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

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF IL, E DIV	PROOF OF CLAIM
Name of Debtor: CONSECO, INC	Case Number: 02 – 49672

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):
GRACE RUFF

Name and address where notices should be sent:
CAMPANA & ASSOCIATES
6116 N CENTRAL EXPRESSWAY, SUITE 1095
DALLAS, TX 75206
Telephone number: 214-346-9000

☐ 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.

FILED
FEB 14 2003
CLERK'S GARDNER
MAILROOM - MM

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
- ☐ 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: 05/22/01

3 If court judgment, date obtained.

4 Total Amount of Claim at Time Case Filed: $ $150,000.00
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: $_____
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 $2,100* 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.

THIS SPACE IS FOR COURT USE ONLY

Conseco Finance Servicing Claim
49676001863

RECV FEB 24 2003

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)
2/13/03	CHRISTOPHER J CAMPANA ATTORNEY AT LAW

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both.

Conseco Inc Claim
49672007253

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

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF IL, E DIV	PROOF OF CLAIM
Name of Debtor: CONSECO, INC	Case Number: 02 – 49672

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):
GRACE RUFF

Name and address where notices should be sent:
CAMPANA & ASSOCIATES
6116 N CENTRAL EXPRESSWAY, SUITE 1095
DALLAS, TX 75206
Telephone number: 214-346-9000

- ☐ 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.

RECEIVED
FEB 14 2003
KURTZMAN CARSON CONSULTANTS
MAILROOM - MM

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
- ☐ 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: 05/22/01

3 If court judgment, date obtained.

4 Total Amount of Claim at Time Case Filed: $ $150,000.00

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: $_____

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 $2,100* 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.

THIS SPACE IS FOR COURT USE ONLY

RECD FEB 24 2003

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)
2/13/03	CHRISTOPHER J CAMPANA ATTORNEY AT LAW

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or bo

Conseco Inc Claim
49672007253

CONTRACT BETWEEN LAWYER AND CLIENT

IN CONSIDERATION of the legal services to be rendered by Campana & Associates the undersigned clients retain said law firm to prosecute their claim against whosoever may be liable for injuries and damages received as a result of ~~an incident~~ the purchase of a manufactured home occurring on or about 5/22/01 The attorneys accept said employment and are authorized to effect a compromise, subject to client's approval, or to institute such legal action as may be advisable in attorney's judgment, in order to enforce client's rights Client agrees not to settle this matter without written approval of attorneys

The attorney's fees shall be a sum equal to 33 3% if no litigation, 40% if litigation percent (%) of the total amount recovered If no recovery is obtained, no fee shall be payable to the attorneys

In the event client agrees to a structured settlement or payout, unless otherwise agreed, Campana & Associates is entitled to recover its full fee based on the present day value of the settlement plus expenses as of the date of the settlement without regard to the dates or amount of future payments

Client hereby authorizes attorneys to pay all medical bills and related expenses from the amount of any settlement or judgment before remitting client's portion to said client

Any costs and disbursements advanced by the attorneys, including but not limited to, investigation and experts fees, shall be repaid to the attorneys from the client's portion of the recovery after the contingent fee is calculated Associate counsel may be employed at the discretion and expense of the attorneys The attorneys shall have a lien on said claim, suit, or recovery, for said fees and expenses Client expressly assigns to attorneys the right to retain said fees, costs and disbursements from the amount finally received by settlement, judgment or otherwise

Client acknowledges that the attorneys have made no guarantee regarding the successful termination of the said cause of action, and all expressions relative thereto are matters of his opinion only Client agrees to keep advised Campana & Associates of client's whereabouts, to cooperate in the preparation of the case, and to be present on reasonable notice for any necessary appearances

The law provides that in certain instances, other third parties may claim subrogation rights, or a claim on first monies recovered, because such parties may have previously paid benefits to the client

The attorneys, after investigating the facts as related to us by the above named client, may withdraw if, in their opinion, it would not be profitable either to the client or the attorneys, and may withdraw at any time by giving a reasonable written notice

SIGNED THIS 10th DAY OF July, 2001

Sandy Adrian Ruff
Individually, and as Next Friend of
Sandy Ruff and Adrian Ruff

Grace Ruff
Grace Ruff,
Individually, and as Next Friend of
Sandy Ruff and Adrian Ruff

AFFIDAVIT OF FACT

THIS IS AN AFFIDAVIT OF FACT TO CERTIFY THE FOLLOWING TO BE TRUE AND CORRECT.

That Sandy Ruff and Sandy A Ruff are one in the same
My current home is free clear and will be used as storage
The 1998 Clayton Ket 76 #CLW01066TX will be my primary housing

Sandy A Ruff
CUSTOMER'S SIGNATURE DATE

CUSTOMER'S SIGNATURE DATE

BEFORE ME, THE UNDERSIGNED AUTHORITY ON THIS DAY PERSONALLY APPEARED THE PERSON (S) WHOSE SIGNATURE (S) APPEAR ABOVE, WHO BY ME BEING SWORN UPON OATH SAYS THE ABOVE STATEMENT IS TRUE AND CORRECT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22 DAY OF May, ~~19~~ 2001

Judi Pedersen
NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES 4-2-02

Judi Pedersen
Notary Public, State of Texas
My Comm. Exp 04-02-02

BORROWER(S) DOWN PAYMENT CERTIFICATION

Loan Number _____

Borrowers Sandy Ruff

_____

I(We) hereby certify the following

- I (We) have made a total down payment of $ 2500.00
- My (Our) down payment source is (check items that apply and indicate amount)

_____ From accumulated savings $ _____

_____ From a gift $ _____

_____ From a trade-in $ _____

_____ From the sale of an asset or assets $ _____

_____ From an inheritance or a legal settlement $ _____

X From a loan $ 2500 @ payable upon of 2002 from inheritance

_____ From another source (please explain) _____ $ _____

(Park, Mfg, Dealer)

_____ Rebate $ _____ Who was the rebate from? _____

Danny Hildebrand
972-564-2235

I (We) the undersigned certifie(s) that the down payment on the above-referenced loan was not borrowed from, advanced on, or paid by the dealer, manufacturer or any other party involved in the sale of this transaction The undersigned further certifies that if any part of the down payment are proceeds of a rebate, that part of the down payment can only be used if it is in addition to, over and above the minimum required 5% down payment

Sandy Ruff
Borrower

5/22/01
Date

_____
Co-Borrower

_____
Date

_____
Authorized Dealer Representative

_____
Date

972-564-2235 L.M.
TT Danny

GT-26-00-087 (01/01)

CREDIT APPLICATION

APPLICATION #	SAL	SALES I D #
25-5619462		
DEALER	PHONE (include area code)	SALESPERSON / CONTACT
		AL
LOCATION	DATE	TIME
	5/08/01	

APPLICANT

NAME First, Middle Initial Last (suffix)	BIRTHDATE
SANDY RUFF	9/28/66

SOCIAL SECURITY NUMBER	
464-63-0674	___ Married X Unmarried ___ Separated

NUMBER OF DEPENDENT CHILDREN ___ AGES: 00 00 00 00 00

PRESENT STREET ADDRESS: 12325 CR 331 A

CITY STATE ZIP	HOME PHONE
TERRELL TX 75160	(972) 551-0941

HOW LONG AT PRESENT ADDRESS		Monthly Payment
10 YEARS ___ MONTHS	X Home Owner ___ Renter ___ Relative ___ Other	$

