

UNITED STATES BANKRUPTCY COURT		Middle District of Georgia		PROOF OF CLAIM	
Name of Debtor: [REDACTED]		Case Number: [REDACTED]			
		Chapter: 13			
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): Select Portfolio Servicing, Inc. as servicing agent for Unknown at this time		<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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Name and address where notices should be sent: Select Portfolio Servicing, Inc. PO Box 65450 Salt Lake City, UT 84165		THIS SPACE IS FOR COURT USE ONLY			
Telephone number: 866-247-1722					
Account or other number by which creditor identifies debtor: XXX-XX [REDACTED]		Check here <input type="checkbox"/> replaces a previously filed claim, dated: <input type="checkbox"/> amends			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal Injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Last four digits of SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: 06/15/2001		3. If court judgment, date obtained:			
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.					
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" 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, if any: \$ 9,068.24			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to a governmental unit - 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 of 4 1 07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
5. Total Amount of Claim at Time Case Filed: \$		137,430.42		137,430.42	
		(unsecured)		(secured)	
		(priority)		(Total)	
<input checked="" type="checkbox"/> 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.					
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				THIS SPACE IS FOR COURT USE ONLY	
7. 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.					
8. 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.					
Date: 5/17/2006		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/ Gene R. Clark Miller & Clark, PC. As agents for creditors			

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.

Name of Debtor **[REDACTED]** Case Number **[REDACTED]**

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):
WELLS FARGO BANK MINNESOTA, N. A., AS TRUSTEE

Name and address where notices should be sent:
**WELLS FARGO BANK MINNESOTA, N. A., AS TRUSTEE
C/O Litton Loan Servicing
4828 LOOP CENTRAL DRIVE
HOUSTON, TEXAS 77081-2226**

Telephone number: **713-960-9676**

Account or other number by which creditor identifies debtor:
[REDACTED]

- 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

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 smices performed from _____ (date) to _____ (date)

2. Date debt was incurred: **07/3099**

3. If court judgement, date obtained: _____

4. Total Amount of Claim at Time Case Filed: **\$10,383.71 (PLUS INTEREST AT 12.15%)**

If all or part of your claim is secured or entitled to prnonty, 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 statemen 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:
 RealEstate 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 \$4,300), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, which is earlier - 11 U.S.C. § 507(a)(3).
- Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4)
- Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to government 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.*

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.

This Space is for Court Use On

Date
May 16, 2006

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:
BETH MCFADDY HOUST AS ATTORNEY FOR WELLS FARGO BANK MINNESOTA, N.A., AS TRUSTEE

██████████
WELLS FARGO BANK LOAN NO.: XXX ██████████
BANKRUPTCY CASE NO.: ██████████
PRE-PETITION ARREARAGE

10/05-04/06 (7 x \$637.19)	\$ 4,460.33
Inspections	251.70
Recording fees	7.00
Prior attorney fees – bankruptcy	500.00
Prior attorney fees – foreclosure	1,355.00
Previous servicer expense	1,496.16
BPO	450.00
Restructured interest	454.45
Escrow shortage	377.87
Late charges	1,006.20
NSF charges	<u>25.00</u>
	\$10,383.71**

****PLUS INTEREST AT 12.150% AS DETERMINED BY THE TRUSTEE OVER THE LIFE OF THE PLAN.**

Prepared By:

[Name of Natural Person]

[Company Name] MORTGAGE FUNDING NETWORK, INC. dba MFNI CORP.

[Street Address] 2814 NEW SPRING RD SUITE 303

[City, State ZIP] ATLANTA, GA 30339

After Recording Please Return To:
Mortgage Funding Network, Inc. dba MFNI Attn:
Post Closing
[Company Name]

[Name of Natural Person]
2814 New Spring Road, Suite 303
[Street Address]
Atlanta, GA 30339
[City, State ZIP]

[Space Above This Line For Recording Data]

Loan No. : [REDACTED]

MORTGAGE

THIS MORTGAGE ("Security Instrument") is given on July 30, 1999. The grantor is [REDACTED] husband and wife

("Borrower"). This Security Instrument is given to Mortgage Funding Network, Inc. dba MFNI Corp

which is organized and existing under the laws of the State of Georgia, and whose address is 2814 New Spring Road, Suite 303, Atlanta, GA 30339

("Lender"). Borrower owes Lender the principal sum of forty five thousand and NO/100ths

Dollars (U.S. \$ 45,000.00) This debt is evidenced by Borrower's note dated the same date as this Security Instrument ("Note"), which provides for monthly payments, with the full debt, if not paid earlier, due and payable on August 1, 2029

This Security Instrument secures to Lender, (a) the repayment of the debt evidenced by the Note, with interest, and all renewals, extensions and modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the security of this Security Instrument, and (c) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower does hereby mortgage, grant and convey to Lender and Lender's successors and assigns, with power of sale, the following described property located in [REDACTED] County, Alabama.

