

FORM B10 (Official Form 10) (9/97)

United States Bankruptcy Court COEUR D'ALENE District of IDAHO

AMENDED PROOF OF CLAIM

Name of Debtor FRANK CHAPIN

Case Number 02-20218 CH. 11

U.S.

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Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A notice of payment of administrative expenses may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or entity to whom the debtor owes money property). Please mail any payments on Chapter 13 cases to: Ford Motor Credit Company Drawer 55-953 P.O. Box 55000 Detroit, MI 48255-0953

- 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

Name and address where notices should be sent: Ford Motor Credit Company P.O. Box 537901 Livonia, MI 48153-7901

Telephone number: 1-877-872-9405
Account or other number by which creditor identifies debtor: 63-23094761

Check here if this claim replaces or amends a previously filed claim, dated: 3/29/02

1. Basis for Claim

- Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Taxes
Other: Deficiency Claim

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (fill out below)
Your SS #: 518446544
Unpaid compensation for services performed
From (date) to (date)

2. Date debt was incurred: 3/31/00

3. If court judgment, data obtained:

4. Total amount of Claim at Time Case Filed \$ 2,051.34

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

Check 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 Property Motor Vehicle

Other

Value of collateral \$ (Secured Value)

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ (Arrearages on lease)

Creditor Remarks: FMCC requests interest at the APR of %
** Claim amended to reflect the deficiency and new account number. Account number changed from to 63-23094761.
Acceptance of any plan by Ford Motor Credit Company conditioned upon the debtor maintaining proper insurance on the secured collateral.

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 \$4,000), *earned within 90 days before filing of the bankruptcy petition of 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 \$1,800* 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 government 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 4/1/98 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 have 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.

THIS SPACE IS FOR COURT USE ONLY

Date March 28, 2003

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

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