

United States Bankruptcy Court

**PROOF OF CLAIM**

Chapter: 13

ID District of **BOISE**

In re (Name of Debtor)  
**HOLLY K HINTON**  
**HOLLY K HINTON**

Case Number

**99 41638**

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)  
**U. S. BANK**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim.

Name and Address Where Notices SHOULD be Sent  
**U. S. BANK**  
**P. O. BOX 17143**  
**DENVER, CO 80217**

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 by the court.

**TEL 800-374-4908**

U.S. DISTRICT COURT  
 U.S. DISTRICT OF BOISE  
**OCT 23 1999**  
 M. PIERCE  
 FILED  
**THIS SPACE IS FOR COURT USE ONLY**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

**4190080867017927**

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 (Describe Briefly)

- Retiree benefits as described in U.S.C. 1114(a)
- Wages, salaries, and compensations (Fill out below)
- Your social security number:
- Unpaid compensations for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2. DATE DEBT WAS INCURRED:

**02/02/97**

3. IF COURT JUDGEMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code All claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

SECURED CLAIM

Attach evidence of perfection of security agreement  
 Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Briefly Describe)

VIN#:  
 Amount of arrearage and other charges include in secured claim above, if any.

UNSECURED NONPRIORITY

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY

- Specify the priority of the claim.
- Wages, salaries, or commissions - 11 U.S.C. 507(a)(3)
  - Contributions to employee plan - U.S.C. 507(a)(4)
  - Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -
  - Taxes or penalties of government - 11 U.S.C. 507(a)(7)
  - Other - 11 U.S.C. 507(a)(2),(a)(5) - (Describe Briefly)

5. TOTAL AMOUNT OF CLAIM

AT TIME	<b>1658.14</b>	<b>0.00</b>	
CASE FILED	(UNSECURED)	(SECURED)	(PRIORITY)

<b>1658.14</b>
(TOTAL)

Check this box if claim includes prepetition charges in addition to the principle amount of the claim. Attach itemized statement

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interest. If the documents are not available, explain. If voluminous, attach summary.

8. TIME-STAMPED COPY: To receive an acknowledgement 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**

3

Date  
**10/15/99**

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)

  
 Dan Palmer Bankruptcy Specialist

STMT DATE NEW BALANCE DUE DATE AMT PAST MIN DUE  
 SEP 1 1999 1658.14 SEP 26 1999 33.00 274.00

HINTON P CLINTON ACCOUNT NUMBER 4190 0808 6701 7927  
 HOLLY K HINTON NUMBER OF PAGES 1

1006 4TH AVE DR ACCT STATUS Y CORRESPOND CODE  
 JEROME ID 83338 CARD STATUS 1

	PREV BAL	PAYMENTS	CREDITS	NEW ACT	AVE BAL	FIN CHG	NEW BAL
*	.00	.00	.00	.00	.00	.00	.00
P	283.04	.00	.00	283.04	.00	.00	283.04
*	.00	.00	.00	.00	.00	.00	.00
C	1375.10	.00	.00	1375.10	.00	.00	1375.10
*	.00	.00	.00	.00	.00	.00	.00
M	.00	.00	.00	.00	.00	.00	.00
T	1658.14	.00	.00	.00	.00	.00	1658.14

FOR BILLING PERIODIC RATES NEW CASH PUR MAJ | OLD CASH PUR MAJ  
 INFO CALL MONTHLY | 0.00 0.00 | 0.00 0.00 0.00  
 800 285 8585 ANNUAL | 0.0 0.0 | 0.0 0.0 0.0  
 STATEMENT MESSAGE NUMBER 62

ACCOUNT NUMBER LIMIT AVAIL DUE DATE MAJ PUR PMT PAST DUE MIN PMT  
 41900808 67017927 1500 0 SEP 26 99 .00 33.00 274.00  
 NEXT OPTION (MONTH, T=TRANSACTION, C=CANCEL, P=PRINT STATEMENT)

United States Bankruptcy Court

**PROOF OF CLAIM**  
Chapter: 13

ID District of **BOISE**

In re (Name of Debtor)  
**HOLLY K HINTON**  
**HOLLY K HINTON**

Case Number  
**99 41638**

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)  
**U. S. BANK**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim.

