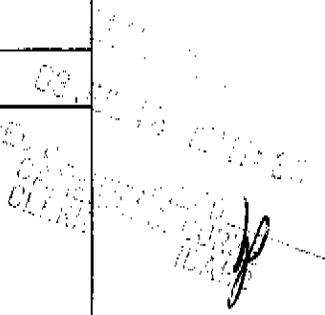
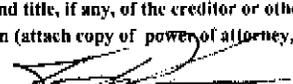


UNITED STATES BANKRUPTCY COURT DISTRICT OF VA		DISTRICT OF VA	PROOF OF CLAIM
Debtor SS JEANNE KETTERLING SS LYNN KETTERLING		Case Number 0341318 Chapter 12	 THIS SPACE IS FOR COURT USE
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or entity to whom the debtor owes money or property): Bank of America, N.A. (USA)		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Bank of America, N.A. (USA) P.O. Box 2278 Norfolk, VA 23501-2278  Telephone Number: 800-671-2115		Check here <input type="checkbox"/> replaces If this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
Account or other number by which creditor identifies debtor: 4888607002327568			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Credit Card Charges</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SSN#: _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
<b>2. Date debt was incurred:</b> 03/18/2003		<b>3. If court judgement, date obtained:</b> _____	
<b>4. Total Amount of Claim at Time Case Filed:</b>		<u>\$9,122.12</u> "Unsecured Nonpriority"	
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.			
<input type="checkbox"/> 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.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000). (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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 are subject to adjustment on 04/01/1998 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE	
<b>8. Supporting Documents:</b> 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.			
<b>9. Date-Stamped Copy:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 07/07/2003	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): 		
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			

Norfolk, VA 23501-2278

**STATEMENT**

**Account Holder**

Name: JEANNE KETTERLING  
 Name: LYNN KETTERLING

**Bankruptcy Information**

Case #: 0341318  
 Court: IDMO  
 Chapter: 12  
 File Date: 06/29/2003  
 341A Date: 08/04/2003

[ Account No. ]	
4888607002327568	
New Balance	\$9,122.12
Available Credit	\$0.00
[ ENTER AMOUNT ENCLOSED ]	

INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO: **Bank of America, N.A. (USA)**

CARDMEMBER NAME	ACCOUNT NUMBER	CREDIT LINE	AVAILABLE CREDIT	STATEMENT DATE
JEANNE KETTERLING LYNN KETTERLING	4888607002327568	\$ 9,600.00	\$0.00	07/07/2003
DATE	DESCRIPTION OF TRANSACTION			AMOUNT

TOTAL: \$ 9,122.12