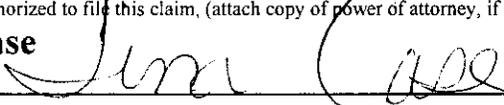


UNITED STATES BANKRUPTCY COURT 550 W Fort MSC 042 Boise, ID 83724	PROOF OF CLAIM 						
In Re: (Name of Debtor) Frank & Monica Knight	Case Number Chapter: 13 574-48-2545 & 569-79-4323 00-00244						
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. Sec. 503.							
Name of Creditor: (The person or other entity to whom the debtor owes money or property): Conseco Finance Name and address where notices should be sent Conseco Finance Retail Division 7360 S Kyrene Tempe, AZ 85283-9824 Telephone No. (888)221-7392	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have ever 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.						
Account or other number by which creditor identifies debtor 6012508250829046 Merchant: Heilig Meyers	Check here is this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previous claim, dated						
1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. Sec. 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Personal injury/wrongful death Your social security number: <input type="checkbox"/> Taxes Unpaid compensation for services performed <input type="checkbox"/> Other (Describe briefly) from (date) to (date)							
2. Date debt was incurred: 7-14-97	3. If court judgment, Date obtained:						
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy code all claims are classified as one or more of the following: <input checked="" type="checkbox"/> (1) Unsecured Non-priority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be one category and part another. Check the appropriate box or boxes that best describes your claim and state the amount of the claim at time case filed. <input type="checkbox"/> Secured Claim 2312.89 <input type="checkbox"/> Unsecured Priority Claim Attach evidence of perfection of security interest Specify the priority of the claim Brief description of collateral: <input type="checkbox"/> Wages, salaries, or commissions (up to \$2,000), earned not more <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (describe) 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. Sec. 507 (A)(3) Amount of arrearage and other charges at time case filed included <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. Sec 507 (a4) in secured claim above, if any: <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease or rental of property. Or services for personal, family, or household use- 11 U.S.C. Sec 507 (A)(6) <input type="checkbox"/> Alimony, maintenance, or support owed a spouse, former spouse or child <input type="checkbox"/> UNSECURED NON-PRIORITY CLAIM 11 U.S.C. Sec 507 (A)(7) A claim is unsecured if there is no collateral or lien on property <input type="checkbox"/> Taxes or penalties of government units 11 U.S.C. Sec 507 (A)(8) of the debtor securing the claim or to the extent that the value of <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. Sec 507 (A) such property is less than the amount of the claim. *Amounts are subject to adjustment on 4/1/98 and every 3 years <input type="checkbox"/> UNSECURED PRIORITY CLAIM thereafter with respect to cases commenced on or after the date of Specify the priority of the claim. adjustment.							
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="width:30%;"></td> <td style="width:30%; text-align: center;">2312.89</td> <td style="width:30%; text-align: center;">2312.89</td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td style="text-align: center;">(Secured)</td> <td style="text-align: center;">(Priority) (Total)</td> </tr> </table>			2312.89	2312.89	(Unsecured)	(Secured)	(Priority) (Total)
	2312.89	2312.89					
(Unsecured)	(Secured)	(Priority) (Total)					
<input type="checkbox"/> Check box if claim includes charged in addition to the principal amount of the claim. Attach itemized statement of all additional charges.							
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 or running accounts, contracts, court judgments, or evidence of security interest. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-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 May 23, 2000	Sign and print name and title if any, of the creditor or other person authorized to file this claim, (attach copy of power of attorney, if any) Tina Case 						

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