


|  |   |   |
|--|---|---|
| <b>UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div.</b>  |   | <b>PROOF OF CLAIM</b>   |
| Name of Debtor:<br><b>Taylor, Bean &amp; Whitaker Mortgage Corp (Securityone Valuation Services, LLC)</b>  |   | Case Number:<br><b>3:09-bk-07047-JAF</b>  |
| <i>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.</i>   |   |   |
| Name of Creditor (the person or other entity to whom the debtor owes money or property):<br><b>Abraham Appraisal</b>   |   | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  |
| Name and address where notices should be sent:<br><b>David Abraham<br/>14025 Martin Pl<br/>Riverside, CA 92503</b>   |   | <b>COURT CLAIM NUMBER:</b> _____<br><i>(If known)</i>   |
| Telephone number:<br><b>(951) 789-4834</b>   |   | Filed on: _____   |
| <b>CLAIM FILED<br/>JACKSONVILLE, FLORIDA<br/>MAR 29 2010</b>   |   | <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.   |
| Name and address where payment should be sent (if different from above):<br><b>Green &amp; Associates<br/>PO Box 531091<br/>Grand Praire, TX 75053</b>   |   | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.  |
| Telephone number:<br><b>(972) 641-6300</b>   |   |   |
| 1. Amount of Claim as of Date Case Filed: \$ <u>1,072.00</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.   |
| 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.  |   | Specify the priority of the claim.  |
| 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.  |   | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).   |
| 2. Basis for Claim: <u>Real estate appraisal servic</u><br>(See instruction #2 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). |
| 3. Last four digits of any number by which creditor identifies debtor: _____   |   | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).   |
| 3a. Debtor may have scheduled account as: _____<br>(See instruction #3a on reverse side.)  |   | <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).   |
| 4. Secured Claim (See instruction #4 on reverse side.)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.   |   | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).   |
| Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  |   | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).   |
| Describe:  |   | <b>Amount entitled to priority:</b><br>\$ _____   |
| Value of Property: \$ _____ Annual Interest Rate %   |   | <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>  |
| Amount of arrearage and other charges as of time case filed included in secured claim,<br>if any: \$ _____ Basis for perfection: _____   |   |   |
| Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____   |   |   |
| 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:  |   |   |
| Date:<br><b>03/11/2010</b>   | 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.<br><br><i>David P Abraham</i><br><b>David P Abraham</b> | <b>FOR COURT USE ONLY</b><br><b>T, B &amp; W Mortgage Corp.</b><br><br>01340   |

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.

XR \*071000301\*  
09/11/2009  
6217846304

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the same way you would  
use the original check.

F.R.B. of Chicago

SEP 1 2009

Bank close

60022812353 09/09/2009  
01212500000000000000  
13222812353

0002203653

Securityone Valuation Services LLC  
P.O. Box 4338  
Ocala, FL 34478

Platinum Community Bank  
2915 West Kirchoff Road  
Rolling Meadows, IL 60008  
707445 / 710

6399

DATE 8/25/2009

PAY TO THE ORDER OF **Abraham Appraisal** \$ **\*\*350.00**

THREE HUNDRED FIFTY AND 00/100 DOLLARS

PRIME 09/14/2009 5 6 0043586145 6200 30

Abraham Appraisal  
14025 Martin Place  
Riverside, CA 92503

000006399 4:071974453:00370000711 0000035000

AM 9/4

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4:071974453

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XR \*071000301\*  
09/11/2009  
6217846305

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60022812353 09/09/2009  
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0002203653

Securityone Valuation Services LLC  
P.O. Box 4338  
Ocala, FL 34478

Platinum Community Bank  
2915 West Kirchoff Road  
Rolling Meadows, IL 60008  
707445 / 710

