

Fill in this information to identify the case:

Debtor 1 Curae Health, Inc., Amory Regional Medical Center, Inc.
 Debtor 2 Amory Regional Physicians LLC
 (Spouse, if filing)
 United States Bankruptcy Court for the: Middle District of Tennessee
 Case number 18-05665, 18-05675, 18-05680

FILED

SEP 18 2018

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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?	<u>Monroe County Tax Collector</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>MONROE COUNTY TAX COLLECTOR</u> Name <u>P.O. Box 684</u> Number Street <u>Aberdeen ms 39130</u> City State ZIP Code Contact phone <u>662-369-6484</u> Contact email <u>Sclark@monroems.com</u>	Where should payments to the creditor be sent? (if different) <u>MONROE COUNTY TAX COLLECTOR</u> Name <u>P.O. Box 684</u> Number Street <u>Aberdeen ms 39130</u> City State ZIP Code Contact phone <u>662-369-6484</u> Contact email <u>Same</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? \$ 761,092.73 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.

Property Taxes

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ 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

\$ _____

\$ _____

\$ _____

\$ 761,092.73

\$ _____

\$ _____

* 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.

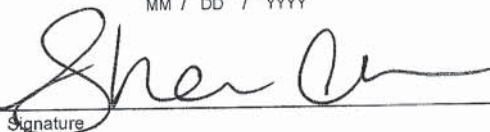
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

09/11/2018
MM / DD / YYYY


Signature

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

Name

Shauna M. Clark
First name Middle name Last name

Title

MONROE COUNTY TAX COLLECTOR - Clerk

Company

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

Address

P.O. Box 684
Number Street

Aberdeen
City

MS
State

39730
ZIP Code

Contact phone

662-369-6484

Email

sclark@monroems.com

LRMCSH01 COLLECTOR
 PPIN 21705 Yr 2017
 ID 0 TD 2220 ORIGINAL
 Posting Date 9 10 2018
 Interest Date 8 1 2018
 F13-Partial
 County Ad Val.....
 Forest.....
 Levee.....
 Drainages(F15-Detail)...
 Penalty.....
 Calculated Penalty.....
 City Ad Val.....
 Penalty.....
 Calculated Penalty.....
 Spec Assess(F15-Detail)
 SSD Ad Val.....
 Penalty.....
 Calculated Penalty.....
 Printers Fee.....
 Excess Bid.....
 MCO

LANDROLL TAX COLLECTIONS
 Nm AMORY HMA INC
 % NW AL REAL ESTATE LLC
 Time 15 47
 Penalty Percent 7
 Total Due
 Prior Paid
 This Payment
 Balance Due
 70.72
 .12
 4.96
 4.96
 49.68
 3.48
 3.48
 55.26
 3.87
 3.87
 3.00
 191.09
 TOTALS: 175.78

LRWCSH01/M5
 1721 MIDPARK RD STE B
 KNOXVILLE TN 37921
 Type R Dr 7 ID SMC
 F6-PARTIAL DOC,F7-MOD ADDR,F8-VIEW RECEIPT,F10-VIEW COLLECTIONS,F12-PAYOFF

Balance due

LRMCSH01 COLLECTOR

LANDROLL TAX COLLECTIONS

LRWCSH01/M5

PIN 21702 Yr 2017Nm AMORY HMA INC

1721 MIDPARK RD STE B

ID 0 TD 2220 ORIGINAL% NW AL REAL ESTATE LLC

KNOXVILLE TN 37921

Posting Date 9 10 2018Time 15 46

Type R Dr 7 ID SMC

Interest Date 8 1 2018Penalty Percent 7

F13-PartialTotal DuePrior PaidThis PaymentBalance Due

County Ad Val.....189.70

189.70

Forest......02

.02

Levee.....

Drainages(F15-Detail)...

Penalty.....13.28

Calculated Penalty.....13.28

City Ad Val.....133.27

133.27

Penalty.....9.33

Calculated Penalty.....9.33

Spec Assess(F15-Detail)

SSD Ad Val.....148.23

148.23

Penalty.....10.38

Calculated Penalty.....10.38

Printers Fee.....3.00

3.00

Excess Bid.....

507.21

MCO

TOTALS:471.22

507.21

F6-PARTIAL DOC,F7-MOD ADDR,F8-VIEW RECEIPT,F10-VIEW COLLECTIONS,F12-PAYOFF

Balance Due

LRMCSH01 COLLECTOR

PIN 21701 Yr 2017

D O TD 2220 ORIGINAL

Posting Date 9 10 2018

Interest Date 8 1 2018

13-Partial

County Ad Val.....

Forest.....

Levee.....

Drainages(F15-Detail)...

Penalty.....

Calculated Penalty.....

City Ad Val.....

Penalty.....

Calculated Penalty.....

Spec Assess(F15-Detail)

SSD Ad Val.....

Penalty.....

Calculated Penalty.....

Printers Fee.....

Excess Bid.....