PREVIOUS STREET ADDRESS (If less than 2 years at present address)

CITY STATE ZIP	HOW LONG
	___ Years ___ Months

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP

CITY STATE ZIP	PHONE
	(000) 000-0000

CO-APPLICANT

NAME First, Middle Initial, Last, (suffix)	BIRTHDATE
L	

SOCIAL SECURITY NUMBER	
	___ Married ___ Unmarried ___ Separated

NUMBER OF DEPENDENT CHILDREN ___ AGES: 00 00 00 00 00

PRESENT STREET ADDRESS

CITY STATE ZIP	HOME PHONE
	(000) 000-0000

HOW LONG AT PRESENT ADDRESS		Monthly Payment
___ YEARS ___ MONTHS	___ Home Owner ___ Renter ___ Relative ___ Other	$

PREVIOUS STREET ADDRESS (If less than 2 years at present address)

CITY STATE ZIP	HOW LONG
	___ Years ___ Months

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP

CITY STATE ZIP	PHONE
	(000) 000-0000

APPLICANT EMPLOYMENT

EMPLOYER	CITY STATE
UNEMPLOYED WITH INCOME	

PHONE NUMBER	JOB TITLE	HIRE DATE
(000) 000-0000	SS	2/01

GROSS SALARY: $ 1,18 00 PER ___ Hour ___ Week X Month ___ Year

PREVIOUS EMPLOYER	CITY STATE

PHONE NUMBER	EMPLOYED (MO / YR)
(000) 000-0000	FROM TO

CO-APPLICANT EMPLOYMENT

EMPLOYER	CITY STATE

PHONE NUMBER	JOB TITLE	HIRE DATE
(000) 000-0000		

GROSS SALARY: $ PER ___ Hour ___ Week ___ Month ___ Year

PREVIOUS EMPLOYER	CITY STATE

PHONE NUMBER	EMPLOYED (MO / YR)
(000) 000-0000	FROM TO

APPLICANT'S OTHER INCOME

NOTE Alimony child support or separate maintenance income need not be revealed unless you want them considered as a basis for repaying this obligation

SOURCE	MONTHLY AMOUNT
	$

CO-APPLICANT'S OTHER INCOME

SOURCE	MONTHLY AMOUNT
	$

APPLICANTS CREDIT INFORMATION

CHECKING ACCOUNT WITH	ACCOUNT NUMBER	SAVINGS ACCOUNT WITH	ACCOUNT NUMBER

APPLICANT'S OBLIGATIONS

CREDITOR NAME	TELEPHONE	ACCOUNT NUMBER	CURRENT BALANCE	MONTHLY PAYMENT
LANDLORD / MORTGAGE HOLDER	(000) 000-0000		$	$
LARGEST OBLIGATION			$	$
ALIMONY / CHILD SUPPORT / MAINTENANCE PAYMENT				$

STATE NOTICES

FCRA AFFILIATE SHARING NOTICE Conseco Finance Corp and corporation related by common ownership or affiliated by co po ate control may share nformation about you among themselves Under the Federal Fair Credit Report Act you have a right to prevent this sharing of information except for the sharing of nformation elating solely to your transaction with us or our experiences with you You may direct us not to share information about you by send ng written request to Conseco Finance Corp P O Box 64135 St Paul MN 55164-0135 The request must contain your name address social security number (if issued) and a pecific request to be excluded from affiliate informat sharing Credit provided by Conseco Finance Servicing Corp a subsidiary of Conseco Inc its affiliates or subsidiaries

New York Lender may obtain a consumer report on you n connection with your credit application Upon request by you Lender will tell you whether or not a consumer report was obtained and the name and address of the consum reporting agency that furnished the eport

Ohio The Oh o laws against discriminat on require that all cred tors make credit equally available to all credit worthy customers and that credit eporting agencies maintain separate credit h stories on each ndiv dual request The Ohio C Rights Commission administ rs ompl ance with this law (Sec 4112 021)

Wisconsin No prov sion of any marital property agreement unilateral statement under s 766 59 Wis Stats or court decree under s 766 70 adversely affects the interest of the creditor unless the cred tor pro to the time the cred t granted or an open-end credit plan s entered into s furnished a copy of th s agreement statement or decree or has actual knowledge of the averse prov sion

I hereby declare that all the statements made in this application are true and correct The creditor is authorized to investigate my credit record to verify my credit employment and income references obtain such other information as the creditor deems necessary and to give credit reporting agencies (credit bureaus) and others information regarding the creditor s credit experiences with me I agr that the creditor may investigate my credit, employment and income records and verify my credit references at any time that my account is open or closed with a negative balance I also agree that addition to reviewing my account the creditor may use this information for other purposes including selecting me for offers of other produc s that are offered by the creditor directly or by the creditor affiliates

APPLICANT SIGN HERE X [signature] DATE 5/22/01

CO APPLICANT SIGN HERE X _____ DATE _____

PURSUANT TO THE TEXAS MANUFACTURED HOUSING STANDARDS ACT T.C.S., ARTICLE 5221.F

APPLICATION FOR A MANUFACTURED HOME TITLE

FORM A

1 can only be accepted as a 2 sided form.

PLEASE CHECK THE BOX(ES) THAT APPLY

- [X] APPLICATION FOR A NEW HOME TITLE
- [ ] APPLICATION FOR A TITLE FOR A USED HOME
- [ ] RECORD A LIEN ONLY
- [ ] ISSUE A TITLE AS A RESULT OF DIVORCE OR HEIRSHIP SETTLEMENT
- [ ] CORRECTION (PLEASE COMPLETE BLOCK #4 ON THE BACK)
- [ ] APPLICATION FOR A DUPLICATE (LOST) TITLE
- [ ] ISSUE A NEW DOCUMENT OF TITLE TO A SURVIVING SPOUSE. A COPY OF THE DEATH CERTIFICATE OF THE DECEASED SPOUSE IS ATTACHED (IDLR TITLE ONLY)
- [ ] LIEN ASSIGNMENT
- [ ] REINSTATE TITLE FROM REAL ESTATE
- [ ] REINSTATE TITLE FORM BUSINESS USE
- [ ] OTHER (For use of the boxes above DO NOT apply explain.)

PLEASE TYPE OR PRINT AND COMPLETE BOTH SIDES OF THE APPLICATION

BLOCK 1: HOME INFORMATION (Must be completed)

Manufacturer Name CMH MFG-DBA CLAYTON Hms REG # 25

Manufacturer Address 6300 Imperial Dr City State Zip WACO, TX 76712

Model Texan Date of Manufacture 3-13-98

TOTAL SQ FEET	LABEL SEAL NUMBER	COMPLETE SERIAL NUMBER	WEIGHT	SIZE
1190	SINGLE WIDE HWC0256665	CLBW10667TX	32000	16X76
	DOUBLE WIDE			
	TRIPPLE WIDE			

IS THE HOME [ ]NEW OR [X] USED? COUNTY WHERE HOME WAS LOCATED

DATE OF SALE OR TRANSFER COUNTY WHERE HOME IS LOCATED

BLOCK 2A: SELLER(S) OR TRANSFER(S)		BLOCK 2B: PURCHASER(S) OR TRANSFEREE OR OWNERS	
NAME Conseco	REG #	NAME SANDY A Ruff	REG #
NAME		NAME	
PHYSICAL LOCATION OF HOME		PHYSICAL LOCATION OF HOME 12325 CR 33A	
MAILING ADDRESS (IF DIFFERENT)		MAILING ADDRESS (IF DIFFERENT) Terrell, TX 75160	
CITY STATE ZIP		CITY STATE ZIP	
DAYTIME PHONE NUMBER (817) 561-7888		DAYTIME PHONE NUMBER (972) 551-0941	

BLOCK 3: MORTGAGE LIENS (Check one)

Will there be a mortgage lien placed on the new title?

