

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

PROOF OF CLAIM

Name of Debtor
Clyde V Hale

Case Number
99-42056 -13

NOTE: This form should not be used to make a claim for an administrative expense arising after 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):
Hale, Kelly
Name and Address where notices should be sent:

Hale, Kelly
C/O Jeff Stoker
P.O. Box 1597
Twin Falls, ID 83303-1597

- 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:

Account or other number by which creditor identifies debtor:

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

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other Payed to credit card Result of Debt on Divorce Decree

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: 519 11 8046
Unpaid compensation for services performed from June 1998 to Present
(date) (date)

2. Date debt was incurred:

11/98 - 8/25/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 13,119.02

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 \$ _____

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.

Date

4/19/00 Kelly Hale

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):

THIS SPACE IS FOR COURT USE ONLY
13
U.S. COURTS
UW APR 28 11:01 AM '00
FILED
S. BURME

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.

To Whom it May Concern,

When the bills were separated, the invoices for
One of the credit cards were sent directly to my ex-husband
& three of the statements that are missing from the
Fleet statements I have sent you continued to come
to me except for three that is why they are missing.
Otherwise all the proof for the claims is included.
The complaint is also somehow missing in one of
my moves, but the divorce decree is included.

Thank you
Kelly Hale

U.S. COURTS
JAN 23 10:12:12
FILED
CLERK'S OFFICE

Fleet
P.O.BOX 15480
WILMINGTON DE 19850

↑ Amount Enclosed

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
108.00	0.00	10/24/99	5,419.44	4071 2969 8800 9122

Make Payment To:

FLEET CREDIT CARD SERVICE
PO BOX 15368
WILMINGTON DE 19886-5368



KELLY A HALE
CLYDE V HALE
110 PARK AVE
LEAVEN WORTH WA 98826-1019

97388



4071296988009122 0541944 0010800

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15480
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	108.00
Amount Past Due	0.00
Amount Over Credit Limit	0.00
Payment Due Date	10/24/99

ACCOUNT SUMMARY

Previous Balance	\$5,464.66
(+) Purchases & Cash Advances	32.32
(-) Payments & Credits	186.00
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	108.46
(-) New Balance	\$5,419.44

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days in Billing Cycle	Billing Cycle Closing Date
6,700	0	3,350	0	33	09/27/99

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
09/21	09/21	7407129897WES3VJL	INSURANCE PAYMENT WILMINGTON DE	186.00
09/27	09/27		CREDIT PROTECTION AT .6000 PER 100.00	32.32
09/27	09/27	"FINANCE CHARGE"	PURCHASES \$55.66 CASH ADVANCE \$52.80	108.46

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$2,811.27	21.90%	N/A	.06000%	\$55.66	\$0.00
CASH ADVANCES	\$2,666.64	21.90%	N/A	.06000%	\$52.80	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

M-Fleet
P.O. BOX 15480
WILMINGTON DE 19850

↑ Amount Enclosed

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
109.00	0.00	09/21/99	5,464.66	4071 2969 8800 9122

Make Payment To:

FLEET CREDIT CARD SERVICE
PO BOX 15368
WILMINGTON DE 19886-5368



KELLY A HALE
CLYDE V HALE
110 PARK AVE
LEAVEN WORTH WA 98826-1019

35852



4071296988009122 0546466 0010900

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15480
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	109.00
Amount Past Due	0.00
Amount Over Credit Limit	0.00
Payment Due Date	09/21/99

ACCOUNT SUMMARY

Previous Balance	\$5,893.08
(+) Purchases & Cash Advances	32.59
(-) Payments & Credits	558.00
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	96.99
(=) New Balance	\$5,464.66

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days in Billing Cycle	Billing Cycle Closing Date
6,700	0	3,350	0	29	08/25/99

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
07/30	07/30	74071296M7WES3VJP	INSURANCE PAYMENT WILMINGTON DE	372.00
08/23	08/23	74071297Q7WES3VJS	INSURANCE PAYMENT WILMINGTON DE	186.00
08/25	08/25		CREDIT PROTECTION AT .6000 PER 100.00	32.59
08/25	08/25	*FINANCE CHARGE*	PURCHASES \$51.22 CASH ADVANCE \$45.77	96.99

