

**Fill in this information to identify the case:**

Debtor 1 \_\_\_\_\_  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
Case number \_\_\_\_\_

# Official Form 410 Proof of Claim

04/16

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

## Part 1: Identify the Claim

**1. Who is the current creditor?**

\_\_\_\_\_  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

**2. Has this claim been acquired from someone else?**

No  
 Yes. From whom? \_\_\_\_\_

**3. Where should notices and payments to the creditor be sent?**

**Where should notices to the creditor be sent?**

**Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Contact email

\_\_\_\_\_  
Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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**4. Does this claim amend one already filed?**

No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

**5. Do you know if anyone else has filed a proof of claim for this claim?**

No  
 Yes. Who made the earlier filing? \_\_\_\_\_

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_ \_

7. How much is the claim? \$\_\_\_\_\_. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.

**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_

**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)(    ) that applies.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

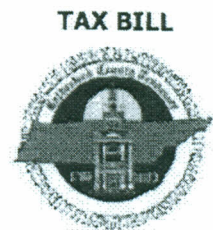
Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

**TAX YEAR:** 2017  
**TAX COLLECTOR'S NAME AND MAILING ADDRESS:** Teb Batey  
Rutherford Co Trustee  
P.O. Box 1316  
Murfreesboro, TN 37133  
(615) 898-7705  
rctrustee.com

**Locations:**  
Murfreesboro Office:  
Public Square  
Courthouse Suite 102  
Smyrna Office:  
205 I Street (off Weakley Ln)  
Part-Time Schedule



Rutherford County Trustee

**Receipt Number: 5084**

Auto Masters Of Smyrna  
Attn Mehran Janbaksh  
56 S Lowry St  
Smyrna TN 37167

**Property Address:** 56 S Lowry St  
**SubDivision:**  
**Lot Number:**

**TAXES ARE DUE AND PAYABLE WITHOUT INTEREST:**

**FROM:** 10/01/2017  
**THRU:** 02/28/2018

**ACCOUNT NUMBER:** P12788800000  
**PARCEL NUMBER:** 00-127- -127- - -888.00-P -000

**ACRES/UNITS:** 0.0000  
**CLASSIFICATION:** Commercial  
**CITY:** 674  
**ADDITIONAL DESCRIPTION:** P12788800000

**PROPERTY TAX INFORMATION**

**APPRAISAL:** \$37,835  
**ASSESSMENT @ 30%:** \$10,325  
County Tax Rate per \$100 of Assessment: 2.6800  
City Tax Rate per \$100 of Assessment: 0.8840

County Property Tax: \$277.00  
City Property Tax: \$91.00  
Ad-Valorem Taxes:  
Other Taxes:  
Total Taxes: \$368.00  
Interest: \$0.00  
**TOTAL DUE: \$368.00**  
Total due if postmarked by: 02/28/2018

**GENERAL INFORMATION**

**PAYMENT INFORMATION:** Include receipt number on check. Credit/debit payments are accepted in office or online at rctrustee.com. A convenience fee will be charged on any credit/debit transaction. Partial payments are accepted. Please enclose a self addressed stamped envelope to receive a paid receipt.

**Notify the Assessor of Property at 898-7750 of any change in mailing address.**

If you sold this property after January 1 and the new owner has assumed the responsibility for paying the taxes, please forward this notice to the new owner.

**PROPERTY TAX RELIEF PROGRAM/SENIOR TAX FREEZE PROGRAM**

Property tax relief is available to low-income homeowners age 65 or over, homeowners permanently and totally disabled, and certain disabled veterans or their surviving spouse. Senior tax freeze is also available and requires annual renewal, for information or to schedule an appointment contact the Trustee's office.

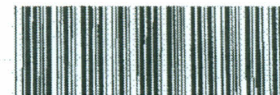
**DELINQUENT TAXES**

Interest will be added to any delinquent taxes at a rate of 1.5% per month.

Please retain this portion for your tax records

Tear at line above  
Please Return This Portion with Payment

Make check payable to: Rutherford Co Trustee  
P.O. Box 1316  
Murfreesboro, TN 37133  
(615) 898-7705



**TAX YEAR: 2017**      **Receipt Number: 5084**

**ACCOUNT NUMBER:** P12788800000  
**CURRENT TAXES:** \$368.00  
**INTEREST:** \$0.00  
**TOTAL DUE:** \$368.00  
Total due if postmarked by: 02/28/2018



Auto Masters Of Smyrna  
Attn Mehran Janbaksh  
56 S Lowry St  
Smyrna TN 37167

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:17-bk-07054 Auto Masters of Smyrna, LLC](#)

**Judge:** Charles M Walker      **Chapter:** 11  
**Office:** Nashville              **Last Date to file claims:**  
**Trustee:**                              **Last Date to file (Govt):**

<p><i>Creditor:</i> (6550457)  RUTHERFORD COUNTY  TRUSTEE  P.O. BOX 1316  MURFREESBORO, TN  37133</p>	<p><b>Claim No: 3</b>  <i>Original Filed</i>  Date: 01/22/2018  <i>Original Entered</i>  Date: 01/22/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> ROGER W  HUDSON  <i>Modified:</i></p>
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Amount claimed: \$368.00  
Priority claimed: \$368.00

*History:*

[Details](#)   [3-1](#)   01/22/2018 Claim #3 filed by RUTHERFORD COUNTY TRUSTEE, Amount claimed: \$368.00  
(HUDSON, ROGER )

*Description:* (3-1) Personal Property Taxes

*Remarks:*

### Claims Register Summary

**Case Name:** Auto Masters of Smyrna, LLC  
**Case Number:** 3:17-bk-07054  
**Chapter:** 11  
**Date Filed:** 10/17/2017  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$368.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$368.00	
<b>Administrative</b>		