SEE EXHIBIT 'A' ATTACHED HERETO AND MADE A PART HEREOF

which has the address of

[REDACTED] [Street]
[REDACTED] [City] [REDACTED] [Zip Code] ("Property Address"),

Initials: [REDACTED]



PREPARED BY: Toni Traina

AND WHEN RECORDED RETURN TO:
C-BASS Loan Asset Management, LLC.
4828 Loop Central Drive
Houston, TX 77081
ATTN: COLLATERAL CONTROL

ASSIGNMENT OF MORTGAGE / DEED OF TRUST

LLS No. [REDACTED]

NOW ALL MEN BY THESE PRESENTS:

THAT The Provident Bank dba PCFS Financial Services, Inc. ("Assignor") whose address is c/o Litton Loan Servicing LP, 4828 Loop Central Drive, Houston, TX 77081 for value received, does by these presents grant, bargain, sell, assign, transfer and set over unto: Wells Fargo Bank Minnesota, National Association, solely in its capacity as Trustee, under the Pooling and Servicing Agreement dated September 1, 1999, Home Equity Loan Asset Backed Certificates, Series 1999-3 ("Assignee") whose address is c/o Litton Loan Servicing LP, 4828 Loop Central Drive, Houston, TX 77081 all of Assignor's right, title and beneficial interest in and to that certain Deed of Trust describing land therein, recorded in the County of JEFFERSON, State of AL as follows:

NAME OF BORROWER	DATE EXECUTED	DATE RECORDED	INSTRUMENT NUMBER	BOOK	PAGE	LOAN AMOUNT
[REDACTED], HUSBAND AND WIFE	07/30/1999			[REDACTED]	[REDACTED]	\$45,000.00

BENEFICIARY: MORTGAGE FUNDING NETWORK, INC. DBA MFNI CORP
PROPERTY ADDRESS: [REDACTED]
LEGAL DESCRIPTION: SEE ATTACHED EXHIBIT "A"

TOGETHER with the note therein described and the moneys due and to become due thereon, interest and attorney's fees and all other charges.

THIS ASSIGNMENT is made without recourse, representation or warranty, express or implied.

IN WITNESS WHEREOF, Assignor has caused this instrument to be duly executed on March 27, 2006 by a duly authorized officer.

Witness: 
Mary Johnson

Witness: 
Kelsha Thomas


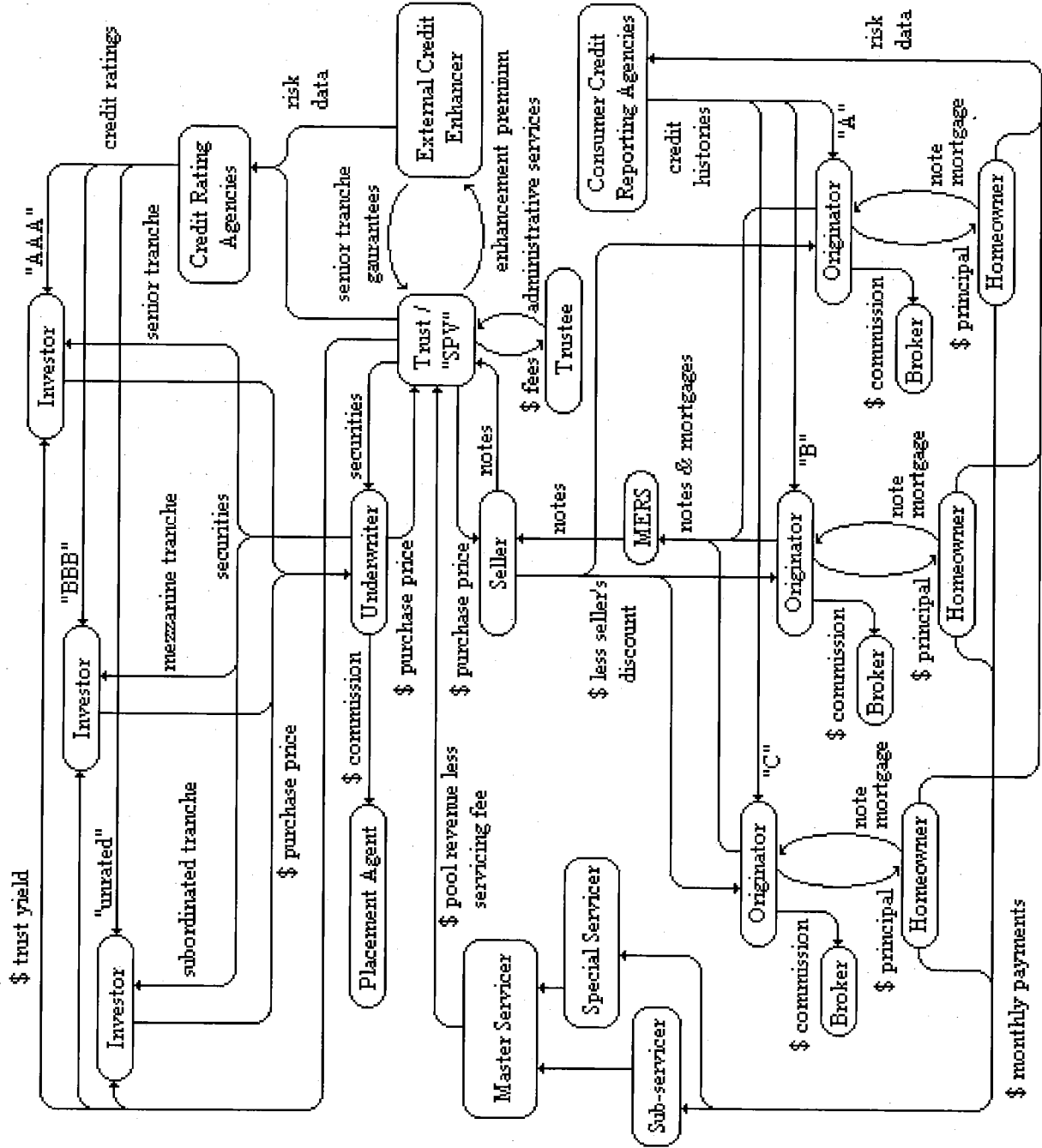
By: 
Lela Derouen, Vice President of Litton Loan Servicing LP
Attorney-in-Fact for The Provident Bank d/b/a
PCFS Financial Services, Inc.

Figure A -- Subprime Home Mortgage Securitization Structure



Source: Christopher L. Peterson, *Predatory Structured Finance*, 28 CARDOZO L. REV. 2185 (2007), available at: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=929118.