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$2,943.83	21.90%	N/A	.06000%	\$51.22	\$0.00
CASH ADVANCES	\$2,630.69	21.90%	N/A	.06000%	\$45.77	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

↑ Amount Enclosed

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
119.00	0.00	03/24/99	5,989.27	4071 2969 8800 9122

Make Payment To:

FLEET CREDIT CARD SERVICE
PO BOX 15368
WILMINGTON DE 19886-5368



KELLY A HALE
CLYDE V HALE
110 PARK AVE
LEAVEN WORTH WA 98826-1019

186696



4071296988009122 0598927 0011900

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15480
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	119.00
Amount Past Due	0.00
Amount Over Credit Limit	0.00
Payment Due Date	03/24/99

ACCOUNT SUMMARY

Previous Balance	\$6,609.20
(+) Purchases & Cash Advances	59.70
(-) Payments & Credits	791.96
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	112.33
(=) New Balance	\$5,989.27

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days In Billing Cycle	Billing Cycle Closing Date
6,700	0	3,350	0	29	02/25/99

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
02/06	02/06	F3731001H00077249	AN ADJUSTMENT TO YOUR ACCOUNT	23.98
02/06	02/06	246104315263E1KW7	TL*R8049 03 EMBRACE HI 800-468-9756 VA	23.98
02/18	02/18	74071291H7WLGLWHM	INSURANCE PAYMENT WILMINGTON DE	744.00
02/20	02/22	74610431K263F2NJE	TL*R8049 03 EMBRACE HI 800-468- CREDIT	23.98
02/25	02/25		CREDIT PROTECTION AT 6000 PER 100.00	35.72
02/25	02/25	*FINANCE CHARGE*	PURCHASES \$65.34 CASH ADVANCE \$46.99	112.33

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$3,755.23	21.90%	N/A	.06000%	\$65.34	\$0.00
CASH ADVANCES	\$2,700.79	21.90%	N/A	.06000%	\$46.99	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Fleet
P.O. BOX 15480
WILMINGTON DE 19850

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
115.00	0.00	05/23/99	5,774.52	4071 2969 8800 9122

↑ Amount Enclosed

Make Payment To:

FLEET CREDIT CARD SERVICE
PO BOX 15368 ¹⁵⁴⁸⁰
WILMINGTON DE 19886-5368
19850 ^{with Credit}


KELLY A HALE
CLYDE V HALE 95081
110 PARK AVE
LEAVEN WORTH WA 98826-1019


4071296988009122 0577452 0011500

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15480
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	115.00
Amount Past Due	0.00
Amount Over Credit Limit	0.00
Payment Due Date	05/23/99

ACCOUNT SUMMARY

Previous Balance	\$6,156.41
(+) Purchases & Cash Advances	58.42
(-) Payments & Credits	558.00
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	117.69
(=) New Balance	\$5,774.52

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days in Billing Cycle	Billing Cycle Closing Date
6,700	0	3,350	0	32	04/26/99

ACCOUNT TRANSACTIONS

Transaction	Posting	Date	Date	Reference Number	Description	Amount
		04/22	04/22	74071293G7WLG9K7A	INSURANCE PAYMENT WILMINGTON DE	558.00
		04/23	04/23	F3731003H000PC221	TA *R8049 03 EMBRACE HI 800-468-9756 VA	23.98
		04/26	04/26		CREDIT PROTECTION AT .6000 PER 100.00	34.44
		04/26	04/26	*FINANCE CHARGE*	PURCHASES \$65.70 CASH ADVANCE \$51.99	117.69

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$3,421.96	21.90%	N/A	.06000%	\$65.70	\$0.00
CASH ADVANCES	\$2,707.75	21.90%	N/A	.06000%	\$51.99	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

4/5/11/99
Dee Mayfield said credit will show next month.

