

Re-submit

UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div.

PROOF OF CLAIM

Name of Debtor: 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.

Name of Creditor (the person or other entity to whom the debtor owes money or property): The Estate of Christine Marie Mumford

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Michael Mumford - Executor
2912 medford Drive
Dumfries, VA 22026

CLAIM FILED
JACKSONVILLE, FLORIDA

Court Claim Number: (If known)

Telephone number:

703-445-9477

JUN 25 2010

Filed on:

Name and address where payment should be sent (if different from above):

CLERK, U. S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 871.00

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.

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.

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.

2. Basis for Claim: Escrow Account Refund - NSF Check

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 3348

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).

3a. Debtor may have scheduled account as: Christine M. Mumford

Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

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: Real Estate Motor Vehicle Other

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: \$

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507(a)().

Amount entitled to priority:

\$

*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.

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 instruction 7 and 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: 3/15/10

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.

Michael Mumford - Executor

FOR COURT USE ONLY

T, B & W Mortgage Corp.



Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



PNC Bank, N.A.

Return Items Dept F6-F166-03-3
Date: Sep 10, 2009 Advice D-384053

Items which you deposited have been returned unpaid. Items redeposited are indicated with an asterisk (*). Please direct inquiries to 1-888-PNC-BANK.

Acct: 040/5559894693

REASON RTM
ACCOUNT 0000000000904015
DEP DATE 09/04/2009
ITEM AMOUNT 871.00

EST OF CHRISTINE M MUMFORD DECD
MICHAEL MUMFORD EXTR
2912 MEDFORD DR
DUMFRIES, VA 22026-4540

1 Item charged totaling \$871.00
Advice Total \$871.00

⑆402431191⑆ 00005559894693⑆ ⑆0000384053⑆

031000053
09/10/2009
002433

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

PAY TO THE ORDER OF		CHRISTINE MARIE MUMFORD 3642 WHARF LAKE TRIANGLE VA 22172	
TAYLOR, BEAN & WHITAKER Mortgage Corporation 315 SE 11th Street Ocala, Florida 31770 Earning Disbursement Current Account		Platinum Community Bank NO. 352296 09/04/2009	
Eight Hundred Seventy One and 00/100		DATE June 25, 2009 AMOUNT \$871.00	
⑆352296⑆ ⑆071974453⑆ 0000904015⑆		⑆0000087100⑆	

⑆352296⑆ ⑆071974453⑆ 0000904015⑆ ⑆0000087100⑆

What is a substitute check. To make check processing faster, federal law permits banks to replace original checks with substitute checks with a slightly reduced image of the front and back of the original check. You can use it the same way you would use the original check. You may use a substitute check as proof of payment just like the original check. Some or all of the checks that you receive back from us may be substitute checks. This notice describes rights you have when you receive substitute checks from us. The rights in this notice do not apply to original checks or to electronic debits to your account. However, you have rights under other law with respect to those transactions.

What are my rights regarding substitute checks? In certain cases, federal law provides a special procedure that allows you to request a refund for losses you suffer if a substitute check is posted to your account (for example, if you think that we withdrew the wrong amount from your account or that we withdrew money from your account more than once for the same check). The losses you may attempt to recover under this procedure may include the amount that was withdrawn from your account and fees that were charged as a result of the withdrawal (for example, bounced check fees). The amount of your refund under this procedure is limited to the amount of your loss or the amount of the substitute check, whichever is less. You also are entitled to interest on the amount of your refund if your account is an interest-bearing account. If your loss exceeds the amount of the substitute check, you may be able to recover additional amounts under other law.

If you use this procedure, you may receive up to \$2,500 of your refund (plus interest if your account earns interest) within 10 business days after we received your claim and the remainder of your refund (plus interest if your account earns interest) not later than 45 calendar days after we received your claim. We may reverse the refund (including any interest on the refund) if we later are able to demonstrate that the substitute check was correctly posted to your account.

How do I make a claim for a refund? If you believe that you have suffered a loss relating to a substitute check that you received and that was posted to your account, please contact us by: Phone: 1-888-PNC-Bank Hearing Impaired 1-800-531-1648, Write: PNC Bank/Adjustments, P7-PFSC-02-C, 500 First Avenue, Pittsburgh PA 15219. Or at www.PNCBank.com, log on to Account Link (user ID and password, necessary) select Message Center and send us a secure message. You must contact us within 40 calendar days of the date that we mailed (or otherwise delivered by a means to which you agreed) the substitute check in question or the account statement showing that the substitute check was posted to your account, whichever is later. We will extend this time period if you were not able to make a timely claim because of extraordinary circumstances.

Your claim must include -- A description of why you have suffered a loss (for example, you think the amount withdrawn was incorrect); An estimate of the amount of your loss; An explanation of why the substitute check you received is insufficient to confirm that you suffered a loss. A copy of the substitute check and of the following information to help us identify the substitute check: account number, check number, amount of the check, date the check was paid or posted to your account, the reference number for the check (if known), name of the person to whom you wrote the check, and any other pertinent information.