MCO

F6-PARTIAL DOC,F7-MOD ADDR,F8-VIEW RECEIPT,F10-VIEW COLLECTIONS,F12-PAYOFF

LANDROLL TAX COLLECTIONS

Nm AMORY HMA INC

% NW AL REAL ESTATE LLC

Time 15 46

Penalty Percent 7

Total Due

Prior Paid

This Payment

Balance Due

489.53

34.27

34.27

343.91

24.07

24.07

382.54

26.78

26.78

3.00

1304.10

1215.98

1721 MIDPARK RD STE B

KNOXVILLE TN 37921

Type R Dr 7 ID SMC

489.53

34.27

34.27

343.91

24.07

24.07

382.54

26.78

26.78

3.00

1304.10

1215.98

Balance Due

LRMCSH01 COLLECTOR

LANDROLL TAX COLLECTIONS

LRWCSH01/M5

PPIN 15909 Yr 2017

Nm AMORY HMA INC

1721 MIDPARK RD STE B

JD 0 TD 2220 ORIGINAL

% NW AL REL ESTATE LLC

KNOXVILLE TN 37921

Posting Date 9 10 2018

Time 15 45

Type R Dr 7 ID SMC

Interest Date 9 10 2018

Penalty Percent 8

F13-Partial

Total Due

Prior Paid

This Payment

Balance Due

County Ad Val.....

279371.81

279371.81

Forest.....

.80

.80

Levee.....

Drainages(F15-Detail)...

Penalty.....

22349.81

Calculated Penalty.....

22349.81

City Ad Val.....

196266.64

196266.64

Penalty.....

15701.33

Calculated Penalty.....

15701.33

Spec Assess(F15-Detail)

SSD Ad Val.....

218311.08

218311.08

Penalty.....

17464.89

Calculated Penalty.....

17464.89

Printers Fee.....

3.00

Excess Bid.....

MCO

TOTALS: 693950.33

749469.36

F6-PARTIAL DOC,F7-MOD ADDR,F8-VIEW RECEIPT,F10-VIEW COLLECTIONS,F12-PAYOFF

Balance due

LRMCSH01 COLLECTOR
 PPIN 15850 Yr 2017
 ID 0 TD 2220 ORIGINAL
 Posting Date 9 10 2018
 Interest Date 8 1 2018
 F13-Partial
 County Ad Val.....
 Forest.....
 Levee.....
 Drainages(F15-Detail)...
 Penalty.....
 Calculated Penalty.....
 City Ad Val.....
 Penalty.....
 Calculated Penalty.....
 Spec Assess(F15-Detail)
 SSD Ad Val.....
 Penalty.....
 Calculated Penalty.....
 Printers Fee.....
 Excess Bid.....
 MCO

LANDROLL TAX COLLECTIONS
 Nm AMORY HMA INC
 % NW AL REAL ESTATE LLC
 Time 15 45
 Penalty Percent 7
 Total Due
 Prior Paid
 821.72
 577.28
 642.12
 TOTALS: 2041.12

LRWCSH01/M5
 1721 MIDPARK RD STE
 KNOXVILLE TN 37921
 Type R Dr 7 ID SMC
 This Payment
 Balance Due
 821.72
 57.52
 577.28
 40.41
 40.41
 642.12
 44.95
 44.95
 3.00
 2187.00

F6-PARTIAL DOC, F7-MOD ADDR, F8-VIEW RECEIPT, F10-VIEW COLLECTIONS, F12-PAYOFF

LRMCSH01 COLLECTOR
 PPIN 15849 Yr 2017
 ID 0 TD 2220 ORIGINAL
 Posting Date 9 10 2018
 Interest Date 8 1 2018
 F13-Partial _____
 County Ad Val.....
 Forest.....
 Levee.....
 Drainages(F15-Detail)...
 Penalty.....
 Calculated Penalty.....
 City Ad Val.....
 Penalty.....
 Calculated Penalty.....
 Spec Assess(F15-Detail)
 SSD Ad Val.....
 Penalty.....
 Calculated Penalty.....
 Printers Fee.....
 Excess Bid.....
 MCO

LANDROLL TAX COLLECTIONS
 Nm AMORY HMA INC
 % NW AL REAL ESTATE LLC
 Time 15 44
 Penalty Percent 7
 Total Due
 Prior Paid
 This Payment
 Balance Due

LRWCSH01/M5
 1721 MIDPARK RD STE B
 KNOXVILLE TN 37921
 Type R Dr 7 ID SMC
 2723.98

 190.68
 190.68
 1913.67
 133.96
 133.96
 2128.62
 149.00
 149.00
 3.00
 7242.91

TOTALS: 6766.27

F6-PARTIAL DOC,F7-MOD ADDR,F8-VIEW RECEIPT,F10-VIEW COLLECTIONS,F12-PAYOFF

Balance due

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6742304)
MONROE COUNTY TAX
COLLECTOR
PO BOX 684
ABERDEEN MS 39730

Claim No: 39
Original Filed
Date: 09/18/2018
Original Entered
Date: 09/18/2018

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: \$761092.73

Priority claimed: \$761092.73

History:

[Details](#) [39-1](#) 09/18/2018 Claim #39 filed by MONROE COUNTY TAX COLLECTOR, Amount claimed: \$761092.73 (Intake1)

Description: (39-1) Property Taxes

Remarks:

Claims Register Summary

Case Name: Curae Health Inc.

Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$761092.73
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority	\$761092.73	
Administrative		