

United States Bankruptcy Court BOISE District of IDAHO

PROOF OF CLAIM

Name of Debtor FRANK CHAPIN

Case Number 02-20218 CH. 11

U.S. COURTS

02 MAR 29 AM 10:30

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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.

Name and address where notices should be sent: Ford Motor Credit Company P.O. Box 537901 Livonia, MI 48153-7801

Telephone number: 1-800-955-8532

Account or other number by which creditor identifies debtor: FHA373FQ51

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

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: 1/31/00

3. If court judgment, date obtained:

4. Total amount of Claim at Time Case Filed \$ 12,602.47

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 % CONTRACT AND TITLE NOT AVAILABLE.

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.

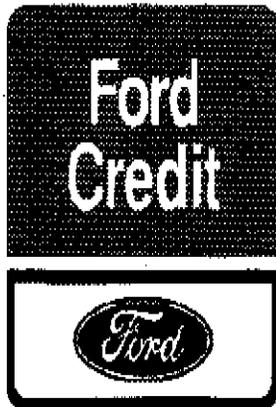
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Date March 25, 2002

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

Signature of J. Balkowski

Penalty for passing fraudulent claim: Fine of up to \$ 500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



Ford Motor Credit Company
National Bankruptcy Service Center

P.O. Box 537901
Livonia, MI 48153-7901
734-632-8000
1-800-955-8532

U.S. BANKRUPTCY COURT
U.S. Bankruptcy Court
U.S. COURTHOUSE & FED. BLDG
550 W. FORT ST., MSC 042
BOISE, ID 83724

Date: March 25, 2002

Re: Debtor: FRANK CHAPIN
Account No.: FHA373FQ51
Case No.: 02-20218 CH. 11
Contract Date: 1/31/00
Monthly Payment: \$783.40

STATEMENT OF ACCOUNT

ORIGINAL CONTRACT BALANCE		\$25,541.00
ADD: Physical Damage Insurance Premium	\$	
Other	\$	
Total Amount Added to Contract	\$	
DEDUCT: Amount of Contract Paid	\$34,401.53	
Other	\$	
Total Amount Deducted from Contract		\$34,401.53
GROSS BALANCE		\$12,602.47
Interest Remaining in Contract	\$0	
NET BALANCE		\$12,602.47