0430000014 09/08/2009
6117182896
071000301 09/08/2009
6616077592

031000053 09/10/2009
071000301 09/09/2009
6414014002
031000040 09/09/2009
6515641429
031000040 09/10/2009
6616904323

Signature: *[Handwritten Signature]*
Title: *[Handwritten Title]*

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

031000053< 09/09/2009
0525005731

031000053< 09/09/2009
00561723719

5617237196
FRB-DHI 092009 PK
TRC=6193

Security Features:
• Microprint
• Watermark
• Color Shifting
• Security Thread
• Hologram
• Full-Color Image
• 3D Security Features


Do not endorse or write below this line.

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
MEMPHIS TN 37501-0023

X

001363.549005.0005.001 1 MB 0.369 532




CHRISTINE MARIE MUMFORD ESTATE
MICHAEL MUMFORD EX
2912 MEDFORD DR
DUMFRIES VA 22026

001363

Date of this notice: 04-01-2009

Employer Identification Number:
94-6801833

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933

**IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.**

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 94-6801833. This EIN will identify your estate or trust. If you are not the applicant, please contact the individual who is handling the estate or trust for you. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1041

04/15/2010

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

**CERTIFICATE/LETTER OF QUALIFICATION
COMMONWEALTH OF VIRGINIA**

VA. CODE §§ 6.1-70, 6.1-195.28, 6.1-208.3, 6.1-208.5, 13.1-428, 37.1-134.15, 64.1-122, 64.1-128

Prince William County Circuit Court

Court File No.: W-13143

I, the duly qualified clerk/deputy clerk of this Court, **CERTIFY** that on the
twenty first day of April, 2009,

Michael E. Mumford

duly qualified in this court, under applicable provisions of law, as **EXECUTOR**

of the Estate of **Christine Mumford** , deceased.

The powers of the fiduciary(ies) named above continue in full force and effect.


\$694,000.00 bond has been posted.

Given under my hand and the seal of this Court on

April 21, 2009

DATE

Michele B. McQuigg, Clerk

by , Deputy Clerk

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER **175** CERTIFICATE NUMBER **211**

STATE FILE NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) CHRISTINE MARIE MUMFORD			2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
	3. DATE OF DEATH (mo.) (day) (year) MARCH 20, 2009		4. AGE 44 years		5. DATE OF BIRTH (mo.) (day) (year) JULY 11, 1964
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) NONE			8. COUNTY OF DEATH (if independent city, leave blank) PRINCE WILLIAM	
	9. CITY OR TOWN OF DEATH TRIANGLE			10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 3642 WHARF LANE	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA			12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) PRINCE WILLIAM	
	13. CITY OR TOWN OF RESIDENCE TRIANGLE			14. STREET ADDRESS OR RT. NO. OF RESIDENCE 3642 WHARF LANE	
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER RAYMOND EUGENE MUMFORD			16. MAIDEN NAME OF DECEDENT'S MOTHER CHARLOTTE M. TURNER	
	17. RACE OF DECEDENT WHITE		18. OF HISPANIC ORIGIN? (if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5 +) 2
	20. CITIZEN OF WHAT COUNTRY U.S.A.	21. BIRTHPLACE (state or country) WASHINGTON, D.C.	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	
	24. SOCIAL SECURITY NUMBER 231-08-3348	25. USUAL OR LAST OCCUPATION MANAGER	26. KIND OF BUSINESS OR INDUSTRY RETAIL / FOOD	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP MICHAEL MUMFORD - BROTHER	
CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				INTERVAL BETWEEN ONSET AND DEATH months
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Breast cancer DUE TO (OR AS A CONSEQUENCE OF):				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					28a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
29. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		29a. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		29b. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
29c. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____		29d. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		29e. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) 29f. (city or town) (county) (state)	
28. To the best of my knowledge, death occurred at 3:16 PM (month) (day) (year) on the date and place and from the cause(s) stated.					
ACTUAL SIGNATURE ▶ David M. Dunning MD			DATE SIGNED: 3/23/09		
NAME OF ATTENDING PHYSICIAN (Type or Print) DAVID M. DUNNING, MD			ADDRESS OF ATTENDING PHYSICIAN FAIRFAX VA 22031 / 8503 ARLINGTON BLVD. STE. 440		
FUNERAL DIRECTOR	29. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		30. PLACE OF BURIAL, REMOVAL, ETC. METROPOLITAN CREMATORY, ALEXANDRIA, VIRGINIA		
	31. (Signature of funeral director or person legally filing this certificate) [Signature]		NAME OF FUNERAL HOME AND ADDRESS: Found & Sons - Lee Funeral Chpl. 8521 Sudley Rd., Manassas, Virginia		
REGISTRAR	32. (signature of registrar) Mary L. Thomas		DATE RECORD FILED March 23, 2009		
RESERVED FOR REGISTRAR'S USE					

MARCH RESERVED FOR BINDING
 IMPORTANT: Use black ribbon in registrar or print legibly with ball point pen having black ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.
 NOTE: If "Pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.

This is to certify that this is a true and correct reproduction or abstract of the original official record filed with the Prince William Department of Health, Manassas, Virginia.

Date Issued March 23, 2009

Mary L. Thomas
Registrar or Deputy

(SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE PRINCE WILLIAM DEPARTMENT OF HEALTH, MANASSAS, VIRGINIA.
Section 32.1-272, Code of Virginia as amended.

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