
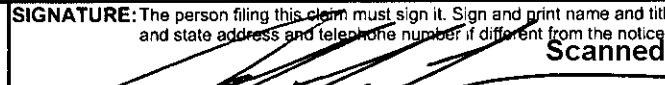


<b>UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION</b>		<b>PROOF OF CLAIM</b>	
In re: <b>TAYLOR, BEAN &amp; WHITAKER MORTGAGE CORP.</b>		Case Number: <b>3:09-bk-07047-JAF</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after 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 <i>If necessary, please cross out pre-printed address and write if change of address.</i>		<b>CLAIM FILED</b>	
<b>JOSEPH AND CLAIRE CHAPMAN</b> 7419 MIDIRON DRIVE FAIR OAKS CA 95628		<b>JUN 14 2010</b> CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA	
Creditor Telephone Number (916) 967-7516 <input checked="" type="checkbox"/> Check box if address is where notice is to be sent.		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): Filed on: _____	
Payment Telephone Number ( )			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>802.00</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.			
<b>2. BASIS FOR CLAIM:</b> <u>Unreleased funds from escrow acct.</u>		<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> 3a. Debtor may have scheduled account as: _____	
<b>4. SECURED CLAIM</b> (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 <b>Nature of property or right of setoff:</b> 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: \$ _____ <b>DO NOT</b> 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, _____	
<b>5. PRIORITY CLAIM</b> <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. <b>You MUST specify the priority of the claim:</b> <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 checked="" 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) ( _____ ). <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>			
Unsecured Priority Claim Amount: \$ <u>802.00</u>		Include <b>ONLY</b> the priority portion of your unsecured claim here.	
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
<b>7. SUPPORTING DOCUMENTS:</b> 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.) <b>DATE-STAMPED COPY</b> 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).		<b>THIS SPACE FOR COURT USE ONLY</b>	
<b>By Regular Mail to:</b> BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 Chanhassen, MN 55317-3020		<b>By Hand, Courier, Or Overnight Delivery to:</b> BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim P: 18750 Lake Drive East Chanhassen, MN 55317	
T, B & W Mortgage Corp.		 02641	
DATE <u>6/9/10</u>	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.  Scanned: 6/14/2010-1:07:39 PM		

## Summary of Claim and Supporting Documents

### Claimants:

Joseph and Claire Chapman  
7419 Midiron Drive  
Fair Oaks, CA 95628

Claim amount: \$802.00

### Nature of claim:

On or about August 3, 2009, TB&W deducted \$802.00 from our escrow account in order pay a property insurance premium due and owed State Farm Ins. Co..

TB&W never released the funds, however, and State Farm never received payment. Instead, CENLAR, the company who succeeded TB&W as the holder of our mortgage, had to deduct another \$802.00 from our escrow account to pay the premium.

**To date, the \$802.00 taken by TB&W from our escrow account has never been released to State Farm or returned to us.**

### We are enclosing the following supporting documents:

Attachment 1: TB&W statement dated August 1, 2009, showing our escrow balance as \$2,271.81;

Attachment 2: Account transaction documents showing a deduction of \$802.00 by TB&W on or about August 3, 2009, to pay State Farm Ins. Co., and reducing our escrow balance to \$1469.81;

Attachment 3: August 24, 2009, Notice of Cancellation letter from State Farm Ins. Co. for failure to pay premium;

Attachment 4: Account transaction documents showing a deduction of \$802.00 by CENLAR on or about September 14, 2009, to pay hazard insurance, and reducing our escrow balance from \$1469.81 to 667.81;

Attachment 5: Documents from State Farm Ins. Co. confirming that only the September 2009 payment was ever received.



