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

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Illinois E. Div.

# PROOF OF CLAIM

Name of Debtor: Conseco Finance Corp

Case Number: 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): Town/Country Mobile Sales - Dorothy Strawderman (Manager)

Name and address where notices should be sent: 525 South Commerical, Emporia, Ks 66801

Telephone number

☐ 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

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☒ replaces ☐ amends a previously filed claim, dated 12/30/2002

**1 Basis for Claim**

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Home In Our Park (Lot Rent)

☐ 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 November 1, 2002 (date) to December 31, 2002 (date)

**2 Date debt was incurred**

**3 If court judgment, date obtained**

**4 Total Amount of Claim at Time Case Filed** $ 320.00

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 $_____

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 $ 320.00

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

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FILED
MAR 17 2003
BMC

Date: 2/4/2003

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): Dorothy Strawderman Manager Town/Country Mobile Sales

Conseco Finance Corp Claim
49675001557

*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

Reorder from **Jenkins Business Forms** 306 West Main Street Mascoutah Illinois 62258 — 1-800-851-4424

SERVICE ORDER

# Town & Country Mobile Sales

525 S Commercial
EMPORIA, KANSAS 66801
620/342 7205

Customer Conseco-Brian Ronsse Date 12-30-02
Address 2600 S.W. Belle Ave Lot No
City Topeka State KS Zip 66614 Phone

Service Requested When Requested
Christine Lemus
1601 W. 5th Ave Lot #72
Emporia, KS 66801

TYPE AND MAKE | MODEL/YEAR | SERIAL NO

☐ WARRANTY ☐ CONTRACT ☐ ESTIMATE ☐ PICK UP ☐ DELIVERY ☐ C.O.D.

| QTY. | DESCRIPTION | AMOUNT |
|---|---|---|
| | Lot Rent | $320.00 |
| | November December - Lot Rent | |
| | Mileage Miles @ Per Mile | |

**CUSTOMER'S CLEAR RECEIPT**
The above described unit has been received and after having examined the work done the material furnished both the work and the material have been found to be satisfactory

| | |
|---|---|
| TOTAL MATERIAL | |
| TEC SERVICE TIME | |
| TAX | |
| TOTAL | $320.00 |

Customer X
NUMBER

ALL REPLACED PARTS WILL BE DISCARDED UNLESS OTHERWISE INSTRUCTED ☐ SAVE ☐ DISCARD

TERMS: NET CASH UPON DELIVERY

FORM 455 Jenkins Business Forms Mascoutah IL 62258

ORIGINAL