

PROOF OF CLAIM

In re
Cornerstone Ministries Investments, Inc

Case Number
08-20355-reb

FILED

MAR 06 2008

BMC

If you have already filed a proof of claim with the
Bankruptcy Court or BMC you do not need to file again
THIS SPACE IS FOR COURT USE ONLY

NOTE See Reverse for List of Debtors/Case Numbers/ important details 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

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 or
BMC Group in this case

Check box if this address
differs from the address on the
envelope sent to you by the
court

Name of Creditor and Address the person or other entity to who the debtor
owes money or property

14327826001632
HOWARD J & ANITA P KROBER
REVOCABLE TRUST DATED 6/11/91
605 S DEWEY THE GLENWOOD #5
GREENVILLE IL 62246

Creditor Telephone Number (618) **664-1073**

Name and address where payment should be sent (if different from above)

Check this box if you are the debtor or trustee in this case

Check here replaces a previously filed claim dated _____
if this claim or
 amends claim number (see reverse) _____

Payment Telephone Number ()

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **91,300.00**

If all or part of your claim is secured complete item 4c below however if all of your claim is unsecured do not complete item 4c
If all or part of your claim is entitled to priority complete item 4b

Check this box if claim includes interest or other charges in addition to the principal amount of claim Attach itemized statement of interest or charges

2 BASIS FOR CLAIM

\$90,000 invested plus \$1300 in outstanding distributions

(See instructions
#2 and #3a on
reverse side)

**3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR
IDENTIFIES DEBTOR**

3a Debtor may have scheduled account as _____

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim \$ **91,300 00**

DO NOT include the priority portion
of your unsecured claim here

4b UNSECURED PRIORITY CLAIM

Total unsecured priority claim \$ _____

Include **ONLY** the priority portion of
your unsecured claim here

Check this box **ONLY** if you have an unsecured
claim all or part of which is entitled to priority

You MUST specify the priority of the claim

- Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)
- Wages salaries or commissions (up to \$10 950) earned within 180 days
before filing of the bankruptcy petition or cessation of the debtor's
business whichever is earlier 11 U S C § 507(a)(4)
- Contributions to an employee benefit plan 11 U S C § 507(a)(5)

- Up to \$2 425 of deposits toward purchase lease or rental of property or
services for personal family or household use -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 4/1/10 and every 3 years thereafter
with respect to cases commenced on or after the date of adjustment

4c SECURED CLAIM (See instruction #4c on reverse side)

Check the appropriate box if your claim is secured by a lien on property or
a right of set off and provide the requested information

Total secured claim \$ _____

DO NOT include the priority or
unsecured portion of your claim here.

Nature of property or right of setoff

Value of Property \$ _____

Annual Interest Rate _____ %

- Real Estate Motor Vehicle
- Other _____

Amount of arrearage and other charges at time case filed included in secured claim
if any \$ _____ Basis for Perfection _____

5 CREDITS The amount of all payments on this claim has been credited for the purpose of making this proof of claim

6 SUPPORTING DOCUMENTS Attach redacted copies of supporting doc such as promissory notes purchase orders invoices itemized statements of
running accounts contracts court judgments mortgages security agreements You may also attach a summary Attach redacted copies of evidence of
perfection of a security interest (See definition of redacted on reverse side) If the documents are not available please explain

7 DATE-STAMPED COPY

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

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 actually received on or before the Bar date**

**THIS SPACE FOR COURT
USE ONLY**

BY MAIL TO
Cornerstone Ministries Investments Inc
c/o BMC Group
PO Box 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Cornerstone Ministries Investments Inc
c/o BMC Group
1330 East Franklin Ave
El Segundo CA 90245



DATE
2-27-08

SIGNATURE The person filing this claim must sign it Sign and print name and title if any of the creditor or other person authorized to file this
claim and state address and telephone number if different from the notice address above Attach copy of power of attorney if any
Anita P Krober *Anita P Krober*

T H E
SCHAUFELBERGER
L A W O F F I C E S , L T D

PATRICK F SCHAUFELBERGER

ATTORNEY & COUNSELLOR AT LAW

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TELEPHONE (618) 283 1411

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GREENVILLE, ILLINOIS 62246 1034
FAX: (618) 664 3947
TELEPHONE (618) 664 3946

GREENVILLE
March 3, 2008

Claims Agent
BMC Group
Attn Cornerstone Ministries Investments, Inc
PO Box 900
El Segundo, CA 90245-0900

**RE CORNERSTONE MINISTRIES INVESTMENTS, INC Bankruptcy Court
Howard J & Anita P Krober Revocable Trust dated 6-11-91 Claim**

To Whom This May Concern

I represent the Howard J and Anita P Krober Revocable Trust in its filing of the enclosed Proof of Claim Please file same with the Claims Agent and return a file marked copy to my office in the return envelope

Sincerely,

THE SCHAUFELBERGER LAW OFFICES, Ltd

BY *Patrick F Schaufelberger jfs*
PATRICK F SCHAUFELBERGER

PFS jfr

Enc original plus 2 copies and return envelope