

United States Bankruptcy Court		PROOF OF CLAIM	
BOISE District of ID		Case Number: 0000244	Chapter: 13
In re (Name of Debtor) FRANK KNIGHT MONICA KNIGHT		Judge's Init: TLM	
		Trustee: BERNIE R RAKOZY	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commandment of the case. A "request" of payments of an administrative expense may be filed pursuant to 11 U.S.C. sec. 503			
Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i> BENEFICIAL FINANCE CORPORATION		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> 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 PO Box 9055 Brandon, FL 33509-9055 *SEND ALL PAYMENTS TO HFC AT: SAME AS ABOVE - ATTN: BANKRUPTCY			
Telephone No.			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIED DEBTOR 40170108500268		CHECK HERE IF THIS CLAIM	<input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS A PREVIOUSLY FILED CLAIM DATED: _____
1. BASIS FOR CLAIM: <input type="checkbox"/> GOODS SOLD <input type="checkbox"/> SERVICES PERFORMED <input type="checkbox"/> MONEY LOANED <input type="checkbox"/> PERSONAL INJURY/WRONGFUL DEATH <input type="checkbox"/> TAXES <input type="checkbox"/> OTHER (PLEASE DESCRIBE) <input type="checkbox"/> RETIREE BENEFITS AS DEFINED IN 11 U.S.C. SEC. 1114A <input type="checkbox"/> WAGES, SALARIES, AND COMPENSATIONS (FILL OUT BELOW) YOUR SOCIAL SECURITY NUMBER _____ UNPAID COMPENSATION FOR SERVICES PERFORMED FROM _____ DATE TO _____ DATE			
2. DATE DEBT WAS INCURRED: 02/12/97		3. IF COURT JUDGEMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM: Under 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			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other(Describe Briefly) Amount of Arrearages and other charges included in secured claim above if any: \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000.00) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier. <input type="checkbox"/> Contributions to an employee benefit plan-U.S.C. sec. 507(a)(4) <input type="checkbox"/> Up to \$900.00 of deposits toward purchase, lease or rental of property or services for personal, family, or household use-11 U.S.C. sec. 507(a)(4) <input type="checkbox"/> Taxes or penalties of Governmental Units-11 U.S.C. sec. 507(a)(4) <input type="checkbox"/> Other-11 U.S.C. sec. 507(a)(2),(a)(5)-(Describe Briefly)	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>14323.11</u> A claim is unsecured if there is no collateral or lien on the 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.			
TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>14323.11</u> (Unsecured) \$ _____ (Secured) \$ _____ (Priority)		\$ <u>14323.11</u> (Total)	
<input type="checkbox"/> check this box if the claim includes prepetition charges in addition to the principle amount of the claim.			
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 the debtor.		This Space is for Court Use Only	
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 interests. If the documents are not available, explain. If the documents are voluminous, attach summary.			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.			
Date: February 07, 2000	Sign and print name and title, if any of the creditor or other person authorized to file this claim (attach power of attorney, if any). _____ (Signature)		

FILED
 UNITED STATES BANKRUPTCY COURT
 DISTRICT OF IDAHO
 BOISE
 FEB 7 2000
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JK

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P 401701 08 500268 PLC

BUS UNIT BENEFICIAL

N1 KNIGHT FRANK 574482545 12 30 65 AHLI:
 N2 KNIGHT MONICA 569794323 01 25 67

X1									
X2									
CR LIMIT	0	DATE CONT	02 12 97	BALANCE					14323.
UNUSED CR	CANC	DATE TRAN	02 13 97	HIGH BALANCE					14538.
EXCEPT LIM	.00	PMT CALC CD						TRIAD SCEN	
CALC CD	1	BUS CLS DT	02 13 97						000
ADVANCES	10.00	CHART CD	5500	BILL FIN CHG YTD					323.
PAYMENTS	.00	INS CD		BILL INS CHG YTD					.
CREDITS	.00	AMOUNT	MPR	APR V				COLL FIN CHG YTD	310.
FIN CHG ADB	14313.11			.000				COLL INS CHG YTD	.
INS CHG ADB	14313.11							UNCOLL FIN CHG	352.
MIN PMT DUE	215.00							UNCOLL INS CHG	.
STANDARD PMT	205.00							DEL STAT	0 OLT 00
D/POST D/TRAN BY		AMOUNT		BALANCE CK#	V	RC		DESCRIPTION	
020800 020800 S/G				14323.11				BALANCE	
020800 T/CR	.00	PRIN		.00	F/C		.00		
020800 F/C ADB	14313.11	I/C ADB		14313.11	UFC			352.13	
020400 020400 CWC								093 CR LIM STAT CHANGED TO	
020400 020400 CWC								095 SPEC CUST/ACCT	
020400 020400 CWC								094 PRINC ONLY CD	