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

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLNOIS

PROOF OF CLAIM

Name of Debtor: CONSECO, INC.

Case Number: 02-β 49672

REC'D OCT 14 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 pursuant to 11 U.S.C. § 503.

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JUL 23 2004
KENNETH S GARDNER, CLERK
MAILROOM KD

Name of Creditor (The person or other entity to whom the debtor owes money or property)
SANDY GOOGANS, TREASURER

☐ 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
GARVIN COUNTY TREASURER
201 W GRANT
PAULS VALLEY, OK 73075
Telephone number 405-238-7301

☐ 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 _____

1 Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
XX 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 _____ (date) to _____ (date)

2 Date debt was incurred 2003

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 1175.44

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 $ 296.22

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 o $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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Conseco Finance corp claim
49675004356

Date 07-19-04

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)

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

07-15-2004 THE GARVIN COUNTY KELLPRO SYSTEM 3 16 27 pm

Taxyear 2003 Itm_nbr 024479 Typ P Pertyp I

Name MH-CONSECO FINANCE Parcel
Address 4200 E SKELLY DR
SUITE 540
TULSA OK74135 0000

School 110 I-18 Acres 0 00
110 I-18 cur

Per	Gross	Land	Imp	Mobile	Exemp	Net	Tax_due
	3179	0	0	3179	0	3179	273 24
	3179	0	0		0	3179	273 24 cur

Legal VIN TX3114782AB Bankrupt
TITLE 570888218002B Unpaid Tax 273 24
83 28 X 64 LANCER

Treamort

Morleg N
Proploc

ALT+[C]ofE&A [V]iew [L]eg [G]add [P]ay [J]ournal [END] [ESC]

07-15-2004 THE GARVIN COUNTY KELLPRO SYSTEM 3 16 32 pm

Taxyear 2003 Itm_nbr 024480 Typ P Pertyp I

Name MH-CONSECO FINANCE #3 Parcel
Address 4200 E SKELLY DR #540

TULSA OK74135 0000

School 105 I-7 Acres 0 00
105 I-7 cur

Per	Gross	Land	Imp	Mobile	Exemp	Net	Tax_due
	275	0	0	275	0	275	22 98
	275	0	0		0	275	22 98 cur

Legal VIN 972465S911 Bankrupt
TITLE N813568D Unpaid Tax 22 98

14 X 65 73 GOLD CRE

Treamort

Morleg N
Proploc

ALT+[C]ofE&A [V]iew [L]eg [G]add [P]ay [J]ournal [END] [ESC]

226

500

90245 -CA-US XH AVXA

FedEx. USA Airbill Express

FedEx Tracking Number 8370 4519 0885

1 From This portion can be removed for Recipient's records.

Date 9/3/04 10:13

FedEx Tracking Number 837045190885

Sender's Name

Phone 310 364-3170

Company BANKRUPTCY MANAGEMENT CORP

Address 1330 E FRANKLIN AVE

Dept./Floor/Suite/Room

City EL SEGUNDO State CA ZIP 90245

2 Your Internal Billing Reference

3 To Recipient's Name Jackie Bush

Phone 310 321 5325

Company BMC

Address 1330 E Franklin Ave

We cannot deliver to P.O. boxes or P.O. ZIP codes.

To "HOLD" at FedEx location, print FedEx address.

Address

Dept./Floor/Suite/Room

City El Segundo State CA ZIP 90245

RECIPIENT PEEL HERE

NO POUCH NEEDED

See back for peel and stick application instructions

8370 4519 0885

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0233464491

4a Express Delivery

FedEx 2Day — Second business day

FedEx Envelope rate not available. Minimum charge: One-pound rate

FedEx Express — Third business day

4b Express Freight Service — *Packages over 150 lbs.* Delivery commitment may be later in some areas.

FedEx 1Day Freight* — Next business day

FedEx 2Day Freight — Second business day

FedEx 3Day Freight — Third business day

Call for Confirmation:

Declared value limit $500

5 Packaging

FedEx Envelope*

FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak

Other

6 Special Handling — Invoice FedEx address in Section 3.

SATURDAY Delivery — Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes

HOLD Weekday at FedEx Location — Not available for FedEx First Overnight

HOLD Saturday at FedEx Location — Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked

No

Yes — As per attached Shipper's Declaration

Yes — Shipper's Declaration not required

Dry Ice — Dry Ice 9, UN 1845 ____ x ____ kg

Cargo Aircraft Only

Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below

Obtain Recip Acct. No

Sender — Acct. No. in Section 1 will be billed.

Recipient

Third Party

Credit Card

Cash/Check

Total Packages

Total Weight

Total Charges

Credit Card Auth

Our liability is limited to $100 unless you declare a higher value. See the *FedEx Service Guide* for details.

8 Release Signature *Sign to authorize delivery without obtaining signature.*

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Questions? Visit our Web site at fedex.com

or call 1.800 Go FedEx® 800.463.3339

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