1-800-225-5353

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

↑ Amount Enclosed

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
377.00	250.00	02/23/99	6,609.20	4071 2969 8800 9122

Make Payment To:

FLEET CREDIT CARD SERVICE
PO BOX 15368
WILMINGTON DE 19886-5368



KELLY A HALE
255 BLUE LAKES BLVD N
SUITE 641
TWIN FALLS ID 83301-5238

85538



4071296988009122 0660920 0037700

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15480
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	377.00
Amount Past Due	250.00
Amount Over Credit Limit	0.00
Payment Due Date	02/23/99

ACCOUNT SUMMARY

Previous Balance	\$6,448.32
(+) Purchases & Cash Advances	39.41
(-) Payments & Credits	24.12
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	145.59
(=) New Balance	\$6,609.20

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days In Billing Cycle	Billing Cycle Closing Date
6,700	0	3,350	0	30	01/27/99

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
01/11	01/11	F3731000B00080326	OPENING BAL ADJUSTMENT-PURCHASES	23.98
01/11	01/11		*FINANCE CHARGE* PREV CYCLE PURCHASES	0.05
01/11	01/11		PREVIOUS CYCLE CREDIT LIFE INSURANCE	0.14
01/27	01/27		LATE FEE	29.00
01/27	01/27		CREDIT PROTECTION AT .6000 PER 100.00	39.41
01/27	01/27	*FINANCE CHARGE*	PURCHASES \$68.39 CASH ADVANCE \$48.25	116.64

INFORMATION FOR YOU

PLEASE CALL US IMMEDIATELY AT
1-800-544-2028
YOUR ACCOUNT IS PAST DUE

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$3,799.54	21.90%	N/A	.06000%	\$68.39	\$0.00
CASH ADVANCES	\$2,680.81	21.90%	N/A	.06000%	\$48.25	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

M Fleet
P.O. BOX 15480
WILMINGTON DE 19850

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
242.00	118.00	12/22/98	6,349.48	4071 2969 8800 9122

↑ Amount Enclosed

Make Payment To:

FLEET CREDIT CARD SERVICE
PO BOX 15368
WILMINGTON DE 19886-5368



KELLY A HALE
255 BLUE LAKES BLVD N
SUITE 636
TWIN FALLS ID 83301-5238

16053

4071296988009122 0634948 0024200

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15480
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	242.00
Amount Past Due	118.00
Amount Over Credit Limit	0.00
Payment Due Date	12/22/98

ACCOUNT SUMMARY

Previous Balance	\$6,224.1
(+) Purchases & Cash Advances	211.2
(-) Payments & Credits	229.0
(+) Debit Adjustments	0.0
(+) FINANCE CHARGES & Fees	143.0
(=) New Balance	\$6,349.4

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days in Billing Cycle	Billing Cycle Closing Date
6,700	350	3,350	350	30	11/25/98

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
10/28	10/28	2461044MX07ZVDFXQ	QVC*2848943125 800-367-9444 PA	136.6
10/30	10/31	7469216MZ00ANWQNL	VIT*THE VITAMIN SHOPPE 800-223- CREDIT	20.9
11/10	11/10	F373100NA000LC314	REFUND OF LATE FEE	25.0
11/11	11/11	2461044NB07K516F5	NATL MAGAZINE EXCHANGE 800-235-0826 FL	19.8
11/12	11/13	7469216NQ00J5RAGP	VIT*THE VITAMIN SHOPPE 800-223- CREDIT	78.4
11/14	11/14	2461044NE263EXEFL	T/L*RB049 01 FEEL THE P 800-468-9756 VA	16.9
11/18	11/19	7483100NKWGYT298S	J.R. CARLSON LABORATORIES ARLINGT CREDIT	104.6
11/25	11/25		LATE FEE	29.0
11/25	11/25		CREDIT PROTECTION AT .6000 PER 100.00	37.8
11/25	11/25	*FINANCE CHARGE*	PURCHASES \$66.14 CASH ADVANCE \$47.95	114.0

INFORMATION FOR YOU

YOUR ACCOUNT IS PAST DUE
PLEASE SEND THE PAST DUE AMOUNT IMMEDIATELY

**WIN \$50,000! EACH TIME YOU USE YOUR FLEET CARD THROUGH 12/31
YOU'LL GET AN ENTRY TO WIN. LOOK INSIDE FOR OFFICIAL RULES.**

PLUS, SAVE NOW ON HOLIDAY SHOPPING WITH YOUR FLEET CARD AND
THE ENCLOSED DISCOUNT COUPONS! YOU'LL ENJOY SAVINGS ON MOVIE
TICKETS FROM NATIONAL CHAINS, THINGS REMEMBERED, THE LEARNING
COMPANY AND PC FLOWERS.

