
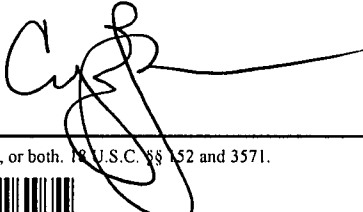


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| UNITED STATES BANKRUPTCY COURT - MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION | PROOF OF CLAIM Chapter 11 |
| Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP. | Judge JERRY A FUNK Case Number: 3:09-07047-JAF |
| NOTE: <i>This form should 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.</i> | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): American Express Bank, FSB | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ Filed on: _____ |
| Name and address where notices should be sent: Becket and Lee LLP Attorneys/Agent for Creditor POB 3001 Malvern, PA 19355-0701 Telephone number: 610-644-7800 | <div style="font-size: 2em; font-weight: bold; margin: 0;">CLAIM FILED</div> <div style="font-size: 0.8em; margin: 0;">JACKSONVILLE, FLORIDA</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0 0 0;">OCT 13 2009</div> |
| Name and address where payment should be sent (if different from above): <div style="text-align: center; font-weight: bold;">CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA</div> Telephone number: | <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 this box if you are the debtor or trustee in this case. |
| 1. Amount of Claim as of Date Case Filed: \$ <u>262,936.62</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. 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)(____). Amount entitled to priority: \$ _____ |
| 2. BASIS FOR CLAIM: <u>CREDIT CARD DEBT</u> (See instruction #2 on reverse side.) | <input type="checkbox"/> 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. |
| 3. Last four digits of account or other number by which creditor identifies debtor: <u>*****4004</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side) | |
| 4. Secured Claim. (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff 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 Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgements, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | Amount entitled to priority: \$ _____ |
| Date: 9/23/09 <div style="text-align: center;">Becket & Lee LLP, Attorneys/Agent for Creditor</div> | <div style="text-align: center;">FOR COURT USE ONLY</div> <div style="text-align: center;">T, B & W Mortgage Corp.</div> <div style="text-align: center;">  00148 </div> |






Business Centurion® Card

OPEN SM

787,706
**Membership Rewards®
Points Available**
at 08/31/09, when charges due are paid in full and all accounts are in good standing.

Prepared For
SHERRY D DICKINSON
T B W INC

Account Number
4004

Closing Date
09/18/09

Page 1 of 5

| | | | |
|---------------------|---------------------|----------------------------------|----------------|
| Previous Balance \$ | Payment Activity \$ | New Activity \$ Inc. Adjustments | New Balance \$ |
| 263,705.06 | 0.00 | -768.44 | 262,936.62 |

**Please Pay By
10/03/09**

Amount Due Includes:
Past due amount
\$262,936.62

Please refer to page 2 for important information regarding your account

Line Summary
at 09/18/09

| | |
|---------------------|-------------------------|
| Total Paset Line \$ | Available Paset Line \$ |
| 0.00 | 0.00 |

Your account has been cancelled and suspended.

To manage your Account online or to pay your bill, please visit us at open.americanexpress.com. For additional contact information, please see the reverse side of this page.

Cardmember Snapshot

| Cardmember Name | Card Number | Total New Activity \$ |
|---------------------------|-------------|-----------------------|
| SHERRY D DICKINSON | 4004 | 0.00 |
| LEE B FARKAS | 7015 | -768.44 |
| Total New Activity | | -768.44 |

Activity

* Indicates posting date

Amount \$

Total of Payment Activity 0.00

Due in Full Activity for SHERRY D DICKINSON Amount \$

4004

Total of Due in Full Activity for SHERRY D DICKINSON 0.00

Due in Full Activity for LEE B FARKAS

7015

| | | |
|----------|--|-------------------|
| 08/20/09 | COMMUNITY BANKERS ASCOLUMBUS 614-846-8124 | -597.00 Credit |
|----------|--|-------------------|

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number
4004

Please Pay By:
10/03/09

Continued on Page 3

To Pay by Computer, visit open.com/pbc.

To Pay by Phone, call 1-800-472-9297.

Enter account number on all documents.

Make check payable to American Express.

See Finance Charges section on reverse side for a description of when additional Finance Charges are not assessed on Features.

SHERRY D DICKINSON
T B W INC
315 NE 14TH ST
OCALA FL 34470-4112

Amount Due
\$262,936.62



Mail Payment to:

AMERICAN EXPRESS
PO BOX 360001
FT LAUDERDALE FL 33336-0001



4004



Prepared For
SHERRY D DICKINSON
T B W INC

Account Number
4004

Closing Date
09/18/09

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| Due in Full continued | | Amount \$ |
|---|---------------------------|----------------|
| 08/22/09 | HOLIDAY INN & SUITESOCALA | -171.44 |
| | Arrival Date: 08/22/09 | Credit |
| | Departure Date: 08/22/09 | |
| | 00000000 | |
| | LODGING | |
| Total of Due in Full Activity for LEE B FARKAS | | -768.44 |
| Total Due in Full Activity | | -768.44 |

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SENDER'S EXT. _____


- * ALSO MEMBER NJ E
- ALSO MEMBER FL BAR
- + ALSO MEMBER CA BAR

Re: **PROOFS OF CLAIM**

Enclosed please find Proofs of Claim for immediate filing. Please file stamp the extra copies provided and return them in the enclosed pre-addressed envelope(s). If there is an error in the bankruptcy number, or any other defect in the Proofs of Claim, please also return the erroneous document(s) in the envelope provided.

Please do not hesitate to contact our office if we may assist you in the processing of these documents. Thank you for your cooperation.

Very truly yours,
BECKET & LEE

BY: 
Thomas A. Lee III

Encl.