

Marie Arnott
4216 Malibar Drive
Mobile, AL 36609
(251)391-8942
mkarnott@aol.com

FILED
JACKSONVILLE, FLORIDA

JAN -7 2011

January 6, 2011

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

FEDERAL EXPRESS OVERNIGHT

Clerk of Court
Bryan Simpson United States Courthouse
300 North Hogan Street, Suite 3-350
Jacksonville, FL 32202

Re: Taylor, Bean, & Whitaker Mortgage Corp
Chapter 11 Case No. 3:09-bk-07047-JAF
Debtors' Omnibus Objection #6
Claim #892, Marie Arnott

Dear Sir/Madam,

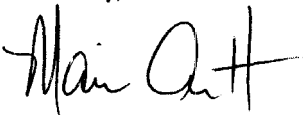
I would like to object to my claim being downgraded from "Secured and/or Priority" to "Unsecured".

My claim is for escrow funds that were improperly handled by Taylor, Bean, & Whitaker Mortgage Corp. When certificates of insurance were requested they were submitted in a timely manner. After the insurance company faxed the certificate twice, I repeatedly called. I was told to resubmit the information and I would receive a return phone call. I was never contacted and I had to call again, speak to a different person who would again tell me to resubmit the information and they would call back. This happened several times.

I then received the Tax and Insurance Account Disclosure Statement dated July 24, 2009 which showed that, not only had the charge not been removed, but my account was going to be charged the next year. After several attempts to straighten this out again, I learned that bankruptcy had been filed and I was to deal with Cenlar for further servicing of my mortgage. Cenlar will only consider the balance forward of (\$1,781.46) in my escrow account. They informed me that any prior activity was the responsibility of Taylor, Bean, Whitaker and I must take it up with the Bankruptcy Court.

It is my contention that the two charges for \$1,270.23 (\$2,540.46) should be removed from my escrow account, which would then leave a balance of \$759.00, the amount of my claim. Since this is money that I PAID IN TO ESCROW, this should be considered a secured/priority claim.

Sincerely,

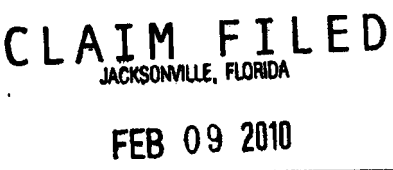

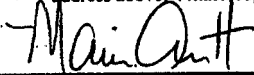



Marie Arnott

Enclosure: Copy of Claim #892

cc: Edward J Peterson, Esquire
Stichter, Riedel, Balin, & Prosser, P.A.
110 E Madison Street, Suite 200
Tampa, FL 33602

B 10 (Official Form 10) (12/08)

| | | |
|---|--|--|
| UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div. | | PROOF OF CLAIM |
| Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CO | | 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): Marie Arnott | | <div style="text-align: center;">  </div> <p>1) Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (if known)</p> <p>Filed on: _____</p> <p>2) 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.</p> <p>3) Check this box if you are the debtor or trustee in this case.</p> <p>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.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</p> <p><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).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).</p> <p><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).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().</p> <p style="text-align: right;">Amount entitled to priority: \$ <u>759.00</u></p> <p><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></p> |
| Name and address where notices should be sent: 4216 Malibar Drive Mobile, AL 36609 | | |
| Telephone number: (251) 391-8942 | | |
| Name and address where payment should be sent (if different from above): <div style="text-align: center;">  </div> | | |
| Telephone number: _____ | | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>759.00</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. 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: <u>Escrow Refund</u> (See instruction #2 on reverse side.) | | |
| 3. Last four digits of any number by which creditor identifies debtor: <u>8697</u> 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 instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. 5 pages attached If the documents are not available, please explain: _____ | | |
| Date: <u>2/5/10</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. <div style="text-align: center;">  Marie Arnott </div> | | FOR COURT USE ONLY <div style="text-align: center;">  <p>00892</p> </div> |

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.