[ ] YES (complete Block 3) [ ] NO (There is not a mortgage lien on this home)

DATE OF FIRST LIEN	DATE OF FIRST LIEN
NAME OF FIRST LIENHOLDER Conseco	NAME OF FIRST LIENHOLDER
MAILING ADDRESS	MAILING ADDRESS
CITY STATE ZIP	CITY STATE ZIP
DAYTIME PHONE NUMBER ( )	DAYTIME PHONE NUMBER ( )

BLOCK 4: CORRECTIONS AND/OR REQUEST FOR DUPLICATE LOST TITLE

☐ REQUEST FOR CORRECTED TITLE ☐ REQUEST FOR DUPLICATE

Name _____ Certificate of Title # _____

Address _____ City _____ State _____ Zip _____

Use the space below for corrections to the title (Attach original title)

BLOCK 5: RIGHT OF SURVIVORSHIP

The individuals listed as purchasers or transferees wish to use this document to constitute an agreement for right of survivorship or joint tendency and that on the death of either the title shall pass to the other

Right of Survivorship or Joint Tenancy ? ☐ YES ☐ NO

BLOCK 6: NOTARIZED SIGNATURES

I (WE) CERTIFY THAT THE STATEMENT SET FORTH HEREIN ABOVE AND THE INFORMATION ATTACHED HERETO ARE TRUE AND CORRECT

X Sandra Ruff

Signature of SELLER or TRANSFEROR (Notary Seal)

Signature of PURCHASER or TRANSFEROR (Notary Seal)

Sworn and subscribed before me this _____ day of _____ 19___

Sworn and subscribed before me this 22 day of May 19 2001

Signature of Notary

Judi Pedersen
Notary Public, State of Texas
My Comm. Exp.. 04-02-02

Signature of SELLER or TRANSFEROR (Notary Seal)

Signature of PURCHASER or TRANSFEROR (Notary Seal)

Sworn and subscribed before me this _____ day of _____ 19___

Sworn and subscribed before me this _____ day of _____ 19___

Signature of Notary

Signature of Notary

****NOTE Signature of lienholder(s) needed only when posting a lien assignment or applying for a duplicate title.****

Signature of FIRST LIENHOLDER (Notary Seal)

Signature of SECOND LIENHOLDER (Notary Seal)

Sworn and subscribed before me this _____ day of _____ 19___

Sworn and subscribed before me this _____ day of _____ 19___

Signature of Notary

Signature of Notary

FOR DEPARTMENT USE ONLY

CUSTOMER CLOSING DETAIL

Please complete the following information to ensure direct communications with you after your loan is closed.

Applicant

A Telephone

New home telephone number (if known) 972-551-0941

Current home telephone number Same

Business telephone number Same

B Home Address

Is the address on your Credit Application your current address? ✓ Yes ___ No

Date you expect to move into your new home 5/25/01

Mailing address to receive monthly statements 12325 CR 331A
Terrell, TX 75160

Co-Applicant

A Telephone

Business telephone number

Home telephone number (if different from Applicant's)

B Home Address

Is the address on you Credit Application your current address? ___ Yes ___ No

Date you expect to move into your new home

Mailing address to receive monthly statements

Please Return to Lender with Closing Documents

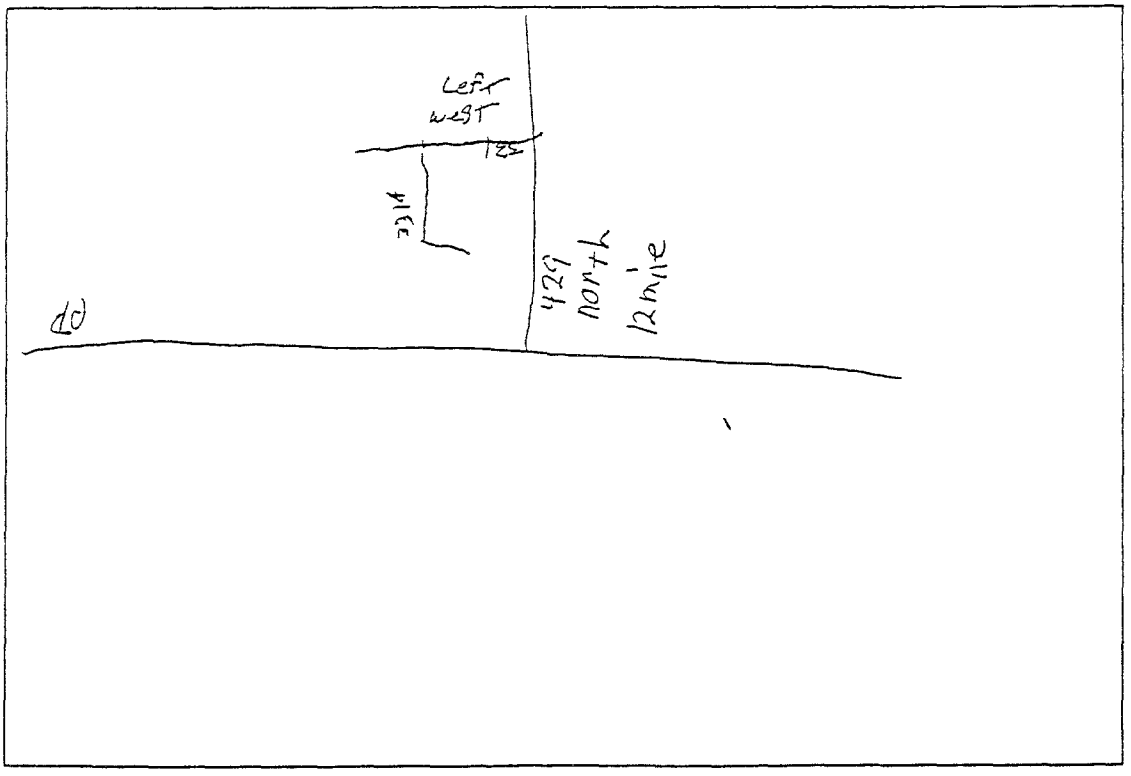
PROPERTY LOCATOR

Name of Borrower(s) SANDY RUFF

Exact Mailing Address _____

Property Address 12325 CR 331A
TERRELL TX 75160

Location (Directions must start from a known specific point so that the field inspectors may proceed directly to the home) _____



In the space above, draw a sketch using Highway and Road numbers, names and other landmarks or points of location indicating exactly how to find this property

Texas Department of Housing and Community Affairs
MANUFACTURED HOUSING DIVISION
P O BOX 12489 Austin Texas 78711-2489
(800) 500-7074, (512) 475-2200 FAX (512) 475-4778
Pursuant to the Texas Manufactured Housing Standards Act Tex Rev Civ Stat Ann Article 5221f
Internet Address www tdhca state tx us

