

**United States Bankruptcy Court
District of Idaho**

Chapter 7

U.S. COURTS

1999 MAR 15 P 1:37

BANKRUPTCY CASE NUMBER: 98-30445

IN RE:

**MCDUGALL, ALAN E
MCDUGALL, MOLLIE M.**

**SSN (Debtor): 537-68-0702
SSN (Co-Debtor): 508-82-2226**

EMPLOYER TAX ID NUMBER:

**NOTICE OF NEED TO FILE PROOF OF CLAIM
DUE TO RECOVERY OF ASSETS**

NOTICE IS GIVEN THAT:

The initial notice in this case instructed creditors that it was not necessary to file a proof of claim. Since that notice was sent, assets have been recovered by the trustee.

Creditors who wish to share in any distribution of funds must file a proof of claim with the Clerk of the Bankruptcy Court at the address below on or before 90 days from the date this notice is mailed.

Creditors who do not file a proof of claim on or before this date will not share in any distribution from the debtor's estate.

The proof of claim form is enclosed with this notice. It may be filed by regular mail. If you wish to receive proof of its receipt by the Bankruptcy Court, enclose a copy of the claim (along with the original), and a stamped, self-addressed envelope.

There is no fee for filing the proof of claim.

Any creditor who has previously filed a proof of claim in this case need not file another claim.

Cameron S. Burke
Clerk of the Bankruptcy Court

Address of the Bankruptcy Court:

U.S. Bankruptcy Court
205 N. 4th Street 2nd Floor
Coeur d'Alene, Idaho 83814

DATED: March 10, 1999

INSTRUCTIONS FOR PROOF OF CLAIM FORM 98-30445

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

DEFINITIONS

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation or other entity to whom the debtor owed a debt on the date the bankruptcy case was filed

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditors claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim.

(See also Unsecured Claim)

Unsecured Claim

If a claim is not secured it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY FILLED IN)

Court, Name of Debtor and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, District of Idaho), the name of the debtor in the bankruptcy case and the case number. If you receive a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has previously filed a proof of claim relating to this debt, if you have never received notices from the bankruptcy case about this case, if your address differs from that to which the court sent notice or if this proof of claim replaces or changes a proof of claim previously filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. *(See DEFINITIONS, above)*

5. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. *(See DEFINITIONS, above)*. A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

6 Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges

7. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim, you have given the debtor credit for all payments received from the debtor.

8. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or if the documents are too lengthy, a summary of those documents. If the documents are not available, you must attach an explanation of why they are not available.

**PROOF OF CLAIM FORMS AND ALL SUPPORTING DOCUMENTS MUST BE FILE D IN DUPLICATE
ON ALL CHAPTER 12 AND 13 CASES**

TRACOR

11400 Commerce Park Drive
Reston, Virginia 22091-1506

CERTIFICATE OF SERVICE

District/off: 0976-3
Case: 98-30445

User: melanieh
Form ID: #03

Page 1 of 2
Total Served: 53

Date Rcvd: Mar 09, 1999

The following entities were served by first class mail on Mar 11, 1999.

