

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

DISTRICT OF IDAHO
FILED AT _____

PROOF OF CLAIM

Name of Debtor
Peggy L. Sheldon

Case Number
99-01789

AUG - 2 1999

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.

Deputy



THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (The person or other entity to whom the debtor owes money or property):
HIMHA / Dr. Miewald

Name and Address where notices should be sent:

HIMHA / Dr. Miewald
PO Box 1769
Coeur d'Alene, ID 83816

- 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.

Telephone Number:

Account or other number by which creditor identifies debtor:

16345

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

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:

04/03/96

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

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.

\$ 796.00 unsecured non-priority claim

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 \$ _____

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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Date

11/30/99

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):

Linda Johnson

Handwritten 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.

LOCATION CODES

DOCTOR CODES

NORTH IDAHO MENTAL HEALTH ASSOC 4 NIBH E CAMPUS
 PO BOX 1769 1 OFFICE KMC
 COEUR D ALENE, ID 83816

2 BRUCE K MIEWALD, MD

PHONE: (208)765-3698
 TAX ID: 82-0486636

ITEMIZED STATEMENT FOR ACCT #

PAGE: 1

PEGGY L SHELDON
 1030 E 4TH ST
 MERIDIAN, ID 83642

DATE	DR	PATIENT	LOC	CPT-4 CODE AND DESCRIPTION	DIAGNOSES	AMOUNT
====	==	=====	===	=====	=====	=====
04/03/96	2	PEGGY L	4	99223 HOSP ADMIT		190.00
04/04/96	2	PEGGY L	4	99231 Hospital Daily Care		55.00
04/05/96	2	PEGGY L	4	99231 Hospital Daily Care		55.00
04/06/96	2	PEGGY L	4	99231 Hospital Daily Care		55.00
04/07/96	2	PEGGY L	4	99231 Hospital Daily Care		55.00
04/08/96	2	PEGGY L	4	99232 Hospital Daily Care		70.00
04/09/96	2	PEGGY L	4	99232 Hospital Daily Care		70.00
04/10/96	2	PEGGY L	4	99231 Hospital Daily Care		55.00
04/11/96	2	PEGGY L	4	99233 Hospital Daily Care		85.00
04/12/96	2	PEGGY L	4	99238 Hospital Discharge		100.00
05/31/98	2	PEGGY L	1	TURNED TO COLLECTION		(790.00)
05/31/98	2	PEGGY L	1	TURNED TO COLLECTION		790.00
05/31/98	2	PEGGY L	1	BANKRUPTCY		(790.00)

TOTAL CHARGES----- 790.00
 TOTAL ADJUSTMENTS-- (790.00)
 TOTAL PAYMENTS----- 0.00
 CURRENTLY DUE----- 0.00