


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION		PROOF OF CLAIM		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">MAR 20 2008</div> <div style="font-size: 3em; font-weight: bold;">BMC</div> <p style="font-size: 0.8em; margin-top: 20px;">If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</p> <p style="text-align: center; font-weight: bold;">THIS SPACE IS FOR COURT USE ONLY</p>
In re Cornerstone Ministries Investments, Inc		Case Number 08-20355-reb		
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		<input type="checkbox"/> 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 <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;"> LEE H HUFF HARRIETT L HUFF 1280 LIMEROCK ROAD PERRY GA 31069 </div> <div style="font-size: 0.8em;"> 14327826002352 </div> </div>		Creditor Telephone Number <u>478-987-1393</u>		
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case Check here if this claim <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div><input type="checkbox"/> replaces a previously filed claim dated _____</div> <div>or</div> <div><input type="checkbox"/> amends claim number (see reverse) _____</div> </div>		
Payment Telephone Number <u>478-987-1393</u>				
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ _____ 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 <input type="checkbox"/> 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 <u>15000.00 CD # 5116 - MATURE 4-08-09</u>		(See instructions #2 and #3a on reverse side) 3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>5116</u> 3a Debtor may have scheduled account as _____		
4 CLASSIFICATION OF CLAIM				
4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ <u>15000.00</u>		DO NOT include the priority portion of your unsecured claim here		
<input type="checkbox"/> 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		Total unsecured priority claim \$ _____ Include ONLY the priority portion of your unsecured claim here		
<input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)		<input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____) <i>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</i>		
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 Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Total secured claim \$ _____ Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges <u>at time case filed</u> 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 <div style="text-align: center; font-size: 0.8em;"> Cornerstone  00512 </div>	
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 <u>2-25-08</u>		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 <u>Lee H Huff Harriett L Huff</u>		