6463

DATE 8/25/2009

PAY TO THE ORDER OF **Abraham Appraisal** \$ **\*\*700.00**

SEVEN HUNDRED AND 00/100 DOLLARS

PRIME 09/14/2009 5 6 0043586146 6200 30

Abraham Appraisal  
14025 Martin Place  
Riverside, CA 92503

000006463 4:071974453:00370000711 0000070000

9/4 AM

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4:071974453


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322280067 09/09/2009  
000009000512110  
111310346 09/09/2009  
9000512110  
111310346 09/10/2009  
002692434966  
\*071000301\* 09/11/2009  
6217646304

NOTES ON THE FACE AND BACK CONTAIN IMPORTANT AND LEGAL INFO.  
UNIT NUMBER (CARD) - LOCK ID - ORIGINAL DOCUMENT  
UNIT NO. 128732000065243 - 3457

#2208653



Do not endorse or write below this line.

>3222812330  
00000512110  
09/09/2009

09092009 4 5 000000 3 1007669 ACU  
128732000065243 3457 000628>322281235< 1030471

PRIME 09/09/2009 5 6 000000 86146 6200 30  
0112150006 8 16 2007 91 8 9000512110  
WESCDR 222280867 < 09/09/2009


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122000166 240  
FBI-6743 TRC-6743 PK-18  
0329135046

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111310346 09/09/2009  
9000512130  
111310346 09/10/2009  
002692434966  
\*071000301\* 09/11/2009  
6217646305

NOTES ON THE FACE AND BACK CONTAIN IMPORTANT AND LEGAL INFO.  
UNIT NUMBER (CARD) - LOCK ID - ORIGINAL DOCUMENT  
UNIT NO. 128732000065243 - 3457

#2208653



Do not endorse or write below this line.

>3222812330  
00000512130  
09/09/2009

09092009 4 5 000000 3 1007671 ACU  
128732000065243 3457 000628>322281235< 1038493

PRIME 09/09/2009 5 6 000000 86146 6200 30  
0112150006 8 16 2007 91 8 9000512130  
WESCDR 222280867 < 09/09/2009

09162009  
122000166 240  
FBI-6743 TRC-6743 PK-18  
0329135047

60/11/6



1-888-883-7228  
www.Alturacu.com

Account 0002203653 APPRAISAL, ABRAHA Effect: 09/17/09 Post: 09/17/09 Tr: 0175

| ID                            | DUE DATE | PRINCIPAL                      | INTEREST | FEES | BALANCE   | TRAN AMOUNT | SEQ     |
|-------------------------------|----------|--------------------------------|----------|------|-----------|-------------|---------|
| Withdrawal from FREE CHECKING |          |                                |          |      | Prev Bal: | 15,965.90   |         |
| 80                            |          | 700.00-                        | 0.00     | 0.00 | 15,265.90 | 700.00      | #340210 |
| RTN ITEM                      |          |                                |          |      |           |             |         |
| 798100-0000                   |          | OTHER ASSETS - RETURNED CHECKS |          |      |           | 700.00-     |         |

Comment for FREE CHECKING  
80

RTN ITEM SECURITYONE BNK CLSD CK 6463 #340211

|                               |  |                                  |      |      |           |           |         |
|-------------------------------|--|----------------------------------|------|------|-----------|-----------|---------|
| Withdrawal from FREE CHECKING |  |                                  |      |      | Prev Bal: | 15,265.90 |         |
| 80                            |  | 11.00-                           | 0.00 | 0.00 | 15,254.90 | 11.00     | #340212 |
| 131165-0000                   |  | FEE INCOME - RETURN DEPOSIT ITEM |      |      |           | 11.00-    |         |

Comment for FREE CHECKING  
80

RTN ITEM FEE #340213

Authorized by: \_\_\_\_\_

ID Source:  Driver Lic \_\_\_\_\_  SigCard  Known  Other \_\_\_\_\_

\*\*\*\*\*  
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CAMILLE ABRAHAM PRES  
14025 MARTIN PL  
RIVERSIDE CA 92503