MANUFACTURED HOME INSTALLATION REPORT

FORM T

Home Identification

New ( ) Used ( ) Model/Name _____
Manufacturer _____ Date of Manufacture ___/___/___
Label/Seal Number (s) _____ Serial Number (s) _____
Home Size - Width / Length _____ x _____ Wind Zone on Data Plate I ( ) II ( ) III ( )

Consumer And Site Information

Consumer _____ County Installed _____ Actual Installation Date ___/___/___
Mailing Address _____ ZIP _____
Site Address _____ ZIP _____
Phone Number Home (____) _____ Work (____) _____

License Holder Information

Retailer Is installation part of sales contract? Yes ( ) No ( )

Name	Address	License #	Phone #	Fax #

Installer

Name	Address	License #	Phone #	Fax #

Installation Information

Home installed in accordance with Manufacturer Instructions ( ) Generic Instructions ( ) Other _____
Anchor Model #s _____ _____
Type of anchor Rock ( ) Concrete ( ) Auger ( ) Soil Test Probe Torque Value _____ IN-LBS
For custom designed anchoring and/or support systems not pre-approved by the Department a copy of the drawings that have been sealed by a Professional Engineer or Architect must be attached to this Form T

Soil Bearing Capacity At Installation Site For Footing Selection

Was footer size and/or footer spacing based on an assumed 1 000 pounds per square foot bearing capacity? YES ( ) NO ( )
If you marked NO what is the bearing capacity of the soil? _____ pounds per square foot

N

W E

S

(Directions To The Site Must Be Printed On Above Map)

Installation Certification

To the best of my knowledge this home has been or will be installed meeting the requirements of the Texas Department of Housing and Community Affairs

Retailer and/or Installer Signature _____ Printed Name _____ Date ___/___/___

THIS FORM MUST ACCOMPANY TITLE APPLICATION OR INSTALLATION SUMMARY WITH A SEAL OF FILE

LIMITED POWER OF ATTORNEY
BUYER'S COPY

THE UNDERSIGNED HEREBY APPOINT CONSECO FINANCE SERVICING CORP or it's affiliate ("CONSECO FINANCE") as my/our Attorney-in-Fact to take the following actions as though executed by me/us

- to apply for a Certificate or Duplicate Certificate of Title or Ownership on my/our behalf covering the collateral described below ("Collateral"), or

- to execute in my/our behalf as my/our Attorney-in-Fact whatever documents are necessary to effectuate the sale of the Collateral in the event of a default by me/us under my/our Retail Installment Contract and Security Agreement, or

- to retitle the Collateral to correct any errors or to insure the proper perfection of CONSECO FINANCE s _____ security interest in the Collateral, or

- to correct on my/our behalf as Attorney in-fact any errors in my/our Retail Installment Contract and Security Agreement, Promissory Note and Security Agreement, mortgage, deed of trust, title, or title application, which are related to description of the Collateral, including but not limited to the make, model, serial number and model year of the Collateral

This Limited Power of Attorney ("POA") shall not be affected by subsequent disability or incapacity of the principal, or by the lapse of time This POA shall not be construed as a waiver of my/our rights under the Contract or applicable state law governing the Contract and the sale of Collateral

Collateral Description

CLAYTON HOMES	TEXAN
Manufacturer	Make / Model
1998 — 16 / 76	CLW010667TX
Year — Width / Length	Serial Number
SANDY PUFF	
Type or Print Buyer s Name	Type or Print Buyer s Name
X Sandra Puff	X
Signature — Date	Signature — Date
12325 CR 331A	
TERRELL TX 75160	
Permanent Mailing Address	Permanent Mailing Address

State of Texas)
County of Tarrant)

Subscribed and sworn before me on this 22 day of May 2001

Judi Pedersen
Notary Public
My Commission Expires 4-2-02

State of _____)
County of _____)

Subscribed and sworn before me on this _____ day of _____

Notary Public
My Commission Expires _____

Judi Pedersen
Notary Public, State of Texas
My Comm. Exp. 04-02-02

TP-08-007 (09/00)

MANUFACTURED HOME LANDLORD'S WAIVER

CONSECO FINANCE SERVICING CORP

5850 INTERSTATE 20 WEST SUITE 250
ARLINGTON TX 76017 1083
817-277-5311

Regional office name address and telephone number

SANDY RUFF has entered or is about to enter into a
Name(s) of Buyer(s)
retail installment contract or a promissory note and security agreement ("Contract") creating and providing a security interest for CONSECO FINANCE SERVICING CORP or its subsidiary ("CONSECO") in the following manufactured home which, together with all additions and replacements thereto, is herein called "collateral"

1998 CLAYTON HOMES TEXAN
16 X 76 CLN010667TX

Said collateral is to be located on real estate situated in the County of KAUFMAN
State of TX, and legally described as follows

12325 CP 331A TERRELL TX 75160

(herein called "premises") In consideration of the financial accommodation extended and secured by the collateral as provided in the Contract, the undersigned jointly and severally agree that CONSECO may come onto the premises at any time for inspection and repossession of collateral if such becomes necessary, but in no event shall this Waiver authorize CONSECO or any other person acting on CONSECO'S behalf to enter on the premises unlawfully or to commit any breach of the peace in the repossession of the collateral

Further, it is hereby understood that the collateral is not a part of the premises and will not be attached or become a part of the premises during the time this waiver is in effect, and that the undersigned shall assert no claim against said collateral for rental, utilities or other charges The undersigned shall expressly advise all purchasers or mortgagees of the premises of the fact that said collateral is not a part of the premises

This Waiver shall insure to the benefit of and shall be binding upon the respective representatives, successors and assignees of the undersigned

Dated this 22 day of May 2001

X Sandy Ruff
Owner of Real Estate (Premises)

X 972-551-0941
Home Phone

X
Owner of Real Estate (Premises)

X
Work Phone

X
Address

X
City State ZIP

Acct # 253502686

Approved form

LIMITED WARRANTY OF HABITABILITY
PREVIOUSLY OWNED MANUFACTURED HOME

Pursuant to the specific provisions of the Texas Manufactured Housing Standards Act (Article 5221f Revised Civil Statutes of Texas) the SELLER hereby warrants that the manufactured home described below is habitable as of the date of sale The 'date of sale" is the date of the sale exchange or lease-purchase agreement

The term "habitable" as applied to the manufactured home is by state law limited to mean that there is no defect damage or deterioration to the home which creates a dangerous or unsafe situation or condition, that the plumbing, heating and electrical systems are in safe working order that the walls, floor, and roof are free from any substantial openings not designed and are structurally sound and that all exterior doors and windows are in place

Subject exclusively to the specific requirements of the Texas Manufactured Housing Standards Act relating to habitability (1) the SELLER sells the home AS IS" and has no responsibility nor liability whatsoever for defects of any kind or type in the home, (2) the PURCHASER accepts, and does hereby certify acceptance of, the hereinbelow described manufactured home with all defects of whatever kind or type, and (3) the PURCHASER assumes the entire risk, under contract law, as to the condition of the home

CHECK ONE APPLICABLE BOX

☐ The sale of the home includes installation and the SELLER will give the PURCHASER a separate written warranty on the installation

☒ The sale of the home is complete at the sales location and does not include installation at the homesite PURCHASER understands that the home must be moved from the sales location to the homesite by a specialized motor carrier certificated by the Texas Railroad Commission and that the home must be installed at the homesite by an installer registered by the Texas Department of Labor and Standards The registered installer is required to give the PURCHASER a separate written warranty on the installation

