

UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div.	PROOF OF CLAIM
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Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	Case Number: 3:09-bk-07047-JAF
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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): Delaney, Sharlene E. and Joseph T.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: 42708 County Highway 60 Perham, MN 56573	Court Claim Number: _____ <i>(If known)</i>
Telephone number: (218) 346-3066	Filed on: _____

CLAIM FILED

JACKSONVILLE, FLORIDA

FEB 16 2010

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


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>1,000.00</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 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.
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2. Basis for Claim: <u>Mtg. payment not applied.</u> (See instruction #2 on reverse side.)	<input type="checkbox"/> 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: <u>4746</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<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).

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: \$ _____	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
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:	<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).

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.	<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)(____).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Date: 02/05/2010	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. Sharlene E. Delaney Sharlene E. Delaney Joseph T. Delaney Joseph T. Delaney	FOR COURT USE ONLY T, B & W Mortgage Corp.  00938
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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.

JOE OR SHARLENE DELANEY
 42708 COUNTY HIGHWAY 60
 PERHAM, MN 56573
 218-346-3066

3852
 1007/912
 142076

Date: 7/11/09

Pay to the Order of Taylor Bean & Whitaker \$ 1000⁰⁰

One Thousand and no/100 Dollars

UNITED COMMUNITY BANK
 166 2nd St SW, Perham, MN 56573
 122 W Main, Frazee, MN 56544
 218-346-5700; 218-334-8501

For # 3345457 Sharlene Delaney

⑆091210074⑆ ⑆1430207006⑆ 3852 ⑆0000000000⑆

Water Calc: Bradford Exchange Checks 1-800-323-8104 www.bradfordexchangechecks.com

142076 8/4/2009 3852 \$1000.00

TAYLOR BEAN & WHITAKER

07/31/09 OPERATOR: 12

FOR DEPOSIT ONLY
 8037152645

COLONIAL BANK ORLANDO FL
 0631132224
 3070297770

142076 8/4/2009 3852 \$1000.00



UNITED COMMUNITY BANK

155 SECOND ST. S.W. • P.O. BOX 249
PERHAM, MN 56573-0249
PHONE 218/346-5700

211 MARKET DR. • P.O. BOX 249
PERHAM, MN 56573-0249
PHONE 218/346-5707

122 WEST MAIN • P.O. BOX 156
FRAZEE, MN 56544-0156
PHONE 218/334-5501

JOE DELANEY
SHARLENE DELANEY
42708 CTY. HWY 60
PERHAM MN 56573

ACCOUNT NUMBER
142076
TAX I D NUMBER
STATEMENT DATE
Aug 26, 2009

Pg 1 of 2

07/23/2009	Beginning Balance	FREEDOM CHECK	2,151.13
	16 Deposits/Other Credits	+	4,739.00
	37 Checks/Other Debits	-	4,902.46
08/26/2009	Ending Balance	35 Days in Statement Period	1,987.67

----- Deposits/Other Credits -----

07/24/2009	Deposit	120.00	L
07/24/2009	ACH Deposit	1,000.00	L
	S J ELECTRO SYST PAYROLL		
07/29/2009	ACH Deposit	25.00	L
	MN DEPT OF DEED UI BENEFIT		
07/29/2009	ACH Deposit	295.00	L
	MN DEPT OF DEED UI BENEFIT		
07/30/2009	Deposit	50.00	L
08/05/2009	ACH Deposit	25.00	L
	MN DEPT OF DEED UI BENEFIT		
08/05/2009	ACH Deposit	259.00	L
	MN DEPT OF DEED UI BENEFIT		
08/07/2009	ACH Deposit	1,000.00	L
	S J ELECTRO SYST PAYROLL		
08/12/2009	ACH Deposit	25.00	L
	MN DEPT OF DEED UI BENEFIT		
08/12/2009	ACH Deposit	295.00	L
	MN DEPT OF DEED UI BENEFIT		
08/19/2009	ACH Deposit	25.00	L
	MN DEPT OF DEED UI BENEFIT		
08/19/2009	ACH Deposit	295.00	L
	MN DEPT OF DEED UI BENEFIT		
08/21/2009	ACH Deposit	1,000.00	L
	S J ELECTRO SYST PAYROLL		
08/24/2009	Deposit	5.00	L
08/26/2009	ACH Deposit	25.00	L
	MN DEPT OF DEED UI BENEFIT		
08/26/2009	ACH Deposit	295.00	L
	MN DEPT OF DEED UI BENEFIT		

----- Checks listed in numerical order; (*) indicates gap in sequence -----

Check	Date	Amount	Check	Date	Amount
3844	07/27	40.50 ✓	3855	08/25	212.54 ✓
3845	07/23	30.18 ✓	3856	08/03	36.39 ✓
3846	07/28	122.43 ✓	3857	08/03	30.67 ✓
3848*	07/27	7.36 ✓	3860*	08/12	300.00 ✓
3849	07/27	20.20 ✓	3861	08/25	20.00 ✓
3850	07/27	50.39 ✓	3862	08/10	22.47 ✓
3851	07/27	24.65 ✓	3863	08/10	63.15 ✓
3852	08/04	1,000.00 ✓	3864	08/10	20.48 ✓
3853	07/29	25.86 ✓	3865	08/14	116.22 ✓
3854	08/04	23.27 ✓	3867*	08/17	57.81 ✓

FDIC

You're All Along Friends.