1-888-883-7228  
www.Alturacu.com

Account: 0002203653 APPRAISAL, ABRAHA Effect: 09/17/09 Post: 09/17/09 Tlr: 0175

| ID | DUE DATE | PRINCIPAL | INTEREST | FEES | BALANCE | TRAN AMOUNT | SEQ |
|----|----------|-----------|----------|------|---------|-------------|-----|
|----|----------|-----------|----------|------|---------|-------------|-----|

|                 |               |         |      |           |           |        |         |
|-----------------|---------------|---------|------|-----------|-----------|--------|---------|
| Withdrawal from | FREE CHECKING |         |      | Prev Bal: | 16,687.90 |        |         |
| 80              |               | 350.00- | 0.00 | 0.00      | 16,337.90 | 350.00 | #337283 |

|             |                                |  |  |  |  |         |  |
|-------------|--------------------------------|--|--|--|--|---------|--|
| RTN ITEM    |                                |  |  |  |  |         |  |
| 798100-0000 | OTHER ASSETS - RETURNED CHECKS |  |  |  |  | 350.00- |  |

Comment for FREE CHECKING  
80 RTN ITEM SECURIYONE BNK CLSD CK 6399 #337284

|                 |               |        |      |           |           |       |         |
|-----------------|---------------|--------|------|-----------|-----------|-------|---------|
| Withdrawal from | FREE CHECKING |        |      | Prev Bal: | 16,337.90 |       |         |
| 80              |               | 11.00- | 0.00 | 0.00      | 16,326.90 | 11.00 | #337285 |

|             |                                  |  |  |  |  |        |  |
|-------------|----------------------------------|--|--|--|--|--------|--|
| 131165-0000 | FEE INCOME - RETURN DEPOSIT ITEM |  |  |  |  | 11.00- |  |
|-------------|----------------------------------|--|--|--|--|--------|--|

Comment for FREE CHECKING  
80 RTN ITEM FEE #337286

Authorized by: \_\_\_\_\_

ID Source:  Driver Lic \_\_\_\_\_  SigCard  Known  Other \_\_\_\_\_

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CAMILLE ABRAHAM PRES  
14025 MARTIN PL  
RIVERSIDE CA 92503

**FROM:**  
 DAVID ABRAHAM  
 ABRAHAM APPRAISAL  
 14025 MARTIN PLACE  
 RIVERSIDE, CA 92503  
 Telephone Number: 951-789-4834 Fax Number: 951-789-2705

# INVOICE

| INVOICE NUMBER        |            |
|-----------------------|------------|
| 090724-1              |            |
| DATE                  |            |
| 07/24/2009            |            |
| REFERENCE             |            |
| Internal Order #:     | 090724-1   |
| Lender Case #:        | 05501031   |
| Client File #:        | 5005689    |
| Main File # on form:  | 090724-1   |
| Other File # on form: | 05501031   |
| Federal Tax ID:       | 27-0049390 |
| Employer ID:          |            |

**TO:**  
 TAYLOR, BEAN & WHITAKER  
 315 NE 14TH ST  
 Ocala, FL 34470  
 Telephone Number: Fax Number:  
 Alternate Number: E-Mail:

**DESCRIPTION**

Lender: TAYLOR, BEAN & WHITAKER Client: TAYLOR, BEAN & WHITAKER  
 Purchaser/Borrower: KEVIN DONAHUE  
 Property Address: 2097 TIFFANY DR  
 City: OCEANSIDE  
 County: SAN DIEGO State: CA Zip: 92056-3253  
 Legal Description: LOT 74 TR 12019

| FEES                     | AMOUNT        |
|--------------------------|---------------|
| FULL APPRAISAL FORM 1004 | 350.00        |
| <b>SUBTOTAL</b>          | <b>350.00</b> |

| PAYMENTS                    | AMOUNT |
|-----------------------------|--------|
| Check #: Date: Description: |        |
| Check #: Date: Description: |        |
| Check #: Date: Description: |        |
| <b>SUBTOTAL</b>             |        |