☐ The home is sold as it is presently installed on the homesite location and there is no warranty on the installation

PURCHASER HAS 60 DAYS AFTER THE DATE OF SALE TO NOTIFY SELLER IN WRITING OF ANY DEFECTS THAT MAKE THE HOME NOT HABITABLE PURCHASER'S FAILURE TO GIVE THIS REQUIRED NOTICE TERMINATES ANY OBLIGATIONS AND LIABILITIES OF THE SELLER FOR THIS LIMITED WARRANTY

Manufacturer _____

Model & Description _____

Identification Numbers _____

× _____
Purchaser Signature

SAR
~~SANDY Ruff~~ Conseco
Type Name of Seller

SANDY Ruff
Type Purchaser Name

12325 CR 331A
Address
Terrell, TX 75160

× _____
Co Purchaser Signature

_____
City State Zip

_____
Type Co Purchaser Name

By _____
Signature

5/22/01
Date of Sale

_____
Title

IMPOR..NT HEALTH N..TICE

SOME OF THE BUILDING MATERIALS USED IN THIS HOME EMIT FORMALDEHYDE. EYE, NOSE, AND THROAT IRRITATION, HEADACHE, NAUSEA, AND A VARIETY OF ASTHMA-LIKE SYMPTOMS, INCLUDING SHORTNESS OF BREATH, HAVE BEEN REPORTED AS A RESULT OF FORMALDEHYDE EXPOSURE. ELDERLY PERSONS AND YOUNG CHILDREN, AS WELL AS ANYONE WITH A HISTORY OF ASTHMA, ALLERGIES, OR LUNG PROBLEMS, MAY BE AT GREATER RISK. RESEARCH IS CONTINUING ON THE POSSIBLE LONG-TERM EFFECTS OF EXPOSURE TO FORMALDEHYDE.

REDUCED VENTILATION RESULTING FROM ENERGY EFFICIENCY STANDARDS MAY ALLOW FORMALDEHYDE AND OTHER CONTAMINANTS TO ACCUMULATE IN THE INDOOR AIR. ADDITIONAL VENTILATION TO DILUTE THE INDOOR AIR MAY BE OBTAINED FROM A PASSIVE OR MECHANICAL VENTILATION SYSTEM OFFERED BY THE MANUFACTURER CONSULT YOUR DEALER FOR INFORMATION ABOUT THE VENTILATION OPTIONS OFFERED WITH THIS HOME

HIGH INDOOR TEMPERATURES AND HUMIDITY RAISE FORMALDEHYDE LEVELS WHEN A HOME IS TO BE LOCATED IN AREAS SUBJECT TO EXTREME SUMMER TEMPERATURES, AN AIR-CONDITIONING SYSTEM CAN BE USED TO CONTROL INDOOR TEMPERATURE LEVELS CHECK THE COMFORT COOLING CERTIFICATE TO DETERMINE IF THIS HOME HAS BEEN EQUIPPED OR DESIGNED FOR THE INSTALLATION OF AN AIR-CONDITIONING SYSTEM

IF YOU HAVE ANY QUESTIONS REGARDING THE HEALTH EFFECTS OF FORMALDEHYDE, CONSULT YOUR DOCTOR OR LOCAL HEALTH DEPARTMENT

Date 5/22/01

I (WE) CERTIFY THAT THIS IMPORTANT HEALTH NOTICE WAS PROMINENTLY DISPLAYED IN THE KITCHEN OF THE MANUFACTURED HOME BEING PURCHASED AND FURTHER THAT THIS NOTICE WAS GIVEN TO ME (US) ON THE DATE SHOWN AND PRIOR TO THE SIGNING OF ANY BINDING AGREEMENT I (WE) HAVE READ THE NOTICE AND UNDERSTAND IT

FOR NEW HOMES ONLY
I (WE) ALSO CERTIFY THAT I (WE) WERE PROVIDED A VENTILATION INFORMATION SHEET FOR THE IMPROVEMENT OF INDOOR AIR QUALITY PRIOR TO SIGNING THE AGREEMENT TO PURCHASE THE NEW MANUFACTURED HOME.

(type name of retailer)

(type retailer address)

(city state zip)

(type dealer location)

(type name of home manufacturer)

(type identification #(s) of home)

x _____
(signature prospective purchaser)

x _____
(signature prospective purchaser)

(type name(s) of purchaser(s))

(purchaser's address)

(city state zip)

(RMMG RMHRI Copyright 1998 TMH Enterprises In

WHITE = RETAILER YELLOW = CUSTOMER PINK = MANUFACTURER GREEN = LENDER

INDOOR AIR QUALITY REPORT

Ruff Residence
12325 County Road, #133-A
Terrell, Texas 75160

Prepared for

Christopher J Campana
Campana & Associates
6166 North Central Expressway, Suite 1095
Dallas, Texas 75206

Prepared by

Center for Toxicology and Environmental Health - Dallas
346 Oaks Trail. Suite 105
Garland, Texas 75043
(972) 203-2011

September 26 2002

FINAL REPORT
INDOOR AIR QUALITY INSPECTION
12325 County Road 133-A, Terrell, Texas

TYPE OF DWELLING	Single Wide Manufactured Home
DATE OF INSPECTION	May 21, 2002 and May 23, 2002
ARRIVAL TIME	1515 & 1615
DEPARTURE TIME.	1815 & 1830
INSPECTORS	David A. Weeks, P E , DEE, QEP
DATA ANALYSTS	David A Weeks, P E , DEE, QEP

1 0 Summary

The Center for Toxicology and Environmental Health (CTEH) conducted an indoor air quality survey of the Ruff residence located at 12325 County Road 133-A, in Terrell, Texas The purpose of this survey was to identify the presence of indoor microbiological contamination and, if detected, to determine the potential source or sources of the contamination and identify the scope of the remedial activities consistent with standard guidelines Sampling results showed the presence of biological contamination in the residence Airborne spore concentrations of *Alternaria*, ascospores, basidiospores, *Bipolaris/Drechslera*, *Chaetomium*, *Curvularia*, *Epicoccum*, *Nigrospora Penicillium/Aspergillus*, smuts/*Periconia*/myxomycetes, *Stachybotrys chartarum (atra)*, *Torula*, and *Trichoderma* were elevated in the indoor air samples as compared to the outdoor air sample Source samples of surfaces with mold-like substances showed the presence of *Chaetomium*, *Penicillium/Aspergillus*, and *Stachybotrys chartarum (atra)*

The relative humidity readings and carbon dioxide measurements collected in the residence were within the recommended guidelines

The recommended remediation procedures included as Attachment 6 with this report should be performed as soon as possible

2 0 Introduction

On May 21 and 23, 2002, CTEH investigated concerns and collected biological samples at the Ruff residence located at 12325 County Road 133-A, in Terrell, Texas The purposes of the investigation were to determine the cause and extent, if any, of mold growth, if the air and surfaces in the house had measurable mold levels, and the scope of any necessary remedial activities

2 1 Information Provided by the Homeowner

The homeowner provided a report from their doctor, Dr Lukowicz The report from Dr Lukowicz states that, in his opinion, Mr Ruff's skin rash, cough, and headaches could have been caused or aggravated by his exposure to mold Dr Lukowicz's report is included as Attachment 3

3.0 General Observations

The house is vacant and was left in a generally clean state

3.1 Photographs

A detailed Photographic Log has been included in this report as Attachment 1 This log shows a plan view of the residence, the location of samples, and the location of suspected mold materials.

