

UNITED STATES BANKRUPTCY COURT Bankruptcy DISTRICT OF ID

Name of Debtor Lynn Ketterling

Case Number 03-41318

PROOF OF CLAIM

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):

Farm Plan Corporation

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.

Name and address where notices should be sent:

Farm Plan Corporation  
P.O. Box 6600, Johnston, Iowa 50131-6600  
Attn: Chris Friedrichs  
Telephone No. (800)869-4367

U.S. COURTS  
03 JUL 17 AM 9:48  
REC'D FILED  
CAMPBELL BLAKE  
CLERK  
DAHO

Account or other number by which creditor identifies debtor:  
33100 55606

Check here if this claim  Replaces a previously filed claim, dated:  Amends

THIS SPACE IS FOR COURT USE ONLY

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: February 16, 1987

3. If court judgement, date obtained:

4. Total Amount of Claim at time Case Filed: 3631.15

\*\*Plus additional interest and Attorneys fees.

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

SEE ATTACHED DOCUMENTS

Value of Collateral: \_\_\_\_\_

\*\*Plus additional interest and Attorneys fees.  
Amount of arrearage and other charges at time case filed included in secured claim, if any \_\_\_\_\_

UNSECURED NON PRIORITY CLAIM \$3,631.15 \*\*

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 judgements, 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date  
July 14, 2003

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):  
Chris Friedrichs, Farm Plan Corporation

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|                      |                    |                            |                  |          |
|----------------------|--------------------|----------------------------|------------------|----------|
| R130-1               | 08:19:35           | RECOVERY MANAGEMENT SYSTEM | TF01365          | 07/11/03 |
| ACTIVE               | DCSI               | View Account               |                  | R50      |
| Acct...:             | 33100 55606        |                            | Birthdate....:   |          |
| Tax #...:            | 519665958          |                            | Status.....:     | 601      |
| Name...:             | KETTERLING, LYNN E |                            | Loan Type....:   | 2001     |
| Name 2...:           | ,                  |                            |                  |          |
| Address:             | 100 N 160 W        |                            | Officer.....:    | 2001XX   |
| Address:             |                    |                            | Recoverer....:   | DC37     |
| City...:             | RUPERT             | State: ID                  | Interest %...:   | 12.25    |
| Ph(Ho)..:            | 2084364466         | Zip...: 83350              | Received.....:   | 07/09/03 |
| Ph(Off):             |                    | County....:                | Assigned.....:   | 07/10/03 |
| Contact Frequency:   | 001 / M            | Payment Frequency:         | Commission...:   | .00      |
| Comaker:             | **NONE**           |                            | Contract Date:   | 02/16/87 |
|                      | Original FOD       | Judgment                   | Last Contact..:  |          |
| Charge-Off Amt...:   | 3,631.15           | 0.00                       | Next Contact..:  |          |
| Recovered Princ...:  | 0.00               | 0.00                       | Last Payment..:  | 06/10/03 |
| Net Charge-Off...:   | 3,631.15           | 0.00                       | Payment Due...:  |          |
| Associated Costs...: | 0.00               | 0.00                       | Judgment Date:   |          |
| Recovered Costs...:  | 0.00               | 0.00                       | Dead Transfer:   |          |
| Accrued Interest...: | 1.22               | 0.00                       | Payment Amt...:  | 0.00     |
| Recovered Int.....:  | 0.00               | 0.00                       | Past Due Amt...: | 0.00     |
| Account Balance...:  | 3,632.37           | 0.00                       | Daily Int Amt:   | 1.22     |
| PF Keys:             | 3=Prev             |                            |                  |          |