

**United States Bankruptcy Court
District of Idaho**

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY

Complete this form and mail to: U.S. Bankruptcy Court 205 N. 4th St. 2nd Floor Coeur d'Alene, ID 83814

Name of Debtor: Joseph L. James

Case Number: 00-21327

Chapter: 13

Trustee: J. Barry Zimmerman

Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

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 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Latah County Tax Collector
PO Box 8068
MOSCOW ID 83843

- 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.

Account or other number by which identifies debtor:
114 220 T 00012

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
 Retiree benefits as defined in 11 U.S.C. §1114 (a) Other (please describe):
 Wages, Salaries and compensation: \$ _____ Your Social Security Number: _____
 Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: January 1, 2000

3. If court Judgment, date obtained:

4. SECURED CLAIM

Check 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 \$ 34,028
 Amount of arrearage and other charges at time the case was filed included in secured claim, if any: \$ 25

5. UNSECURED PRIORITY CLAIM

Check box if you have an unsecured priority claim
 Amount entitled to priority \$ _____
SPECIFY PRIORITY OF CLAIM
 Wages, Salaries, or commissions (up to \$4300)* 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 \$1,950* 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ _____ SECURED \$ 34,028
 PRIORITY \$ _____ TOTAL \$ 304.88

Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

- 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, please 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.

DATE
12-11-00

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)
Les A. Proctor,
Latah County Tax Collector, by: Cyndee, Dep. Treas

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

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Name JAMES, JOEY L
 Addr 4325 LENVILLE ROAD #12
MOSCOW ID 83843-8423

Legal COUNTRY HOMES MH COURT #12
1995 CHAMPION 36 X 27
SER #16960353642A
TI #B95957861

Year 2000
 Code Area 40-00 Bill# 2228
 Bank Code _____ FLB Code _____
 Owner Code _____ Account Type _____

Market Value 34,028
 - Hardship _____
 - Homeowner 17,015
Net Market --> 17,013

Tax Amount 304.88
 - Circuit Brk _____
 + Specials _____
Net Tax -----> 304.88

Tax Payments _____
 Tax Cancelled _____
 Spec Cancelled _____
Remaining Due-> 304.88

Bill-> RP _____ 2000

SW

Parcel-> RP _____ A

Address 4325 _____ LENVILLE RD #12 _____ 83843

F1-Parcel Master F2-Print TA Receipt F3-Tax Due Inquiry F24-More Keys

LATAH COUNTY TAX COLLECTOR

00-21327