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$3,674.37	21.90%	N/A	.06000%	\$66.14	\$0.00
CASH ADVANCES	\$2,663.87	21.90%	N/A	.06000%	\$47.95	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Fleet
 P.O. BOX 15480
 WILMINGTON DE 19850

011111

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
143.00	19.00	11/22/98	6,224.12	4071 2969 8800 9122

↑ Amount Enclosed

Make Payment To:

FLEET CREDIT CARD SERVICE
 PO BOX 15368
 WILMINGTON DE 19886-5368



KELLY A HALE
 255 BLUE LAKES BLVD N
 641
 TWIN FALLS ID 83301-5238

60546



4071296988009122 0622412 0014300

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
 1-800-492-2500
 or write: PO BOX 15480
 WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	143.00
Amount Past Due	19.00
Amount Over Credit Limit	0.00
Payment Due Date	11/22/98

ACCOUNT SUMMARY

Previous Balance	\$5,803.62
(+) Purchases & Cash Advances	463.63
(-) Payments & Credits	177.81
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	134.68
(=) New Balance	\$6,224.12

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days in Billing Cycle	Billing Cycle Closing Date
6,700	339	3,350	339	31	10/26/98

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
09/28	09/28	2476311MOS662ZNF	THE HEALTH FOOD PLACE TWIN FALLS ID	90.51
09/26	09/28	7483300LYOXWL6VQA	FRED MEYER TN TWIN FALLS ID CREDIT	26.24
09/28	09/30	7483300M00XTMY8ZR	FRED MEYER TN TWIN FALLS ID CREDIT	6.29
10/01	10/01	7407129M22SRXKPU5	PAYMENT - THANK YOU	97.00
10/17	10/17	2469216MJ004APWTG	VIT*THE VITAMIN SHOPPE 800-223-1216 NJ	20.96
10/17	10/17	2469216MJ004APWT8	VIT*THE VITAMIN SHOPPE 800-223-1216 NJ	11.48
10/18	10/18	2416867ML2LR70YQA	TARGET 0000699 TWIN FALLS ID	68.09
10/20	10/20	2483100MNWGYT2D5Q	J.R. CARLSON LABORATORIES ARLINGTON HTS IL	124.84
10/24	10/24	2469216MT007KGBH	VIT*THE VITAMIN SHOPPE 800-223-1216 NJ	110.63
10/24	10/26	7416867MS2LR70YW0	TARGET 0000699 TWIN FALLS CREDIT	48.29
10/26	10/26		LATE FEE	25.00
10/26	10/26		CREDIT PROTECTION AT .6000 PER 100.00	37.12
10/26	10/26	*FINANCE CHARGE*	PURCHASES \$60.63 CASH ADVANCE \$49.05	109.68

INFORMATION FOR YOU

YOUR ACCOUNT IS PAST DUE
 PLEASE SEND THE PAST DUE AMOUNT IMMEDIATELY
 WELCOME! YOUR CARD IS NOW SERVICED BY FLEET, ONE OF THE NATION'S PREMIER FINANCIAL INSTITUTIONS. AS A SPECIAL WELCOME, ENCLOSED IS AN INSTANT WINNER INSERT. YOU COULD WIN UP TO A \$100 ACCOUNT CREDIT! AND, EVERY TIME YOU USE YOUR CARD OR TRANSFER A BALANCE THROUGH 12/31/98, YOU GET AN ENTRY TO WIN \$50,000. REFER TO THE INSERT FOR OFFICIAL RULES.

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$3,259.92	21.90%	N/A	.06000%	\$60.63	\$0.00
CASH ADVANCES	\$2,637.05	21.90%	N/A	.06000%	\$49.05	\$0.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 21.90%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Minimum Payment Due	Past Due Amount	Payment Due Date	New Balance	Account Number
116.00	0.00	10/22/98	5,803.62	4071 2969 8800 9122

Amount Enclosed

Make Payment To:

ADVANTA NATIONAL BANK
PO BOX 15368
WILMINGTON DE 19886-5368



KELLY A HALE
255 BLUE LAKES BLVD N
641
TWIN FALLS ID 83301-5238

11808

4071296988009122 0580362 0011600

DETACH TOP PORTION AND RETURN WITH PAYMENT



For Customer Service call:
1-800-492-2500
or write: PO BOX 15488
WILMINGTON DE 19850-3839

