

**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

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

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

 14330036003122  
PHYLLIS PHILLIPS  
629 GORDON DRIVE  
CHARLESTON WV 25314

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**

Creditor Telephone Number **304 345-6046**

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

**LAURA PHILLIPS, EXECUTRIX  
705 GORDON DR  
CHARLESTON WV 25303**

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 **304 345-6046**

**1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 3118.09**

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**

(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 \$ **3118.09**

**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 docs 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 FILED**

**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  
444 N Nash St  
El Segundo CA 90245 2822

**NOV 17 2008**

**BMC GROUP**

DATE  
**11/12/08**

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

*Phyllis Phillips*



# INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

## ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p><b>Court, Name of Debtor, and Case Number</b> Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Debtor Name</b> Cornerstone Ministries Investments, Inc.</td> <td style="width: 40%;"><b>Case No</b> 08 20355 reb</td> </tr> </table> <p><b>Creditor's Name and Address</b> Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p><b>1 Amount of Claim as of Date Case Filed</b> State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p><b>2 Basis for Claim</b> State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p><b>3 Last Four Digits of Any Number by Which Creditor Identifies Debtor</b> State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p><b>3a Debtor May Have Scheduled Account As</b> Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p><b>4 Classification of Claim</b></p> <p><b>4a Unsecured Nonpriority Claim</b> If your claim is an unsecured nonpriority claim, sometimes referred to as a general unsecured claim (See DEFINITIONS below), check the appropriate box in this section. If your claim is partly secured and partly unsecured, state here only the amount that is unsecured. If part of your claim is entitled to priority, state here the amount <b>not</b> entitled to priority.</p>	<b>Debtor Name</b> Cornerstone Ministries Investments, Inc.	<b>Case No</b> 08 20355 reb	<p><b>4b Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a)</b> If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority (See DEFINITIONS below). A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.</p> <p><b>4c Secured Claim</b> Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured (See DEFINITIONS below). State the type and the value of property that secures the claim; attach copies of lien.</p> <p><b>5 Credits</b> An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p><b>6 Supporting Documents</b> Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents as attachments may be destroyed after scanning.</p> <p><b>7 Date Stamped Copy and Signature</b> The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title if any of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p><b>Return claim form and attachments, if any.</b> If you wish to receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
<b>Debtor Name</b> Cornerstone Ministries Investments, Inc.	<b>Case No</b> 08 20355 reb		

### DEFINITIONS

### INFORMATION

<p><b>DEBTOR</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case; is called the debtor.</p> <p><b>CREDITOR</b> A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.</p> <p><b>CLAIM</b> A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.</p> <p><b>PROOF OF CLAIM</b> A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page.</p> <p><b>SECURED CLAIM Under 11 U.S.C. §506(a)</b> A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.</p>	<p>The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.</p> <p>A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p><b>UNSECURED NONPRIORITY CLAIM</b> If a claim is not a secured claim, it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.</p> <p><b>UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)</b> Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p><b>Evidence of Perfection</b> Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor should redact and use only the last four digits of any social security, individual's tax identification, or financial account number, all but the initials of a minor's name, and only the year of any person's date of birth.</p> <p><b>Offers to Purchase a Claim</b> Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e) and any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) and any applicable orders of the bankruptcy court.</p>
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ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com/cornerstoneministries](http://www.bmcgroup.com/cornerstoneministries)

*ORDER CONFIRMING  
EXECUTRIX*

At a regular session of the County Commission of Kanawha County, West Virginia, continued and held for this County at the Courthouse on September 16, 2008

A paper writing purporting to be the Last Will and Testament of **Phyllis R Phillips aka Phyllis Eileen Phillips SS# 232-28-8454** a resident of this County who died August 23, 2008, was this day presented to the Commission for probate

Debra N Kelly and Lisa H Kiser the subscribing witnesses, personally appeared before Melissa Chapman, a Notary Public for the State of West Virginia, and being first duly sworn, deposed and said that the foregoing paper writing was declared by the Testatrix to be her Last Will and Testament, in the presence of Debra N Kelly and Lisa H Kiser the subscribing witnesses, who in the presence and at the request of the Testatrix and in the presence of each other, signed the paper writing as attesting witnesses

Thereupon, this paper writing is admitted to probate and ordered to be recorded and filed as and for the Last Will and Testament of the decedent

On motion of Laura Lively Phillips, daughter, and the proper affidavit having been filed **Laura Lively Phillips of 765 Gordon Drive, Charleston, WV 25303 (PH) (304) 746-7772** is by the Commission duly confirmed as Executrix of the will, having been nominated as such in the Will

The Executrix is not required by terms of the Will to post bond

The estate of this decedent is referred to the Fiduciary Supervisor of Kanawha County, West Virginia

A true copy from the original

By \_\_\_\_\_



**Deputy Fiduciary Supervisor  
Kanawha County, West Virginia**

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION  
PHYSICIANS / MEDICAL EXAMINER'S CERTIFICATE OF DEATH  
ROOM 165, 350 CAPITOL STREET, CHARLESTON, WV 25301**

