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U.S. COURTS

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MIDDLE DISTRICT
RICHMOND, VA

United States Bankruptcy Court
MIDDLE D District of ID **PROOF OF CLAIM**

In re (Name of Debtor) **MARTIN 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)
Capital One

Name and Address Where Notices Should be Sent
Capital One Financial
P.O. Box 85167
Richmond, VA 23285
1-800-846-9966

Telephone No.

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:
5291071562472652

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

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 _____ (date) to _____ (date)

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

Account Opened: 05/18/1999

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.

SECURED CLAIM \$ _____

Attach evidence of perfection of security interest

Brief Description of Collateral:

Real Estate Motor Vehicle Other (Describe briefly)

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

UNSECURED NONPRIORITY CLAIM \$ **539.04**

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.

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)

Contribution to an employee benefit plan - 11 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)

Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)

Other - Specify applicable paragraph or 11 U.S.C. § 507 (a) _____

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ **539.04** (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.

\$ **539.04** (Total)

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

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

Case #: 0001480

Primary Debtor: MARTIN LEWANDOWSKI
Secondary Debtor:
Guarantor Name:

Account #: 5291071562472652

CAPITAL ONE BANK

Account Summary for Proof of Claim (See next page)

Total Charges

Principal 1:	148.13
Principal 2:	0.00
Other Income:	390.91
Interest:	0.00
Cost 1:	0.00
Cost 2:	0.00
Cost 3:	0.00
Account Balance:	539.04