


<b>UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION</b>		<b>PROOF OF CLAIM</b>	
In re: <b>TAYLOR, BEAN &amp; WHITAKER MORTGAGE CORP.</b>		Case Number: <b>3:09-bk-07047-JAF</b>	
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.		<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.	
<b>Name of Creditor and Address:</b> the person or other entity to whom the debtor owes money or property <small>If necessary, please cross out pre-printed address and write in change of address.</small>			
DONALD J. LOMAX & SCARLETTE B. LOMAX c/o Michael K. Williamson 114 Franklin Street Clarksville, TN 37040 ph #931 647-8500			
Creditor Telephone Number (931) 647-8500		<input type="checkbox"/> Check box if address is where Notice is to be sent.	
Name and address where payment should be sent (if different from above): Donald J. Lomax & Scarlette B. Lomax 30 South Boone Street Erin, TN 37061		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Payment Telephone Number ( )		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): Filed on: _____	
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>8,896.09</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.			
<b>2. BASIS FOR CLAIM:</b> <u>Dishonored check</u>		<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>8608</u> 3a. Debtor may have scheduled account as: _____	
<b>4. SECURED CLAIM</b> (See instruction #4 on reverse side.) 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 <b>Nature of property or right of setoff:</b> Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ <u>JACKSONVILLE, FLORIDA</u>		Secured Claim Amount: \$ _____ <b>DO NOT</b> include the priority portion of your claim here. Unsecured Claim Amount: \$ _____ <b>CLAIM FILED</b> Amount of arrears and other charges as of time case filed included in secured claim. Basis for Perfection: _____	
<b>5. PRIORITY CLAIM</b> <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. <b>You MUST specify the priority of the claim:</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		MAR 29 2010 CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA <input type="checkbox"/> Up to \$2,428 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <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) ( _____ ). * 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.	
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
<b>7. SUPPORTING DOCUMENTS:</b> 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.) <b>DATE-STAMPED COPY</b> 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.			
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). <b>By Regular Mail to:</b> BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 Chanhassen, MN 55317-3020		<b>THIS SPACE FOR COURT USE ONLY</b> T, B & W Mortgage Corp.  01339	
<b>DATE</b> 03-23-2010	<b>SIGNATURE:</b> 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. /s/ Michael K. Williamson, Atty for Donald & Scarlette Lomax		



**TRADITIONS**  
First Bank  
ERIN, TN 37061



**THIS IS YOUR RECEIPT**  
WHEN MAKING A DEPOSIT AT A TELLER'S WINDOW,  
ALWAYS OBTAIN AN OFFICIAL RECEIPT.

Checks and other items are received for deposit subject to the provisions of the Uniform Commercial Code or any applicable collection agreement.

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL. BANK SYMBOL, TRANSACTION NUMBER AND AMOUNT OF DEPOSIT ARE SHOWN AT RIGHT.

DDA DEPOSIT

\*\*\*:\*\*\*:8,896.09

Account: 0000000000005819

Transaction 0121 by LORIAN

Received 9/8/2009 at 09:149am

to drawer 005 on 9/8/2009 business.

qa ✓

**SCARLETT E LOMAX & ASSOCIATES**

10502 E. MAIN STREET  
ERIN, TN 37061  
615-761-1177

Platinum Community Bank

NO. 383897

Eight Thousand Eight Hundred Ninety Six and 09/100

DATE

July 24, 2009

Dollars

\$8,896.09

DONALD J & SCARLETT E LOMAX  
VAUGHN HOME IMPROVEMENT  
30 SOUTH BOGONE STREET  
ERIN TN 37061



Traditions First Bank  
PO Box 485  
Erin, TN 37061

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SCARLETTE E LOMAX  
DONALD J LOMAX  
30 S BOONE ST  
ERIN, TN 37061

RE: Returned items on account # 5819

Date: 9/16/09

The items listed below, deposited to your account, have been returned for the reason indicated.

A substitute check\* may be included in lieu of the original check with this notice.

The following items will be charged to account 5819

Check#	Amount Drawn by	Reason
383897	\$8,896.09 TAYLOR BEAN WHITAKER	FROZEN ACCOUNT

We have subtracted 1 item totaling \$8,896.09 from account number 5819. Please subtract this amount from your records.

If you have any questions please contact us at (931)289-5500

Thank you.

