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**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re ) Case No. 08-12229 (MFW)  
WASHINGTON MUTUAL, INC., )  
Debtor. ) Chapter 11  
)  
) **NOTICE OF WITHDRAWAL OF**  
) **PROOF OF CLAIM**  
)  
)  
)  
\_\_\_\_\_ )

TO THE CLERK OF THE ABOVE ENTITLED COURT AND TO ALL PARTIES OF INTEREST:

Pursuant to Rule 3006 of the Federal Rules of Bankruptcy Procedure, the County of San Bernardino, California, A California Taxing Authority, hereby withdraws, with prejudice, its proof of claim filed against Washington Mutual, Inc. on or about March 25, 2009, numbered 3683 (the "Proof of Claim"). A copy of the Proof of Claim is attached hereto as Exhibit A.

Dated: November 19, 2009 ROMERO LAW FIRM

By /s/ MARTHA E. ROMERO  
MARTHA E. ROMERO (CA-128144)  
Attorneys for SECURED CREDITORS  
County of SAN BERNARDINO, CA  
A California Taxing Authority

**EXHIBIT A**

RECEIVED

APR 17 2009

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT <u>N/A</u>	DISTRICT OF <u>Delaware</u>	<u>MARK D. COLLINS</u>	PROOF OF CLAIM
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Name of Debtor: <b>DBA: WASHINGTON MUTUAL, INC., et al;</b>	Case Number: <b>08 12229</b>
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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): <b>County Of San Bernardino</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>COUNTY OF SAN BERNARDINO OFFICE OF THE TAX COLLECTOR 172 WEST THIRD STREET SAN BERNARDINO, CA 92415</b> Telephone number: <b>(909) 387-8308</b>	Court Claim Number: _____ (If known)
	Filed on: _____

Name and address where payment should be sent (if different from above):	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ _____	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	Specify the priority of the claim.
If all or part of your claim is entitled to priority, complete item 5.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) 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).

2. Basis for Claim: <u>TAXES</u> (See instruction #2 on reverse side.)	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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3. Last four digits of any number by which creditor identifies debtor: _____	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).

4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount entitled to priority: \$ _____
Describe:	
Value of Property: \$ _____ Annual Interest Rate % _____	
Amount of arrearage and other charges as of time case filed included in secured claim,	
if any: \$ _____ Basis for perfection: _____	
Amount of Secured Claim: \$ <u>845677.25*</u> Amount Unsecured: \$ _____	

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)	
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	
If the documents are not available, please explain:	

Date: <b>3/25/2009</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>Linda Smith Deputy Tax Collector</b>	FOR COURT USE ONLY <b>RECEIVED</b> <b>MAY 04 2009</b>
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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1519. HURTZMAN CARLSON CONSULTANTS

\*These taxes will continue to increase as long as they remain unpaid

"Statutory interest on the base amount"

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return



081222909050400000000004

**Key Equipment Finance Inc.**

1000 South McCaslin Boulevard,  
Superior, CO 80027

Tel: 720 304-1737

Fax: 216 370-9332

Email: rita.robles@key.com

March 25, 2009

Washington Mutual Claims Processing  
c/o Kurtzman Carson Consultant LLC  
2335 Alaska Ave  
El Segundo, CA 90245

Re: Washington Mutual, Inc.  
Case Number 08-12229

Dear Sirs:

Enclosed please find an original and one copy of the following documents which are filed on behalf of Key Equipment Finance in the above-referenced case:

1. Proof of Claim for Key Equipment Finance Inc. with exhibits;

Please return a filed stamped copy of the Proof of Claim to me in the enclosed self-addressed stamped envelope once these documents have been filed.

Thank you.

Very truly yours,



Rita Robles

RR:ljs  
Enclosures

cc: Richards, Layton & Finger, P.A.  
Weil, Gotshal & Manges LLP

# *Attachment*

*Parcel #*

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012731119P019

0127351390000

0127542070000

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0128612270000

0128701570000

013004131P000

0133044010000

0133292120000

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*Number of Parcels: 148*

# TREASURER-TAX COLLECTOR



COUNTY OF SAN BERNARDINO

172 West Third Street, First Floor  
San Bernardino, CA 92415-0360  
(909) 387-8308

DICK LARSEN  
Treasurer-Tax Collector

ANNETTE KERBER  
Assistant Treasurer-Tax Collector

## CLAIM ATTACHMENT

This claim is a secured tax secured by a statutory lien under California state law. The claim is secured under 11 U.S.C. Section 506(b).

The claim is subject to interest under California Revenue and Taxation Code Section 4103, 11 U.S.C. Section 5069(b) and 11 U.S.C. Section 511, at 18% per annum, as well as costs, fees and attorneys' fees.

The claim will continue to increase and interest will continue to accrue until it is paid.

1

PROOF OF SERVICE BY MAIL

I am a citizen of the United States and am employed in the County of San Bernardino. I am over the age of eighteen years and not a party to the within action; my business address is 172 W. Third Street, 1<sup>st</sup> Floor, San Bernardino, California 92415.

On \_\_\_\_\_, I served the within PROOF OF CLAIM on the interested parties in said action by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States mail at San Bernardino, California addressed to those parties on the attached sheet.

X BY REGULAR MAIL: I am "readily familiar" with the county's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on the same day with postage thereon fully prepaid at San Bernardino, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

I, Christine Aguilera, declare that I am employed in the office of the Tax Collector, a creditor in the matter, at whose direction the service was made. Executed on March 24, 2009, at San Bernardino, California.



Washington Mutual Claims Processing  
c/o Kurtzman Carson Consultants LLC  
2335 Alaska Ave  
El Segundo CA 90245

Richards, Layton & Finger, P.A.  
One Rodney Square  
920 North King St  
Wilmington, DE 19801

United States Trustee  
844 King St, Ste 2207  
Wilmington DE 19801