

U.S. COURTS  
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 SHARON S. BURKE  
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**United States Bankruptcy Court**  
 MIDDLE D District of ID **PROOF OF CLAIM**

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 <i>(The person or other entity to whom the debtor owes money or property)</i> <b>Capital One</b>	<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.
Name and Address Where Notices Should be Sent <b>Capital One Financial</b> <b>P.O. Box 85167</b> <b>Richmond, VA 23285</b> <b>1-800-846-9966</b>  Telephone No.	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
**4121741574396730**

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

1. BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input checked="" type="checkbox"/> Money loaned	Your social security number _____
<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed
<input type="checkbox"/> Taxes	from _____ (date) to _____ (date)
<input type="checkbox"/> Other (Describe briefly)	

2. DATE DEBT WAS INCURRED **C/O Date: 07/18/2000**  
**Account Opened: 07/07/1999**

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.

<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)	<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commission (up to \$4000) 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)
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____	<input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(4)
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <b>742.05</b> 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.	<input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph or 11 U.S.C. § 507 (a) _____

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ **742.05** (Unsecured) \$ \_\_\_\_\_ (Secured) \$ \_\_\_\_\_ (Priority)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

\$ <b>742.05</b> (Total)
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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 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.

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Date **08/24/2000**

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).  
**M. Leo Schneider, Agent**

MIDDLE DISTRICT OF ID  
550 W FORT MSC 042  
BOISE ID 83724

Case #: 0001480

Primary Debtor: SHARON A LEWANDOWSKI  
Secondary Debtor:  
Guarantor Name:

Account #: 4121741574396730

## CAPITAL ONE BANK

### Account Summary for Proof of Claim (See next page)

#### Total Charges

Principal 1:	466.50
Principal 2:	0.00
Other Income:	275.55
Interest:	0.00
Cost 1:	0.00
Cost 2:	0.00
Cost 3:	0.00
Account Balance:	742.05