Traditions First Bank

\*PLEASE DO NOT DISCARD SUBSTITUTE CHECK! A SUBSTITUTE CHECK IS A COPY OF AN ORIGINAL CHECK THAT IS THE SAME AS THE ORIGINAL CHECK FOR ALL PURPOSES, INCLUDING PROVING THAT YOU MADE A PAYMENT, IF IT INCLUDES AN ACCURATE COPY OF THE FRONT AND BACK OF THE ORIGINAL CHECK AND CONTAINS THE WORDS: "THIS IS A LEGAL COPY OF YOUR CHECK. YOU CAN USE IT THE SAME WAY YOU WOULD USE THE ORIGINAL CHECK." A SUBSTITUTE CHECK THAT MEETS THESE REQUIREMENTS IS GENERALLY SUBJECT TO FEDERAL AND STATE LAWS THAT APPLY TO AN ORIGINAL CHECK. IF YOU LOSE MONEY BECAUSE YOU RECEIVED A SUBSTITUTE CHECK, YOU HAVE THE RIGHT TO FILE A CLAIM FOR AN EXPEDITED REFUND.

9d

**NOTICE OF DELAYED AVAILABILITY**  
(New Account Hold, Case by Case Hold, or Exception Hold)

TRADITIONS FIRST BANK	
PO BOX 485	
ERIN, TN 37061	
SCARLETTE E LOMAX or DONALD J LOMAX	
30 S BOONE ST	
ERIN, TN 37061	

DATE 09/09/2009

DESCRIPTION OF DEPOSIT
Account Number <u>5819</u>
Amount of Deposit \$ <u>8896.09</u>
Date of Deposit: <u>09/08/2009</u>

We are delaying the availability of  \$ 8896.09 from the deposit described above.  the funds you deposited by the following check TAYLOR, BEAN & WHITAKER. These funds will be available on the 11 business day after the day of your deposit, subject to our cash withdrawal limitation policy.  
(description of check, such as amount and drawer)

Check's Transit Routing # 071974453

- New Account Hold
- Case by Case Hold
- Exception Hold (Check boxes below as appropriate for exception holds)

We are taking this action because:

- A check you deposited was previously returned unpaid.
- You have overdrawn your account repeatedly in the last six months.
- The checks you deposited on this day exceeded \$5,000.00.
- An emergency, such as failure of communications or computer equipment, has occurred.
- We believe a check you deposited will not be paid for the following reasons:
  - We received notice that the check is being returned unpaid.
  - We have confidential information that indicates that the check may not be paid.
  - The check is drawn on an account with repeated overdrafts.
  - We are unable to verify the endorsement of a joint payee.
  - Some information on the check is not consistent with other information on the check.
  - There are erasures or other apparent alterations on the check.
  - The routing number of the paying bank is not a current routing number.
  - The check is postdated or has a stale date.
  - Information from the paying bank indicates that the check may not be paid.
  - We have been notified that the check has been lost or damaged in collection.
  - Other: \_\_\_\_\_

If you did not receive this notice at the time you made the deposit and the check you deposited is paid, we will refund to you any fees for overdrafts or returned checks that result solely from the additional delay that we are imposing. To obtain a refund of such fees, call us at (931) 289-5500 or write to us at our address listed above.

**W Michael K. Williamson**  
A T T O R N E Y A T L A W

Certified as a Creditors' Rights Specialist by the Tennessee Commission on Continuing Legal Education and Specialization and listed as a Tennessee Supreme Court Rule 31 Mediator in the field of Family Mediation.

Licensed in Tennessee, Kentucky, and Georgia

March 23, 2010

BMC Group, Inc.  
Attn: Taylor, Bean & Whitaker Mortgage Corp.  
Claim Processing  
P.O. Box 3020  
Chanhassen, MN 55317-3020

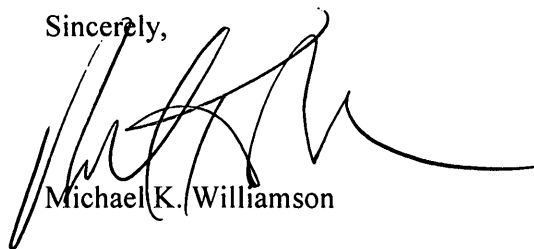
RE: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.  
Chapter 11 Bankruptcy Case No.: 3:09-bk-07047-JAF  
Middle District of Florida  
Donald & Scarlett Lomax

To Whom It May Concern:

Please find enclosed herewith, a proof of claim to be filed in the above mentioned Chapter 11 Bankruptcy case. Also enclosed herewith, please find a copy of the original to be stamped filed and returned to my office in the enclosed self addressed, stamped envelope for my records showing that this claim has been filed.

Please feel free to contact me should you have any questions concerning this matter. Your assistance and cooperation are greatly appreciated.

Sincerely,



Michael K. Williamson

cc: Mr. & Mrs. Lomax

Enclosures: Proof of Claim (Original & copy)  
Supporting documents  
Self addressed stamped envelope

P:\BANKRUPTCY (CREDITOR)\LOMAX, DONNIE & SCARLETTE\BMC Group Inc ltr 3.23.10.wpd\knh

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[mwilliamson@thewilliamsonlawoffice.com](mailto:mwilliamson@thewilliamsonlawoffice.com)

114 Franklin Street • Clarksville, TN 37040 • (931) 647-8500 • Fax (931) 647-8555