

United States Bankruptcy Court
District **Idaho** Chapter **13**
PROOF OF CLAIM

U.S. COURTS

2001 MAR -9 PM 1:16

REC'D FILED
CAMERON S. BURKE,
CLERK, IDAHO

In re (Name of Debtor) **Boise**
Melissa R Hershberger
Case Number **01-00317**

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)
Sallie Mae Corp
 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.

Name and Address Where Notices Should be Sent
Sallie Mae Servicing Corporation
220 Lasley Ave.
Wilkes-Barre, PA 18706
 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.

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ACCOUNT OR OTHER NUMBER WHICH CREDITOR IDENTIFIES DEBTOR
544-06-2046
 replaces
Check here if this claim a previously filed claim, dated: _____
 amends

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 _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED **06/03/1997 07/16/1997**
07/16/1997
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 \$ **9,985.86**
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 commissions (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)
 Contributions to an employee benefit plan--11 U.S.C. § 507(a)(4)
 Up to \$1,800* 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 of government units--11 U.S.C. § 507(a)(8)
 Other--Specify application paragraph of U.S.C. § 507(a) _____
* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:
CLAIM AT TIME \$ **9,985.86** (Unsecured) \$ _____ (Secured) \$ _____ (Priority)
CASE FILED: \$ **9,985.86** (Total)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

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.

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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.

3/2/2001
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)
Theresa M. Heller
Claims Analyst

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CLASS-111-ACCT BALANCE, AMT DUE, SCHOOL DATA----- LSC/F 03/02/01
>NXT SCR 111 SSN _____ PG _____ OWN _____ ST _____ GU _____ LN _____ DT _____
SSN 544 06 2046 1 LOANS ALL - PROG GS STATUS RPMT GUAR OR OWNER 833253
NAME(FML) MELISSA R HERSHBERGER DOB 10 12 66 OWNER SLMA TRUST
ADDR 6709 DOUGLAS ST H PH 208 323 3855 BRNCH ID ****
CITY BOISE ST ID ZIP 83704 9236 W PH 208 331 4182 DFR INT CD E
ADDR IND D RELEASE INFO Y LANG INT RATE 08.250
VALID ADDR Y COS N COM N AMT OUT 9,656.56 ORIG PRIN 9,015.00
COBORR IND NLMA PAYOFF PRIN SUB 5,015.00 PRIN PD 375.98
SEP DATE 05/04/98 GRACE 06 PRIN NSUB 4,000.00 BR INT PD 649.84
SCHOOL 003188 MCS CAP INT 1,017.54 BR INT YTD .00
CENTRAL OREGON COMMUNITY COLLE ACC BORR INT 375.10 BR INT PYR 333.35
CLHSE Y ***BKRT*** ANTICPD PIF DT 11/06/09 10-DAY PIF 10,097.06
LATE CHG AMT 43.59
PRESENT AMT DUE 847.09 PMT DUE DT 03/06/01 LAST BR PMT RECVD 09/11/00
LATE CHG ACCRUED Y SCH PMT AMT 121.09 AMT OF LST BR PMT 121.09
AMT DELINQUENT 726.00 1ST PMT DUE 12/06/98 SCHED TERM 120
DAYS DELINQUENT 177 RPMT BEG DT 11/05/98 MAX PAYOFF DT 11/05/08
DELINQUENCY DT 09/06/00 COUP GEN DT 07/07/00 ACTUAL PAYOFF DT
CORRESPONDENCE ENTRY CPP CNSL IND LETTER REQUEST _____
DATE SOURCE MESSAGE
030201 LPTMHO _____ CONT _
IC01 PREVIOUS SCREEN PROCESSED SUCCESSFULLY
PF5=BORR ACTIVITY(112). PF6=BILLING(121). PF7=COS/REF(116). PF10=LOAN DIRECTORY
4-© 1 Sess-1 192.168.28.65 TCP10871 2/11