

**United States Bankruptcy Court  
District of Idaho**

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

**PROOF OF CLAIM**

THIS SPACE IS FOR COURT USE ONLY

U.S. COURTS

99 MAR 17 PM 4:40

REC'D \_\_\_\_\_ FILED \_\_\_\_\_  
CAMERON S. BURKE  
CLERK IDAHO

Name of Debtor: **McNeel, Steven C. & Mary A.**

Case Number: **99-00480**

Chapter: **13**

Trustee: **John H. Krommenhoek**

Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

**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 U.S.C. §503**

Name of Creditor (The person or other entity to whom the debtor owes money or property):

**Ada County Treasurer  
P.O. Box 2868  
Boise, Idaho 83701**

- 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.

Account or other number by which identifies debtor:  
**R2733040130 - 1998 & 1999 S1326417265 - 1998 & 1999**

Check here if this claim:  Replaces  Amends a previously filed claim dated:

- 1. Basis for Claim**  Goods Sold  Services Performed  Money Loaned  Personal Injury/Wrongful Death  Taxes
- Retiree benefits as defined in 11 U.S.C. §1114(a)  Other (please describe): \_\_\_\_\_
- Wages, Salaries and compensation: Your Social Security Number: \_\_\_\_\_ (date) to \_\_\_\_\_ (date)
- Unpaid Compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2. Date debt was incurred:** First Position Lien as of Jan 1 each year. I.C. § 63-206

**3. If court Judgment, date obtained:**

**4. SECURED CLAIM**

Check 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 \$ **284,800.00**

Amount of arrearage and other charges at time the case was filed included in secured claim, if any:

\$ **4971.54** \*

**Plus interest accruing at 1% per month - Idaho Code § 63-1001**

\* Includes a one time late charge of 2% as provided by statute.

**5. UNSECURED PRIORITY CLAIM**

Check box if you have an unsecured priority claim

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

**SPECIFY PRIORITY OF CLAIM:**

- Wages, Salaries, or commissions (up to \$4000)\* 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 \$1,800\* 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 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

①

**6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED**

UNSECURED \$ \_\_\_\_\_ SECURED \$ **4971.54**

PRIORITY \$ \_\_\_\_\_ TOTAL \$ **4971.54**

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

**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**