT YOUR CLAIM YOU SELECT A DEBTOR BY CHECKING ONE BOX ON THE OTHER SIDE OF THIS NOTICE NOTE Check one box only Creditors holding claims against more than one Debtor must file a separate claim in the case of each Debtor against whom the creditor asserts a claim A creditor will be bound by the Debtor named in its proof of claim

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

☐ 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 this address differs from the address on the envelope sent to you by the court

The amounts reflected above if any constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

**If the amounts shown above are listed as Contingent, Unliquidated or Disputed a proof of claim must be filed**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**Name of Creditor and Address**

03103120808146

HANCOCK COUNTY TAX COLLECTOR
161 MAIN ST
BAY ST LOUIS MS 39520-4558

Creditor Telephone Number (228) 467-4425

CREDITOR TAX I D # 163M-0-07-407 000

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

**1 BASIS FOR CLAIM**

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Bondholder
☐ Personal injury/wrongful death
☒ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM** $ ~~179~~ (unsecured) $ 179 09 (secured) $ _____ (unsecured priority) $ _____ (total)

**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

FILED
APR 24 2003
BMC

**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 $ 30,947.00

Amount of arrearage and other charges at time case filed included in secured claim above if any $ 179 09

**6 UNSECURED PRIORITY CLAIM**

☐ Check this box if you have an unsecured priority claim

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)
☐ Al[illegible] ma[illegible] ance or support o[illegible] ed 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 your claim, please enclose a self-addressed stamped envelope and an additional copy of your claim**

**The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 pm, Central Time on May 22, 2003**

**BY MAIL TO**
Bankruptcy Management Corporation
ATTN Conseco Inc Claims
PO Box 1042
El Segundo CA 90245-1042

**BY HAND OR OVERNIGHT DELIVERY TO**
Bankruptcy Management Corporation
ATTN Conseco Inc Claims
1330 East Franklin Avenue
El Segundo CA 90245

**THIS SPACE FOR COURT USE ONLY**

Conseco Finance Corp Claim
49675001092

DATE SIGNED 4/21/03

**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)

Jimmie Ladner Jr. Jimmie Ladner Jr.

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

**Name of Debtor Against Which You Assert Your Claim**
**Check One Box Only**

- ☐ Conseco Finance Corp (02-49675-CAD)
- ☐ Conseco Finance Servicing Corp (02-49676-CAD)
- ☐ Conseco Agency of Alabama Inc (03-04692 CAD)
- ☐ Conseco Agency Inc (03-04693-CAD)
- ☐ Conseco Agency of Kentucky Inc (03-04694-CAD)
- ☐ Conseco Agency of Nevada Inc (03-04695 CAD)
- ☐ Conseco Agency of New York Inc (03-04696 CAD)
- ☐ Crum-Reed General Agency Inc (03-04697 CAD)
- ☐ Conseco Finance Canada Company (03-04698-CAD)
- ☐ Conseco Finance Canada Holding Company (03-04699-CAD)
- ☐ Conseco Finance Corp - Alabama (03-04700-CAD)
- ☐ Conseco Finance Credit Corp (03-04701-CAD)
- ☐ Conseco Finance Consumer Discount Company (03-04702-CAD)
- ☐ Conseco Finance Loan Company (03-04703-CAD)
- ☐ Conseco Finance Net Interest Margin Finance Corp I (03-04704-CAD)
- ☐ Conseco Finance Net Interest Margin Finance Corp II (03-04705-CAD)
- ☐ Green Tree Floorplan Funding Corp (03-04706-CAD)
- ☐ Green Tree Finance Corp - Two (03-04707-CAD)
- ☐ Landmark Manufactured Housing Inc (03-04708-CAD)
- ☐ Rice Park Properties Corporation (03-04709-CAD)

# INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law In particular types of cases or circumstances such as bankruptcy cases that are not filed voluntarily by a debtor there may be exceptions to the general rules*

--- DEFINITIONS ---

***Debtor***

The person corporation or other entity that has filed a bankruptcy case is called the debtor

***Creditor***

A creditor is any person corporation or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed

***Proof of Claim***

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim) This form must be filed with the court appointed Claims Agent Bankruptcy management Corporation at the address listed on the reverse side of this page