3 2 Moisture Sources

CTEH believes the following moisture sources are contributing to the mold growth in the residence

CTEH observed large holes in the pest barrier and insulation under the master bathroom, utility room, and hall bathroom There are two points of interest in this observation First, there is the question of why the barrier was removed A possible explanation would be to access a plumbing leak Second, the pest barrier and insulation have been penetrated and are not providing any barrier to moisture that may migrate into the wall cavity The areas of missing pest barrier are likely allowing moisture from the damp crawlspace to enter the interior of the home

The drywall in the home is covered, as is typical of manufactured housing, with a vinyl covering Vinyl covering has a low permeance (or very high resistance) to water vapor migration through a wall system [10]

> "A problem can develop, however, when outside air infiltrates a wall cavity, contacts a cooler surface, condenses, and cannot dry (The vinyl wall covering s nigh vapor retarder characteristic prevents the condensation from drying)"[10]

Therefore, the combination of moisture entering the walls from the holes in the pest barrier and the vapor retarding characteristics of the vinyl wall covering is resulting in high humidity levels inside the wall cavities This moisture is condensing on the back of the vinyl wall covering

3 3 Heating Ventilation and Air Conditioning (HVAC) System

The residence possesses one HVAC system The HVAC system is poorly constructed CTEH observed that no insulation was used to wrap the supply ducts Water staining was observed on the sub-floor around the supply registers The water staining is most likely due to condensation on the metal register boots as a result of inadequate duct insulation

CTEH also observed the HVAC unit is receiving the make-up air from the damp crawlspace Additionally, no mechanical filtering device was observed in the HVAC system

4.0 Sampling and Analytical Methods

CTEH collected Zefon Air-O-Cell™ spore trap air samples in the master bedroom, kitchen, living room, hallway, front bedroom, back bedroom, and outdoors The samples were collected at 15 liters per minute for a period of 5 minutes for a total volume of 75 liters as recommended by Zefon and Environmental Microbiology Laboratories, Inc (EMLI) EMLI analyzed the samples by direct microscopy to determine the genus of the molds along with a concentration of spores per cubic meter of air (spores/m^3) Results of these samples are presented in Tables 1a and 1b

According to procedures specified by EMLI, CTEH collected swab and tape lift samples from areas where mold was most likely present EMLI analyzed the samples by direct microscopy to determine the genus of the mold(s) including semi-quantitative amount(s) present The results of the samples are summarized in Table 2

Additionally, CTEH took real-time temperature, carbon dioxide (CO_2), and relative humidity (Rh) measurements inside the residence Table 3 lists the temperature, CO_2, and Rh readings

5 0 Results and Discussion

It is important to note that the purpose of this investigation was to identify the presence of indoor microbiological contamination and, if detected, to determine the potential source of the contamination This study was not designed to assess the health significance, if any, of microbiological materials present in the Ruff residence The results of a study with limited sampling, such as this particular study, are highly uncertain and preclude the ability to make any conclusive determinations regarding the causation of health effects Any determinations linking health effects to microbiological material requires further study including the collection of a statistically relevant number of samples, appropriate medical tests, and a detailed review and analysis of the data by a toxicologist and physician

There are currently no generally accepted occupational or public health standards for interpretation of indoor surface and airborne microbiological sample results (ACGIH, 1999) Guidelines published by New York City Department of Health, Bureau of Environmental & Occupational Disease Epidemiology recommend comparing the indoor air sampling results to the outdoor air sampling results (NYC DOH, 2000) In general, the levels and types of fungi found should be similar indoors (in non-problem buildings) as compared to the outdoor air Differences in the levels or types of fungi found in air samples may indicate that moisture sources and resultant fungal growth may be present

When it is determined that there is a source of microbiological material indoors, then a decision is made to initiate further studies or to remediate and subsequently control the indoor environment to minimize the return of the microbiological organisms

Spore trap air sampling results indicated that the total indoor airborne spore concentration was greater in the master bedroom, kitchen, living room, and hallway but less in the front bedroom and back bedroom as compared to the outdoors Airborne spore concentrations of *Alternaria*

ascospores, basidiospores, *Bipolaris/Drechslera*, *Chaetomium*, *Curvularia*, *Epicoccum*, *Nigrospora*, *Penicillium/Aspergillus*, smuts/*Periconia*/myxomycetes, *Stachybotrys chartarum (atra)*, *Torula*, and *Trichoderma*, were elevated in the indoor air samples as compared to the outdoor air sample. The most significantly elevated indoor airborne spores were that of *Chaetomium*, *Penicillium/Aspergillus*, and *Stachybotrys chartarum (atra)* as compared to the outdoors. The indoor concentrations of these spore types suggest a major source of mold growth is present indoors. The airborne concentrations of these spore types at the Ruff residence are greatly elevated and individuals that are particularly sensitive to mold should take caution when entering the home. (Refer to Tables 1a and 1b for specific concentrations.)

Tape lift and swab samples were collected throughout the residence from locations where mold growth was suspected. The following fungal genera were detected on surfaces indoors:

- *Chaetomium*: Master bedroom, master bedroom closet, utility room, hallway, living room
- *Penicillium/Aspergillus*: Master bedroom, hallway, master bedroom closet, utility room, living room
- *Stachybotrys chartarum (atra)*: Master bedroom closet, utility room, hallway
- Brown hyphae (ID unknown): Living room

To help control indoor mold growth, EPA and the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) generally recommend an indoor relative humidity (Rh) range of 30 – 60% (ASHRAE 55-1992 Thermal Environmental Conditions for Human Occupancy). The Rh measurements indoors were within the recommended range at 46.6 to 50.4%.

ASHRAE considers indoor carbon dioxide (CO_2) concentrations less than approximately 1000 ppm an indicator of acceptable indoor air quality (ASHRAE 62-1999 Ventilation for Acceptable Indoor Air Quality). The Occupational Safety and Health Administration's (OSHA) Permissible Exposure Limit (PEL) for CO_2 is 5,000 ppm (OSHA Standard 1910.1000, Table Z-1). The CO_2 measurements inside the residence were below the OSHA PEL and within the ASHRAE guidelines at 356 to 608 ppm.

5.1 Summary of Purported Health Affects

The genus *Chaetomium* contains several species. Fatal deep mycoses due to *Chaetomium atroorunneum* have been reported in an immunocompromised host. Brain abscess, peritonitis, cutaneous lesions and onychomycosis may also develop due to *Chaetomium* species [5]. The allergenicity of *Chaetomium* species have not been well studied but have been found to produce type I allergies (hay fever, asthma) [6].

There are over 185 species of *Aspergillus*. Some types, such as *Aspergillus fumigatus*, are especially toxic to humans. In immunocompromised patients *Aspergillus fumigatus* can cause systemic mycoses. *Aspergillus fumigatus* can produce type I allergy, asthma and rhinitis, extrinsic allergic alveolitis, and can also produce many different mycotoxins [7]. *Stachybotrys chartarum (atra)* is known to produce a class of toxins known as macrocyclic trichothecenes.

Stachybotrys mycotoxicosis in humans has been described, it may be characterized by dermatitis, cough, rhinitis, itching or burning sensation in the mouth, throat, nasal passages and eyes.

