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| UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION | | PROOF OF CLAIM | |
| 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 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 | | THIS SPACE IS FOR COURT USE ONLY | |
|  14327826001186 ELIZABETH P SCHNEIDER TOD ELIZABETH P SCHNEIDER LIVING TRUST 9 ADDISON LANE BELLA VISTA AR 72715 | | | |
| Creditor Telephone Number () | | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ or <input type="checkbox"/> amends claim number (see reverse) _____ | |
| Name and address where payment should be sent (if different from above) | | | |
| Payment Telephone Number () | | | |
| 1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>40,388.63</u> 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>Bond Holder #8571</u> | | 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 \$ <u>40,388.63</u> 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 | |
| <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 <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 | | Total secured claim \$ _____ DO NOT include the priority or unsecured portion of your claim here | |
| Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ | | Value of Property \$ _____ Annual Int-rest 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 BY MAIL TO Cornerstone Ministries Investments Inc c/o BMC Group PO Box 900 El Segundo CA 90245-0900 | | THIS SPACE FOR COURT USE ONLY MAY 09 2008 BMC | |
| DATE <u>5/5/08</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>Elizabeth P. Schneider</u> <u>SCHNEIDER, Elizabeth P.</u> | |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571



CONFIRMATION OF PURCHASE

Cornerstone Ministries Investments, Inc
2450 Atlanta Highway, Suite 903, Cumming, GA 30040
(678) 455-1100

BOOK ENTRY

(Certificates are not issued, but entered as book entry at
Transfer Online, Portland, Oregon)

Thanks for your partnership with us! Your investment is confirmed as follows

REGISTRATION

Elizabeth P Schneider
TOD Elizabeth P Schneider Living Trust
6 Roxburgh Dr
Bella Vista AR 72715

| AMOUNT | ISSUE DATE | MATURITY DATE | CERTIFICATE # |
|-------------|------------|---------------|---------------|
| \$40,000 00 | 12/27/2006 | 10/01/2011 | 8571 |

TYPE OF CERTIFICATE

5 Year Bond 8.25% Monthly Interest

OTHER REMARKS

Cambridge-Godbee
Change registration to include TOD

PURCHASE AGREEMENT

(For assistance in filling out this form, please see the reverse side)

Cornerstone Ministries Investments, Inc
2450 Atlanta Highway, Suite 903
Cumming, GA 30040
(678) 455-1100

Please issue Cornerstone Ministries Investments, Inc Bond/Shares in the amount and name shown below. I have received the Prospectus I certify (i) that the number shown on this form is my correct taxpayer identification number and (ii) that I am not subject to backup withholding

Signature [Handwritten Signature] Date 12/21/06

Signature _____ Date _____

Enclosed is payment for purchase

Five-Year Bond \$ 400.00 Interest paid monthly (for investments of \$10,000 or more) semi-annually _____ compounded _____
minimum \$500

_____ Shares at \$6.50 per share = \$ 400.00 total investment
(minimum \$100)

Make checks payable to Cornerstone Ministries Investments, Inc

Register in the following name(s)

Name (1) Elizabeth P. Schneider Social Security or Taxpayer ID number [Redacted] Birthdate [Redacted]/1942

Name (2) _____ Social Security or Taxpayer ID number _____

is (check one)

- Individual _____
- Tenants in Common _____
- Corporation _____
- Joint Tenants _____
- Trust _____
- Transfer on Death _____
(attach instructions)
- Custodial (owned by minors) _____
- Other _____

RETIREMENT ACCOUNT () Traditional IRA () Roth IRA () KEOGH Custodian _____

Mailing Address for the person(s) who will be registered owner(s)

Address 6 Roxburgh Dr
City, State & Zip Code Bella Vista, Ark 72715 e-mail address _____
Telephone Number Business () NA Home [Redacted]

Please attach any special mailing instructions other than shown above
NO SUBSCRIPTION IS EFFECTIVE UNTIL ACCEPTANCE

You will be mailed a signed copy of this agreement to retain for your records

Subscription accepted by Cornerstone Ministries Investments, Inc and its sales representative

Date _____
Broker/Dealer Cambridge Legacy Securities Broker Henry H "Chad" Godbee Jr