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

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

PROOF OF CLAIM

Name of Debtor
CONSECO FINANCE CORP & CONSECO FINANCE SERVICING

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)
JOE G TEDDER, TAX COLLECTOR

☐ 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

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

☐ 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
46-685576

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

1.Basis for Claim

☐ Goods sold
☐ Money loaned
☐ Services performed
☐ Personal injury/wrongful death
☒ Taxes Tangible Personal Property 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: 01-01-99

3.If court judgment, date obtained:

4.Total Amount of Claim at Time Case Filed: $ 23.03 + 18% INT. + ATTORNEY'S FEE THAT MAY BE INCURRED

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 TANGIBLE PERSONAL PROPERTY

Value of Collateral $ 750 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
JUN 03 2003
BMC

Conseco Finance Corp Claim
49675003003

Date
MAY 23, 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)

Susan Holland

SUSAN HOLLAND, DIVISION DIRECTOR, TAX DEPARTMENT

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

Delinquent TANGIBLE 1999 37079.0000

NOTICE OF AD VALOREM TAXES AND NON AD VALOREM ASSESSMENTS

ACCOUNT NUMBER	ESCROW CD	ASSESSED VALUE	EXEMPTIONS	TAXABLE VALUE	MILLAGE CODE
000000-000046-685576	FXS	750		750	100000

Back Tx DueCall-863-534-4721

RETURN WITH PAYMENT

GREENTREE FINANCIAL
3903 N DALE BLVD
SUITE 120W
TAMPA FL 33624

LOT 14 GREENBRIAR VILLAGE

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 Please Pay	May 31 2003 23.03		

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