

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.

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.

CLAIM FILED
JACKSONVILLE, FLORIDA

MAR 28 2011

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

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

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.

John Moscatello
25.421 Chaucer Ct.
Glen Ellyn IL 60137

Creditor Telephone Number **(630) 974-9317** Check box if address is where Notice is to be sent.

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

SAME ↑

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

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

Claim Number (if known):

Filed on:

Payment Telephone Number ()

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **975.00**

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.

2. BASIS FOR CLAIM:

SERVICES PERFORMED - Appraisals

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as: **8312**

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:

Real Estate Motor Vehicle Other

Value of Property: \$

Annual Interest Rate: % if any: \$

Secured Claim Amount: \$

Unsecured Claim Amount: \$

Amount of arrearage and other charges as of time case filed included in secured claim.

DO NOT include the priority portion of your claim here.

Basis for Perfection:

5. PRIORITY CLAIM

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.

Unsecured Priority Claim Amount: \$

Include **ONLY** the priority portion of your unsecured claim here.

You **MUST** specify the priority of the claim:

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

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).

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

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) ().

* 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. 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.)
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).

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

THIS SPACE FOR COURT USE ONLY
T, B & W Mortgage Corp.



03351

DATE:
3/21/2011

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.

John Moscatello John Moscatello

***** INVOICE *****

File Number: 09-230so

Taylor, Bean & Whitaker
314 NE 14th St.
Ocala, FL 34470

Borrower : Ronald & Deborah Weber

Invoice # :
Order Date :
Reference/Case # : 14500373
PO Number :

394 Heartland Dr.
New Lenox, IL 60451-3912

1004 Full Appraisal	\$	325.00
	\$	-----
Invoice Total	\$	325.00
State Sales Tax @	\$	0.00
Deposit	(\$)
Deposit	(\$)

Amount Due	\$	325.00

Terms:

Please Make Check Payable To:

John Moscatello
2 S. 421 Chaucer Ct.
Glen Ellyn, IL 60137

Fed. I.D. #:

THANK YOU

***** INVOICE *****

File Number: 09-231so

Taylor, Bean & Whitaker
314 NE 14th St.
Ocala, FL 34470

Borrower : Mark Rizzo

Invoice # :
Order Date :
Reference/Case # : 14500438
PO Number :

526 S. PROSPECT AVE.
PARK RIDGE, IL 60068

1004 Full Appraisal	\$	325.00
	\$	-----
Invoice Total	\$	325.00
State Sales Tax @	\$	0.00
Deposit	(\$)
Deposit	(\$	-----)
Amount Due	\$	325.00

Terms:

Please Make Check Payable To:

John Moscatello
2 S. 421 Chaucer Ct.
Glen Ellyn, IL 60137

Fed. I.D. #:

THANK YOU

***** INVOICE *****

File Number: 09-233so

Taylor, Bean & Whitaker
314 NE 14th St.
Ocala, FL 34470

Borrower : Dhimant Doshi

Invoice # :
Order Date :
Reference/Case # : 14500455
PO Number :

517 James Ct. Unit B
Glendale Heights, IL 60139-3289

1004 Full Appraisal	\$	325.00
	\$	

Invoice Total	\$	325.00
State Sales Tax @	\$	0.00
Deposit	(\$)
Deposit	(\$)

Amount Due	\$	325.00

Terms:

Please Make Check Payable To:

John Moscatello
2 S. 421 Chaucer Ct.
Glen Ellyn, IL 60137

Fed. I.D. #:

THANK YOU