B10 (Official Form 10)
(Rev 7/95)

United States Bankruptcy Court Northern District of Illinois	PROOF OF CLAIM
In re (Name of Debtor) Harry L & Eva D Cravey (CONSECO)	Case Number 02-49675

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

FILED
NOV 19 2003
BMC

Name of Creditor *(The person or other entity to whom the debtor owes money or property)* Lee County Tax Commissioner	☐ Check box if you are aware that any one 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 Lee County Tax Commissioner P O Box 9 Leesburg, Ga. 31763 Telephone No 229-759-6015	☐ 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 2003-369	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 (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 1-1-03	3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

☐ SECURED CLAIM $ _____
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

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

☐ UNSECURED NONPRIORITY CLAIM $ _____
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☒ UNSECURED PRIORITY CLAIM $ 249 04 see attached
Specify the priority of the claim

- ☐ Wages salaries or commissions (up to $4000) earned not more than 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 $1 800 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 of 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 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED

$ _____ (Unsecured)	$ _____ (Secured)	$ 249 04 (Priority)	$ ~~249.04 see attached~~ (Total)

☐ Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed enveloped and copy of this proof of claim

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Date 11-5-03	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) Martha C Johnson, Tax Commissioner M C Johnson T.C

Conseco Finance Corp. Claim
49675004069

Penalty for presenting fraudulent claim Fine of up to $500 000

LOCATION PERMIT APPLICATION

AD VALOREM TAX RETURN

PT-40 MOBILE HOME

Bill Number	Tax Year	[ ] Location Permit [ ] Tax Return	Location Permit No	County	Date Issued
369	2003			LEE	

Manufacturer	Model Name or Number	Year Model	Width	Length	New/Used
HOMESTEAD	INNOVATOR	1988	28	56	U 6

Manufacturer I.D. Number	Georgia Title Number	Date Purchased	Previous Year Permit No
HMST3787ABGA		01/01/96	2002 1951

	Value	Tax District	Mill Rate
Structural Addition		03	29 747
Air Condition		Mobile Home Value	20,931
Porches			
Added Rooms		Total Fair Market Value	20,931
Decks			
Fireplace		Assessed Value	8,372
Utility Bldg		AD VALOREM TAX DUE *	249 04
Carport			
Underpinning		PENALTY	[redacted]
Other		ADJ TOTAL DUE (After Due Date)	249.04
Value of Additions		DATE DUE	5/01/2003

Mobile Home Location (Street No Map Lot No , Parcel)

City State Zip Code

Owners Mailing Address 231
CRAVEY HARRY L & EVA D
10500 HWY 78 APT 157
Villa Rica GA 30180-2241
~~284 LINDEN RD LOT 24~~
~~LEESBURG~~ ~~GA 31763~~

Acct # 1345

I hereby certify the above to be true and correct

X _____ _____
(Signature of Owner) (Date)

DR

ORIGINAL

JD

Harry L Cravey & Eva D Cravey

Debtor

Case No _____ (if known)

4-11-03

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name mailing address including zip code, and account number, if any of all entities holding claims secured by property of the debtor as of the date of filing of the petition List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages deeds of trust and other security interests List creditors in alphabetical order to the extent practicable If all secured creditors will not fit on this page use the continuation sheet provided

If any entity other than a spouse in a joint case may be liable on a claim place an 'X" in the column labeled Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors If a joint petition is filed state whether husband, wife, both of them or the marital community may be liable on each claim by placing an H 'W' "J , or "C' in the column labeled "Husband Wife, Joint or Community"

If the claim is contingent place an 'X in the column labeled 'Contingent If the claim is unliquidated place an "X' in the column labeled 'Unliquidated" If the claim is disputed place an "X" in the column labeled 'Disputed" (You may need to place an 'X" in more than one of these three columns)

Report total of all claims listed on this schedule in the box labeled "Total' on the last sheet of the completed schedule Report this total also on the Summary of Schedules

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND WIFE JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED NATURE OF LIEN AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
ACCOUNT NO 753306489 Conseco Finance PO Box 6172 Rapid City, SD 57709-6172			Lien First Mortgage Security 1988 d/w mobile home Value $ 15,000 00				21,762 35	6,762 35
ACCOUNT NO Value $								
ACCOUNT NO Value $								
ACCOUNT NO Value $								

0 Continuation sheets attached

Subtotal (Total of this page) ▶ $ 21,762 35

Total (Use only on last page) ▶ $ 21,762 35

(Report total also on Summary of Schedules)

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