

Attorney: MULBERRY, WILLIAM H
Pob 186
Ririe, ID 83443

Trustee: L FITZGERALD
Pob 6199
Pocatello, ID 83205

B10 (Official Form 10) (4/98)

CH 13

| UNITED STATES BANKRUPTCY COURT <u>Boise</u> District of <u>ID</u> | | PROOF OF CLAIM |
|--|--|---|
| Name of Debtor: EVA H DAWSON | Case Number 0041381 | U.S. COURTS 00 SEP 25 PM 1:23 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 to 11 U.S.C. § 503. | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property.) Greenwood Trust Company | <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. | |
| Name and address where notices should be sent: Discover Financial Services P.O. Box 8003 Hilliard, OH 43026 | <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. | |
| Telephone Number: 800-347-5515 | <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | |
| Account number or other number by which creditor identifies debtor: 6011009640089558 Discover Card | Check here <input type="checkbox"/> replaces if 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 <u>Itemized statement attached</u> | <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 #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date) | |
| 2. Date debt was incurred: | 3. If court judgment, date obtained: | |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>13,706.18</u> <input type="checkbox"/> 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 of other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or other charges. | | |
| 5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ | 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 \$4300)*, 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) <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 of governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____) <small>*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.</small> | |
| 7. Credit: 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: <u>Attach copies of supporting documents</u> , 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | THIS SPACE IS FOR COURT USE ONLY | |
| Date 9/16/00 | 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). Brenda Bowers | |

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

Original

EVA H DAWSON
182 E 420 S
Jerome, ID 83338

Discover Card

Account Number: 6011009640089558

STATEMENT DATE: 9/16/00

| | | |
|---------------------------------------|----|-----------|
| PREVIOUS BALANCE | \$ | 13,706.18 |
| PAYMENTS AND CREDITS | \$ | 0.00 |
| PURCHASES | \$ | 0.00 |
| CASH ADVANCES | \$ | 0.00 |
| POST PETITION PAYMENTS AND CREDITS | \$ | 0.00 |
| BALANCE (as of Filing Date) | \$ | 13,706.18 |

| | | |
|-----------------------------|----|------|
| POST PETITION PURCHASES | \$ | 0.00 |
| POST PETITION CASH ADVANCES | \$ | 0.00 |
| POST PETITION BALANCE | \$ | 0.00 |

STATEMENT SUMMARY

State of Delaware)
)
County of New Castle)

ss

POWER OF ATTORNEY

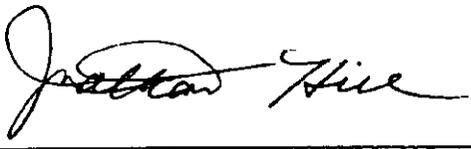
Greenwood Trust Company, a banking corporation organized and existing under the laws of the State of Delaware and having an office at 12 Read's Way, New Castle County, Delaware ("Principal"), constitutes and appoints the employees of the recovery center for Discover Financial Services, Inc. located in Hilliard, Ohio, its true and lawful attorneys-in-fact for the following purposes:

To assert on its behalf any claims in bankruptcy or in probate that it may have by reason of its having loaned money to a person who becomes a debtor or a decedent, and to sign on its behalf any documents necessary for the assertion, processing and filing of those claims.

To act on its behalf in retaining legal counsel to pursue any legal claims that it may have by reason of its having loaned money to persons who have not repaid it, and to sign on its behalf of any documents necessary for the assertion or pursuit of those claims.

Principal, through its executive committee, ratifies and confirms everything attorneys-in-fact may lawfully do in the mentioned matters by virtue of this instrument.

In witness whereof, principal has caused this instrument to be sealed with its corporate seal, duly attested by the signature of its president, J. Nathan Hill on April 7, 1999.

By  _____

(SEAL)

J. Nathan Hill, President
Greenwood Trust Company