UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION	PRO	OOF OF CLAIM					
In re:	Case Nu	ımber:					
TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	3:09	-bk-07047-JAF					
NOTE: This form should not be used to make a claim for an administrative expeafter the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		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.					
Name of Creditor and Address: the person or other entity to whom if necessary, please cross out pre-printed	the debtor of address and	owes money or property write in change of address.					
DEBORAH A. JOHANN 626 90TH AYE N.	С	LAIM FI	LED				
ST. PETERSBURG, FL 337		MAY 1 0 2010	If you have al Bankruptcy Cou	ready filed a proof of claim with the rt or BMC, you do not need to file again.			
Creditor Telephone Number (32) \(\omega \psi \text{3} \text{3} \text{9} \text{8} Check box if Name and address where payment should be sent (if different from a		s where "Notice is 10" be sent.	HILLS.	CE IS FOR COURT USE ONLY			
The land data see where payment droud se sent (ii dinesent is in a	.2010).	Check this box if you are the debtor or trustee in this case.	claim amen	box to indicate that this ds a previously filed claim. ber (if known);			
			Filed on:	bor (ii kilowi).			
Payment Telephone Number ()		1	- I lied oil. —				
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 6,17	-9.5		item 4				
If all or part of your claim is secured, complete item 5 below, notester, it all	or your clar	mis dissoured, do not complete	nem 4.				
Check this box if claim includes interest or other charges in addition to the 2. BASIS FOR CLAIM:				or charges. UMBER BY WHICH CREDITOR			
ESCROW DISBURSEMENT	#2 and #	Ga on IDENTIFIES DEBT	OR:	1932			
4. SECURED CLAIM (See instruction #4 on reverse side.)	l	Sa. Debtor may nav		int as: 314 1932 COAN			
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	Secured Clai	m Amount: \$	<u></u>	ONOT include the priority portion of our claim here.			
Real Estate Motor Vehicle Other Value of Property: \$ 98,706.00 Annual Interest Rate	 :		~ ``	ne case filed included in secured claim, UNREIMBURSE asis for Perfection: CHECK			
5. PRIORITY CLAIM		•					
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.	Priority Clair	m Amount: \$		Include ONLY the priority portion of your unsecured claim here.			
You MUST specify the priority of the claim:	Г	Up to \$2,425* of deposits toward	ard purchase, lease	e, or rental of property or			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,950*), earned within 180 days		services for personal, family, o	or household use -	11 U.S.C. § 507(a)(7).			
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u> </u>	Taxes or penalties owed to go Other - Specify applicable para		* ''''			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjus with respect to cases commen	stment on 4/1/10 a	nd every 3 years thereafter			
6. CREDITS: The amount of all payments on this claim has been cred		e purpose of making this prod	of of claim.				
 SUPPORTING DOCUMENTS: <u>Attach redacted copies of suppo</u> statements of running accounts, contracts, court judgments, mortga evidence of perfection of a security interest. (See definition of "reda 	iges, and s cted" on re	security agreements. You ma everse side.) If the	y also attach a s	orders, invoices, itemized ummary. Attach redacted copies of ot available, please explain.			
DATE-STAMPED COPY To receive an acknowledgment of the enclose a stamped, self-addressed envelope and copy of this proof				IAL DOCUMENTS. ATTACHED DESTROYED AFTER SCANNING.			
The original of this completed proof of claim form must be sent by n telecopy or other electronic means NOT accepted), so that it is actu Eastern Time on June 15, 2010, the Bar Date (as defined in the Bar	ally receiv	ed on or before 5:00 p.m. pre		THIS SPACE FOR COURT USE ONLY			
BMC Group, Inc. B Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing A PO Box 3020 1i	MC Group,	Bean & Whitaker Mortgage Corp. Drive East	-	T, B & W Mortgage Corp.			
DATE SIGNATURE: The person filing this claim mus and state address and telephor		n and print name and title, if any, different from the notice address					
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	nt for up to 1	Sivears or both 1811 S.C. && 15	2 AND 2571				
. Shary for presenting measurem claim to a line of up to 4000,000 of imprisonmen	ioi up io i	, , , , , , , , , , , , , , , , , , ,	- AITD 3011.				

071000301

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

C5P3T95P13 T0\74\500d FAY TOTHE ORDER OF: Six Thousand One Hundred Seventy Nine and 52/100 TAYLOR, BEAN & WHITAKER
Mortgage Corporation
315 NE 14th Street SAINT PETERSBURGE RESOURCES / 2007 Escrow Disbursement Clearing Account #245358# **071474453% 0000904015# Ocala, Florida 34470 Regu Platinum Community Bank DATE ĕ CHECK NO. 295358 --- Dollars AMOUNT 295358 OPHRE

263182671

4:0719744531

00009040151

061000146 10/20/2009 6410098587 *071000301* 10/20/2009 6516482615

↓Do not endorse or write below this line.↓

DO NOT WRITE, STAMP OF RGN BELOW THIS LINE 0611389688 0410-0001-4 10212009 EvT=7183 TRC=7134 PK=28 >263182671< 10/19/2009 li Bank MICR Numbers

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Taylor, Bean - Service Released 1417 N. Magnolia Avenue Ocala, FL 34475-9078 (888)225-2164

> DEBORAH JOHANN 626 90TH AVENUE NORTH SAINT PETERSBURG FL 33702

Starting Balances	S
Deferred Principal Balance:	.00
Principal:	141,850.00
Tax & Insurance:	1,718.68
Unapplied:	.00.
Current Balance	s
Principal:	.00
Tax & Insurance:	.00.
Unapplied:	.00
Subsidy:	.00
Late Charge:	.00.
Returned Check Charge:	.00
Miscellaneous Fees:	.00.
Loss Draft:	.00.
Property Addres	3S
626 90th Avenue North	
Saint Petersburg FL 33702	

3141932	Loan#					•					
Principal Bal /Tax&Ins Bal	Misc Fee /Loss Draft	Unapplied Amount	Subsidy Amount	Late Chrg/ Ret Chk Chrg	Misc Ins	T&I Paid	Principal/ Curtailment	interest Paid	Amount Paid	Due Date /Date Paid	Tran Code
141,694.74	.00	.00	.00	.00	.00	343.78	155.26	650.15	1,149.19	03/01/09	REG
2,062.46	.00			.00			.00			02/26/09	
.00	10.00	.00	.00	.00	.00	4,117.06	141,694.74	841.58	146,663.38	04/01/09	PIF
6,179.52	.00			.00			.00			04/13/09	
.00	.00	.00	.00	.00	.00	-6,179.52	.00	.00	-6,179.52	04/01/09	Dis
.00	.00			.00			.00			05/01/09	
	10.00	0.00	0.00	0.00	0.00	-1,718.68	141,850.00	1,491.73	141,633.05	ıls:	Tota
	0.00			0.00			.00		·.	•. 	