

United States Bankruptcy Court
District of Delaware

Complete this form and mail to: U.S. Bankruptcy Court, 844 King St, Rm 2207, Wilmington, DE 19899

PROOF OF CLAIM #287
THIS SPACE IS FOR COURT USE ONLY

RECEIVED
NOV 28 2008

Name of Debtor: WASHINGTON MUTUAL, INC.

Case Number: 08-12229(MFW)

Chapter: 11

Trustee: U.S. TRUSTEE

Proof of claim form and all supporting documents must be filed in DUPLICATE on Chapter 12 and 13 cases

KURTZMAN CARSON CONSULTANTS
Date Stamped Copy Returned
No self addressed stamped envelope
No copy to return

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 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Ada County Treasurer
200 W. Front St., 1st Floor
Boise, Idaho 83702

Telephone number: (208) 287-6800

- 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.
If a business, list officer/agent authorized to receive process of service:

Account or other number by which identifies debtor:
P1WASHMUT10 - 2008 (FRANKLIN ROAD)

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
Retiree benefits as defined in 11 U.S.C. §1114(a) Other (please describe):
Wages, Salaries and compensation: Your Social Security Number:
Unpaid Compensation for services performed from (date) to (date)

2. Date debt was incurred: First Position Lien as of Jan 1 each year. I.C. § 63-206

3. If court Judgment, date obtained:

4. SECURED CLAIM

X Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

Real Estate Motor Vehicle

X Other PERSONAL PROPERTY

Value of Collateral \$ 77,600.00

Amount of arrearage and other charges at time the case was filed included in secured claim, if any:

\$ 1,021.34

Plus interest accruing at 1% per month - Idaho Code § 63-1001

5. UNSECURED PRIORITY CLAIM

Check box if you have an unsecured priority claim

Amount entitled to priority \$

SPECIFY PRIORITY OF CLAIM:

- Wages, Salaries, or commissions (up to \$4000)* 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 \$1,800* 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. UNSECURED NONPRIORITY CLAIM \$

DATE November 4, 2008

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)

CECIL INGRAM
ADA COUNTY TREASURER

/S/

Cecil Ingram (Signature)

Check box if a) there is no collateral or lien securing your claims or b) your claim exceeds the value of the property securing it, or if c) none or only part your claim is entitled to priority.

Total Amount of Claim at Time Case Filed

UNSECURED \$ SECURED \$ 1,021.34

PRIORITY \$ TOTAL \$ 1,021.34

Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. If all or part of claim is secured or entitled complete Item 4 or 5 above.

