

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)**

PROOF OF CLAIM

Name of Debtor
Peggy L Sheldon

Case Number
99-01789

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):
Larry Stoddard, MD
Name and Address where notices should be sent:
Larry Stoddard, MD
PO Box 16953
Salt Lake City, UT 84117

- 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

Telephone Number:

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

- Account or other number by which creditor identifies debtor:
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- 1. Basis for Claim**
- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other _____

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:
7-12-1997

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ *569.25*
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
 Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____
Value of Collateral: \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ *569.25*
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,300)* earned within 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 \$ 1,950* 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 owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

**Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
9. Date-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.

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**UNITED STATES COURTS
DISTRICT OF IDAHO**

JUL 22 1999 (1)

M. REC'D
LODGED FILED

Date
7-19-99

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):
[Signature]

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

COPY

Richard L. Alban
Attorney at Law
P.O. Box 1059
Nampa, ID 83653

U.S. COURTS

99 JUL 14 AM 8:11

REC'D _____ FILED _____
CAMERON S. BURKE
CLERK

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF IDAHO

In Re:

SHELDON, PEGGY L.

Debtor(s)

Case No.

99-01789

Chapter 13 Plan
and Related Motions

This plan is proposed by the debtor. It contains provisions that may significantly affect your rights. It contains matters, which if not objected to, may be accepted by the court as true. Creditors cannot vote on this plan. A creditor who wishes to oppose the plan and related motions may do so by timely filing a written objection. Any objection must be in writing and must be filed with the court and served upon debtor, debtor's attorney, and the chapter 13 trustee by the time set by the court for the first meeting of creditors, within five (5) days thereafter, or as otherwise allowed by law. Absent any such objection, the court may confirm this plan, accept the valuations and allegations herein, and grant the motions without further notice or hearing. If a creditor files a timely written objection, the creditor must appear at the hearing on confirmation of the plan to assert the objection, or it may be denied without further notice or hearing. The provisions of the confirmed plan will bind the debtor and each creditor.

1. **PAYMENTS TO TRUSTEE:** Such portion of the projected future earnings and income of the debtor as is necessary for the execution of the plan is submitted to the supervision and control of the Chapter 13 Trustee for the duration of this plan, to wit:
 - (a) **PERIODIC PAYMENTS:** Debtor will pay to the Trustee for a term, not exceeding 36 months the sum of \$75.00 monthly.
 - (b) **INCOME TAX REFUNDS**
 1. During the initial 36 months of the plan, the debtor will turn over to the trustee all income tax refunds except as provided below. At any time during the term of the plan, debtor shall be entitled to use a tax refund to pay taxes due any other taxing authority; however, the debtor shall remit any tax refund balance to the trustee. Upon the trustee's recommendation or upon notice and hearing, the Court may enter an order entitling the debtor to retain, in whole or in part, income tax refunds owing during the term of the plan to facilitate the terms of this plan or meet the other reasonable or necessary needs of the debtor.
 2. Debtor may retain that portion, if any, of the Federal refund which is designated as child credit or is Earned Income Credit.
 - (c) **EARLY PAYOFF:** This plan may not be paid in less that thirty-six (36) months by debtor with out notice to interested parties and an opportunity for hearing before the Court. The debtor is allowed, however, to pay off this plan without further court authorization after 36 months.

(d) **Judicial Lien Avoidance. This section is not applicable.**

(e) **Other Lien Avoidance. This section is not applicable.**

6. Vesting of Property of the Estate: Subject only to the liens provided for in this plan and upon confirmation of this plan, all property of the estate shall vest in the debtor:

DATED: 7-13-99



Richard L. Alban, attorney for the debtors

STATEMENT OF ACCOUNT

LARRY D. STODDARD, M.D.
PO BOX 16953

Account Number: SHELPEGG-00
Statement Date: 07/19/99

SALT LAKE CITY, UT 84116

Payment Enclosed: _____

PEGGY L SHELDON
1030 EAST 4TH STREET

MERIDIAN, ID 83642

| Date | For | Description | Ref. | Charges | Credits |
|----------|-------|----------------------------|------------|---------|---------|
| 07/12/97 | PEGGY | INSERTION DOUBLE J STENT | 7239 | 345.00 | |
| 11/07/97 | PEGGY | BLUECROSS/BLUESHIELD PAYME | 7239 | | 0.00 |
| 04/01/98 | PEGGY | COLLECTIONS FEE | 7239 | 224.25 | |
| 12/31/98 | PEGGY | BAD DEBT ADJUSTMENT | 7239 | | 0.00 |
| 06/04/99 | PEGGY | PT FILED BANKRUPTCY/BAD DE | 7239STMENT | | 0.00 |
| 07/19/99 | PEGGY | PT FILED BANKRUPTCY/BAD DE | 7239STMENT | | 0.00 |

YOU SIGNED AN AGREEMENT TO PAY YOUR BILL IN FULL AT THE TIME OF SERVICE. AT THIS TIME WE SHOW A BALANCE OWING ON YOUR ACCOUNT AND ASK FOR PAYMENT AT THIS TIME. PAYMENT IS DUE IN FULL UPON RECEIPT. PLEASE CALL OUR BUSINESS OFFICE AT 888-566-5325 FOR ANY QUESTIONS REGARDING YOUR ACCOUNT. THANK YOU.

PLEASE REMIT PAYMENT UPON RECEIPT, THANK YOU.

| Current 0 - 30 | Past Due 31 - 60 | Past Due 61 - 90 | Past Due > 91 | Balance Due |
|-------------------|---------------------|---------------------|------------------|-------------|
| 0.00 | 0.00 | 0.00 | 569.25 | 569.25 |
| ===== | ===== | ===== | ===== | ===== |