

United States Bankruptcy Court

District Of ID

PROOF OF CLAIM

CHAPTER 13

In re (Name of Debtor)
SHARON A LEWANDOWSKI

Case Number
0001480

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. § 503.

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

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.

Name and Address Where Notices Should Be Sent

**HURLEY STATE BANK
DBA: GOODYEAR CREDIT PLAN
PO BOX 7004
SIOUX FALLS, SD 57117**

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.

Telephone No. **18007673457**

THIS SPACE FOR COURT USE ONLY

Account Or Other Number By Which Creditor Identifies Debtor:
7753012005062194

Check here if this claim replaces a previously file claim, dated: _____
 amends

1. BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (Describe briefly)

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED

12/8/98

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: (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 AT TIME CASE FILED.

SECURED CLAIM \$ _____
Attach evidence of perfection of security interest.
Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)

- Wages, salaries, or commissions (up to \$4,000),¹ earned not more than 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 \$1,800¹ 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) _____

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ **795.68**
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 CLAIM \$ _____
Specify the priority of the claim.

¹Amounts 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.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:

795.68

(Unsecured)

\$ _____

(Secured)

\$ _____

(Priority)

795.68

(Total)

Check this box if claim includes charges in addition to the principle 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.

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

Date
8/2/00

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).

E. Fritz

E. Fritz -- Bankruptcy Supervisor

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HURLEY STATE BANK
DBA: GOODYEAR CREDIT PLAN
PO Box 7004
Sioux Falls, SD 57117

August 02, 2000

US BANKRUPTCY COURT:
WESTERN DISTRICT OF IDAHO
550 FORT ST MSC 042
BOISE, ID 83724

DEBTOR:
SHARON A LEWANDOWSKI
HC 34 SIMCO
BOISE, ID 83716-9805

ACCOUNT NUMBER: 7753012005062194

August 02, 2000

GOODYEAR ACCOUNT BALANCE
\$795.68

THE ABOVE IS A TRUE AND CORRECT BALANCE OF THE ACCOUNT.