FORM B10(Official Form) (9/97)

BR

UNITED STATES BANKRUPTCY COURT District of IDAHO

PROOF OF CLAIM

Name of Debtor **ASA W ROARK**

Case Number **01-02073-JDP**

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.

U. S. COURTS

AUG 6 2001

REC'D ... CAMERON S. BURKE CLERK IDAHO

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

SEARS

Name and Adresses Where Notices Should be Sent:

SEARS, ROEBUCK & CO.
45 Congress St.
Salem, MA 01970

Telephone No. 1-800-366-7561

☐ 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

Account or other number by which creditor identifies debtor:

00 52913 03111 9

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

1. Basis for Claim

☐ Goods sold
☐ Services perfomed
☒ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensations (Fill out below)
Your SS # _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: 03/01/1993 To Present

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $3,954.58
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: $0.00 @ % per annum

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 $4000),* 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 - U.S.C. §507(a)(4).
☐ Up to $1800* 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 of 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.*

7. Credits: The amount of all payments on this claim has been credited and debited 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 7/30/01

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)

ROSE SMITH
Bankruptcy Associate

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.

SEARS
45 Congress St.
Salem, MA 01970

U.S. BANKRUPTCY COURT
550 W FORT ST #42
BOISE ID 83724

Date: July 27, 2001
Bankruptcy No.: 01-02073-JDP
Chapter: 13

STATEMENT OF ACCOUNT

ASA W ROARK
2010 N LINDER RD
MERIDIAN ID 83642

Account Number: 00 52913 03111 9
Date Account Opened: Mar 01, 1993

Account Balance as of Date of Bankruptcy Filing: $3,954.58

Direct all inquiries to: 1-800-366-7561