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

☐ 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

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**

This space is for Court Use only

Account or other number by which creditor identifies debtor

50590 1055

Check here ☐ Replaces
If this claim ☐ Amends a previously filed claim dated Date Of First Claim

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, 2000

3 If court judgement, date obtained

Date of Judgement (Delinquent Personal Property)

4 Total Amount of Claim at Time Case Filed
$ 39 62
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below
[X] 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
[ ] Real Estate Motor vehicle
☐ Other [X] Tangible Personal Property
Value of Collateral $ 660
Amount of arrearage and other charges at time case filed Included in secured claim if any $ 5 24

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
January 29, 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)

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
49676000050

HILLSBOROUGH COUNTY TAX COLLECTOR

DOUG BELDEN

601 E KENNEDY BLVD., 14TH FLOOR

TAMPA, FLORIDA 33602-4931

OFFICE HOURS MON-FRI 8AM - 5PM

DELINQUENT REAL ESTATE PAYMENTS MUST BE IN CERTIFIED FUNDS

- Brandon Tax Collector's Office
  9325 Bay Plaza Blvd , Suite 215
  E of Hwy 301, S of SR 60
- Plant City Tax Collector's Office
  1834 J L Redman Parkway
  Strawberry Plaza

Payment may also be made at any of our five full service branch offices

- Horizon Park Shopping Center
  Tax Collector's Office
  3932 W Hillsborough Ave
  West of Dale Mabry Hwy

- South County Tax Collector's Office
  Sun Point Shopping Center
  SR 674 & I-75 3044 S R 674
- North Tampa Tax Collector's Office
  9309 N Florida Ave , Ste 111
  NE corner of Busch Blvd & Florida Ave

ML 400

2000 DELINQUENT HILLSBOROUGH COUNTY TANGIBLE PERSONAL PROPERTY TAXES

TOTAL AMOUNT IF PAID BY		FOLIO NO 50590	1055 (2)
		JAN 31 '03	
		39 62	

H

ESCROW	MILLAGE	TAXES AND / OR ASSESSMENTS	
ASSESSED VALUES	N	COUNTY	9 35
		SCHOOLS	5 74
TOTL	660	TRANSIT	33
		SWFWMD	46
N/EX	660		
NON-AD VALOREM ASESSMENTS		FIL PEN TOTAL	15 88
		DEL FEE	2 00
		INTEREST	5 24
		ADV COST	1 50
		WARRANT FEE	8 00
		COURT COST	7 00
		TOTL DUE	39 62

MAKE CHECKS PAYABLE TO DOUG BELDEN, TAX COLLECTOR

MILLAGE 24 07110

CAREFREE VILLAGE MHP
7604 SHAW DR LOT 55A

50590 1055
CONSECO FINANCIAL CORP
911 CORP LAKE DR STE 175
TAMPA FL 33634

WARRANT # 1794-00

TAX PAYER'S COPY

2402 05059010552 0000039628 0000000000 00 00

ML 400

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