Tax and Insurance Account Disclosure Statement

July 24, 2009

TAYLOR, BEAN & WHITAKER MORTGAGE CORP
1417 N. Magnolia Avenue
Ocala, FL 34475-9078
(888)225-2164

Loan Number 1888697
Due Date 08/01/09

Property Address:
1602 GOVERNMENT ST UNIT 3E
MOBILE AL 36604

MARIE S ARNOTT
4216 MALIBAR DRIVE
MOBILE AL 36609

Account History for 09/08 Through 08/09

| Month | Projected T&I Pmt | Actual T&I Pmt | Projected T&I Disb | Actual T&I Disb | Disb Desc | Projected T&I Balance | Actual T&I Balance |
|---------------------------|----------------------|-------------------|-----------------------|--------------------|------------------------|--------------------------|-----------------------|
| Starting T&I Balance..... | | | | | | 814.92 | 102.10 |
| September | 81.49 | 140.89 * | 0.00 | 0.00 | | 896.41 | 242.99 |
| October | 81.49 | 140.89 * | 0.00 | 0.00 | | 977.90 | 383.88 |
| | 0.00 | 0.00 | 0.00 | 1,033.78 * | County Taxes | 977.90 | -649.90 |
| November | 81.49 | 140.89 * | 0.00 | 0.00 | | 1,059.39 | -509.01 |
| | 0.00 | 0.00 | 0.00 | 1,270.23 * | Property Insurance * | 1,059.39 | -1,779.24 |
| December | 81.49 | 140.89 * | 977.90 | 0.00 * | County Taxes | 162.98 | -1,638.35 |
| January | 81.49 | 140.89 * | 0.00 | 0.00 | | 244.47 | -1,497.46 |
| February | 81.49 | 140.89 * | 0.00 | 0.00 | | 325.96 | -1,356.57 |
| March | 81.49 | 140.89 * | 0.00 | 0.00 | | 407.45 | -1,215.68 |
| April | 81.49 | 140.89 * | 0.00 | 0.00 | | 488.94 | -1,074.79 |
| May | 81.49 | 140.89 * | 0.00 | 0.00 | | 570.43 | -933.90 |
| June | 81.49 | 140.89 * | 0.00 | 0.00 | | 651.92 | -793.01 |
| July | 81.49 | 140.89 * | 0.00 | 0.00 | | 733.41 | -652.12 |
| | 0.00 | 0.00 | 0.00 | 1,270.23 * | E Property Insurance * | 733.41 | -1,922.35 ** |
| August | 81.49 | 140.89 * E | 0.00 | 0.00 | | 814.90 | -1,781.46 |
| Totals..... | 977.88 | 1,690.68 | 977.90 | 3,574.24 | | + | 2540.46 |

An asterisk (*) indicates a difference from a previous estimate either in the date or the amount. An "E" indicates estimates for future payments or +759.00 disbursements.

Your mortgage payment, as of the last T&I Account Disclosure Statement, was 590.66. The breakdown was as follows: 449.77 Principal and interest, 140.89 T&I, 0.00 Miscellaneous Insurance, 0.00 Subsidy.

Last year, we anticipated that disbursements from your T&I account would be made during this period equalling 977.90. Under RESPA, your low monthly T&I balance should not have exceeded 162.98, or 1/6 of anticipated disbursements. Under your mortgage contract, your low monthly T&I balance should not have exceeded 162.98. Under your servicers selected low point, your low monthly T&I balance should not have exceeded 162.98. The low balance was -1,922.35**.

Review the difference in the activity that we projected to occur against the actual history. Possibilities for not reaching the low balance may include:

1. A tax bill, insurance bill, or other T&I item was paid at a lower amount than projected, or was paid later than projected.
2. A surplus from a prior year was not eliminated.
3. Unscheduled deposits were made to the T&I account.
4. Unscheduled disbursements were made from the T&I account.

For further explanation, please call Servicing Department.

* I DON'T OWE THIS - SEE ENCLOSED CERT OF INSURANCE



STOVALL MARKS INSURANCE, INC.

2601 Danville Rd SW

Decatur, AL 35603

Phone: (256) 355-7951 Fax: (256) 350-2022

FAX

TO: Taylor Bean & Whitaker DATE: February 26, 2009
Mortgage Corp.
ATTN: Customer Service FROM: Barbara Broadfoot
FAX #: 248-824-1480 PAGES: 2
RE: Windsor Warwick POLICY #: HCP 506849-08

Per a conversation with Rachelle, following is a copy of the dec page for the above policy number. The charge of \$1,207.23 will be refunded to Marie Arnott, Unit 3E, 1602 Government St, Mobile, AL within 3 to 5 weeks for insurance placed on her condo.