PAYMENT INFORMATION

Account Number	4071 2969 8800 9122
Minimum Payment Due	116.00
Amount Past Due	0.00
Amount Over Credit Limit	0.00
Payment Due Date	10/22/98

ACCOUNT SUMMARY

Previous Balance	\$4,870.32
(+) Purchases & Cash Advances	1,014.82
(-) Payments & Credits	186.00
(+) Debit Adjustments	0.00
(+) FINANCE CHARGES & Fees	104.48
(=) New Balance	\$5,803.62

Total Credit Limit	Total Available Credit	Cash Advance Credit Limit	Cash Advance Available Credit	Days in Billing Cycle	Billing Cycle Closing Date
6,700	896	3,350	745	30	09/25/98

ACCOUNT TRANSACTIONS

Transaction Date	Posting Date	Reference Number	Description	Amount
08/28	08/28	2476800L2EW3V0HNM	PEERLESS BEAUTY SUPP TWIN FALLS ID	548.63
08/30	08/30	2462512L3DZL5N5L1	CHEVRON #00204593 TWIN FALLS ID	23.18
08/31	08/31	2423337L50NEVJG53	RAMADA LTD & SUITES SALT LKE CTY UT	65.47
09/03	09/03	7407129L67WLGKZ8B	INSURANCE PAYMENT WILMINGTON DE	186.00
09/11	09/11	7471705LQJNDTPT3L	US BANK-BLUE LAKES TWIN FALLS ID	100.00
09/12	09/12	2422357LGF3J5PBF	SANDPIPER RESTAURANT EAST TWIN FALLS ID	75.98
09/14	09/14	2476311LJS662ZMDL	THE HEALTH FOOD PLACE TWIN FALLS ID	38.61
09/15	09/15	2476311LKS662ZMG6	THE HEALTH FOOD PLACE TWIN FALLS ID	19.26
09/15	09/15	2483300LK0XWESFGG	FRED MEYER TN TWIN FALLS ID	79.68
09/19	09/19	2483300LP0XWGNQBF	FRED MEYER TN TWIN FALLS ID	29.40
09/25	09/25		CREDIT PROTECTION AT 6000 PER 100.00	34.61
09/25	09/25	*FINANCE CHARGE*	PURCHASES \$52.80 CASH ADVANCE \$51.68	104.48

INFORMATION FOR YOU

DON'T MISS THE INSTANT VISA REWARDS SAVINGS CERTIFICATES ENCLOSED IN THIS MONTHS STATEMENT. JUST USE YOUR ADVANTA CARD ALONG WITH THE COUPONS TO GET GREAT SAVINGS FROM POPULAR RETAILERS. IT'S OUR WAY OF SAYING THANK YOU FOR USING YOUR ADVANTA CARD.

	Average Daily Balance	Nominal Annual Percentage Rate	Promotional Outstanding Balance	Daily Periodic Rate	FINANCE CHARGES Due to Daily Periodic Rate	Transaction Fees
PURCHASES	\$2,933.55	21.90%	N/A	.06000%	\$52.80	\$0.00
CASH ADVANCES	\$2,593.39	21.90%	N/A	.06000%	\$46.68	\$5.00

ANNUAL PERCENTAGE RATE for purchases 21.90%

ANNUAL PERCENTAGE RATE for cash advances 23.91%

If you have a variable rate account, your periodic rates may vary.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Eric R. Clark
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Attorneys at Law
104 Lincoln
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Telephone: (208) 733-9300
Facsimile: (208) 733-9343

Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CLYDE V. HALE,)	
)	Case No. _____
Plaintiff,)	
)	
vs.)	STIPULATION FOR ENTRY OF DECREE
)	OF DIVORCE
KELLY ANN HALE,)	
)	
Defendant.)	
_____)	

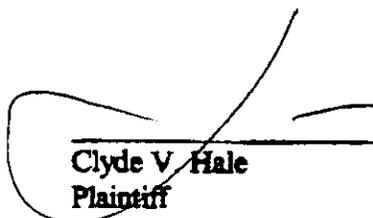
COME NOW the above-named parties, and do hereby stipulate for entry of Decree of Divorce herein as follows:

(1) That the Court may enter the Decree of Divorce without additional proof or personal appearance of the parties. Both parties waive findings of fact and conclusions of law.