Name and Address Where Notices SHOULD be Sent  
**U. S. BANK**  
**P. O. BOX 17143**  
**DENVER, CO 80217**  
  
**TEL 800-374-4908**

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 by the court.

U.S. Bankruptcy Court  
 District of Idaho  
 OCT 25 1999  
 M. P. C. FILED

**THIS SPACE IS FOR COURT USE ONLY**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
**4190080867017927**

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 (Describe Briefly)

- Retiree benefits as described in U.S.C. 1114(a)
- Wages, salaries, and compensations (Fill out below)  
Your social security number:  
Unpaid compensations for services performed  
from (date) to (date)

**2. DATE DEBT WAS INCURRED:**  
**02/02/97**

**3. IF COURT JUDGEMENT, DATE OBTAINED:**

**4. CLASSIFICATION OF CLAIM.** Under the Bankruptcy Code All claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

**SECURED CLAIM**

Attach evidence of perfection of security agreement  
Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Briefly Describe)

**VIN#:**  
Amount of arrearage and other charges include in secured claim above, if any.

**UNSECURED NONPRIORITY**

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

**UNSECURED PRIORITY**

Specify the priority of the claim.  
 Wages, salaries, or commissions - 11 U.S.C. 507(a)(3)  
 Contributions to employee plan - U.S.C. 507(a)(4)  
 Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -  
 Taxes or penalties of government - 11 U.S.C. 507(a)(7)  
 Other - 11 U.S.C. 507(a)(2),(a)(5) - (Describe Briefly)

**5. TOTAL AMOUNT OF CLAIM**

AT TIME **1658.14** **0.00**  
CASE FILED (UNSECURED) (SECURED) (PRIORITY)

<b>1658.14</b>
(TOTAL)

Check this box if claim includes prepetition charges in addition to the principle amount of the claim. Attach itemized statement

**6. CREDITS AND SETOFFS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

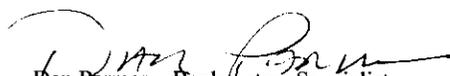
**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interest. If the documents are not available, explain. If voluminous, attach summary.

**8. TIME-STAMPED COPY:** To receive an acknowledgement 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  
**10/15/99**

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)

  
Dan Parmer Bankruptcy Specialist

STMT DATE NEW BALANCE DUE DATE AMT PAST AMT PAST MIN DUE  
 SEP 1 1999 1658.14 SEP 26 1999 33.00 274.00

HINTON P CLINTON ACCOUNT NUMBER 4190 0808 6701 7927  
 HOLLY K HINTON NUMBER OF PAGES 1

1006 4TH AVE DR ACCT STATUS Y CORRESPOND CODE  
 JEROME ID 83338 CARD STATUS 1

	PREV BAL	PAYMENTS	CREDITS	NEW ACT	AVE BAL	FIN CHG	NEW BAL
*	.00	.00	.00	.00	.00	.00	.00
P	283.04	.00	.00	.00	283.04	.00	283.04
*	.00	.00	.00	.00	.00	.00	.00
C	1375.10	.00	.00	.00	1375.10	.00	1375.10
*	.00	.00	.00	.00	.00	.00	.00
M	.00	.00	.00	.00	.00	.00	.00
T	1658.14	.00	.00	.00	.00	.00	1658.14

FOR BILLING PERIODIC RATES|NEW CASH PUR MAJ IOLD CASH PUR MAJ  
 INFO CALL MONTHLY | 0.00 0.00 | 0.00 0.00 0.00 0.00  
 800 285 8585 ANNUAL | 0.0 0.0 | 0.0 0.0 0.0 0.0

STATEMENT MESSAGE NUMBER 62

ACCOUNT NUMBER LIMIT AVAIL DUE DATE MAJ PUR PMT PAST DUE MIN PMT  
 41900808 67017927 1500 0 SEP 26 99 .00 33.00 274.00  
 NEXT OPTION (MONTH, T=TRANSACTION, C=CANCEL, P=PRINT STATEMENT)