***Secured Claim***

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property

Examples of liens are a mortgage on real estate and a security interest in a car truck boat television set or other item of property A lien may have been obtained through a court proceeding before a bankruptcy case began in some states a court judgment is a lien In addition to the extent a creditor also owes money to the debtor (has a right of setoff) the creditor's claim may be a secured claim (See also Unsecured Claim )

***Unsecured Claim***

If a claim is not secured claim it is an unsecured claim A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full

***Unsecured Priority Claim***

Certain types of unsecured claims are given priority so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims) The most common types of priority claims are listed on the proof of claim form Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims

## Items to be completed in Proof of Claim form (if not already filled in)

**Court, Name of Debtor, and Case Number**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example District of Delaware) the name of the debtor in the bankruptcy case and the bankruptcy case number If you received a notice of the case from the Claims Agent Bankruptcy Management Corporation all of this information is near the top of the notice

**Information about Creditor**

If not already accurately pre printed omplete the section giving the name address and telephone number of the creditor to whom the debtor owes money or property and the debtor's account number if any If (a) anyone else has already filed a proof of claim relating to this debt (b) if you never received notices from the bankruptcy court about this case (c) if your address differs from that to which the Claims Agent sent this notice or (d) if this proof of claim replaces or amends a proof of claim that was already filed check the appropriate boxes on the form

**1 Basis for Claim**

Check the type of debt for which the proof of claim is being filed If the type of debt is not listed check Other" and briefly describe the type of debt If you were an employee of the debtor fill in your social security number and the dates of work for which you were not paid

**2 Date Debt Incurred**

Fill in the date when the debt was first owed by the debtor

**3 Court Judgments**

If you have a court judgment for this debt state the date the court entered the judgment

**4 Total Amount of Claim at Time Case Filed**

Fill in the total amount of the entire claim If interest or other charges in addition to the principal amount of the claim are included check the appropriate place on the form and attach an itemization of the interest and charges

**5 Secured Claim**

If your claim is a secured claim check the appropriate boxes in this section You must state the type and value of property that is collateral for the claim attach copies of the documentation of your lien and state the amount past due on the claim as of the date the bankruptcy case was filed A claim may be partly secured and partly unsecured (See DEFINITIONS above)

**6 Unsecured Priority Claim**

If your claim is an unsecured priority claim (See DEFINITIONS above) check the appropriate boxes in this section and state the amount entitled to priority A claim may be partly priority and partly nonpriority if for example the claim is more than the amount given priority by the law Check the appropriate place to specify the type of priority claim

**7 Credits**

By signing this proof of claim you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor

**8 Supporting Documents**

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or if the documents are too lengthy a summary of those documents If documents are not available you must attach an explanation of why they are not available

**Please read – important information upon completion of this claim form you are certifying that the statements herein are true**

Be sure to date the claim and place original signature of claimant or person making the claim for creditor where indicated at the bottom of the claim form Please type or print name of individual under the signature Be sure all items are answered on the claim form If not applicable insert Not Applicable

**Return claim form and attachments if any and a second copy with any attachments to the Claims Agent Bankruptcy Management Corporation at the address on the front of this form**

REAL PROPERTY
2002

2002 8208

CONSECO FINANCE

7360 TYRENE ROAD
TEMPE AZ 85283

JIMMIE LADNER
P.O. BOX 2428
BAY ST LOUIS MS 39521 0000

0451- BAYSIDE - FIRE DISTRICT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 10% | 30947 | 3095 | | | | | |
| 15% | | | .09635 | 298.20 | 3095 | 126.00 | 172.20 |

PARCEL# 163M-0-07-407.000
SEC:07 TWP:08 RNG:15W
DEED BOOK/PAGE: BB232/ 632
LEGAL DESCRIPTION:
LOTS 27-29 BAYSIDE PK UN 3 BL
K 217

TOTAL TAX DUE: 172.20

| | MILLS | ADV TAX |
|---|---|---|
| SED | .04764 | 84.45 |
| CNTY | .04871 | 87.76 |

| PMT# | DATE | TAXES | SPECIAL | INT. | FEES | TOTAL |
|---|---|---|---|---|---|---|
| TOTAL | | | | | | |

| PMT# | ------- PAID BY -------- | COLLECTED | CTRL# | CHK# |
|---|---|---|---|---|

BALANCE DUE 172.20

Entrust 6.89

179.09