db Alan H McDougall, 204 22nd St, Lewiston, ID 83501
jdb Mollie M McDougall, 204 22nd St, Lewiston, ID 83501
aty Denise L Rosen, POB 895, Lewiston, ID 83501
tr S David Swayne, POB 9104, Moscow, ID 83843-1604
ust United States Trustee, POB 110, Boise, ID 83701
1098152 Accent Service Company, 7171 Mercy Rd. Suite #150, Omaha, NE 68106
1098153 Ameri Gas, 5605 N. Government Way, Coeur d' Alene, ID 83814
1098154 American Bonded Collections, 2005 Ironwood Pkwy #225, Coeur d' Alene, ID 83814
1098155 Automated Accounts, Inc., W. 1728 Northwest BLVD, Spokane, WA 99205-3600
1098156 Barry J. Bergen, 2022 Government Way, Coeur d' Alene, ID 83814
1098157 Big B Rent to Own, 258 East Broadway, Jefferson City, Tennessee 37760
1098158 Clearwater Medical Center, 1522 17th Street, Lewiston, ID 83501
1098159 Clearwater Medical Clinic, 1522 17th Street, Lewiston, ID 83501
1147051 Coeur d' Alene Credit Bureau, P.O. Box 7100, Coeur d' Alene, ID 83816
1098160 Collection Control Division of Fingerhut, P.O. Box 717, Monticello, MN 55362-0717
1098161 Collection Service of Lewis-Clark, re: Clearwater Medical Clinic, POB 311, Lewiston ID 83501
1098163 Collection Services of Lewis- Clark, re: North Idaho Immediate Care, P.O. Box 311,
Lewiston, ID 83501
1098164 Collection Services of Lewis-Clark, re: Sandpoint Credit Bureau, P.O. Box 311,
Lewiston, ID 83501
1098165 Courtesy Rent to Own, 610 Main Street, Lewiston, ID 83501
1098166 Credit Management, Inc., 17070 Dallas Parkway, Dallas, TX 75248
1098167 Culligan, P.O. Box 8332, Moscow, ID 83843
1098168 Dial Adjustment Bureau, 960 Macaruthur BLVD, Mahwah, N.J. 07495-0011
1098169 Donald A. Norman, M.D., 3316 1/2 Fourth Street #4, Lewiston, ID 83501
1098170 Dr. Elwin C. Klein, N.D., 1130 11th Avenue, Lewiston, ID 83501
1098171 Dr. Jean Thomas, 338 6th Street, Ste. 102, Lewiston, ID 83501
1098172 Dymacol Corporation, Collection Consultants Division, P.O. Box 9027, Valley Stream, NY 11582
1098173 Gene and Darlene Capps, c/o Alliance Title and Escrow, 1314 Idaho Street, Lewiston, ID 83501
1098174 Gritman medical Center, 700 South Main, Moscow, ID 83843
1098151 Idaho State Tax Comm, POB 36, Boise, ID 83722
1098175 Idaho Title Pawn, 805 ID" Street, Lewiston, ID 83501
1098176 Institute of Physical Therapy, 678 Southway, Lewiston, ID 83501
1098177 John Kundrat, M.D., 3316 Fourth Street #3, Lewiston, ID 83501
1098178 Lee W. Gould, 307 St. John's Way, Lewiston, ID 83501
1098179 Leroy Travers, M.D., P.O. Box 627, Baker City, OR 97814
1098180 Lewis Clark Radiology, 531 Fourth Avenue, Lewiston, ID 83501
1098181 Lewis-Clark Radiology, 531 Fourth Avenue, Lewiston, ID 83501
1147053 Meadow Brook Living Water Church, Inc., 1015 Burrell Avenue, Lewiston, ID 83501
1098182 Murray I. Larsen, MD, FRCPC, 307 St. John's #16, Lewiston, ID 83501
1098183 Neuro Diagnostic Associates, P.A., 338 6th Street, STE 102, Lewiston, ID 83501
1098184 North Idaho Credit, 315 Locust Street, Coeur d'Alene, ID 83814
1098185 North Shore Agency, Inc., P.O. Box 260001, Great Neck, NY 11026-0001
1147052 Paul A. Eke, D.D.S., 3509 12 th Street, Lewiston, ID 83501
1098186 Readers Digest, Pleasantville, NY 10572, 10572
1147054 SCA Credit, P.O. Box 6757, Bellview, WA 98008
1098187 Sandpoint Credit Bureau, Inc., c/o R. Romer Brown, re: Gerald T. Madsen, DDS, P.O. Box 1148,
Coeur d' Alene, ID 83814
1098188 Sandpoint Family Medicine, Robert E. Rust, Jr. M.D., 302 South First Avenue,
Sandpoint, ID 83864
1098189 Sprint, P.O. Box 650338, Dallas, TX 75265-0338
1098190 St. Elizabeth Hospital, Department 1058, P.O. Box 34936, Seattle, WA 98124-1936
1098191 St. Joseph Regional Medical Center, P.O. Box 816, Lewiston, ID 83501
1098192 St. Josephs Regional Medical Center, Nutritionalist Department, P.O. Box 816,
Lewiston, ID 83501
1098193 Student Loan Fund of Idaho, Inc., P.O. Box 730, Fruitland, ID 83619
1147055 U. S. West, P.O. Box 12480, Seattle, WA 98111-4480
1147056 Valley Empire Collection, P.O. Box 141248, Spokane, WA 99214

The following entities were served by electronic transmission.

NONE.

TOTAL: 0

***** BYPASSED RECIPIENTS *****

NONE.

TOTAL: 0

District/off: 0976-3
Case: 98-30445

User :lanieh
Form ID: #03

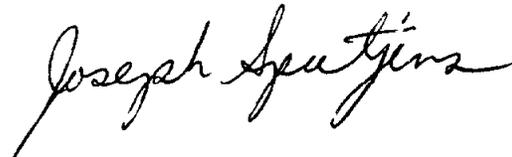
Page 2 of 2
Total Served: 53

Date Rcvd: Mar 09, 1999

I, Joseph Speetjens, declare under the penalty of perjury that I have served the attached document on the above listed entities in the manner shown, and prepared the Certificate of Service and that it is true and correct to the best of my information and belief.

Date: 03/11/99

Signature:

A handwritten signature in cursive script that reads "Joseph Speetjens". The signature is written in black ink and is positioned to the right of the "Signature:" label.