UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

CONSECO FINANCE CORP., et al

CASE NO: 02-B49675
(Jointly Administered)

Debtor(s)

_____/

NOTICE OF WITHDRAWAL OF CLAIM PURSUANT TO FEDERAL RULES OF BANKRUPTCY PROCEDURE 3006

[This pleading is filed by Doug Belden
Tax Collector of Hillsborough County, Florida]

PLEASE TAKE NOTICE that, pursuant to Rule 3006 of the Federal Rules of Bankruptcy Procedure, The Hillsborough County, Florida Tax Collector hereby withdraws claim #49676-000047. As reason therefore, that the real property that secures the claim have been paid in full.

Respectfully submitted,

_____
Brian T. FitzGerald, Esquire

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document has been furnished to: **Thomas J. Augspurger, % Kirkland & Ellis LLP, 200 East Randolph Drive, Suite 6500, Chicago, Illinois 60601;Andre Zafrani,% Greenberg Traurig,P.C.,77 West Wacker Drive,Suite 2500,Chicago, Illinois 60601:** on this 26 day of February 2004.

_____
Brian T. FitzGerald, Esquire
Senior Assistant County Attorney
Florida Bar No. 484067
601 E. Kennedy Blvd., 14th Floor
Tampa, Florida 33602
Office (813) 307-6537 Fax (813) 307-6221
Attorney for Doug Belden
Tax Collector of Hillsborough
County, Florida

United States Bankruptcy Court	NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION	PROOF OF CLAIM
Name of Debtor **CONSECO FINANCE SERVICING CORP**	Case Number **02 49676**	

NOTE This form should not be used to make a claim for administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to U S C § 503

Name of Creditor (The person or other entity to whom the debtor owes money or property **Doug Belden, Hillsborough County 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 **TAX COLLECTOR, Hillsborough County** **ATTN Doug Belden** **601 E Kennedy Blvd 14th Floor** **Tampa Florida 33602** Telephone number **(813) 307-6537 FAX (813) 612-6747**	☐ 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
Account or other number by which creditor identifies debtor **92041 0150**	Check here ☐ Replaces If this claim ☐ Amends a previously filed claim dated Date Of First Claim

This space is for Court Use only

1 Basis for Claim

Goods sold
Services performed
Money loaned
Personal injury/wrongful death
X Taxes (Florida Statute 197 122)
Other

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries and compensation (fill out below)
Your SS #_____ _____ _____
Unpaid compensation for service performed
from _____ (date) to _____ (date)

2 Date debt was incurred
January 1, 2002

3 If court judgement, date obtained

Date of Judgement (Delinquent Personal Property)

4 Total Amount of Claim at Time Case Filed
$ 641 57
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 principle amount of the claim
Attach itemized statement of all interest or additional charges

5 Secured Claim
[X] Check this box if your claim is collateral (including a right of setoff)
Brief Description of Collateral
[X] Real Estate Motor vehicle
☐ Other ☐ Tangible Personal Property
Value of Collateral **$ 62,074**
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 $4650) *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 4/1/01 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

This Space is for Court Use Only

FILED
JAN 31 2003
BMC

Date	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)
January 29, 2003	Karen Isham Paralegal for Doug Belden Tax Collector

Penalty for presenting fraudulent claim Fine of up to $5000 00 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

Conseco Finance Servicing Claim
49676000047

HILLSBOROUGH COUNTY NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

2002 — AD VALOREM TAXES — FOLIO NO. 92041-0150

P/M ID 712861 — **PIN** **U-12-29-22-ZZZ-000004-93330 0** — TAX DISTRICT A

TAXING AUTHORITY	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	MILLAGE RATE (DOLLARS PER $1000 OF TAXABLE VALUE)	TAX AMOUNT
COUNTY OPERATING	45070	25000	20070	7 19820	144 47
CHILDRENS BOARD	45070	25000	20070	0 50000	10 04
ENVIRONMENTAL LAND	45070	25000	20070	0 11400	2 29
COUNTY M S T U	45070	25000	20070	5 06210	101 60
LIBRARY-SERVICE	45070	25000	20070	0 64230	12 89
HILLS CO TRANSIT AUTHORITY	45070	25000	20070	0 50000	10 04
PORT AUTHORITY	45070	25000	20070	0 29000	5 82
SCHOOL I-SF	45070	25000	20070	0 21000	4 21
WATER MANAGEMENT	45070	25000	20070	0 42200	8 47
WATER MANAGEMENT A	45070	25000	20070	0 24000	4 82
PARK BONDS - UNINCORPORATED	45070	25000	20070	0 05000	1 00
SCHOOL - LOCAL	45070	25000	20070	2 70500	54 29
SCHOOL - STATE	45070	25000	20070	5 68000	114 00

TOTAL MILLAGE 23 61360 — AD VALOREM TAXES 473 94

NON-AD VALOREM ASSESSMENTS

AUTHORITY	PURPOSE	AMOUNT
STORMWATER MANAGEMENT	STORMWATER CONTROL	6 00
COUNTY SOLID WASTE SW	SW DISPOSAL	85 43
COUNTY SOLID WASTE SWC	SW COLLECTION	76 20

ASSESSED OWNER & ADDRESS
CONSECO FINANCE SERVICING CORP
9119 CORPORATE LAKE DR STE 175
TAMPA FL 33634

Bankruptcy Number
02-49675

NON-AD VALOREM ASSESSMENTS 167 63
COMBINED TAXES & ASSESSMENTS 641 57

LEGAL DESC. — ESCROW CODE
W 198 FT OF E 489 FT OF N 1/2 OF SE 1/4 OF SE 1/4 LESS N 338 FT THEREOF AND LESS S 27 FT THEREOF

If paying by mail Please detach and return bottom part with your payment

HILLSBOROUGH COUNTY NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

PAYABLE IN US FUNDS TO
DOUG BELDEN, TAX COLLECTOR
601 E KENNEDY BLVD 14TH FLOOR
TAMPA FL 33602 4931

Discount Amount - If Paid by (Pay Only One Amount)

615 91	< Nov 30 02
622 32	< Dec 31 02
628 74	< Jan 31 03
635 15	< Feb 28 03
641 57	< Mar 31 03
* DELINQUENT * 663 57	< Apr 1-May 31 03

*** CERTIFIED FUNDS REQUIRED**

PIN U-12-29-22-ZZZ-000004-93330 0 PROP ID 712861 **Tax Year** 2002

ASSESSED VALUES		ESCROW CODE	MILLAGE CODE	FOLIO NO.
TOTAL	45070		A	92041-0150
HX5	25000			
JUST VALUE	62074			

W 198 FT OF E 489 FT OF N 1/2 OF SE 1/4 OF SE 1/4 LESS N 338 FT THEREOF AND LESS S 27 FT THEREOF

CONSECO FINANCE SERVICING CORP
9119 CORPORATE LAKE DR STE 175
TAMPA FL 33634

Bankruptcy Number
02-49675

0001 09204101506 0000641571