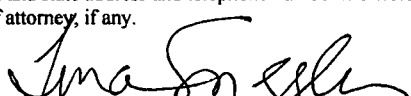



| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div. | | PROOF OF CLAIM |
| Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP. | | Case Number: 3:09-bk-07047-JAF |
| NOTE: 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 (the person or other entity to whom the debtor owes money or property): William R and Tina M Ziegler | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. |
| Name and address where notices should be sent: William R and Tina M Ziegler 4191 Gayiety Ave Mojave, CA 93501 | | Court Claim Number: _____ (If known) |
| Telephone number: (661) 824-2083 | | Filed on: _____ |
| Name and address where payment should be sent (if different from above): CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. |
| Telephone number: | | <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>2,490.73</u> | | 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 checked="" 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: \$ _____ *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. |
| 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 claim. Attach itemized statement of interest or charges. | | |
| 2. Basis for Claim: <u>Mortgage Note</u> (See instruction #2 on reverse side.) | | |
| 3. Last four digits of any number by which creditor identifies debtor: <u>7137</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 of running accounts, contracts, judgments, 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 instruction 7 and 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: | | |
| Date: 12/22/2009 | 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.  | FOR COURT USE ONLY T, B & W Mortgage Corp.  00483 |

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



TBW

1417 North Magnolia Avenue
Ocala, Florida 34475
888 225-2164

MONTHLY BILLING STATEMENT

General Billing Info:

| | |
|----------------------------|-------------------|
| Statement Date: | 01/06/2009 |
| Loan Number: | 2817137 |
| Interest Rate: | 6.375% |
| Payment Due Date: | 02/01/2009 |
| Regular Monthly Payment: | \$2,490.73 |
| Total Payment(s) Due: | \$2,490.73 |
| Unpaid Late Charges: | \$0.00 |
| Unpaid NSF Fees: | \$0.00 |
| Other Unpaid Fees/Charges: | \$0.00 |
| Total Due: | \$2,490.73 |

William Roy Ziegler II & Tina Marie Zieg
4191 Gayiety Avenue
Mojave, CA 93501

Account Balances:

| | |
|--------------------------------|--------------|
| Principal Bal. on 01/06/2009 | \$310,946.46 |
| Escrow Bal. on 01/06/2009 | \$2,563.66 |
| Interest Paid Year to Date | \$1,653.46 |
| Taxes Paid Year to Date | \$0.00 |
| Insurance Paid Year to Date | \$0.00 |
| Late Charges Paid Year to Date | \$0.00 |

Recent Activity:

| Date | Description | Principal Amount | Interest Amount | Escrow Amount | Other Funds | Late Charge | Total |
|------------|---------------------------------------------------------|------------------|-----------------|---------------|-------------|-------------|------------|
| 12/09/2008 | Escrow Disbursement FHA Premium Reconciliation Group | \$0.00 | \$0.00 | \$-127.46 | \$0.00 | \$0.00 | \$-127.46 |
| 12/30/2008 | Interest on T&I | \$0.00 | \$0.00 | \$11.76 | \$0.00 | \$0.00 | \$11.76 |
| 01/05/2009 | Regular Payment | \$293.71 | \$1,653.46 | \$543.56 | \$0.00 | \$0.00 | \$2,490.73 |

Customer Service Info:

Customer Service Inquiries:
(888) 225-2164
(352) 671-0250

View Account Information online:
www.TaylorBean.com

Customer Service Hours:
9:00 am - 8:00 pm EST
Monday through Friday

E-mail us:
Loaninfo@taylorbean.com

Insurance Information:

Ins Co Name: Interinsurance Exchange of the Auto
Ins Policy No.: CHO 019281186

Thank you for your prompt payment!

A copy of your IRS 1098 form is available online.
Click on "Get Started" and select the "Statement/Documents" tab.

Detach Here

Loan #: 2817137

Property Address:

4191 Gayiety Avenue
Rosamond, CA 93560

Customer:

William Roy Ziegler II & Tina Marie Zieg
4191 Gayiety Avenue
Mojave, CA 93501

Undesignated additional funds will be applied first to advances or fees due and then to principal.

| | |
|---------------------------------------------|-------------------|
| PAYMENT DUE DATE: | 02/01/2009 |
| Regular Monthly Payment: | \$2,490.73 |
| Total Amount Due: | \$2,490.73 |
| Amount Due if Received After 02/16/2009: | \$2,590.36 |

MORTGAGE PAYMENT COUPON

Please allow 7-14 days for delivery via mail.

Extra Principal Paid:

Extra Escrow Paid:

Late Charge Paid:

Enter Total Amount Paid:

Taylor, Bean & Whitaker Mortgage Corp
P.O. Box 628204
Orlando, FL 32862-8204

0002817137000024907300002590365