

Mark

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

- 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

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

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

14327826002129
 JUDITH A JONES
 722 RIDGE DR
 ELBURN IL 60119

Creditor Telephone Number () 630 365 6134

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

Payment Telephone Number ()

- Check this box if you are the debtor or trustee in this case
- Check here if this claim replaces a previously filed claim dated _____ or amends claim number (see reverse) _____

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 176,264.60

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
Money loaned

(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 2402

4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ 106264.60 **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)(_____)

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
 Real Estate Motor Vehicle Other _____

Total secured claim \$ _____ **DO NOT** include the priority or unsecured portion of your claim here.

Value of Property \$ _____ Annual Interest Rate _____ %

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

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

THIS SPACE FOR COURT USE ONLY

FILED

AUG 18 2008

BMC

Cornerstone

DATE
8/11/08

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
Judith A Jones



CORNERSTONE
Ministries Investments, Inc

2450 ATLANTA HIGHWAY SUITE 903
CUMMING, GA 30040
(678) 455-1100

Statement
As Of 12/31/2007

Judith A Jones - RTC
722 Ridge Dr
Elburn, IL 60119

BROKER
Wellstone-Jones

BOND #	ISSUE DATE	MAT DATE	INT RATE	INT PAID	PRINCIPAL	UNPAID ACCD INT	VALUE
2258	03/27/2003	03/01/2008	9 00%	Semi-Annually	95,318 16	4 265 49	99,583 65
5165	04/26/2004	04/01/2009	8 25%	At Maturity	3,000 00	1 041 41	4,041 41
6892	02/07/2005	01/01/2010	8 25%	At Maturity	2,088 09	551 45	2 639 54
DEBT TOTALS					100,406 25	5,858 35	106,264 60
