

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)**

PROOF OF CLAIM

Name of Debtor
James Clinit Perritte
Stephanie Renee Perritte

Case Number
01-01998

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):
Nordstrom
Name and Address where notices should be sent:
~~Nordstrom~~
PO Box 78875
Phoenix, AZ 85062-8875
**Nordstrom fsb
Colorado Service Center - Recovery
P.O. Box 6566
Englewood, CO 80155**
Telephone Number: **800-934-0007**

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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
101245653

Check here if replaces this claim amends a previously filed claim, dated _____

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:** **06-15-92**

3. **If court judgment, date obtained:** _____

4. **Total Amount of Claim at Time Case Filed:** \$ **1391**
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. **Secured Claim.**
 Check this 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: \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. **Unsecured Priority 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: **8/16/01**
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):
**Joann Gillespie
Credit Analyst
(303) 397-4501**

REC'D
CAREER S. BURKE
CLERK, IDAHO
FILED
01 AUG 20 AM 11:12
U.S. COURTS
18

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, 18 U.S.C. §§ 152 and 3571.
Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

WCCO KEY 8101245653

CLIENT 2410 PROV 000001

(76 OF 76) CBKYO X CHARGEOFF ACCOUNT DETAIL PL RRV C\O
 JAMES C PERRITTE CB 73.91 STAT PCY CR13 RG06
 CO .00 OPEN 061592 TYPE TAP
 9273 W CALICO ST PD 40.00 LPAY 040901 10.00
 US OL .00 LFEE 072201 25.00
 BOISE ID 83709-821573 LM 500.00 LFIC 070701 .91
 SHARIS INC/ASST MGR CR 001 001 9999 LPUR 071700 116.00
 SC 00637 000 LCAS 000000 .00
 SS 549310388 SS 000000000 DIS N OPT 004 FIX 000000 .00
 H 2083761333 H 0000000000 STM 080 MIN PAY 0004 DUE 080101 .00
 B 2084429631 B 0000000000 DAY 087 CAT NBR AMT PCY BOC EOC
 ACCT REL 00000000000000000000 AGG 025 1-30 038 20.00 1 031 031
 DISC PERFFRIC L BRP 000 31-60 009 20.00 2 001 031
 ALT N 000000 000000 NSF 000 61-90 002 0.00 3 000 001
 RI N AGN 000000 CYC 07 91-120 000 0.00 4 001 000
 STMT 550 XF CORR 121-150 000 0.00 5 000 001
 AC RS 000000 DELAY 000000 151-180 000 0.00 6 000 000
 OPER MEM 12:00A 010100 181-210 000 0.00 7 000 000
 BKY NOT CONFRMD ATTN JOHN WILSON PH# 208 343 8400
 SJG 05:04P 072401 TRANSACTION ADJUSTMENT
 SJG 05:04P 072401 GENERAL LEDGER ADJUSTMENT

F1=HELP F2= SXFR F3=EXIT F4=ADMSG F5=EVT F6=REL F7=PBWD F8=PFWD PA1=KEYS F

Handwritten signature/initials