


UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF FLORIDA, JACKSONVILLE DIVISION		PROOF OF CLAIM
Name of Debtor: <input checked="" type="checkbox"/> Taylor, Bean & Whitaker Mortgage <input checked="" type="checkbox"/> REO Specialists, LLC <input checked="" type="checkbox"/> Home America Mortgage, Inc.		Case Number: 3:09-bk-07047-JAF; 3:09-bk-10022-JAF; 3:09-bk-10023-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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Sheila Williams *		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Jack A. Raisner, Esq. René S. Roupinian, Esq. OUTTEN & GOLDEN LLP 3 Park Avenue, 29 th Floor New York, NY 10016 Telephone number: 212-245-1000		
Name and address where payment should be sent (if different from above): CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA		<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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: <u>\$ 13,800.00</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. "Priority Claim, see item 5."		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. 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 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 checked="" 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 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)(____). Amount entitled to priority: <u>\$ 10,950.00</u> *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.
2. Basis for Claim: <u>60 days' wages and benefits as a result of the Debtor's violation of the WARN Act, 29 USC § 2101 et. seq.</u> * The claim is being filed in all 3 estates and duplicative claims will be withdrawn after the relevant employer has been determined. * By filing this proof of claim, the creditor, a former employee of the Debtor, neither intends to waive his/her right to pursue or benefit from any WARN claim that is certified as a class action or allowed on a class proof of claim basis, nor waive any entitlement to have his/her WARN claim treated as an administrative expense under Section 503(b). (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
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 setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, 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 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: 6/8/2010	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. Rene S. Roupinian, Attorney <i>Rene S. Roupinian</i>	FOR COURT USE ONLY T, B & W Mortgage Corp. Scanned: 6/9/2010 4:51:16 PM  01913
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Molly Brooks
Cara E. Greene
Seth M. Marnin
Ossai Miazad
Melissa Pierre-Louis
Lauren Schwartzreich

June 8, 2010

VIA FEDEX

BMC Group, Inc.
Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing
18750 Lake Drive East
Chanhassen, MN 55317

Re: *Callahan et al. v. Taylor Bean & Whitaker Mortgage Corp.*
No.03:09-ap-00439-JAF


To Whom It May Concern:

Enclosed you will find 194 proofs of claim for filing as well as a copy. Please stamp the copy and mail it back to us in the enclosed return envelope. Attached to this letter is a list of names whose claim form we have enclosed.

If you have any questions or concerns, please feel free to contact me at (212) 245-1000.

Thank you.

Sincerely,


Jenny Hoxha,
Paralegal

Enclosures

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	Last Name	First Name
1	Maharaj	Sherry
2	Brock	Leticia
3	Hayward	Rebecca
4	Slattery	Stacy
5	Sweeting	Cassandra
6	Costulas	Robin
7	Bogert	Deborah
8	Deutsch	Jamey E.
9	Crosby	Winter
10	Thomas	Carrie
11	Webb	Carole
12	Sfalanga	Theresa
13	Bowden	Jane
14	Ruiz	Maria
15	Betts	Carmen
16	Normoyle	Jennifer
17	Naussner	Tammy
18	Close-Osbourne	Tasha
19	Soriano	Emily
20	Zell	Debra
21	Mason	Tashya
22	Baker	Angela
23	Gilbert	Rhonda
24	Harrison	Tashia S.
25	Rosales-David	Maria
26	Younger	Maryanne
27	Beckham	Christen
28	Kowalski-Dotson	Melissa
29	Newhouser	Joyce
30	Gunter	Dominique
31	Weeks	Jacquelyn
32	Leahy	Jennifer D.
33	Santiago	Awilda
34	McDonnell	Tammy
35	Mitchell	Jennifer
36	Baros	Vanessa
37	Wiebe	Chandra
38	Bell	Debra
39	Sanchez	Jennifer
40	Zaccone	Elizabeth
41	Blandino	Tanya
42	Garrett	Bernadette J.
43	Gonzalez	Reynaldo V.
44	Morales	Yvonne

