

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)**

Name of Debtor
Lynn Ketterling
Jeanne Ketterling

Case Number
03-41318 - 12

U.S. COURTS
JUL 10 PM 1:40
CLERK
03-41318

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Dr. Woodworth, Warren, etc.
Name and Address where notices should be sent:

Dr. Woodworth, Warren, etc.
301 Scott Avenue
PO Box 338 83350
Rupert, ID 83350

- 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.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.



THIS SPACE IS FOR COURT USE ONLY

Telephone Number: (208) 436-6406

Account or other number by which creditor identifies debtor:
KE0002

Check here if replaces this claim amends a previously filed claim, dated _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:
6-28-2002 through 6-27-2003

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1674.63

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. 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.

Date

7-9-03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Charles R. Clarron DDS

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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.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

SINGLE FAMILY LEDGER

Drs. Woodworth ,Warren, and Garrard

Date: 07/08/2003

Page: 1

Guar Name: Lynn E Ketterling
100 N 160 W
Rupert, ID 83350

Chart Number: KE0002

Billing Type: 4

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
06/27/2002		Balance Forward				
* 06/28/2002		Intraoral-periapical-1st film	Rebecca	0.00		0.00
* 06/28/2002	4	Crown buildup, includ any pins	Rebecca	14.00		14.00
* 06/28/2002	4	Crown-porc fused to base metal	Rebecca	116.00		130.00
* 08/16/2002		Bitewings-two films	Michael	578.00		708.00
* 08/16/2002		Prophylaxis with fluoride-child	Michael	19.00		727.00
* 08/16/2002		Periodic oral evaluation	Michael	30.00		757.00
* 10/01/2002		Check Payment - Thank You	Lynn	24.00		781.00
* 10/31/2002		Finance Charge	Lynn		-50.00	731.00
* 11/13/2002		Check Payment - Thank You	Lynn	6.58		737.58
* 11/26/2002		Finance Charge	Lynn		-100.00	637.58
* 12/20/2002		Check Payment - Thank You	Lynn	6.31		643.89
* 12/31/2002		Finance Charge	Lynn		-50.00	593.89
* 01/30/2003		Finance Charge	Lynn	5.81		599.70
* 02/26/2003		Finance Charge	Lynn	5.88		605.58
* 02/26/2003	7	Intraoral-periapical-1st film	Lynn	14.00		619.58
* 02/27/2003		Prefab post&core in add to crn	Lynn	142.00		761.58
* 03/05/2003	7	Finance Charge	Lynn	5.94		767.52
* 03/05/2003		Crown-porc fused to base metal	Lynn	578.00		1345.52
* 03/27/2003		Finance Charge	Lynn	5.94		1351.46
* 04/04/2003		Check Payment - Thank You	Lynn		-100.00	1251.46
* 04/28/2003		Check Payment - Thank You	Lynn		-100.00	1151.46
* 04/30/2003		Finance Charge	Lynn			1151.46
* 05/01/2003		Bitewings-two films	Lynn	4.00		1155.46
* 05/01/2003		Periodic oral evaluation	Kevin	14.00		1169.46
* 05/01/2003	19	Amalgam-1 surf., perm. or prim.	Kevin	25.00		1194.46
* 05/01/2003	K	Amalgam-1 surface, prmary	Kevin	75.00		1269.46
* 05/01/2003	L	Amalgam-2 surface, primary	Kevin	75.00		1344.46
* 05/01/2003		Periodic oral evaluation	Kevin	90.00		1434.46
* 05/01/2003		Bitewings-two films	Nicholas	30.00		1464.46
* 05/01/2003		Prophylaxis-adult	Nicholas	19.00		1483.46
* 05/07/2003		Prophylaxis with fluoride-child	Nicholas	65.00		1548.46
* 05/07/2003	A	Amalgam-2 surface, primary	Kevin	31.00		1579.46
* 05/07/2003	T	Amalgam-2 surface, primary	Kevin	90.00		1669.46
* 05/27/2003		Check Payment - Thank You	Kevin	90.00		1759.46
* 05/29/2003		Finance Charge	Lynn		-100.00	1659.46
06/27/2003		Finance Charge	Lynn	4.68		1664.14
		Finance Charge	Lynn	10.51		1674.65

TOTAL FAMILY BALANCE AS OF 07/08/2003:

1674.65

YTD Finance Charges:

YTD Late Charges:

YTD Family Payments:

YTD Insurance Payments:

0.00

0.00

* Procedures that have been placed in History.