UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION

F L E D

JACKSONVILLE, FLORIDA

FEB 1 5 2011

Joni Cox-Tanner

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

Creditor/Defendant

VS.

In re:

Chapter 11

TAYLOR, BEAN & WHITAKER MORTGAGE CORP:

CASE NO. 3:09-BK-7047-JAF

HOME AMERICA MORTGAGE,

CASE NO. 3:09-BK-10023-JAF

INC.

REO SPECIALTIES, LLC

CASE NO. 3:09-BK-10022-JAF

Debtors/Plaintiffs

REQUEST FOR AMENDMENT AND MODIFICATION OF CLAIM NUMBER 2621 TO BE REPRESENTATIVE OF CLAIM NUMBER 2729, LOSS MITIGATION EMPLOYEE FOR TAYLOR BEAN AND WHITAKER, HOME AMERICAN MORTGAGE, INC. AND REO SPECIALTIES, LLC, RICO D. ELIJAH.

Comes now Joni Cox-Tanner, Homeowner and Defendant seeking a request by said court on behalf of Defendant to modify and amend said claim number 2621 to be representative of claim number 2729, loss mitigation employee for above referenced case numbers. Due to future evidence to be provided to court on behalf of defendant, claim needs to be changed to reflect the three Debtors, Taylor Bean and Whitaker. REO Specialties, LLC and Home American Mortgage, Inc. and to dismiss other listed name(s) on claim.

Joni Cox-Tanner and Charles Tanner request that the amount listed on said claim should be amended and open-ended to reflect the hearing on evidence provided by and on behalf of Homeowners Joni Cox-Tanner and Charles Tanner, respectfully. As well, an additional cause of claim other than the Truth In Lending Act shall be requested to represent "Unfair and Deceptive Mortgage Loan Servicing" FDCPA, 15 U.S.C. §§ 1601-1692, and RESPA 12 U.S.C. § 2605(e). See *United States v. Fairbanks Capital Corp., No. SACV 04-549*.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served via mail to: Elena Escamilla, Trial Attorney, Office of the United States Trustee. U.S. Department of Justice Florida Bar No: 898414, 135 W. Central Blvd., Suite 620 Orlando FL. 32801 and served to via mail to: Edward J. Peterson, III (FBN 014612) **STRICHTER, RIEDEL, BLAIN & PROSSER, P.A.** (Attorneys for the Debtor/Plaintiff) 110 East Madison Street, Suite 200 Tampa, FL 33602.

Joni Cox-Tanner 2403 Terrace Ave. Midland, TX 79705 (432) 349-3006

AFFIDAVIT

STATE OF TEXAS

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COUNTY OF MIDLAND

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2011. by

This instrument was acknowledged before me on the Joni Cox-Tanner in the capacity stated therein.

ELIZABETH SPARKS
NOTARY PUBLIC
State of Texas
Comm. Exp. 06-26-2014

Jotary Public, State of Texas

B10 (Official Form 10) (12/08) UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF FLORIDA, JACKSONVILLE DIVISION PROOF OF CLAIM Name of Debtor: Taylor, Bean & Whitaker Mortgage Case Number: 3:09-bk-07047-JAF: 3:09-☑ REO Specialists, LLC ☑ Home America Mongage, Inc. bk-10022-JAF; 3:09-bk-10023-JAF NOTE: This form should not be used to make a claim for an administrative expense arising effective comment of the case. A request for payment of an administrative expense that the same of 11 U.S.C. 50. Name of Creditor (the person or other entity to whom the debtor owes money of progress NULLE, FLORIDA Check this box to indicate that this Rico D. Elijah claim amends a previously filed Name and address where notices should be sent: claim. JUN 1 4 2010 Jack A. Raisner, Esq. René S. Roupinian, Esq. Court Claim Number:_ **OUTTEN & GOLDEN LLP** (If known) CLERK, U.S. BANKRUPTCY COURT 3 Park Avenue, 29th Floor MIDDLE DISTRICT OF FLORIDA New York, NY 10016 Telephone number: Filed on: 212-245-1000 Name and address where payment should be sent (if different from above): Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of Telephone number: statement giving particulars. ☐ Cheek this box if you are the debtor or trustee in this case. 1. Amount of Claim as of Date Case Filed: \$11,550.00 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete any portion of your claim falls in item 4 one of the following categories. If all or part of your claim is entitled to priority, complete item 5. check the box and state the ☐ 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. "Priority Claim, see item 5." Specify the priority of the claim. 2. Basis for Claim: 60 days' wages and benefits as a result of the Debtor's violation of the WARN Act, 29 USC § 2101 et. seq. Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). * The claim is being filed in all 3 estates and duplicative claims will be withdrawn after the relevant employer has been determined. ■ Wages, salaries, or commissions (up) * By filing this proof of claim, the creditor, a former employee of the Debtor, neither intends to waive his/her right to \$10,950*) carned within 180 days to pursue or benefit from any WARN claim that is certified as a class action or allowed on a class proof of claim basis. before filing of the bankruptcy nor waive any entitlement to have his/her WARN claim treated as an administrative expense under Section 503(b). petition or cessation of the debtor's (See instruction #2 on reverse side.) business, whichever is earlier - 11 3. Last four digits of any number by which creditor identifies debtor: U.S.C. §507 (a)(4). 3a. Dehtor may have scheduled account as: ■ Contributions to an employee benefit (See instruction #3a on reverse side.) 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 ☐ Up to \$2,425* of deposits toward information. purchase, lease, or rental of property or services for personal, family, or Nature of property or right of setoff: 2 Real Estate ☐ Motor Vehicle T Other household use - 11 U.S.C. §507 Describe: (a)(7). Value of Property:\$___ Annual Interest Rate % □ Taxes or penalties owed to governmental units - 11 U.S.C. §507 Amount of arrearage and other charges as of time case filed included in secured claim, (a)(8). if any: \$ Basis for perfection: ☐ Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(__). 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. Amount entitled to priority: 7. Documents: Attach reducted copies of any documents that support the claim, such as promissory notes, purchase \$10,950.00 orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach reducted copies of documents providing evidence of perfection of *Amounts are subject to adjustment on a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) 4/1/10 and every 3 years thereafter with respect to cases commenced on or after DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER the date of adjustment. If the documents are not available, please explain: FOR COURT USE ONLY Date: 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 of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person authorized to file this claim and state address and telephone number of deligation of the person address above. Attach copy of power of anomey, if any. 6/11/2010 Guil Sopinia Rene S. Roupinian, Attorney