

UNITED STATES BANKRUPTCY COURT DISTRICT OF ID

PROOF OF CLAIM

Name of Debtor Keith Delgado

Case Number 0240892-13

U.S. COURTS  
02 JUL 29 PM 4:39  
REC'D FILED  
CAMERON S. BURKE  
CLERK, IDAHO  
THIS SPACE IS FOR COURT USE ONLY

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):  
  
CitiFinancia/CitiBank/Associates/  
Kentucky Finance/Avco  
Investment Recovery  
P.O. Box 17099  
Baltimore, MD 21297  
  
Telephone number: 1-800-401-9836

- 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.

Account or other number by which creditor identifies debtor:  
09540317861

Check here if this claim  
 replaces a previously filed claim, dated: \_\_\_\_\_  
 amends

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: 01/31/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 361,38

This claim is a General Unsecured Claim, unless otherwise indicated in section 5 or 6 below.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff). \$ \_\_\_\_\_ value of collateral.

Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other \_\_\_\_\_

If plan proposes separate treatment for Prepetition Arrearages, the amount of that arrearage is \$ \_\_\_\_\_

Set forth how this arrearage was computed below:

Back Payments :\$ \_\_\_\_\_  
Late Charges :\$ \_\_\_\_\_  
Attorney Fees :\$ \_\_\_\_\_  
Foreclosure :\$ \_\_\_\_\_  
Other (specify) :\$ \_\_\_\_\_

6. Priority Unsecured Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

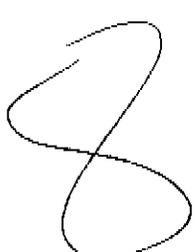
- Wages, salaries or commissions (up to \$4,650)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- Up to \$2,100\* of deposits toward 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 4/1/04 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 6/13/02

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):  
Lisa Handwerker - Bankruptcy Representative

ZWIN 1AFU CACSPPlus WINDOWS 9SAS 07/19/02 15:01  
020208 09540317861 NFN UPD DSP PRI NEXT 09540317861  
KEITH DELGADO C/O DTE:10/22/01 DOB:01/01/64 WE HAVE:  
1180900495913120114N ZZ C/O AMT: 361.38 SEC:J MAP BK  
346 S UNIVERSITY AVE DTE LP:06/15/01 SSN:518988222 RESP COLL: BK3  
AMT LP: 70.00 ST IND:1 HOLD DATE: 07/01  
BLACKFOOT ID 83221 JUDGEMENT IND: 0 PREV A/C:0500460310777  
PV 208 785 4390 BK IND: 3 RECOVERY SCORE: 183  
BV 208 785 3200 0000 001 / 004 9RXW 07/01/02

OPEN MATURES ORIG BAL APR PMT AMT BALANCE  
01/31/00 03/15/01 1662.77 0.000 126.57 361.38  
CASE NO:0240892 CHAPTER NO:13JT DATE FILED:05/09/02  
BK COURT: CLAIM DATE:05/15/02 CLAIM AMT: 361.38  
BK CT PH: DISMISSED: / / DISCHARGE: / /  
BANK ATY:BRUCE PALMER TRUSTEE ATY:L D FITZGERALD  
ATY PH:2084781700 TRUSTEE PH:2082330500

SECONDARY ACCOUNT HOLDER:ESTELLA 01 OF 02

REC VLD POC BK13 JT 0240892

TXN/PMT	DATE	TIME	AC	P	C	RTE	PROMISE 1	PROMISE 2	EX T	COLL 3
	07/19/02	1501								9SAS 0000361
	07/01/02	1339	LR			B10	10/01		*	9RXW 0000361
	06/13/02	1529	RV			B13	09/13		*	9LXH 0000361
	06/13/02	1528	RV			B13				9LXH 0000361

1-MORE 2-MEN 3-OFF 10-NXT 11-LKU 13-MAP 14-DM 17-S/WK 18-S/DM 19-S/BWD 20-S/VW

ZSE2 1AFU SECONDARY COLLECTION DATA 9SAS 07/19/02 15:01  
020208 09540317861 NFN UPD DSP PRI NEXT 09540317861  
KEITH DELGADO C/O DTE:10/22/01 DOB:01/01/64 WE HAVE:  
1180900495913120114N ZZ C/O AMT: 361.38 SEC:J MAP BK  
346 S UNIVERSITY AVE DTE LP:06/15/01 SSN:518988222 RESP COLL: BK3  
AMT LP: 70.00 ST IND:1 HOLD DATE: 07/01  
BLACKFOOT ID 83221 JUDGEMENT IND: 0 PREV A/C:0500460310777  
PV 208 785 4390 BK IND: 3 RECOVERY SCORE: 183  
BV 208 785 3200 0000 001 / 004 9RXW 07/01/02  
CHARGE OFF DATE 10/22/01 BANK IND 3 PREV ACCT 0500460310777  
CHARGE OFF AMT 361 ORIGINAL APR 0.000 LANG  
REQUEST CBR ? ORIGINAL TERM 013 CR SCORE 183  
REQUEST APPL FILE ? SSN 518-98-8222 STATEMENT IND 1

NO	DATE	PRINCIPAL	INTEREST	TOTAL	DESCRIPTION
01	06/15/01	52.36	17.64	70.00	LOCKBOX PAYMENT
02	03/23/01	57.00	0.00	57.00	PAYMENT
03	03/08/01	63.68	6.32	70.00	PAYMENT
04	02/13/01	120.68	6.32	127.00	PAYMENT

1-MORE 2-MEN 3-OFF 4-NOT 5-SEC 6-LG 7-HIS 8-PRI 9-TX 10-NXT 11-LKU 13-MAP 14-DM