

United States Bankruptcy Court		ASHLAND DIVISION	PROOF OF CLAIM
EASTERN DISTRICT OF KENTUCKY			
Name of Debtor Bubba and Ima Sample		Case Number	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): NATIONAL CITY BANK		? 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: PO BOX 94982 CLEVELAND OH 44101 Telephone number: (513) 723-2200		? 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: 00-8000000000000		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 ? 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 _____	
2. Date debt was incurred: March 22, 1999		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$11, 218.23 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. (X) Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: ? Real Estate (X) Motor Vehicle ? Other _____ Value of Collateral: \$11,218.23 1996 TOYOTA CAMRY DX Amount of arrearage and other charges <u>at time case filed</u> 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-____). <i>*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.</i>	
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: <i>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.</i> 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.			This Space Is for Court Use Only
Date 11/11/01	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): /s/Train Attorney		