Also, following is an Evidence of Property faxed to your company on 10/01/2008 for the same property.

Thanks,


Barbara Broadfoot

cc: John Wilhelm
Marie Arnott

FEB 26 2009

BB 12:03pm

HERMITAGE INSURANCE COMPANY

1311 Mamaroneck Avenue, Suite 135
White Plains, New York 10605

POLICY NO. HCP/506849-08

RENEWAL CERTIFICATE

NAMED INSURED & MAILING ADDRESS:

WINDSOR WARWICK, A CONDOMINIUM
WINDSOR WARWICK OWNERS ASSOCI-
ATION, INC. & WINDSOR WARWICK LLC
P.O. BOX 660923
BIRMINGHAM, AL 35216

LOCATION, CONSTRUCTION & OCCUPANCY

1: 1600-1602 GOVERNMENT STREET, MOBILE,
AL 36604

RENEWAL OF POLICY NO.

HCP/506849-07
PRODUCER NO. C4049
PRODUCER NAME & ADDRESS

ASHLAND GENERAL AGENCY, INC.
P.O. BOX 850609
MOBILE, AL 36685-0609

RENEWAL PERIOD:

1 07/25/08 07/25/09
TERM(YR) **INCEPTION** **EXPIRATION DATE**
(MO,DAY,YR) (MO,DAY,YR)

| | |
|---------------------------|-----------|
| RENEWAL PREMIUM \$ | 15,460.00 |
| Terrorism Premium | .00 |
| Total Premium | 15,460.00 |
| Policy Fee | 250.00 |
| S.L. Tax | 942.60 |
| Total | 16,652.60 |

In consideration of payment of the Renewal premium indicated, the policy is hereby renewed by the Company for the period stated, subject to all agreements, stipulations, provisions, conditions and limitations thereof and endorsements thereto, except as stated below. It shall further be subject to any additional endorsements applying during the renewal period.

This renewal certificate shall have the same status as though a new policy had been written with similar provisions, stipulations and agreements.

If during the period that insurance is in force under said policy or as renewed by this certificate, the policy, any authorized endorsements or filed rules and regulations affecting the same, are revised by statute or otherwise, so as to extend or broaden this insurance without additional premium charge, such extended or broadened insurance shall inure to the benefit of the assured hereunder.

COVERAGES PROVIDED - PROPERTY

| <u>LOC. NO.</u> | <u>COVERAGE</u> | <u>LIMIT OF INSURANCE</u> | <u>CAUSES OF LOSS</u> | <u>DED.</u> | <u>COINS.</u> | <u>RATES</u> | <u>PREMIUM</u> |
|-----------------|-----------------|---------------------------|-----------------------|-------------|---------------|--------------|----------------|
| 1 | BUILDING | 1,000,000 | SPECIAL | * | 80% | 1.350 | 13500.00 |

* - SEE ENDORSEMENT HIC201

COVERAGES PROVIDED - GENERAL LIABILITY

| | | |
|----------------------------------|----|----------|
| GENERAL AGGREGATE | \$ | 200000 |
| PROD./COMP/OP.AGG. | \$ | Included |
| PERSONAL & ADVERTISING INJURY | \$ | 100000 |
| EACH OCCURRENCE | \$ | 100000 |
| FIRE DAMAGE (ANY ONE FIRE) | \$ | 50000 |
| MEDICAL EXPENSE (ANY ONE PERSON) | \$ | 1000 |

| <u>CODE NUMBER</u> | <u>PREMIUM BASIS</u> | <u>RATE</u> | <u>PREMIUM</u> |
|--------------------|----------------------|-------------|----------------|
| 62003 | 28(U) | 70.000 | 1960 |

Date Entered 8/26/08
Initials RB

FORMS ADDED:

FORMS DELETED:

"This contract is registered and delivered as a surplus line coverage under the Alabama Surplus Line Insurance Law."
LICENSE #A072608

