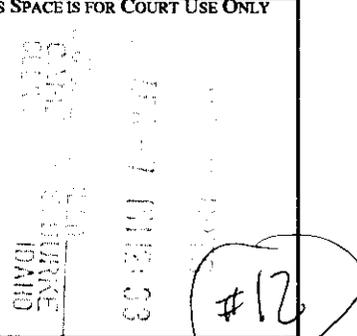


UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN FALLS)		PROOF OF CLAIM
Name of Debtor Clyde V Hale <i>Secured 2nd Deed of Trust</i>	Case Number 99-42056 - <i>13</i>	  THIS SPACE IS FOR COURT USE ONLY
This form should not be used to make a claim for an administrative expense arising after the commencement 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): Carroll, Ray Name and Address where notices should be sent: Carroll, Ray C/O Re-Max 1434 Pole Line Rd. E Twin Falls, ID 83301 Telephone Number:	<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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor: <i>name - Secured 2nd Deed of Trust</i>	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <i>Flow 2</i>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <i>529 58 7076</i> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred:	3. If court judgment, date obtained: <i>NA</i>	
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. <input type="checkbox"/> 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. <i>Deed of Trust Note recording in Trust</i>		
5. Secured Claim. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ <i>175,900.00</i> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <i>7,000.00</i> <i>1.2.2.2000</i>	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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.		THIS SPACE IS FOR COURT USE ONLY 
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 <i>1-6-2000</i>	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): <i>Ray Carroll, Note Holder</i>	
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.

UNITED STATES BANKRUPTCY COURT

District of Idaho (Twin Falls)

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 12/15/99.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.**Debtor(s) (name(s) and address):**

Clyde V Hale
 255 Blue Lakes Blvd N
 PMB 641
 Twin Falls, ID 83301

Case Number:
 99-42056

Social Security/taxpayer ID Nos.:
 005-48-5139

Attorney for Debtor(s) (name and address):

Paula B Sinclair
 POB 2322
 Twin Falls, ID 83303
 Telephone number: (208) 733-3300

Bankruptcy Trustee (name and address):

L D Fitzgerald
 POB 6199
 Pocatello, ID 83205-6199
 Telephone number: (208) 233-0500

Meeting of Creditors:

Date: 01/31/00 **Time:** 1:30 pm

Location: Jerome County Courthouse, 300 N Lincoln 2nd Fl, Jerome, ID 83338

Deadlines:

Papers must be *received* by the bankruptcy clerk's office by the following deadlines:

Deadline to File a Proof of Claim:

For all creditors (except a governmental unit): 04/30/00 For a governmental unit: 06/17/00

Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

Filing of Plan, Hearing on Confirmation of Plan

The debtor has not filed a plan as of this date. You will be sent separate notice of the hearing on confirmation of the plan.

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:

US Bankruptcy Court
 Computerized Case Info(208)334-9386
 550 W Fort MSC 042
 Boise, ID 83724

Telephone number: Computerized Case information: (208)
 334-9386/Web Site: www.id.uscourts.gov

For the Court:

Clerk of the Bankruptcy Court:
 Cameron Burke

Hours Open:

8:00 a.m. to 5:00 p.m.

Date:

12/20/99