UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS (EASTERN DIVISION)

PROOF OF CLAIM

Name of Debtor CONSECO FINANCE SERVICING CORP

Case Number 02-49676
Judge HON CAROL A DOYLE

Trustee

CHAPTER 11

REC'D JUL 19 2004

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

Name of Creditor
CALHOUN COUNTY TREASURER
Name and Address where notices should be sent

CALHOUN COUNTY TREASURER
315 WEST GREEN STREET
MARSHALL, MI 49068

Telephone 1 (269) 781-0807

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attached copy of statement giving particulars

☐ Check box if you have never received any notice from the Bankruptcy Court in this case

☐ Check box if the address differs from The address on the envelope sent

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DIST OF ILLINOIS
JUL - 8 2004
KENNETH S GARDNER, CLERK
MAILROOM - LL

Account or other identifies debtor
10-330-085-00

Check here if This claim
☐ replaces
☒ amends a previously filed claim, dated 05/08/03
☐ When case filed nothing was delq New tax year now delq

1 Basis for Claim
☐ Goods Sold
☐ Services Performed
☐ Money Loaned
☐ Personal injury/wrongful death
☒ Taxes – Delq Property Taxes 2002/2003

☐ 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 _____
(date) (date)

3 If court judgement, date obtained

2 Date debt was incurred
03/03 & 03/04

4 Total amount of claim at Time Case Filed **$ ***AMENDED BELOW*****
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 Attached itemized statement of all interest or additional Charges**

5 Secured Claim
☐ Check this box if your claim is secured by collateral (including the right of setoff)
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral

Amount of arrearage and other charges at the 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 $2,098 25 *As Amended*
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) (4)
☐ Contributions to an employee benefit plan – 11 U S C 507 (a)(4)
☐ Up to $ 2,100* of deposits toward purchases, lease, or rental of property Or services for personal, family, or household use –11U S C 507 (a) (6)
☐ Alimony, maintenance, or support owed to a 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) ( )

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 if supporting documents such as promissory notes purchase orders invoices, itemized statements of running accounts contracts, court judgements mortgages security agreements and evidence of perfection of lien All Copies must be sent on 8 ½ X 11 paper 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 a date-stamped copy of your claim enclose a stamped, self addressed envelope and an additional copy of this proof of claim

MAIL ORIGINAL AND ONE COPY OF THIS CLAIM (with all Attachments)
To **U S BANKRUPTCY COURT**
(at the mailing address appearing on the front of the Notice of Chapter Bankruptcy Case)

(If you wish a copy returned, send one additional copy plus a self-addressed stamped envelope)

Date 05/27/2004

Sign and print the name and title if any of the creditor or other person authorized to file this claim
Jon B Bartlett, Calhoun County Deputy Treasurer

Conseco Finance corp claim
49675004301

CALHOUN COUNTY DELINQUENT TAX NOTICE

Ann Rosenbaum-Petredean
315 West Green Street
Marshall, Michigan 49068

269-781-0807

CONSECO FINANCE SERVICING CORP

2505 EAST PARIS S E , STE

GRAND RAPIDS MI 49596

DELINQUENT TAXES DUE

TAX YEAR	BASE TAX DUE	TOTAL DUE IF PAID BY 05/31/04	TOTAL DUE IF PAID BY 06/30/04	TOTAL DUE IF PAID BY 07/31/04
2003	959 25	1 026 40	1 035 99	1 045 58
2002	900 71	1 071 85	1 080 85	1 089 86
TOTAL	1 859 96	2 098 25	2 116 84	2 135 44

PROPERTY INFORMATION

Property Number 10-330-085-00
School Dist 13020
Property Address
242 WILDWOOD AVE
BATTLE CREEK

LEGAL DESCRIPTION

EMMETT TWP/T2S R7W SEC 8 FAIRFAX LOTS 123 THRU 125 INCL PROPERTY ADDRESS 242 WILDWOOD AVE

2002 TAXESON MARCH 01 2004 A $175 TITLE SEARCH FEE $20 00 IN RECORDING FEES INTEREST INCREASES FROM 1% TO 1 1/2 % BACK TO THE DATE THEY BECAME DELINQUENT AND $45 00 DNR INSPECTION FEE WILL BE ADDED

IF YOU HAVE 2002 AND/OR PRIOR TAXES DELINQUENT THEY WERE SUBJECT TO FORFEITURE ON MARCH 1 2004 THE STATE OF MICHIGAN ADDED A $175 TITLE SEARCH FEE $20 00 RECORDING FEES $45 SITE INSPECTION FEE AND INTEREST INCREASED 1/2% BACK TO THE DATE THEY BECAME DELINQUENT ANY PERSON HOLDING A LEGAL INTEREST, MAY LOSE THAT INTEREST AS A RESULT OF FORFEITURE AND SUBSEQUENT FORECLOSURE PAYMENT MUST BE MADE IN FULL BY 3/31/05 OR ABSOLUTE TITLE TO THIS PROPERTY WILL VEST IN THE STATE OF MICHIGAN ALL RIGHTS TO REDEMPTION WILL EXPIRE $50 00 PUBLICATION FEE WILL BE ADDED IN DEC 2004

Please detach along perforation Keep the top portion for your records

Pay this tax to

Ann Rosenbaum-Petredean
315 West Green Street
Marshall Michigan 49068

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT THANK YOU

Delinquent Tax for Property Number
10-330-085-00

Due if paid by 05/31/04	2 098 25
Due if paid by 06/30/04	2 116 84
Due if paid by 07/31/04	2 135 44

TAXPAYER NOTE Are your name & mailing address correct? If not please make corrections below Thank You

Property Address
242 WILDWOOD AVE

CONSECO FINANCE SERVICING CORP

2505 EAST PARIS S E , STE
GRAND RAPIDS
MI 49596

Make check payable to
CALHOUN COUNTY TREASURER

Amount Remitted _____