The best described toxicoses are from animals that have eaten contaminated hay and straw or inhaled infected material from contaminated bedding [6]

According to the EPA's, "Indoor Air Pollution An Introduction for Health Professionals" found on the EPA Website (http //www epa gov/iaq/pubs/hpguide html) health problems caused by biological contamination also include allergic reactions These reactions range from rhinitis, nasal congestion, conjunctival inflammation, and urticaria to asthma. Hypersensitivity Pneumonitis, also called allergic alveolitis, is a granulomatous interstitial lung disease caused by exposure to airborne antigens *Chaetomium, Penicillium/Aspergillus*, and *Stachybotrys chartarum (atra)* are also known to produce mycotoxins These agents are fungal metabolites that have toxic effects ranging from short-term irritation to immunosuppression and cancer The EPA recommends that exposure to mycotoxin-producing agents be minimized in view of the serious toxic effects reported for these agents

6 0 Conclusions

CTEH performed an indoor air quality inspection at the Ruff residence, 12325 County Road 133-A, Terrell, Texas on May 21 and 23, 2002

The data confirms the presence of visible mold throughout the home Biological sampling showed the presence of microbiological contamination especially *Chaetomium, Penicillium/Aspergillus* and *Stachybotrys chartarum (atra)* in the ambient air of the residence Tape lift and swab samples showed the presence of *Chaetomium Penicillium/Aspergillus* and *Stachybotrys chartarum (atra)* species from suspected sources The relative humidity readings and carbon dioxide measurements collected in the residence were within the recommended guidelines

The visible mold is releasing spores into the air inside the home Considering the hundreds of studies we have conducted over the past several years for insurance companies and other clients, the ambient mold spore concentrations inside the home are some of the highest we have ever seen The concentrations of *Stachybotrys chartarum (atra)* found in the air exceed the concentration (1 000 spore/m^3) recommended by leading researchers in the field of indoor air quality as being protective of non-allergenic chronic health concerns Allergy symptoms can occur at much lower concentrations

The visible mold occurred in the home primarily because of condensation behind the vinyl wallpaper covered sheetrock walls The U S Environmental Protection Agency recommends that people do not live in the presence of visible mold in order to avoid health problems that are associated with mold exposure (The use of vinyl wallpaper is not recommended for homes constructed in hot and humid climates without very careful design considerations and systems to positively pressurize the structure) Airborne fungi spores in the air appear to be the result of excess moisture caused by poor construction practices

Therefore, it is my conclusion that the home is un-habitable in its current state. That opinion is based on the extent of visible mold and the high concentrations of airborne mold spores found inside the structure.

7 0 Recommendations

The current data shows evidence of microbiological contamination of the type requiring special remediation procedures The remediation procedures recommended for this residence are included as Attachment 6.

CTEH recommends that the residents follow the U S Environmental Protection Agency's document, "A Brief Guide to Mold, Moisture and your Home" found on EPA's website (http //www epa.gov/iaq/molds/moldguide html) This document, included as Attachment 5 to this report, provides guidance on how to minimize residential indoor mold growth

8 0 References

1. ASHRAE. Thermal environmental conditions for human occupancy Atlanta, GA. American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc , 1992, ANSI/ASHRAE 55-1992.

2. ASHRAE Ventilation for acceptable indoor air quality Atlanta, GA. American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., 1999, ANSI/ASHRAE 62-1999

3 Burge, Harriet A Fungi Toxic Killers or Unavoidable Nuisances? Annals of Allergy, Asthma, and Immunology 2001, 87(Suppl) 52-56

4 EPA "A Brief Guide to Mold, Moisture and your Home" Washington, DC Environmental Protection Agency, 2002, http //www epa gov/iaq/molds/moldguide html

5 EPA "Indoor Air Pollution" Washington, DC Environmental Protection Agency, 1994, http //www epa gov/iaq/pubs/hpguide html

6 Friedman, A H and Rock, J P Cerebral Fungal Infection in the Immunocompromised Host A Literature Review and a New Pathogen – *Chaetomium atrobrunneum* Case Report – Comment Neurosurgery 1998 43 1469

7 Gallup, Janet and Valesco, Miriam Characteristics of Some Commonly Encountered Fungal Genera San Bruno California Environmental Microbiology Laboratory Inc 1999

8 Gravesen, Suzanne Samson, Robert A , and Frisvad Jens C Microfungi Copennagen Denmark, 1994

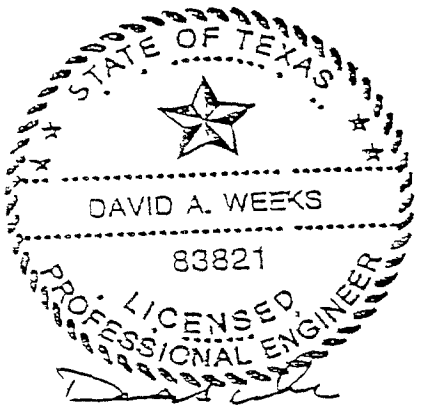
9 Macher, J Bioaerosols assessment and control Cincinnati, OH American Conference of Governmental Industrial Hygienists, 1999

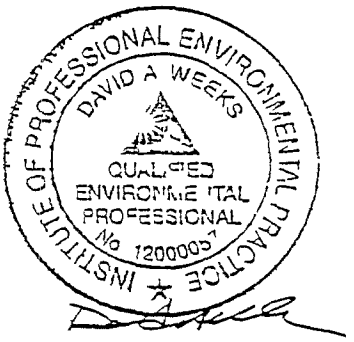
10 NYC DOH Guidelines on assessment and remediation of fungi in indoor environments New York, New York Bureau of Environmental and Occupational Disease Epidemiology, New York City Department of Health, 2000, http //www ci nyc ny us/html/doh/html/epi/moldrpt1 html

11 Odom, David J Preventing Indoor Air Quality Problems in Hot, Humid Climates Problem Avoidance Guidelines CH2M HILL Orlando, Florida, 1997

David A. Weeks, P.E., DEE, QEP
Senior Environmental Engineer

Date: 9-27-02





Report Tables

TABLE 1a
Spore Trap Sample Results

Mold Spore*	CC-0523-ST-50 Outdoors		CC-0523-ST-51 Master Bedroom		CC-0523-ST-52 Kitchen		CC-0523-ST-53 Living Room	
	raw ct.	spores/m^3	raw ct.	spores/m^3	raw ct.	spores/m^3	raw ct.	spores/m^3
Alternaria	16	213	3	40	5	67	17	227
Ascospores*	4	53	ND	ND	ND	ND	2	27
Basidiospores	60	800	ND	ND	ND	ND	65	867
Bipolaris/Drechslera group	6	80	4	53	1	13	9	120
Cercospora	1	13	ND	ND	ND	ND	ND	ND
Chaetomium	ND	ND	13 390	179 000	13 650	182 000	2 015	26 900
Cladosporium	796	10 600	ND	ND	130	1 730	260	3 470
Curvularia	3	40	2	27	3	40	2	27
Epicoccum	11	147	5	40	4	53	7	93
Fusarium	3	40	ND	ND	ND	ND	ND	ND
Nigrospora	ND	ND	ND	ND	ND	ND	1	13
Other brown	ND	ND	ND	ND	1	13	ND	ND
Penicillium/Aspergillus types†	12	160	116 220	1 550 000	77 220	1 030 000	7 605	101 000
Rust*	2	27	ND	ND	ND	ND	2	27
Smuts Periconia Myxomycetes**	4	53	ND	ND	ND	ND	ND	ND
Stachybotrys chartarum (atra)	ND	ND	2 730	36 400	6 630	88 400	975	13 000
Torula	ND	ND	ND	ND	ND	ND	65	867
Background Debris††	2+		4+		4+		4+	
Sample volume (liters)	75		75		75		75	
Total Spores/m	12 226		1 765 560		302 316		146 638	

* Identification is based on the morphology of the spore which in many instances may not have confirmatory distinguishing characters. The above list does not imply that these are the only spores that were looked for. Any and all other identifiable spores observed will be recorded and reported. Counts include both viable and nonviable spores.

