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

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

[redacted] 14327826003909
VELMA LEE MOORE
16100 CALLOWAY COVE
AUSTIN TX 78717

Creditor Telephone Number (812 753 3382

☐ 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 and address where **payment** should be sent (if different from above)
RONALD Chris MOORE, PERSONAL REP
ESTATE OF VELMA LEE MOORE, Deceased
601 E. JOHN ST. FT BRANCH, IN 47648

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 $ 15,133.59

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 Bond in House

2 BASIS FOR CLAIM
BOND # 6708

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

3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR # 6708 Bond
3a Debtor may have scheduled account as _____

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim $ 15,133.59 **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
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

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
SEP 02 2008
BMC GROUP
Cornerstone
01278

DATE 8/27/08

SIGNATURE The person filing this claim must sign it Sign and print name and title if any of the creditor or claim and state address and telephone number if different from the notice address above Att

Ronald Chris Moore PR

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

LETTERS TESTAMENTARY AND CERTIFICATE

26CO1-0804-EU0028

STATE OF INDIANA,)
) SS
COUNTY OF GIBSON,)

I, Becky Woodburn, Clerk of the Circuit Court of said County, certify that Administration Letters Testamentary, without Court Supervision of the Estate of **VELMA L MOORE**, deceased, late of Gibson County, who died testate, is granted to Ronald Chris Moore, and the said Ronald Chris Moore having qualified as such Personal Representative is duly authorized to take upon himself the administration of such Estate according to law

IN TESTIMONY WHEREOF, I have hereunto set my hand and the Seal of said Court, this the 22nd day of April, 2008

Becky Woodburn, Clerk

By SW, Deputy

I, Becky Woodburn, Clerk of the Circuit Court of said County, State of Indiana certify the above to be a full true and complete copy of the Letters Testamentary of the Estate of VELMA L MOORE as the same is of record now in my office and the same is now in full force and effect

Given under my hand and the Seal of said Court, this 30 day of July, 2008

Becky Woodburn, Clerk

By SW, Deputy

THIS IS AN OFFICIAL COPY OF RECORD OF DEATH, ORIGINAL COPY ON FILE [illegible] HEALTH DEPARTMENT

089608

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 0X0058 — State No 011112

1 Decedent's Legal Name (First Middle Last): Velma I Moore
1a Maiden Last Name (If Female): Sturgeon
2 Sex: Female
3 Time Of Death: 10 00 PM
4 Date of Death (Month/Day/Year): March 17, 2008

5 Social Security Number: 316-16-8830
6a Age Yrs: 83 00
6b Under 1 Year: Months
6c Under 1 Month: Days
6d Under 1 Day: Hours
6e Under 1 Hour: Minutes
7 Date of Birth (Month/Day/Year): October31,1924
Birthplace (City And State Or Foreign Country): Oakland City, IN

9 Ever In U.S. Armed Forces? ☐ Yes ☒ No Unknown ☐
10 If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11 Facility Name (If Not Institution Give Street And Number): Good Samaritan Nursing Home
12 City Or Town State and Zip Code: Oakland City IN 47660
13 County Of Death: Gibson County
14 Marital Status At Time Of Death: ☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15 Surviving Spouse's Name: N/A
15a If Wife Give Maiden Last Name:
16 Decedent's Usual Occupation: Housewife
17 Kind Of Business/Industry: House

18 Residence State: Indiana
18a County: Gibson
18b City Or Town: Oakland City
18c Street And Number: R R # 1 Box 219
18d Apt. No:
18e Zip Code: 47660
18f Inside City Limits? ☐ Yes ☒ No

19 Decedent's Education: 8
20 Decedent Of Hispanic Origin: N/A
21 Decedent's Race: White

22 Father's Name (First Middle Last): George Sturgeon
23 Mother's Name (First, Middle, Last): Chloe Sturgeon
23a Mother's Maiden Last Name: Richardson

24 Informant's Name: Ronald Moore
24a Relationship To Decedent: Son
24b Mailing Address (Street And Number City State Zip Code): 601 E John St Fort Branch, IN 47648-

25 Place Of Disposition
25a Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
25b Place Of Disposition (Name Of Cemetery Crematory Other Place): Montgomery Cemetery
25c Location City Town, And State: Oakland City, Indiana

26 Was Coroner Contacted? ☐ Yes ☒ No
27 Name And Complete Address Of Funeral Facility: Lamb-Basham Memorial Chapel, 226 E Washington Oakland City IN 47660-
27a Funeral Home License Number: Fh83005312
27b Signature Of Indiana Funeral Service Licensee: [signature]
27c License Number (Of Licensee): FDO 1016589

Cause Of Death (See Instructions And Examples)

28 Part I Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

		Approximate Interval Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. Pneumonia (Aspiration)	2 weeks
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. Shy Drager Syndrome	3-5 years
	C.	
	D.	

Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Hypothyroidism

29 Was An Autopsy Performed? ☐ Yes ☒ No
30 Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☒ No

31 Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
32 If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33 Manner Of Death: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34 Date Of Injury (Month/Day/Year):
35 Time Of Injury:
36 Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area):
37 Injury At Work? ☐ Yes ☐ No
38 Location Of Injury State:
38a City Or Town:
38b Street & Number:
38c Apt. No:
38d Zip Code:
39 Describe How Injury Occurred:
40 If Transportation Injury Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41 Signature Of Person Certifying Cause Of Death: [signature] Terry Gehlhausen DO
42 Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer
43 Name Address And Zip Code Of Person Certifying Cause Of Death: Terry Gehlhausen D O, Hwy 64 West, Oakland City, IN 47660
44 License Number: 730
45 Date Certified: 3/19/08
46 Additional Funeral Service Provider:
47 Akas:
48 Signature of Local Health Officer: Bruce C Burch DO [signature]
49 For Registrar Only Date Filed (Month/Day/Year): March 20, 2008

State Form [illegible] ATTENTION STATE: The Social Security # is being requested by the state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

THIS IS AN EXACT COPY OF THE CERTIFICATE OF DEATH AS IT HAS BEEN FILED AND IS ON RECORD IN THE OFFICE OF THE GIBSON COUNTY HEALTH DEPARTMENT. THIS IS NOT TO BE CONSIDERED A VALID COPY UNLESS SEALED WITH THE OFFICIAL RAISED SEAL OF THE HEALTH DEPARTMENT AND STAMPED WITH THE HEALTH OFFICER'S SIGNATURE

DATE MAR 20 2008 SEAL HEALTH OFFICER OF GIBSON COUNTY SIGNATURE [signature: Bruce C Burch DO]

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT