

Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 3:18-bk-05675

FILED

JAN 08 2019

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?

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)

Melinda McCrory
Name

Name

6005 Indian Cove
Number Street

Number Street

Amory MS 38821
City State ZIP Code

City State ZIP Code

Contact phone 662-315-0649

Contact phone _____

Contact email mmac1961@hotmail.com

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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? \$ 4,343.43 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.
Earned Wages / Paid Time Off

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:

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

- | | |
|--|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input checked="" type="checkbox"/> 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). | \$ <u>12,850.00</u> |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* 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 01/04/2019
MM/DD/YYYY

Melinda McCrory
 Signature

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

Name Melinda Tilley McCrory
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 _____

Melinda Mccrory
 Company 1964
 Number 000578213
 Social Security # XXX-XX-7238
 Hire Date 5/5/1997
 Period Begin 12/16/2018
 Period End 12/29/2018
 Check Number -99375644
 Check Date 1/4/2019
 Division 9454
 Branch 1454
 Department 7381
 Team

Curae Health Inc.

1721 Midpark Road Suite B-200
 Knoxville, TN 37921 865-269-4074

Sick 1040.000000 Accr= 1040.000000 Bal HOUR
 Vacation 139.130000 Accr= 127.130000 Bal HO

- 40.00

 87.13

Earnings						Deductions			
Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date	Description	Current	Year To Date	
01-Regular		49.85	60.00	2991.00	2991.00	Fed (S/O) (3889.78)	674.41	674.41	
07-PTO/Vacation		49.85	12.00	598.20	598.20	QASDI (3889.78)	241.17	241.17	
Holiday		49.85	8.00	398.80	398.80	Medicare (3889.78)	56.40	56.40	
Group Term Life		0.00	0.00	10.66	10.66	MS (S/O) (3889.78)	170.00	170.00	
Memos						Pre-Tax Medical	69.03	69.03	
ER Dental Ins Premium			0.00	12.21	12.21	Pre-Tax Dental	30.47	30.47	
						Pre-Tax Vision	9.38	9.38	
						Post-Tax Vol Critical Illness	21.60	21.60	
						Post-Tax Vol Child Life/AD&D	0.78	0.78	
						Post-Tax Vol Spousal Life/AD&D	12.59	12.59	
						Post-Tax Vol EE Life/AD&D	27.84	27.84	
						Post-Tax LTD	29.00	29.00	
						DD Checking 2 35031XXXX	500.00	500.00	
						Net Pay 35073XXXX	2145.33	2145.33	
Total Earnings				80.00	3998.66	3998.66	Total Deductions	3988.00	3988.00
NET PAY		2645.33	Total Direct Deposits		2645.33	Check Amount	0.00	0.00	

Curae Health Inc.
 1721 Midpark Road
 Suite B-200
 Knoxville, TN 37921

Regions Bank
 Nashville, TN 87-1
 640

Check Date 1/4/2019 Check Number Memo

Pay No Dollars and No Cents

\$*****

To the Order of:
 9454 1454 7381
Melinda Mccrory
 60005 Indian Cove
 Amory, MS 38821

000578213-99375644
 NON NEGOTIABLE

Authorized Signature

Curae Health Inc.
 1721 Midpark Road
 Suite B-200
 Knoxville, TN 37921

9454 1454 7381 000578213-99375644

Melinda Mccrory
 60005 Indian Cove
 Amory, MS 38821

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05675 Amory Regional Medical Center, Inc.](#)

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

<i>Creditor:</i> (6732035)	Claim No: 18	<i>Status:</i>
MCCRORY, MELINDA	<i>Original Filed</i>	<i>Filed by: CR</i>
60005 INDIAN COVE	<i>Date: 01/08/2019</i>	<i>Entered by: Intake3</i>
AMORY, MS 38821	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date: 01/08/2019</i>	

Amount claimed: \$4343.43
Priority claimed: \$12850.00

History:
[Details](#) [18-1](#) 01/08/2019 Claim #18 filed by MCCRORY, MELINDA, Amount claimed: \$4343.43 (Intake3)
Description: (18-1) Earned Wages/Paid Time Off
Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.
Case Number: 3:18-bk-05675
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$4343.43
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	\$12850.00	
Administrative		