UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

PROOF OF CLAIM
Case No 02-49676

01234567890

Name of Debtor Against Which You Assert Your Claim **Conseco Finance Servicing Corp**

☐ Conseco Inc ☐ CIHC Incorporated ☐ CTIHC Inc ☐ Partners Health Group Inc

N OTE Check one box only A separate completed and executed proof of claim form against each of the Debtors against which the creditor wishes to assert a claim Creditors holding claims against more than one Debtor must file a separate claim in the case of each Debtor against whom the creditor asserts a claim A creditor will be bound by the debtor named in his proof of claim

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the ease A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

01234567890
Creditor Name MHC FINANCING LIMITED PARTNER
SHIP TWO d/b/a THE OAKS AT COUNTRYWOOD
c/oRuden McClosky Smith Schuster & Russell P A
Attn David S Bernstein Esq its attorney
Creditor Address P O Box 14034
St Petersburg FL 33733

Creditor Telephone Number (727) 895 1971

☐ 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

YOUR CLAIM IS SCHEDULED AS
$2 366 54 through Feb 2003 plus
$8 14 per day
which will continue to accrue
SECURED

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIED DEBTOR
Client No 38553 0044

Check here if this claim ☐ replaces or ☐ amends a previously file claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Bondholder
☐ Personal Injury/wrongful death
☐ Taxes
☒ Other (describe briefly) Storage charges pursuant to Fla Stat § 723 084
☐ 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 See attached

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM $_____ (unsecured) $ 2,366 54* (secured) $_____ (unsecured priority) $ 2,366 54* (total)

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

*through February 2003 plus $8 14 per day which will continue to accrue

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 Mobile Home (see attached) Fla Stat §723 084 statutory landlord s lien

Value of Collateral $ Unknown

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

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 to $2 l00* 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)(5)
☐ 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

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 p m prevailing Central Time on February 21 2003

BY MAIL TO
Bankruptcy Management Corporation
Attn Conseco Inc Claims Agent
P O Box 1042
El Segundo CA 90245 1042

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
Attn Conseco Inc Claims Agent
1330 E Franklin Avenue
El Segundo CA 90245

THIS SPACE IS FOR COURT USE ONLY

FILED
FEB 19 2003
BMC

DATE SIGNED
Feb 12 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)
RUDEN McCLOSKY SMITH SCHUSTER & RUSSELL P A

By Lynn Gravy for
DAVID S BERNSTEIN ESQ Attorney

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C

Conseco Finance Servicing Claim
49676000325

STP 299175 1

RUDEN
McCLOSKY
SMITH
SCHUSTER &
RUSSELL, P.A.
ATTORNEYS AT LAW

150 SECOND AVENUE NORTH
17TH FLOOR
ST PETERSBURG FLORIDA 33701

POST OFFICE BOX 14034
ST PETERSBURG FLORIDA 33733

(727) 895 1971
FAX (727) 823-8979
DSB@RUDEN COM

May 2, 2002

Via Certified Mail R R R
#7000 0520 0016 6287 5492

Conseco Bank
1400 Turbine Drive
Rapid City, SD 57703

Re Michael T Sand and Carole Ann Sand
3152 Bending Oak Drive, Plant City, Florida 33565
M H Title #'s 71954281 and 71954283

Dear Madam or Sir

I am writing concerning Michael T Sand and Carole Ann Sand who are the registered owners of a mobile home located at 3152 Bending Oak Drive, Plant City, Florida in The Oaks at Countrywood Mobile Home Park The mobile home's title indicates that Conseco Bank holds a lien on the mobile home

As required by Chapter 723 Florida Statutes, this letter is to inform Conseco Finance that the lot rent is in arrears and Mr and Mrs Sand notified the Park that they surrendered the home to Conseco on March 19, 2002 and Mr and Mrs Sand have abandoned the home Chapter 723 also provides that the lienholder is responsible for payment of daily storage charges to the Park for storage of the mobile home and since Mr and Mrs Sand surrendered the home to you in March, Conseco owes the lot rent for the month of April The storage amount is equal to $8 14 per day, as the monthly lot rent is $244 86 per month, which is due on the first of each month Pursuant to Chapter 723, Florida Statutes, the lienholder is required to the lienholder is required to pay the storage charges and/or notify the Park within thirty (30) days after receipt of this notice of its intended course of action

I would be glad to discuss this matter with you further and look forward to your early reply Please call ~~if we can be of assistance to you~~

Very truly yours,

David S Bernstein

DSB/km

cc Ms Trieste DeBelles, Park Manager

Exhibit "A"

STP 259157 1

7000 0520 0016 6287 5492

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Km Caks@cw / Sand

Postage	$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

SAINT PETERSBURG FLORIDA 33701
USPS
Postmark
MAY - 2 2002

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Conseco Bank
Street, Apt. No.; or PO Box No.
1400 Turbine Dr
City, State, ZIP+4
Rapid City, SD 57703

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to

Conseco Bank
1400 Turbine Drive
Rapid City, SD 57703

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature
X
☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
7000 0520 0016 6287 5492

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952