
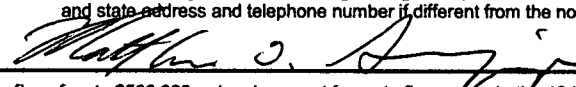


UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION		PROOF OF CLAIM	
In re: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.		Case Number: 3:09-bk-07047-JAF	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<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.	
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 change of address. Matthew Owen Springer 2920 Howegate Terrace, Cumming GA 30040			
Creditor Telephone Number (770) 843-6750		<input checked="" 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):		<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 is a previously filed claim. JACKSONVILLE, FLORIDA (if known):	
		Filed on: MAY 18 2010	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>2,763.57</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.			
2. BASIS FOR CLAIM: <u>Check for escrow account payoff bounced</u>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>6126</u>	
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 set off and provide the requested information Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % If any: \$ _____ Basis for Perfection: _____		Secured Claim Amount: \$ _____ DO NOT include the priority portion of your claim here. Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges as of time case filed included in secured claim, _____	
5. PRIORITY CLAIM <input checked="" 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. You MUST specify the priority of the claim: <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). <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). <input checked="" 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.		Unsecured Priority Claim Amount: \$ <u>2,763.57</u> Include ONLY the priority portion of your unsecured claim here.	
6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
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.) 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.			
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). By Regular Mail to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY T, B & W Mortgage Corp.  01578	
DATE 5-13-2010		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. 	

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.

Tax and Insurance Account Disclosure Payoff Statement

August 13, 2009

TAYLOR, BEAN & WHITAKER MORTGAGE CORP
 1417 N. Magnolia Avenue
 Ocala, FL 34475-9078
 (888)225-2164

Loan Number 6126
 Due Date 08/01/09

Property Address:
 2920 HOWEGATE TERRACE
 CUMMING GA 30040

MATTHEW O SPRINGER
 2920 HOWEGATE TERRACE
 CUMMING GA 30040

Account History for 11/08 Through 08/09

Month	Projected T&I Pmt	Actual T&I Pmt	Projected T&I Disb	Actual T&I Disb	Disb Desc	Projected T&I Balance	Actual T&I Balance
Starting T&I Balance.....						2,086.89	211.70
November	189.72	193.48 *	1,624.26	0.00 *	County Taxes	652.35	405.18
December	189.72	193.48 *	0.00	0.00		842.07	598.66
January	189.72	193.48 *	652.35	0.00 *	Hazard Insurance	379.44	792.14
	0.00	0.00	0.00	705.13 *	Property Insurance	379.44	87.01
February	189.72	193.48 *	0.00	0.00		569.16	280.49
March	189.72	193.48 *	0.00	0.00		758.88	473.97
April	189.72	193.48 *	0.00	0.00		948.60	667.45
May	189.72	193.48 *	0.00	0.00		1,138.32	860.93
June	189.72	193.48 *	0.00	0.00		1,328.04	1,054.41
July	189.72	1,709.16 *	0.00	0.00		1,517.76	2,763.57
August	189.72	0.00 *	0.00	0.00		1,707.48	2,763.57
	0.00	0.00	0.00	2,763.57 *		1,707.48	0.00 **
Totals.....	1,897.20	3,257.00	2,276.61	3,468.70			

An asterisk (*) indicates a difference from a previous estimate either in the date or the amount. An "E" indicates estimates for future payments or disbursements.

Your mortgage payment, as of the last T&I Account Disclosure Statement, was 1,527.93. The breakdown was as follows: 1,334.45 Principal and Interest, 193.48 T&I, 0.00 Miscellaneous Insurance, 0.00 Subsidy.

The Real Estate Settlement Procedures Act (RESPA) requires that we, the servicer, send you a history of your T&I account within 60 days of receiving the payoff funds for your loan. This statement shows the ending balance in your account as of the payoff date.

For further explanation, please call Servicing Department.

Summary:

I refinanced my mortgage in July of 09, The payoff of my escrow account from Taylor, Bean, and Whitaker bounced and was returned NSF on 8-27-09. Loan # 2056126.

Matt Springer

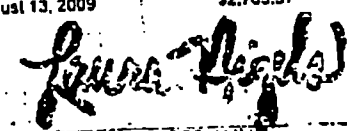
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This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

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TAYLOR, BEAN & WHITAKER Mortgage Corporation 315 NE 14th Street Orlando, Florida 32817 Extra Disbursement Clearing Account		Platinum Community Bank 70-7445-719	NO. 398632 CHECK NO. 398632
Two Thousand Seven Hundred Sixty Three and 57/100		Returned Not Paid Because	DATE August 13, 2009
PAY TO THE ORDER OF: MATTHEW O SPRINGER 2920 HOWEGATE TERRACE CUMMING GA 30040		NSF	AMOUNT \$2,763.57
310208581 08-27-09 101 4795 01		 <small>AUTHORIZED SIGNATURE</small>	
⑆398632⑆ ⑆071974453⑆ 0000904015⑆		⑆0000276357⑆	

005547

⑆398632⑆ ⑆071974453⑆ 0000904015⑆

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