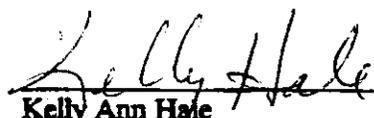
(2) That the Decree of Divorce to be offered to the Court herein will bear the signature of both parties, indicating their approval of the provisions set forth therein.

(3) That there are irreconcilable differences between the parties as defined by Idaho Code Section 32-616.

05/21/98
Date


Clyde V Hale
Plaintiff

05/22/98
Date


Kelly Ann Hale
Defendant

Eric R. Clark
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Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CLYDE V. HALE,)
)
 Plaintiff,) Case No. _____
)
 vs.) **SUMMONS**
)
 KELLY ANN HALE,)
)
 Defendant.)
 _____)

NOTICE: YOU HAVE BEEN SUED BY THE ABOVE-NAMED PLAINTIFF(S). THE COURT MAY ENTER JUDGMENT AGAINST YOU WITHOUT FURTHER NOTICE UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW.

THE STATE OF IDAHO SENDS GREETINGS TO:

Kelly Ann Hale
540 Blue Lakes Blvd. #636
Twin Falls, ID 83301

Kelly

Eric R. Clark
HUTCHINSON, LAMMERS & CLARK, CHTD.
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Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CLYDE V. HALE,)
)
 Plaintiff,)
)
 vs.)
)
 KELLY ANN HALE,)
)
 Defendant.)
 _____)

Case No. _____

VERIFIED COMPLAINT FOR DIVORCE

COMES NOW, the Plaintiff, personally, and for his cause of action against the Defendant,
complains and alleges as follows:

I.

That Plaintiff and Defendant have been residents of the State of Idaho and have been such for more than six months preceding the filing of this Complaint for Divorce.

II.

That Plaintiff and Defendant were intermarried on the June 9, 1991, in the City of Orange, County of New Haven, State of Connecticut.

III.

That neither Plaintiff nor Defendant is a member of the Armed Forces of the United States of America.

IV.

That irreconcilable differences have arisen between the parties of such magnitude that it is no longer possible for the parties to live as husband and wife.

V.

That there were no children born of the marriage of the parties.

VI.

Each party should be solely responsible for any and all debts incurred after the date of separation, April 1, 1998.

VII.

Prior to the marriage of the parties, the Plaintiff had certain items of separate property which should be reconfirmed to her as her sole and separate property.

VIII.

Prior to the marriage of the parties, the Defendant had certain items of separate property which should be reconfirmed to him as his sole and separate property.

IX.

Further, the parties agree that none of the separate property has been transmuted to community property during the course of the marriage.

X.

During the course of the marriage of these parties, the parties have accumulated community property, which has been satisfactorily divided between the parties.

XI.

During the course of the marriage of the parties, the parties have accumulated certain debts and obligations, which have been satisfactorily divided between the parties.

XII.

The parties should file joint income tax returns for 1998 and for each to pay one-half ($\frac{1}{2}$) of any and all federal and/or state taxes owing on the same and/or be entitled to one-half ($\frac{1}{2}$) of the federal and/or state refunds from the same. Thereafter, the parties should file separate income tax returns.

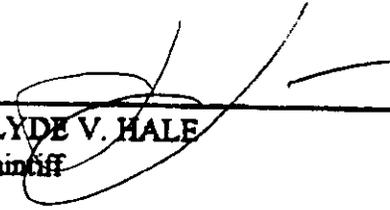
WHEREFORE, Plaintiff prays for judgment against the Defendant, as follows:

1. For a Decree of Divorce absolute from the Defendant on the grounds of irreconcilable differences;
2. That the Court make equitable division of the community property of the parties hereto, as well as the debts, as outlined in the body of this Complaint; and

3. The parties should file joint income tax returns for 1998 and for each to pay one-half (1/2) of any and all federal and/or state taxes owing on the same and/or be entitled to one-half (1/2) of the federal and/or state refunds from the same. Thereafter, the parties should file separate income tax returns;

4. Any such other and further relief as the court deems just and equitable.

DATED this 21st day of May, 1998.



