Official Form
Rev 12/94

United States Bankruptcy Court
NORTHERN District of ILLINOIS

PROOF OF CLAIM

In re (Name of Debtor)
CONSECO FINANCE SERVICING CORP

Case Number
02-49676

FILED
MAR 24 2003
BMC

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

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

Name and Address Where Notices Should be Sent

SEARS, ROEBUCK AND CO
ATLANTA COMMERCIAL CREDIT CENTRAL 8406
P O BOX 450627
ATLANTA, GEORGIA 31145-9800

Telephone No

☐ Check box if you are aware that any one 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.

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
5405534000844686

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
☐ Taxes
☐ Other (Describe briefly)

☐ 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
9/27/02

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

☐ SECURED CLAIM $_____
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

☒ UNSECURED NONPRIORITY CLAIM $ 215 00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☐ UNSECURED PRIORITY CLAIM $_____
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4000) * earned not more than 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 $1 800* 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 of 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 215 00 (Unsecured) $_____ (Secured) $_____ (Priority) $ 215 00 (Total)

☐ Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary

8. TIME STAMPED COPY To receive an acknowledgement 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 Servicing Claim
49676000403

Date
3/18/03

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)
Shirley Wilson

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 357

COMMERCIAL One®

Sears Commercial Credit
PO Box 740020
Atlanta GA 30374-0020

PAYMENT ADDRESS
SEARS
75 Remittance Drive
Suite 1674
Chicago, IL 60675-1674

021296 000729 001708 1 1
CONSECO FINANCE SERVICING CORP
JIM MONTOUR
PO BOX 2356
RIDGELAND, MI 39158

Customer ID # 4000076965
Invoice # 1299825
Invoice Amount $215 00
Amount Paid $ _____

Please Detach Return Top of Invoice With Payment

Name	CONSECO FINANCE SERVICING CORP
Sub Customer ID #	4000076965
Invoice Number	1299825
Store Location	CONTRACT SALES AUGUSTA GA 4986
Purchased by	
Credit Card #	5405 5340 0084 4686

PO Number	63408412/JERAULD
Invoice Amount	$215 00
Date of Purchase	09/27/02
Payment Due Date	10/27/02
Ship To Address	CONSECO FINANCE MISSISSIPPI HOME CENTER 753 1/2 BIERDEMAN NORTH PEARL, MS 39208

Quantity	SKU / Description	Unit Price	Total Price
1	000000000000 Order # SO00941926 02214139000 DISHWASHER, BI 24"	$195 00	$195 00

Total Price	$195 00
Tax	$0 00
Delivery	$20 00
Grand Total	$215 00

SEND INQUIRIES TO
PO Box 740020
Atlanta GA 30374-0020

CALL 800/599-9712
FAX 800/599-9711
E-MAIL comlinq@sears com