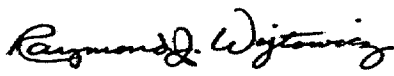



UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA		PROOF OF CLAIM
Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.		Case Number: 09-07047-JAF
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.</i>		
Name of Creditor (The person or other entity to whom the debtor owes money or Property) WAYNE COUNTY TREASURER WOJTOWICZ #18759		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <div style="text-align: center;">FILED JACKSONVILLE, FLORIDA</div> Court Claim Number: <div style="text-align: center;">APR 13 2011</div> (if known) Clerk, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA
Name and address where NOTICES should be sent: WAYNE COUNTY TREASURER #18759 400 MONROE ST., SUITE #520 DETROIT MI 48226 Telephone number: (313) 224-5957		
Name and address where payment should be sent (if different from above): CLERK, U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA		<input checked="" 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 checked="" 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>\$4,093.26</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 checked="" 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.		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 checked="" 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 \$11,725*) 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 \$2,600* 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: \$ _____ * Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>REAL</u> Property tax (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>22043753.</u> 3a. Debtor may have scheduled account as: <u>Detroit</u> (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 checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: Describe: See Attached: Value of Property: <u>\$38,416.00</u> Annual Interest Rate: <u>(12% yearly interest pursuant to MCL211.59 MCL211.78a; 18% yearly interest on forfeiture years pursuant to MCL 211.78g)</u> Amount of arrearage and other charges as of time case filed included in secured claim, If any: <u>\$4,093.26</u> Basis for perfection: <u>MCL 211.1 et seq.</u> Amount of Secured Claim: <u>\$4,093.26</u> 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 or 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: 3/25/2011	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.  RAYMOND J. WOJTOWICZ, WAYNE COUNTY TREASURER	FOR COURT USE ONLY T, B & W Mortgage Corp.  03367

RAYMOND J. WOJTOWICZ

WAYNE COUNTY TREASURER
400 Monroe - 5th Floor
Detroit MI 48226-2942



Make checks payable to:

Raymond J. Wojtowicz
Wayne County Treasurer

Taxpayer Information:
(313) 224-5990

Office Hours:
8:00 a.m. - 4:30 p.m.
Monday through Friday

Mailing Federal Home Loan Mortgage
Address: 1410 SPRING HILL RD
MCLEAN VA 22102

Tax Statement

Number: 2011 - 107636

Date: 03/25/2011



Detroit Real Property Description:

Parcel ID: 22043753.

Address: 15770 Robson
48227

Legal Description: E ROBSON 92 FRED W BRISTOWS ROBSON AVE SUB L51 P16 PLATS, W C R
22/153 35 X 127.90

Tax Year	Tax Amt	Total	Status Description
2010	\$3,898.35	\$4,093.26	PRE DELINQUENT TAX/UNCONFIRMED
Total:	\$3,898.35	\$4,093.26	(If paid on or before 03/31/2011)