

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):

JOHN LANE

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

Name and address where notices should be sent:

JOHN LANE
124 MARTIN ST UNIT 6
Lowell, MA 01854

Court Claim Number: (If known)

Telephone number:

978 453 3096 (H); 978 479 4521 (cell)

Filed on:

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

Same

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:

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

1. Amount of Claim as of Date Case Filed: \$ 1369.38

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.

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.

2. Basis for Claim: INCORRECTLY LENDER PURCHASED INSURANCE (See instruction #2 on reverse side.)

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: 3777

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: (See instruction #3a on reverse side.)

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

CLAIM FILED JACKSONVILLE, FLORIDA

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, JAN 19 2010

If any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$ CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

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).

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. 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.)

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: 1-13-10

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.

John Lane JOHN LANE

FOR COURT USE ONLY

T, B & W Mortgage Corp.



00720

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

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

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).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

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. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

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.

4. Secured Claim:

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 documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

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.

6. Credits:

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.

7. Documents:

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). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

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.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

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. 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.

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).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

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.

Redacted

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.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

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), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Claim by John Lane against Taylor, Bean and Whitaker (TBW)

On 04/10/09 TBW bought insurance for \$1369.38, despite the fact that I had sent in proof of coverage, which caused my escrow account to go negative in value. On August 13, 2009 TBW finally updated their records, but because of the bankruptcy I have not received my funds.

Included is loan history with TBW showing when they bought the insurance, a TBW statement from April 2009 which shows they had information of my insurance coverage, and a proof of insurance coverage (124 Martin Street Condo Assoc) from April 2008 to April 2010. 92

My loan number with TBW was 1030185. When it got transferred to Cenlar the loan # became 0030022438.

John Lane
124 Martin St Unit 6
Lowell, MA 01854



101 High Street, PO Box: 40, Norwich, CT 06360

NEW LONDON COUNTY MUTUAL
INSURANCE COMPANY

HABITATIONAL
COMMERCIAL PACKAGE POLICY

POLICY NUMBER: ORC33880
RENEWAL POLICY

DIRECT BILL INSURED
4 PAY PLAN

NAMED INSURED ASSOCIATION
124 MARTIN STREET CONDO ASSOC
124 MARTIN STREET UNIT #5
LOWELL MA 01854

Policy Period: From 02/14/08 to 02/14/09 , 12:01 AM Standard Time at the Insured Location

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

"Premium For Certified Acts of Terrorism = \$97 ."

COVERAGE PART(S) ATTACHED	PREMIUM
COMMERCIAL PROPERTY COVERAGE PART(S)	\$2,822
COMMERCIAL GENERAL LIABILITY COVERAGE PART(S)	\$1,117
TOTAL POLICY PREMIUM	\$3,939

COMMON FORMS THAT APPLY TO ALL COVERAGE PARTS

CG 00 01	07-98	COMMERCIAL GENERAL LIABILITY COVERAGE PART
CG 21 39	10-93	CONTRACTUAL LIABILITY LIMITATION
CG 21 46	07-98	ABUSE OR MOLESTATION EXCLUSION
CG 21 47	07-98	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
CP 01 09	03-98	MASSACHUSETTS CHANGES
CP 02 99	11-85	CANCELLATION CHANGES
IL 00 17	11-98	COMMON POLICY CCNDITIONS
IL 00 21	03-98	NUCLEAR ENERGY LIABILITY EXCLUSION
NMP-JTL	11-97	JOINT LOSS PROVISION
NMP-NPYR	08-92	COORDINATION OF COMPANY LIMITS

RECEIVED
DEC 07 2007
BY: [Signature]

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

DATE ISSUED: 12/03/07

TIER 2

AGENCY 785 CLOUTIER INSURANCE AGENCY

DRACUT

MA

PHONE: (978) 957-4881

CPPDEC1

AGENT'S COPY



101 High Street, PO Box 40, Norwich, CT 06360

NEW LONDON COUNTY MUTUAL
INSURANCE COMPANY

HABITATIONAL COMMERCIAL PACKAGE POLICY

POLICY NUMBER: ORC33880
RENEWAL POLICY

DIRECT BILL INSURED
4 PAY PLAN

NAMED INSURED ASSOCIATION
124 MARTIN STREET CONDO ASSOC
124 MARTIN STREET UNIT #5
LOWELL MA 01854

Policy Period: From 02/14/09 to 02/14/10 , 12:01 AM Standard Time at the Insured Location

This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment.

"Premium For Certified Acts of Terrorism = \$105 ."

COVERAGE PART(S) ATTACHED	PREMIUM
COMMERCIAL PROPERTY COVERAGE PART(S)	\$2,879
COMMERCIAL GENERAL LIABILITY COVERAGE PART(S)	\$713
TOTAL POLICY PREMIUM	\$3,592

COMMON FORMS THAT APPLY TO ALL COVERAGE PARTS

CG 00 01	07-98	Commercial General Liability Coverage Form
CG 21 39	10-93	Contractual Liability Limitation
CG 21 46	07-98	Abuse or Molestation Exclusion
CG 21 47	07-98	Employment-Related Practices Exclusion
CP 00 90	07-88	Commercial Property Conditions
CP 01 09	03-98	Massachusetts Changes
CP 02 99	11-85	Cancellation Changes
IL 00 17	11-98	Common Policy Conditions
IL 00 21	03-98	Nuclear Energy Liability Exclusion
NMP-JTL	11-97	Joint Loss Provision
NMP-NPYR	08-92	Coordination of Company Limits

RECEIVED
APR 06 2010
BY: [Signature]

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

DATE ISSUED: 03/31/09

TIER 2

AGENCY 785 CLOUTIER INSURANCE AGENCY

DRACUT

MA

PHONE: (978) 957-4881

CPPDEC1

AGENT'S COPY



TB&W

1417 North Magnolia Avenue
Ocala, Florida 34475
888.225.2164

MONTHLY BILLING STATEMENT

John Lane
124 Martin Street Unit 6
Lowell, MA 01851

General Billing Info:

Statement Date: 04/02/2009

Loan Number: 1030185

Interest Rate: 5.875%

Payment Due Date: 05/01/2009

Regular Monthly Payment: \$824.95

Total Payment(s) Due: \$824.95

Unpaid Late Charges: \$0.00

Unpaid NSF Fees: \$0.00

Other Unpaid Fees/Charges: \$0.00

Total Due: \$824.95

Account Balances:

Principal Bal. on 04/02/2009 \$101,801.20

Escrow Bal. on 04/02/2009 \$502.04

Interest Paid Year to Date \$2,058.00

Taxes Paid Year to Date \$445.11

Insurance Paid Year to Date \$208.00

Late Charges Paid Year to Date \$0.00

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: New London County Insurance Comf
Ins Policy No. BINDER

Recent Activity:

Date	Description	Principal Amount	Interest Amount	Escrow Amount	Other Funds	Late Charge	Total
03/27/2009	Curtaiment	\$3,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,900.00
03/27/2009	Interest on T&I	\$0.00	\$0.00	\$2.00	\$0.00	\$0.00	\$2.00
04/01/2009	Regular Payment	\$157.44	\$499.17	\$168.34	\$0.00	\$0.00	\$824.95