# Taylor, Bean & Whitaker

Perfecting the Art of Mortgage Lending

1417 North Magnolia Avenue  
Ocala, Florida 34475  
888 225-2164

ATTACHMENT 1

## MONTHLY BILLING STATEMENT

### General Billing Info:

Statement Date:	08/01/2009
Loan Number:	7740
Interest Rate:	5.750%
Payment Due Date:	09/01/2009
Regular Monthly Payment:	\$1,863.97
Total Payment(s) Due:	\$1,863.97
Unpaid Late Charges:	\$0.00
Unpaid NSF Fees:	\$0.00
Other Unpaid Fees/Charges:	\$0.00
<b>Total Due:</b>	<b>\$1,863.97</b>

### Account Balances:

Principal Bal. on 08/01/2009	\$250,574.56
Escrow Bal. on 08/01/2009	\$2,271.81
Interest Paid Year to Date	\$8,442.48
Taxes Paid Year to Date	\$1,903.64
Insurance Paid Year to Date	\$0.00
Late Charges Paid Year to Date	\$0.00

### Customer Service Info:

Customer Service Inquiries:  
(888) 225-2164  
(352) 671-0250

View Account Information online:  
[www.TaylorBean.com](http://www.TaylorBean.com)

Customer Service Hours:  
9:00 am - 8:00 pm EST  
Monday through Friday

E-mail us:  
[Loaninfo@taylorbean.com](mailto:Loaninfo@taylorbean.com)

### Insurance Information:

Ins Co Name: State Farm Insurance  
Ins Policy No: 9672



Return Service Requested 23993 99  
Joseph J Chapman & Claire B Chapman  
7419 Midiron Dr  
Fair Oaks, CA 95628-6713

### Recent Activity:

Date	Description	Principal Amount	Interest Amount	Escrow Amount	Other Funds	Late Charge	Total
07/27/2009	Regular Payment	\$284.33	\$1,202.03	\$377.61	\$0.00	\$0.00	\$1,863.97

Thank you for your prompt payment!

In observance of Labor Day, TB&W offices will be closed on September 7th, 2009.

Detach Here

This paper was produced using Eco Friendly Printing Methods including sustainable forest stock, chemical free processes, plates and vegetable based inks.

PAGE 1 REPORT CREATED: 10/15/2009 at 19:58:51  
 LOAN HISTORY

Below are the Transactions on File for the Loan

NEW LN NO	OLD LOAN NO	HIST ID	USER ID	SYSTEM ID	PAYER NAME	SHORT NAME	TRN CD	TRAN DESC	INV CD	INV GRP	CD	DUE DATE	PAID DT
PMT AMT	INT AMT	PRIN AMT	LATE CHRG AMT	TI AMT	CURT AMT	MISC FEE AMT	RET CK AMT	UNAPPLIED AMT	PRIN BAL	TI BAL	AMT	TI BAL	AMT
UNAPPLIED BAL	TAX ID	INT PD TO DT	LC UNPAID BAL	BA ID	BA TYPE	ID	PRIN YTD	INT YTD	LC YTD	TAKES YTD	HAZFLD YTD		
7740	249104.75	0.00	0.00	250574.56	30 jtrout	NULL	EXP TRF SERV	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	NULL	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1863.97	1202.03	0.00	284.33	29 tenyder	State Farm Insu	Chapma DIS	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	42370.00	0.00	-802.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1863.97	1203.39	0.00	282.97	28 aescoba	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1863.97	1204.74	0.00	281.62	27 bcoller	NULL	ITI Int on T&I	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	6.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1870.84	1206.08	0.00	280.28	26 aescoba	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1870.84	1207.42	0.00	278.94	25 tpuglie	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1870.84	1207.42	0.00	278.94	24 aescoba	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1870.84	1207.42	0.00	278.94	23 bcoller	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1870.84	1207.42	0.00	278.94	22 bcoller	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7740	1870.84	1207.42	0.00	278.94	21 aescoba	NULL	REG Lockbox	800 002	0.00	0.00	0.00	0.00	0.00
0.00	NULL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00





STATE FARM INSURANCE COMPANIES

State Farm General Insurance Company

900 Old River Rd  
Bakersfield, CA 93311-6000

317

AT1

P-12- 3620-F143 H F

000317  
CHAPMAN, JOSEPH J & CLAIRE B  
7419 MIDIRON DR  
FAIR OAKS CA 95628-6713

NOTICE OF CANCELLATION ATTACHMENT 3

POLICY NUMBER	967-2
Homeowners Policy DATE CANCELED	SEP 11 2009
DATE DUE	PLEASE PAY THIS AMOUNT
AUG 11 2009	\$802.00

Payer - Mortgagee

Mortgagee:  
TAYLOR BEAN & WHITAKER  
MORTGAGE CORP  
ITS SUCC AND/OR ASSIGNS ATIMA  
1417 N MAGNOLIA AVE  
OCALA FL 34475-9078

