FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (COEUR D'ALEN)

PROOF OF CLAIM

U.S. COURTS
02 MAR 14 PM 12:42
CLERK, 02-20218 IDAHO
1812154

THIS SPACE IS FOR COURT USE ONLY

Name of Debtor Frank L Chapin Sydney L Gutierrez-Chapin	Case Number 02-20218 -11

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):
Finney & Finney
Name and Address where notices should be sent:

Finney & Finney
120 Lake Street, Ste 317
Sandpoint, ID 83864

Telephone Number: (208) 263-7712

☐ 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.

Account or other number by which creditor identifies debtor: 4178-19

Check here if this claim ☐ replaces ☐ 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 _____ (date) to _____ (date)

2. Date debt was incurred: 06/21/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 2,815.90 **See attached copy of ledger
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.

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Date	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):
3-13-2002	John A. Finney Finney & Finney, P.A.; John A. Finney, Attorney

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.

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P.O. Box 781, Sandpoint, ID 83864 CHAPIN, Frank L.
Re: Hegge

4178-19 1

*previously Misc. & Hegge
(Misc. is 4178)

2000

5/25/00	Dist Ck#5863 to B.C. Clerk (Complaint filed re Hegge - money)	77 00		770
5/25/00	Dist Ck #5864 to B.C. Clerk (File Complaint re Hegge - possession)	77 00		1540
6/8/00	Dist Ck # 5892 to B.C. Sheriff (Process Servic. CV-00-641)	40 00		1940
6/8/00	Dist Ck# 5893 to B.C. Sheriff (Process Service CV-00-642)	60 00		2540
6/21/00	Billed Atty Fees (Hegge)	935 00		11890
6/21/00	Billed atty Fees (re Darrell + Lee Ann Chapin)	371 25		15602
10/5/00	Reminder ltr to Darrell w/copy to Frank Chapin			
11/6/00	Rcvd ck#2817 from Darrell + Lee Ann Chapin		371 25	11890
11/14/00	Dist ck. # 6321 to BC Clerk - record Judg. (Hegge)	2 00		11910

DATE		CREDIT	CREDIT	BALANCE
11/14/00	Dist. Ck#6322 to BC Recorder record (Hegge) Judg	6 00		11970 0
11/16/00	Billed Atty Fees to date (5.75 hrs Hegge)	632 50		18295 0
12/15/00	Dist ck#6416 to BC Clerk - Cert. Jud on Atty Fees (Hegge)	2 00		18315 0
12/15/00	Dist ck#6417 to BC Recorder - record Jud on Atty Fees (Hegge)	6 00		18375 0
12/21/00	Dist Ck#6437 to Idaho Secy of State - UCC-4 Search re Hegge	6 00		18435 0
12/22/00	Voided Ck#6437		6 00	18375 0
12/22/00	Dist. Ck#6439 to Id. Secy of State (UCC-4 for Darren + Jo Ellen Hegge)	20 00		18575 0
02/07/01	Dist. Ck#6575 to Idaho Secy of State (UCC fax re Hegge)	1 00		18585 0
3/7/01	Billed Atty Fees (5.5 hrs) re Hegge	605 00		24635 0
4/5/01	Dist Ck#6721 to B.C. Clerk (Cert. Jdgmt on Post Jdgmt Atty Fees)	2 00		24655 0
4/5/01	Dist Ck#6722 to BC Recorder (Record Jdgmt on Post Jdgmt - Hegge)	6 00		24715 0
4/17/01	Billed Atty Fees (1.375 pp 1.375 fees = 2.75)	302 50		27740 0
5/9/01	Dist ck#6823 to B.C. Clerk (file Writ of Execution re Hegge)	2 00		27760 0
5/9/01	Dist ck#6824 to Panhandle State Bank (Levy Accts of Hegge)	5 00		27810 0
6/19/01	Dist Ck#6925 to B.C. Sheriff Civil Div (Collection Fees for Writ)	62 00		28430 0
6/25/01	Rcvd Ck#17327 from BC Sheriff Civil Div (Refund overpmt of collection fees)		13 00	28300 0

MEMO | TERMS | ACCOUNT NO. | SHEET NO.
NAME | ADDRESS

ADDRESS P.O. Box 781, Sandpoint, ID 83864

NAME CHAPIN, FRANK L.

MEMO Re: Hegge

TERMS

LIMIT

ACCOUNT NO. 4178-19

SHEET 2

DATE	ITEM	POST	✓	DEBIT	CREDIT	BALANCE
2001	Balance Carried Forward					28300
8/17/01	Billed Atty fees			531 88		33618
11/13/01	Sent Reminder					
12/12/01	Rec'd ck # 167602 from B. Zimmerman Trust Acct.				4287 77	29331
01/10/01	Rec'd ck # 168141 from client/B. Zimmerman Trust				117 21	28159
3/11/02	Rcvd pmt on acct - ck # 1699				300 00	25159

FORM 758-50