

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):

Jose Maldonado

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Sam A. Mackie, Atty at Law
122 S. Bumby Ave. Ste. A
Orlando, FL 32803

Court Claim Number: (If known)

Telephone number:

CLAIM FILED JACKSONVILLE, FLORIDA

Filed on:

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

DEC 31 2009

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:

CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 9716.74

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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: deposit/escrow monies

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor:

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).

3a. Debtor may have scheduled account as:

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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: Real Estate Motor Vehicle Other

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).

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: deposit/escrow monies

Amount of Secured Claim: \$9716.74 Amount Unsecured: \$

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

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.

Amount entitled to priority:

\$

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*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 the documents are not available, please explain:

Date: 12/16/09

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.



00531

Jose Maldonado (Jose Maldonado)

Attachments:

- 1 Claimant Jose Maldonado files a claim for deposit/escrow monies in the amount of nine thousand seven hundred sixteen and 74/1000 dollars (\$9,716.74);
- 2 Redacted copy of the check (front and back) is attached, along with a redacted copy of the NSF/return unpaid bank statement;
- 3 Claim/photocopy; and
- 3 Stamped, self-addressed envelope for returning "Filed" Claim copy to addressee.

TAYLOR, BEAN & WHITAKER
Mortgage Corporation
315 NE 14th Street
Orlando, Florida 32818
www.DisbursementClearingAccount.com

Platinum Community Bank

NO. 396971

Nine Thousand Seven Hundred Sixteen and 74/100

DATE August 10, 2009

AMT. \$9,716.74

PAY TO THE ORDER OF

JOSE MALDONADO
P O BOX 450234
KISSISSNEE FL 34745

Jose Maldonado
AUTHORIZED SIGNATURE

⑆ 396971⑆ ⑆ 071976⑆ ⑆ 000090⑆ 015⑆

SUNTRUST BANK

1-800-786-8787

Date: Aug 31, 2009 Advice D-592072

The following deposited check(s) were returned to SunTrust unpaid. The amount of the check(s) and applicable fees have been deducted from your account. If your checks are not enclosed, please call us.

JOSE I MALDONADO OR
LIZETTE MALDONADO
PO BOX 450234
KISSIMMEE FL 34745-0234

Acct: [REDACTED]

[REDACTED] 6929

SEQ # ITEM AMOUNT
017597 9,716.74

1 Item charged totaling \$9,716.74

1 Item charged a fee totaling \$10.00

Advice Total \$9,726.74 (D)

[REDACTED]

[REDACTED] 6929 [REDACTED]

[REDACTED]

Security Features:
 MICR printing and magnetic ink
 Void if torn
 Void if altered
 Void if photocopied
 Void if scanned
 Void if laminated
 Void if glued
 Void if stapled
 Void if folded
 Void if cut
 Void if scratched
 Void if marked
 Void if written on
 Void if inked
 Void if inked over
 Void if inked under
 Void if inked inside
 Void if inked outside
 Void if inked on the back
 Void if inked on the front
 Void if inked on the top
 Void if inked on the bottom
 Void if inked on the left
 Void if inked on the right
 Void if inked on the top edge
 Void if inked on the bottom edge
 Void if inked on the left edge
 Void if inked on the right edge

2152 < [REDACTED]
08/20/2009

SUNTRUST BANK
KISSIMMEE FL
0722 5929

6165 [REDACTED]

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

0135735006929
A. J. Maldonado

Do not endorse or write below this line.

0146 [REDACTED]
08/21/2009
0301* [REDACTED]
08/21/2009
5929 [REDACTED]



Notice of Hold

JOSE I MALDONADO OR
LIZETTE MALDONDO
PO BOX 450234
KISSIMMEE FL 34745-0234

This notice is issued in compliance with "Regulation CC" as part of the Expedited Funds Availability Act of 1987.

Account Number:	██████████6929	Deposit Date:	08/20/2009
Amount of Deposit:	\$9,716.00	Date Hold Placed:	08/25/2009
Amount of deposit not available for withdrawal:	\$9,716.74		

We are delaying the availability for withdrawal on the following check(s):

Maker: TAYLOR BEAN & WHITAKER
Reason for Return: NSF

We are taking this action for the following reason:

We have received notice that a check you deposited is being returned unpaid.

If you did not receive this notice at the time you made the deposit and the deposited check(s) is paid, we will refund any SunTrust fees for unavailable funds that result solely from the additional delay. If you have questions regarding the availability of a refund, contact your branch of account.

Prepared By: Incoming Returns

Date Prepared: 08/25/2009

Sam A. Mackie, P. A.

Attorney & Counselor at Law

122 S. Bumby Ave., Ste. A
Orlando, FL 32803-6225

Tel. (407) 894-0820
Fax (407) 898-6990

29 December 2009

TB& W Mortgage
c/o BMC Group, Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

Certified/RRR:

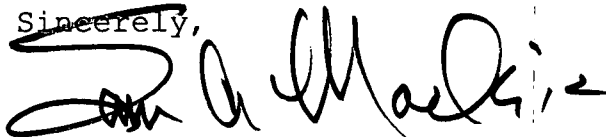
7006-2150-0001-4693-3096

Dear Clerk:

Enclosed is my client's claim form with attachments, a claim form copy, and a self-addressed and stamped envelope so that the "Filed" claim form copy can be returned to me.

Please telephone if there are any questions.

Sincerely,



Sam A. Mackie, Atty at law

enclosures

c: Jose Maldonado

Kevin Mangum, Esq.