Location: Same as Mailing Address

Payer - Mortgagee  
Loan No: 7740

Important Message(s)

As of the "Date Prepared" shown below, we have not received the premium required to keep this policy in force. Therefore, this policy is canceled effective 12:01 a.m. (or NOON if required by state law) on the "Date Canceled" shown hereon. Upon your written request, we shall then furnish the facts on which this cancellation is based. If full premium payment has been made and/or is received and accepted prior to or on the date of cancellation, you will receive a Notice of Reinstatement, verifying continuous and uninterrupted coverage under this policy.

Agent DAVID REDFIELD  
Telephone (916) 966-4926

47 4199 3858

See reverse side for important information.  
Please keep this part for your record.

Prepared: AUG 24 2009

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT. P. 3620-F143 F

INSURED	CHAPMAN, JOSEPH J & CLAIRE B		
POLICY NUMBER	967-2	HO - HOMEOWNERS	

Loan No: 7740

PLEASE RETURN THIS PART WITH YOUR  
CHECK MADE PAYABLE TO STATE FARM.

DATE DUE	PLEASE PAY THIS AMOUNT
AUG 11 2009	\$802.00

Please contact your State Farm Agent if you have any questions about your policy.

1209909118  
Insurance Support Center  
P.O. Box 680001  
Dallas, TX 75368-0001



537-162 CA.8 Rev. 02-06-2007 (0113015g)

FOR OFFICE USE ONLY 0317

Prepared: AUG 24 2009

04 I

FIRE CANCEL	\$802.00	0911
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REQ BY PCA

CUSTOMER ACCOUNT ACTIVITY STATEMENT

DATE 03/10/10  
PAGE 1

JOSEPH CHAPMAN  
CLAIRE CHAPMAN  
7419 MIDIRON DR  
FAIR OAKS

CA 95628

LOAN NUMBER: .1764

\*\*\*\*\*

----- CURRENT ACCOUNT INFORMATION -----					
DATE	TOTAL	PRINCIPAL	LOAN	CURRENT	
PAYMENT	PAYMENT	& INTEREST	INTEREST	PRINCIPAL	ESCROW
DUE	AMOUNT	PAYMENT	RATE	BALANCE	BALANCE
04-01-10	1,839.21	1,486.36	5.75000	248,545.75	1,780.57

\*\*\*\*\*

ACTIVITY FOR PERIOD 01/01/09 - 03/09/10						
PROCESS	DUE	TRANSACTION	TRANSACTION			EFFECTIVE DATE
DATE	DATE	CODE	DESCRIPTION			OF TRANSACTION
TRANSACTION	PRIN.	PAID/	ESCROW PAID/	OTHER-		
AMOUNT	BALANCE	INTEREST	BALANCE	AMOUNT	CODE/DESCRIPTION	
02-25-10	03-10	172	PAYMENT			
1,839.21	294.00	1,192.36	352.85			
	248,545.75		1780.57		NEW PRINCIPAL/ESCROW BALANCES	
01-28-10	02-10	172	PAYMENT			
1,863.97	292.60	1,193.76	377.61			
	248,839.75		1427.72		NEW PRINCIPAL/ESCROW BALANCES	
12-31-09	02-10	160	INTEREST ON ESCROW DEPOSIT			
7.87	0.00	0.00	7.87			
			1050.11		NEW PRINCIPAL/ESCROW BALANCES	
12-31-09	01-10	172	PAYMENT			
1,863.97	291.21	1,195.15	377.61			
	249,132.35		1042.24		NEW PRINCIPAL/ESCROW BALANCES	
12-02-09	12-09	172	PAYMENT			
1,863.97	289.82	1,196.54	377.61			
	249,423.56		664.63		NEW PRINCIPAL/ESCROW BALANCES	
11-10-09	11-09	312	COUNTY TAX			
1,513.62-	0.00	0.00	1513.62-			
			287.02		NEW PRINCIPAL/ESCROW BALANCES	
10-30-09	11-09	172	PAYMENT			
1,863.97	288.43	1,197.93	377.61			
	249,713.38		1800.64		NEW PRINCIPAL/ESCROW BALANCES	
10-19-09	10-09	172	PAYMENT			
1,863.97	287.06	1,199.30	377.61			
	250,001.81		1423.03		NEW PRINCIPAL/ESCROW BALANCES	