STATE FILE NUMBER  
**013167**

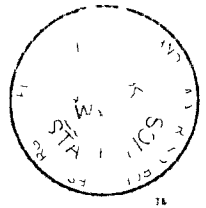
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

NAME OF DECEDENT  
For use by physician or saturation  
**Phyllis Phillips**

1 DECEDENT'S NAME (First Middle Last) <b>Phyllis R Phillips</b>						SEX <b>Fe</b>	3 DATE OF DEATH (Month Day Year) <b>8-23-2008</b>
4 SOCIAL SECURITY NUMBER <b>232-28-8454</b>		5a AGE Last Birthday (Years) <b>89</b>	5b UNDER 1 YEAR Months _____ Days _____	5c UNDER 1 DAY Hours _____ Minutes _____	6 DATE OF BIRTH (Month Day Year) <b>4-8-1919</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>St. Albans, WV</b>	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) <b>No</b>		9a PLACE OF DEATH (Check only one - see instructions on other side) <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>House Hospice</b>					
9b FACILITY NAME (If not institution give street and number) <b>Hubbard Hospice House</b>			9c CITY/TOWN OR LOCATION OF DEATH <b>Charleston</b>			9d COUNTY OF DEATH <b>Kanawha</b>	
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) <b>Widowed</b>		11 SURVIVING SPOUSE (If wife give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Secretary</b>		12b KIND OF BUSINESS/INDUSTRY <b>State of WV</b>	
13a RESIDENCE—STATE <b>WV</b>		13b COUNTY <b>Kanawha</b>		13c CITY/TOWN OR LOCATION <b>Charleston</b>		13d STREET AND NUMBER <b>629 Gordon Drive</b>	
13e INSIDE CITY LIMITS? (Yes or no) <b>Yes</b>		13f ZIP CODE <b>25314</b>		14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes specify Cuban Mexican Puerto Rican etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>No</b>		15 RACE—American Indian Black White etc (Specify) <b>White</b>	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary _____ Secondary (10 12) <b>1-12</b> College (1 4 or 5) _____						16B	
17 FATHER'S NAME (First Middle Last) <b>William Robinson</b>				18 MOTHER'S NAME (First Middle Maiden Surname) <b>Odessa Willard</b>			
19a INFORMANT'S NAME (Type/Print) <b>Laura Phillips</b>				19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>765 Gordon Dr., Charleston, WV 25303</b>			
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			20b PLACE OF DISPOSITION (Name of cemetery crematory or other place) <b>Human Gift Registry</b>			20c LOCATION—City or Town State <b>Morgantown, WV</b>	
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Linda F. Wilson</i>				22 NAME AND ADDRESS OF FACILITY <b>Barlow-Bonsall Funeral Home 1118 Virginia St., East</b>			
Complete items 23a-b only when certifying physician is not available at time of death to certify cause of death		23a To the best of my knowledge death occurred at the time date and place stated <b>Charleston, WV 25303</b>				23b DATE SIGNED (Month Day Year)	
24 TIME OF DEATH <b>0108</b> M		25 DATE PRONOUNCED DEAD (Month Day Year) <b>8-23-08</b>		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) <b>YES</b>			
27 PART I Enter the diseases injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest shock or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → a <b>Sub acute Hematoma</b> DUE TO (OR AS A CONSEQUENCE OF) b <b>Fall Down steps</b> DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____						Approximate Interval Between Onset and Death <b>8 days</b>	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or no)							
29 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending in litigation <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		30a DATE OF INJURY (Month Day Year) <b>8-15-08</b>		30b TIME OF INJURY <b>1715</b> M		30c INJURY AT WORK? (Yes or No) <b>NO</b>	
30d DESCRIBE HOW INJURY OCCURRED <b>Fell Down stairs at her home</b>				30e PLACE OF INJURY—At home farm street factory office building etc (Specify) <b>Home</b>			
30f LOCATION (Street and Number or P.O. Box Route Number City or Town State) <b>629 Gordon Dr Charleston WV</b>							
31a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge death occurred due to the cause(s) and manner as stated <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge death occurred at the time date and place and due to the cause(s) and manner as stated <input checked="" type="checkbox"/> MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the cause(s) and manner as stated						31b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel Nichols</i> <b>County Medical Examiner</b>	
31c DATE SIGNED (Month Day Year) <b>8-23-08</b>							
32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <b>Daniel Nichols P O Box 6054 Charleston, WV 25362</b>							
33 REGISTRAR'S SIGNATURE <i>Kathy Kemmish</i>						34 DATE FILED (Month Day Year) <b>AUG 26 2008</b>	

30310934

# STATE OF WEST VIRGINIA



B0310934

This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with

Vital Statistics  
Bureau for Public Health  
West Virginia Department of Health and Human Resources  
Charleston, West Virginia

Gary L. Thompson  
State Registrar

Date Certified Aug 26, 2008

The certified copy or information appears on the reverse side on multicolor surface  
Document contains heat-sensitive stamp and watermark

Do not accept without verifying watermark and heat-sensitive stamp

**WARNING!**

It is a crime punishable by fine and imprisonment to counterfeit or alter this certificate or to use the vital statistics record of another person for deceptive purposes