


PROOF OF CLAIM	
In re: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	Case Number: 3:09-bk-07047-JAF
<p><small>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.</small></p> <p style="text-align: right;"><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.</p>	
<p>Name of Creditor and Address: the person or other entity to whom the debtor owes money or property. If necessary, please cross out pre-printed address and write in changed address.</p> <p>CARSON + JEAN CHAPIN 1683 S MAIN ST. HANOVER TOWNSHIP, PA. 18706 (570) 234-5158</p> <p style="text-align: right;">MAR 19 2010 CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA</p>	
<p>Creditor Telephone Number (570) 951-9366 <input checked="" type="checkbox"/> Check box if address is where Notice is to be sent!</p> <p>Name and address where payment should be sent (if different from above):</p> <p style="text-align: center;">SAME AS ABOVE</p> <p style="text-align: right;"><input type="checkbox"/> Check this box if you are the debtor or trustee in this case. NA</p> <p style="text-align: right;"><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): NA</p> <p style="text-align: right;">Filed on: _____</p>	
<p>Payment Telephone Number () SAME AS ABOVE</p> <p>1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ _____</p> <p>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.</p> <p><input checked="" 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.</p>	
<p>2. BASIS FOR CLAIM: MONEY HELD IN ESCROW (See instructions #2 and #3a on reverse side.)</p> <p>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 0755 OR 3191 3a. Debtor may have scheduled account as:</p>	
<p>4. SECURED CLAIM (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information</p> <p>Nature of property or right of setoff: _____</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle _____</p> <p>Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____</p> <p>Secured Claim Amount: \$ 3401.76 Unsecured Claim Amount: \$ 3391.76</p> <p style="text-align: right;">DO NOT include the priority portion of your claim here.</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, _____</p>	
<p>5. PRIORITY CLAIM</p> <p><input type="checkbox"/> 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. Unsecured Priority Claim Amount: \$ _____ Include ONLY the priority portion of your unsecured claim here.</p> <p>You MUST specify the priority of the claim:</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <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).</p> <p><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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(6).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).</p> <p><small>* 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.</small></p>	
<p>6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain.</p> <p>DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p>	
<p>The original of this completed proof of claim form must be sent by mail, hand, courier or overnight delivery (facsimile, telecopy or other electronic means NOT accepted), so that it is actually received on or before 5:00 p.m. prevailing Eastern Time on June 15, 2010, the Bar Date (as defined in the Bar Date Notice).</p> <p>By Regular Mail to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 Chanhassen, MN 55317-3020</p> <p>By Hand, Courier, Or Overnight Delivery to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing 18750 Lake Drive East Chanhassen, MN 55317</p>	
DATE 3-5-10	<p>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.</p> <p style="text-align: center;"><i>Jean Chapin</i></p>
<p>THIS SPACE FOR COURT USE ONLY</p> <p style="text-align: right;">T, B & W Mortgage Corp.</p>  <p style="text-align: right;">01259</p>	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

Vantage Trust Federal Credit Union
Visit Our New Pittston Branch!
405 Laurel Street
Pittston, PA 18640
570-602-3650

Account Adjustment Receipt

Account Number XXXXXXXX27-078
Short Name C CHAFIN
Transaction Date 09/01/09
Control Numbers 38219 041 26

Adjustment Amount - DEBIT 10.00-
Description RET CK FEE

New Share Draft Balance 455.80
G/L Account Number 130-011
G/L Description RET CK FEE

Date / Time Stamp: 09/01/09 02:59:08PM

Vantage Trust Federal Credit Union
Visit Our New Pittston Branch!
405 Laurel Street
Pittston, PA 18640
570-602-3650

Account Adjustment Receipt

Account Number XXXXXXXX27-078
Short Name C CHAFIN
Transaction Date 09/01/09
Control Numbers 38218 041 26

Adjustment Amount - DEBIT 3,391.76-
Description RET CK 390125

New Share Draft Balance 465.80
G/L Account Number 730-001
G/L Description 15727RETCK390125

Date / Time Stamp: 09/01/09 02:58:52PM

VAntage Trust

Federal Credit Union

www.VAntagetrustfcu.org

September 3, 2009

Carson W & Jean Chapin
1683 S Main St.
Hanover Twp., PA 18706

071000301
08/25/2009
6515556004

This is a LEGAL COPY of
your check. You can use it
the same way you would
use the original check.

08/24/2009
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THIS DOCUMENT CONTAINS SECURITY FEATURES

TAYLOR, BEAN & WHITAKER Mortgage Corporation 315 NE 14th Street Ocala, Florida 34470 Escrow Disbursement Clearing Account		Platinum Community Bank 70-7448-719	NO. 390125 CHECK NO. 390125
Three Thousand Three Hundred Ninety One and 78/100		DATE August 25, 2009	AMOUNT \$3,391.76
PAY TO THE ORDER OF: JEAN CHAPIN & CARSON CHAPIN 1683 SOUTH MAIN ST. HANOVER TWP, PA 18703	Returned Because NSF	<i>[Signature]</i>	
320015261 08-25-09 101 4889		AUTHORIZED SIGNATURE	

⑈390125⑈ ⑆071974453⑆ 0000904015⑈ ⑆0000339176⑆

⑈390125⑈

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Enclosure

Main Office
881 Mundy Street
Wilkes Barre, PA 18702
Ph: (570) 819-3337
Fax: (570) 819-3366
Toll Free: (800) 749-5290

VA Medical Center Branch
2nd Floor
VA Medical Center
Wilkes Barre, PA 18702
Ph: (570) 824-5546
Fax: (570) 820-7715

Bankruptcy/Restructuring
www.bmcgroup.com
158 South Market Street
Nanticoke, PA 18634
Ph: (570) 258-3200
Fax: (570) 258-3203