REQ BY PCA

CUSTOMER ACCOUNT ACTIVITY STATEMENT

DATE 03/10/10

PAGE 2

JOSEPH CHAPMAN

LOAN NUMBER: 1764

ACTIVITY FOR PERIOD 01/01/09 - 03/09/10

PROCESS DATE	DUE DATE	TRANSACTION CODE	TRANSACTION DESCRIPTION	EFFECTIVE DATE OF TRANSACTION
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TRANSACTION AMOUNT	PRIN. BALANCE	PAID/ INTEREST	ESCROW PAID/ BALANCE	OTHER AMOUNT	CODE/DESCRIPTION
09-25-09	09-09	172	PAYMENT		
1,863.97	285.69	1,200.67	377.61		
	250,288.87		1045.42		NEW PRINCIPAL/ESCROW BALANCES
09-14-09	08-10	351	HAZARD INS (PRIMARY POLICY)		
802.00-	0.00	0.00	802.00-		
			667.81		NEW PRINCIPAL/ESCROW BALANCES
08-19-09	08-09	312	COUNTY TAX		
1,903.64-	0.00	0.00	1903.64-		
			1469.81		NEW PRINCIPAL/ESCROW BALANCES
08-19-09	08-09	170	ADJUSTMENT TRANSACTION		
10,404.52	1,962.04	8,442.48	0.00		
	250,574.56				NEW PRINCIPAL/ESCROW BALANCES



# State Farm Insurance Companies®



April 12, 2010

Rohnert Park Operations Center  
6400 State Farm Drive  
Rohnert Park, California 94926-0001

CHAPMAN, JOSEPH J & CLAIRE B  
7419 MIDIRON DR  
FAIR OAKS CA 95628-6713

RE: Policy Number: 967-2  
Policy Type: Homeowners Policy

Dear Mr. & Mrs. Chapman:

Our records do not reflect a payment to cover premium due in the amount of \$802.00 for the policy referred to above. We did, however, receive the payment to our State Farm Payment Plan which was paid from the agents office on September 24, 2009.

There has been no other payment on the policy for the 2009 to 2010 policy term.

Sincerely,

A handwritten signature in cursive script that reads "Tina Maddux".

Tina Maddux  
707-588-4417  
Underwriting Service Assistant  
State Farm General Insurance Company

cc: David Redfield, 3620

Central Loan Admin & Reporting  
Isaoa, Atima  
PO Box 202028  
Florence SC 29502-2028  
LOAN NO 0031721764



SFPP Breakdown - AIMY

Accountholder: CHAPMAN, CLAIRE B & JOSEPH J

SFPP #: ?

Policy #: 967-2 - HOMEOWNERS

Date: 3/29/2010

Date	Explanation of Transactions	Charges (+)	Credits (-)	Payments (-)	Current Balance
9/10/2009	Down Payment			\$200.49	-\$200.49
9/15/2009	Original Detail	\$802.00			\$601.51
9/16/2009	Payment			\$802.00	-\$200.49
9/24/2009	Other - Move Money-Refund to insured.	\$200.49			\$0.00
				<b>Total</b>	<b>\$0.00</b>

SFPP received down payment from insured of \$200.49, then received a payment from agent's office on 9/16/2009 for \$802.00. SFPP refunded 200.49 to the insured. Please let me know if you have any questions on the breakdown.

For internal use only---contains proprietary and trade secret material. Nothing contained in this document shall be disclosed outside of State Farm unless proper authorization is obtained.

Please contact divisions if further explanation of charges or credits are needed. To calculate monthly payments on account, please add all payments with the same payment date to arrive at the total payment amount. The set-up fee and service charges will not be reflected on the payments. If all policies are not requested on the breakdown, the payment amount will not total.