MORTGAGE HOLDER(S):

COUNTRYWIDE HOME LOANS, INC., P.O. BOX
961206, FTWX-22, FORT WORTH, TX 76161

POLICY CHANGE (IF ANY)

AUG 20 2008

Countersigned: 08-12-08

Quade Shigley
S.L. BROKER

By:

CR Papp
Authorized Signature

HIC5000(10/97)

ACORD EVIDENCE OF PROPERTY INSURANCE DATE (MM/DD/YY)
10/1/2008

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

| | |
|---|---|
| PRODUCER Stovall Marks Insurance Inc. Danville Rd SW Locatur, AL 35603 PHONE (AC No. Ex): (256) 355-7951 | COMPANY Hermitage Insurance Company |
| CODE: _____ SUB CODE: _____ | |
| AGENCY CUSTOMER ID #: WINDWAR-01 INSURED Windsor Warwick, A Condominium and Windsor Warwick Owners Association, Inc. and Windsor Warwick LLC PO Box 660923 Birmingham, AL 35216 | LOAN NUMBER _____ POLICY NUMBER HCP 506849-08 EFFECTIVE DATE: 7/25/2008 EXPIRATION DATE: 7/25/2009 <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED THIS REPLACES PRIOR EVIDENCE DATED: _____ |

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc # 2 Bldg # 1 A 28 Unit Condominium 1600-1602 Government Street Mobile AL

COVERAGE INFORMATION

| COVERAGE/PERILS/FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|------------|
| Loc#2 Bldg#1 Building Special Excluding Theft Replacement Cost | 1,000,000 | 1,000 |

REMARKS (Including Special Conditions)

Marie Arnott, Unit 3E, 1602 Government St, Mobile, AL
 Loan #1888697

248-824-1480
 OCT - 1 2008
 2:32pm

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

| | | | | |
|--|--|------------|--------------------------|--------------------|
| NAME AND ADDRESS Taylor, Bean & Whitaker Mortgage Corp. ISACA 1417 North Magnolia Ave Ocala, FL 34475-9078 | <input type="checkbox"/> | MORTGAGEE | <input type="checkbox"/> | ADDITIONAL INSURED |
| | <input type="checkbox"/> | LOSS PAYEE | | |
| | LOAN # | | | |
| | AUTHORIZED REPRESENTATIVE <i>Stephen R. Grace</i> | | | |

*mailed copy to insured
 handed cover to John Walker*

BROB

ACORD™ EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/2/2009

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

| | | | | |
|---|------------------|---|---|--|
| PRODUCER Stovall Marks Insurance Inc. 2601 Danville Rd SW Decatur, AL 35603 | | PHONE (A/C, No, Ext): (256) 355-7951 | COMPANY Hermitage Insurance Company | |
| CODE: | SUB CODE: | | LOAN NUMBER | |
| AGENCY CUSTOMER ID #: WINDWAR-01 | | POLICY NUMBER HCP 562059-09 | | INSURED Windsor Warwick, A Condominium and Windsor Warwick Owners Association, Inc. and Windsor Warwick LLC PO Box 660923 Birmingham, AL 35216 |
| | | EFFECTIVE DATE 7/25/2009 | EXPIRATION DATE 7/25/2010 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED: | | | | |

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 Loc # 2 Bldg # 1 A 28 Unit Condominium 1600-1602 Government Street Mobile AL

COVERAGE INFORMATION

| COVERAGE/PERILS/FORMS | AMOUNT OF INSURANCE | DEDUCTIBLE |
|--|---------------------|------------|
| Loc#2 Bldg#1 Building Special Excluding Theft Replacement Cost | 1,000,000 | 1,000 |


REMARKS (Including Special Conditions)

Marie Arnott, Unit 3E, 1602 Government St, Mobile, AL
 Loan # 1888697

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

| | | |
|---|---|---|
| NAME AND ADDRESS Taylor, Bean & Whitaker Mortgage Corp. ISAOA 1417 North Magnolia Ave Ocala, FL 34475-9078 | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> ADDITIONAL INSURED |
| | <input type="checkbox"/> LOSS PAYEE | LOAN # |
| | AUTHORIZED REPRESENTATIVE  | |