


UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div.		PROOF OF CLAIM
Name of Debtor: Taylor, Bean & Whitaker		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): Deborah S. Butler		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Deborah S. Butler, 8037 Highway 11 North, Des Arc, AR 72040		Court Claim Number: _____ (If known)
Telephone number: (870) 256-3125		Filed on: _____
Name and address where payment should be sent (if different from above): Deborah S. Butler, 8037 Highway 11 North, Des Arc, AR 72040		<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: (870) 256-3125		<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>890.08</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.
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-insuf ck</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>8627</u>		<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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> 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: <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"/> 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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).
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"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ <i>*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.</i>
Date: 02/09/2010	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. Deborah S. Butler <i>Deborah S. Butler (Deborah S. Butler)</i>	FOR COURT USE ONLY T, B & W Mortgage Corp.  01301

000001*
20/2009
L.L.L.53574

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

08/19/2009
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[082907477]

TAYLOR, BEAN & WHITAKER Mortgage Corporation 315 NE 140 th Street Ocala, Florida 34470 Escrow Disbursement Clearing Account		Platinum Community Bank 70-744-719	
Eight Hundred Ninety and 08/100		NO. 395869	
PAY TO THE ORDER OF: DEBORAH S BUTLER 8037 HWY 71 NORTH DES ARC AR 72040		CHECK NO. 395869	
DATE August 7, 2009		AMOUNT \$890.08	
310705945		AUTHORIZED SIGNATURE <i>Kevin Whittaker</i>	
⑈ 395869⑈		⑈ 0000904065⑈	

What are my rights regarding substitute checks?

In certain cases, federal law provides a special procedure that allows you to request a refund for losses you suffer if a substitute check is posted to your account (for example, if you think that we withdrew the wrong amount from your account (for that we withdrew money from your account more than once for the same check). The losses you may attempt to recover under this procedure may include the amount that was withdrawn from your account and fees that were charged as a result of the withdrawal (for example, bounced check fees).

A description of why you have suffered a loss (or why the amount withdrawn was incorrect)
An estimate of the amount of your loss
An explanation of why the substitute check you received is insufficient to confirm that you suffered a loss
A copy of the substitute check (and/or) the following information to help us identify the substitute check: the check number, the name of the person to whom you wrote the check, the amount of the check and the date of the check.

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⑈0000089008⑈

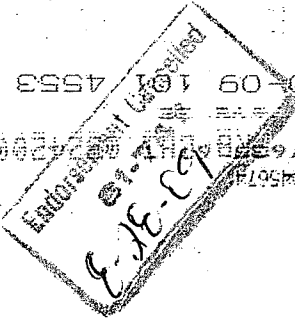
081000045 08/20/2009
6615669435
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ENDORSE HERE

Richard J. Butler

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
PLEASE PRINT FULL NAME AND ADDRESS

1409391



>082907477< 08/19/2009
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Security Features:
Bank MICR Numbers
Void Panograph
Warning Band

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