THANK YOU FOR CHOOSING ABRAHAM APPRAISAL, INC. **TOTAL DUE** \$ 350.00

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# INVOICE

**FROM:**  
 DAVID ABRAHAM  
 ABRAHAM APPRAISAL  
 14025 MARTIN PLACE  
 RIVERSIDE, CA 92503

Telephone Number: 951-789-4834      Fax Number: 951-789-2705

| INVOICE NUMBER |
|----------------|
| 090723-1       |
| DATE           |
| 07/23/2009     |

**TO:**

TAYLOR, BEAN & WHITAKER  
 315 NE 14TH ST  
 OCALA, FL 34470

Telephone Number:                      Fax Number:  
 Alternate Number:                      E-Mail:

| REFERENCE                      |
|--------------------------------|
| Internal Order #: 090723-1     |
| Lender Case #: 05501008        |
| Client File #: 3366471         |
| Main File # on form: 090723-1  |
| Other File # on form: 05501008 |
| Federal Tax ID: 27-0049390     |
| Employer ID:                   |

**DESCRIPTION**

Lender: TAYLOR, BEAN & WHITAKER      Client: TAYLOR, BEAN & WHITAKER  
 Purchaser/Borrower: MICHAEL LOCKWOOD  
 Property Address: 855 S COTTONTAIL LN  
 City: ANAHEIM      State: CA      Zip: 92808-1410  
 County: ORANGE  
 Legal Description: N TR 12688 LOT 37

| FEES                     | AMOUNT |
|--------------------------|--------|
| FULL APPRAISAL FORM 1004 | 350.00 |
| <b>SUBTOTAL</b>          |        |
|                          | 350.00 |

| PAYMENTS                              | AMOUNT |
|---------------------------------------|--------|
| Check #:      Date:      Description: |        |
| Check #:      Date:      Description: |        |
| Check #:      Date:      Description: |        |
| <b>SUBTOTAL</b>                       |        |

THANK YOU FOR CHOOSING ABRAHAM APPRAISAL, INC.      **TOTAL DUE**      \$      350.00

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**FROM:**  
 DAVID ABRAHAM  
 ABRAHAM APPRAISAL  
 14025 MARTIN PLACE  
 RIVERSIDE, CA 92503  
 Telephone Number: 951-789-4834 Fax Number: 951-789-2705

# INVOICE

|                       |
|-----------------------|
| <b>INVOICE NUMBER</b> |
| 090702-1              |
| <b>DATE</b>           |
| 07/02/2009            |

**TO:**  
 TAYLOR, BEAN & WHITAKER  
 315 NE 14TH ST  
 OCALA, FL 34470  
 Telephone Number: Fax Number:  
 Alternate Number: E-Mail:

|                                |
|--------------------------------|
| <b>REFERENCE</b>               |
| Internal Order #: 090702-1     |
| Lender Case #: 05500817        |
| Client File #:                 |
| Main File # on form: 090702-1  |
| Other File # on form: 05500817 |
| Federal Tax ID: 27-0049390     |
| Employer ID:                   |

**DESCRIPTION**  
 Lender: TAYLOR, BEAN & WHITAKER Client: TAYLOR, BEAN & WHITAKER  
 Purchaser/Borrower: SAMY BAWAHAB  
 Property Address: 5926 E CAMINO MANZANO  
 City: ANAHEIM State: CA Zip: 92807-3215  
 County: ORANGE  
 Legal Description: N TR 7470 LOT 80

| FEES                     | AMOUNT |
|--------------------------|--------|
| FULL APPRAISAL FORM 1040 | 350.00 |
| <b>SUBTOTAL</b>          | 350.00 |

| PAYMENTS                    | AMOUNT |
|-----------------------------|--------|
| Check #: Date: Description: |        |
| Check #: Date: Description: |        |
| Check #: Date: Description: |        |
| <b>SUBTOTAL</b>             |        |

THANK YOU FOR CHOOSING ABRAHAM APPRAISAL, INC. **TOTAL DUE** \$ 350.00

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