CLYDE V. HALE
Plaintiff

CLYDE V. HALE, Plaintiff

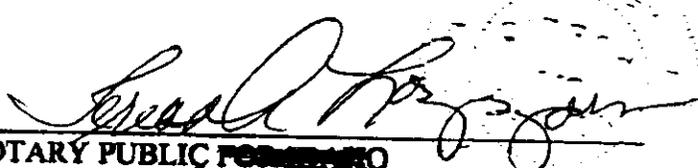
By: 

Eric R. Clark
Attorney for Plaintiff

~~STATE OF IDAHO~~)
STATE OF NEW JERSEY) ss.
COUNTY OF HUNTERDON)
~~County of Twin Falls~~)

CLYDE V. HALE, being first duly sworn upon oath, deposes and states that he is the Plaintiff in the foregoing Verified Complaint for Divorce, the facts therein contained are true to the best of his knowledge and belief, and he executed the same as his voluntary act and deed.

SUBSCRIBED AND SWORN to before me this 21st day of May, 1998.



NOTARY PUBLIC ~~FOUNDA~~
Residing at: Flemington
Commission expires: _____ TERESA A. LAZZARO
Notary Public of New Jersey
My Commission Expires 4/14/2002

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Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CLYDE V. HALE,)
)
 Plaintiff,)
)
 vs.)
)
 KELLY ANN HALE,)
)
 Defendant.)
 _____)

Case No. _____

ACCEPTANCE OF SERVICE

STATE OF IDAHO)
) ss.
County of Twin Falls)

Kelly Ann Hale, Defendant, by this instrument acknowledges receipt of a copy of the Verified Complaint for Divorce and Summons in the above-entitled action and hereby accepts service thereof, and acknowledges service this 22nd day of May, 1998.

DISTRICT COURT
Fifth Judicial District
County of Twin Falls, Idaho

MAY 29 1998

By _____ Clerk

Deputy Clerk

Eric R. Clark
HUTCHINSON, LAMMERS & CLARK, CHTD.
Attorneys at Law
104 Lincoln
Post Office Box 207
Twin Falls, ID 83303-0207
Telephone: (208) 733-9300
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Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

CLYDE V. HALE,)
)
 Plaintiff,)
)
 vs.)
)
 KELLY ANN HALE,)
)
 Defendant.)
 _____)

Case No. CV-98-1959

JUDGMENT AND DECREE OF DIVORCE

This matter came before the Court pursuant to Verified Complaint for Divorce and Stipulation for Entry of Decree of Divorce. The Court has reviewed the complaint, stipulation and the proposed Decree of Divorce, and finds that the proposed decree is fair and equitable, that the Court has

jurisdiction over the parties and the subject matter in this action, and that neither party is a member of the armed forces of the United States of America.

NOW, THEREFORE, it is hereby ORDERED, ADJUDGED, and DECREED as follows:

1. The Plaintiff is hereby awarded an absolute Decree of Divorce from Defendant, on the grounds of irreconcilable differences.

2. That the the community property of the parties hereto, as well as the debts, is hereby divided as outlined in the body of the Complaint; and

3. That the parties shall file joint income tax returns for 1998 and for each to pay one-half (1/2) of any and all federal and/or state taxes owing on the same and/or be entitled to one-half (1/2) of the federal and/or state refunds from the same as pro rated for the months of the marriage in 1998.

Thereafter, the parties should file separate income tax returns.

It is so ORDERED this 29 day of May, 1998.

21 Brumbach
Magistrate Judge

Approved as to content:

CLYDE V. HALE, Plaintiff

By: Eric R. Clark

Eric R. Clark
Attorney for Plaintiff

Kelly Ann Hale
KELLY ANN HALE
Defendant

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the 1 day of June, 1998, a true and correct copy of the foregoing has been provided, with all required charges prepaid, by the method(s) indicated below, to the following person(s):

Eric R. Clark
HUTCHINSON, LAMMERS & CLARK, CHTD.
P.O. Box 207
Twin Falls, ID 83303-0207

U.S. Mail _____
Hand Deliver _____
FAX _____
Fed. Express _____
Folder

Kelly Ann Hale
540 Blue Lakes Blvd. #636
Twin Falls, ID 83301

U.S. Mail
Hand Deliver _____
FAX _____
Fed. Express _____

Clorothy McDowell
CLERK OF THE DISTRICT COURT