ND Not Detected

† The spores of *Aspergillus* and *Penicillium* are small and round with very few distinguishing characteristics. They cannot be differentiated by non-viable methods.

†† Background debris is an indication of the amount of non-biological particulate matter present on the slide (dust in air) and is graded from 1+ to 4+ with 4+ indicating the largest amounts. There is a possibility of some spores being masked by debris.

TABLE 1b

Spore Trap Sample Results – Continued

Mold Spore*	CC-0523-ST-54 Hallway		CC-0523-ST-55 Front Bedroom		CC-0523-ST-56 Back Bedroom	
	raw ct.	spores/m³	raw ct.	spores/m³	raw ct.	spores/m³
Alternaria	ND	ND	11	147	5	67
Ascospores*	ND	ND	8	107	ND	ND
Basidiospores	8	107	8	107	12	160
Bipolaris/Drechslera group	1	13	11	147	10	133
Cladosporium	8	107	4	53	7	93
Curvularia	1	13	2	27	10	133
Epicoccum		13	2	160	6	80
Nigrospora	ND	ND	2	27	ND	ND
Penicillium/ Aspergillus types†	14 640	195 000	732	9 760	180	2 400
Smuts Periconia Myxomycetes**	ND	ND	8	107	2	27
Stachybotrys chartarum (atra)	1	13	2	27	ND	ND
Torula	ND	ND		2	ND	ND
Trichoderma	ND	ND	ND	ND	28	373
Background Debris††	2+		2+		2+	
Sample volume (liters)	75		75		75	
Total Spores/m³	195 639		11 469		2 946	

* Identification is based on the morphology of the spore which in many instances may not have confirmatory distinguishing characters. The above list does not imply that these are the only spores that were looked for. Any and all other identifiable spores observed will be recorded and reported. Counts include both viable and nonviable spores.

ND Not Detected

† The spores of *Aspergillus* and *Penicillium* are small and round with very few distinguishing characteristics. They cannot be differentiated by non-viable methods.

†† Background debris is an indication of the amount of non-biological particulate matter present on the slide (dust in air) and is graded from 1+ to 4+ with 4+ indicating the largest amounts. There is a possibility of some spores being masked by debris.

TABLE 2

Swab and Tape Lift Sample Results

Sample Type/No	Description	Predominant Molds Found/Results†	Misc. Spores/Pollen*	Other Comments
SWAB-103	Shower Base	None	Very few	Normal trapping
SWAB-104	Master Bedroom	*Chaetomium*/4+ Colorless spores typical of *Penicillium/Aspergillus*/<1+	Very few	Mold growth
SWAB-110	Back Hall Wall	Colorless spores typical of *Penicillium/Aspergillus*/4+	Very few	Mold growth
TAPE 101	Master Bedroom Closet, DM	*Stachybotrys chartarum (atra)*/4+ *Chaetomium*/3+ Colorless spores typical of *Penicillium/Aspergillus*/2+	Very few	Mold growth
TAPE 102	Master Bedroom Closet, LM	*Aspergillus* species/4+	Few	Mold growth
TAPE 105	Utility Room	*Chaetomium*/4+ Colorless spores typical of *Penicillium/Aspergillus*/<1+	Very few *S. chartarum* spores present	Mold growth
TAPE 106	Hallway LS	*Chaetomium*/4+ *Stachybotrys chartarum (atra)*/1+ Colorless spores typical of *Penicillium/Aspergillus*/1+	Very few	Mold growth
TAPE 107	Hallway RS	*Chaetomium*/4+ *Stachybotrys chartarum (atra)*/1+ Colorless spores typical of *Penicillium/Aspergillus*/1+	Very few	Mold growth
TAPE 108	Living Room Joint A	*Chaetomium*/4+ Colorless spores typical of *Penicillium/Aspergillus*/1+	Very few	Mold growth
TAPE 109	Living Room Joint B	*Chaetomium*/3+ Colorless spores typical of *Penicillium/Aspergillus*/1+	Very few	Mold growth
TAPE 111	Living Room Blinds	Brown hyphae with no associated spores ID unknown/<1+	Few	Minimal mold growth

† Quantities of molds are graded 1+ to 4+ with 4+ denoting the highest numbers

* Includes basidiospores (mushroom spores) myxomycetes plant pathogens such as ascospores rusts and smuts and a mix of saprophytic genera with no particular spore type predominating Distribution of spore types seen mirrors that usually seen outdoors indicative of normal trapping (i e seen on surfaces everywhere)

TABLE 3
Average Ambient Air Measurements

Room	Carbon Dioxide (ppm)	Temperature (° F)	Relative Humidity (%)
	Average	Average	Average
Outdoors	253	83.3	53 6
Master Bedroom	362	66 8	52 9
Kitchen	356	73 0	48 5
Living Room	381	73 0	46 6
Hallway	357	72 0	46 8
Front Bedroom	608	71 6	50 4
Back Bedroom	418	70 7	49 3

PATIENT NO 21570387
MED REC NO 18548
GUARANTOR NO
PATIENT
RUFF GRACE L^

MEDICAL CTR AT TERRELL
P O BOX 1299
TERRELL, TX 75160
972-551-6550

BILLING DATE 07/16/01
PAGE 1

ADMITTED 07/13/01
DISCHARGED 07/13/01

BILL TO
RUFF GRACE L
12325 CR 331 A
TERRELL TX
75160

EMERGENCY
ADMIT THRU DISCHARGE CLAIM

FC=14

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
320-DX XRAY								
071301	13B446	0728		310041	71020	1	CHEST 2 VIEWS	195 00
							SUBTOTAL:	195 00
450-EMERG ROOM								
071301	13B444	0780		150002	99282	1	EM RM LEV 2	152 25
							SUBTOTAL:	152 25
460-PULMONARY FUNC								
071301	13B444	0754		220362	94760	1	PULSE OX SNG DET	36 50
							SUBTOTAL:	36 50
							TOTAL ANCILLARY CHARGES	383 75
							TOTAL CHARGES	383 75
							PAYMENTS	00
							ADJUSTMENTS	00
							BALANCE	383 75

THANK YOU FOR CHOOSING US FOR YOUR HEALTH CARE NEEDS
BENEFITS ASSIGNED - TAX ID# 62-1754939

PATIENT NO 21570387
MED REC NO 18548
GUARANTOR NO
PATIENT
RUFF GRACE L

MEDICAL CTR AT TERRELL
P O BOX 1299
TERRELL, TX 75160
972-551-6550

BILLING DATE 07/16/01

ADMITTED 07/13/01
DISCHARGED 07/13/01

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0728	RADIOLOGY - DIAGNOSTIC	195 00
0754	RESPIRATORY THERAPY UNIT	36 50
0780	EMERGENCY SERVICES	152 25

TOTAL CHARGES	383 75
TOTAL PAYMENTS	00
TOTAL ADJUST	00