


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 <small>If necessary, please cross out pre-printed address and write in change of address.</small>		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Appraisal Specialists of Tampa Bay 7314 Evesborough Lane Trinity, FL 34655			
Creditor Telephone Number (907) 214-2151 <input type="checkbox"/> Check box if address is where Notice is to be sent.		CLAIM FILED JACKSONVILLE, FLORIDA Filed on: <u> </u>	
Name and address where payment should be sent (if different from above): Same as above			
Payment Telephone Number ()		JUN 07 2010	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>331.00</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>I did not get paid for appraisal</u>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>0892</u>	
<small>(See instructions #2 and #3a on reverse side.)</small>		3a. Debtor may have scheduled account as:	
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 _____		Secured Claim Amount: \$ _____ Unsecured Claim Amount: \$ _____	
Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____		Basis for Perfection: _____	
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:		Unsecured Priority Claim Amount: \$ <u>331.00</u> Include <u>ONLY</u> the priority portion of your unsecured claim here.	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		<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"/> 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	
<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <small>* 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.</small>	
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: <u>Attach redacted copies of supporting documents</u> , 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.) If the documents are not available, please explain.			
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).		THIS SPACE FOR COURT USE ONLY	
By Regular Mail to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 Chanhassen, MN 55317-3020		By Hand, Courier, Or Overnight Delivery to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing 18750 Lake Drive East Chanhassen, MN 55317	
DATE <u>6-3-10</u>		T, B & W Mortgage Corp.  01683	
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. <u>[Signature]</u> Scanned: 6/7/2010-1:21:28 PM			

BANK OF AMERICA, N.A.
EAST RETURN ITEMS

Page 01 of 01
Bank : 00075
Center :
Divider: 2,027
Code : 5 M

H

Deposit Account: 22902-928-328
Charge Account : 22902-928-328
Store/Reference:00000000000000

APPRAISAL SPECIALISTS OF TAMPA BAY, LLC
7314 EVESBOROUGH LN
NEW PORT RICHEY FL 34655-4263
US

Date of Notice: 09-14-2009

Dear Valued Customer:

The item(s) below, which were deposited to your account, have been returned unpaid. Therefore, we have charged them to your account. Please adjust your records by subtracting the total shown below.

If you have any questions or need additional information, please contact one of our Customer Service Representatives at 1-800-432-1000. Thank you for choosing Bank of America.

Number of Returned Items:	1
Amount of Returned Item(s):	325.00
Return Items Fee:	6.00
Total:	331.00

SEQUENCE/ DEP DATE	ABA NUMBER/ DEP AMOUNT	MAKER NAME/ CHECK DATE	RETURN REASON/ Additional Data	AMOUNT
2033551000 9/9/2009	0719-7445 325.00		Refer to Item	325.00

Sincerely,
Returns & Exceptions

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111012822
09/14/2009
000006535647421

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

RETURN REASON-S
REFER TO MAKER

12450001
2027
1
01010

09/09/2009
05750021418
00690000477

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

Platinum Community Bank
2915 West Kirchhoff Road
Rolling Meadows, IL 60005
7074451 718

6898

DATE 9/1/2009

PAY TO THE ORDER OF Appraisal Specialists of Tampa Bay, LLC

THREE-HUNDRED-TWENTY-FIVE AND 00/100 *****325.00

DOLLARS

Appraisal Specialists of Tampa Bay, LLC
7314 Evesborough Ln
TRINITY, FL 34655

RTM



⑈00006898⑈ ⑆071974453⑆0037000071⑈

⑈0000032500⑈

⑈00006898⑈ ⑆071974453⑆

0037000071⑈ ⑈0000032500⑈

*Appraisal Specialists
of Tampa Bay, L.L.C*

Gina M. Capps
St. Cert. Res. REA #RD 5963
FHA Certified FLRD 5963

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