	Last Name	First Name
45	Rosado	Jasmine
46	Torres	Wendy
47	Zehm	Darrel
48	Bryan	Kathleen
49	Simmons	Susan
50	Runsewa	Sarojini
51	Figueroa	Eichelle
52	Taylor	Garry
53	Brown	Carla M.
54	Kuck Soucy	Maria
55	Nieves	Minerva
56	Scott	Kelly
57	Garlik	Christine
58	Wickett	Leeann
59	Iser	Tania
60	McElroy	Deborah
61	Pecan	Sharon
62	Farrow	Florence
63	Jones	Latasha
64	Torres	Cynthia
65	Warren	Stephanie
66	Campana	Wendy K.
67	Encarnacion	Leticia
68	Cairo	Bridgette
69	Carr	Catherine L
70	Cohen	Louvenia
71	Johnson	Charlotte Kay
72	Lachaise	Jill
73	Farber	Barry
74	Lesh	Robin
75	Clements	Deanna
76	Stewart	Donna D.
77	Bergman	Joseph
78	Eborn	Glen
79	Welch	Cynthia
80	Furcon	Terri
81	Acevedo	Sherlie
82	Ford-Satterwhite	Patricia
83	Ray	Sherelle L
84	Myers	Patricia A.
85	Ogden	Judy S
86	Harrison	Keishia
87	Howard	Linda J.
88	Palmer	Traci

	Last Name	First Name
89	Sostre	Jorge E.
90	Pascuma	Susan
91	Pikulski	Kimberly D.
92	MacGregor	Deanne
93	Smoot	Nartre
94	Engebritson	Susan
95	Passo	Carletta G.
96	Jessop	Dezi Teiann
97	Evans	Lashanda
98	Rodriguez	Valerie
99	Cumens	Drew
100	St. George	Pamela
101	Austin	Kendon D.
102	Graham	Shonria
103	Jones	Fay
104	Nesmith	Marshell D.
105	Tolle	Tiffiany
106	Alioto	Deborah
107	Jones	Jean
108	Burgos	Lillian
109	Burns	Robert
110	Jean-Baptiste	Nerla
111	Mills	Alphanso
112	Novotny	Marsha
113	Troutt	Tatyana
114	Fontanez	Carmen M
115	Bauer	Laura
116	Botsford	Laurie
117	Hunt	Carrie
118	Evans	Lisa
119	Gregg	Emma J.
120	Cheshire	Matthew
121	Mitchell	Keriann
122	Williams	Maureen
123	Etienne	Carl Kenny
124	Gandy	Brad
125	James	Toccarra
126	Sauerwein	Lisa
127	Granville	Jacqueline
128	Bozonier	Jeanette
129	Johnson	Lynn
130	Prather	Felecia
131	Jamroz	Catherine S.
132	Boyce	Vashtina

	Last Name	First Name
133	Johnson	Debra A.
134	McKiver	Trenetta
135	Novotny	Lyndsey
136	Toil-Anderson	Debbie
137	Yager	Arlene
138	Lea	Rosemarie
139	McGuigan	Amy
140	Rocha	Edna
141	Burnett	Hiedi
142	Bodden	Ana
143	Howard	Jemelle E.
144	Davis	Caneda
145	Beal	Brenda
146	Duning-Stone	Michelle
147	Word	Mary
148	Tuck	Melissa
149	Cain	Carol
150	Newell	Charles
151	Wilson	Deborah
152	Conine	Roseanne
153	Engelhardt	Tom
154	Anthis	Denise
155	Donahoe	Kathleen
156	Banks	LaToya
157	Ryan	Lori
158	Brown	Sara
159	Mckinley	Kescawana
160	Gunnin	Victoria A.
161	Glover	Lucinda M.
162	Hand	Vicki
163	Muriithi	Irene
164	Johnson	Sheryl E.
165	Williams	Nicole
166	Johnson	Sherrell Lynn
167	Williams	Mary
168	Boody	Ryan
169	Jackson	Midalia
170	Klemp	Robert L.
171	Majors-Graham	Randrea
172	Stuart	Jessica
173	Nieves	Ann M.
174	Hutchinson	Kelly
175	Howarth	Erin
176	Singleton	Heather M.

	Last Name	First Name
177	Bonfili	Bonita R.
178	Goseco	Dustin G.
179	Shipman	Christine A.
180	Edwards	Rhonda
181	Wilson	Nancy
182	Cooke-Wilcoxson	Maudie
183	Traylor	Rhonda
184	Fresh	Jeffrey s.
185	Williams	Sheila
186	Hay	Julia
187	Bundy	Chavonna
188	Burch	Anita
189	Bogasch	Catherine L
190	Crivolio	Jodi
191	Scandrett	Sharon Y.
192	Ruiz	Marcos
193	Armand	Maria M.
194	Payne-Laititi	Dorothy