

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 10 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?

Jerrie Roberts

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?

Jerrie Roberts

Name

P O Box 184

Number

Street

Becker

City

Ms

State

38825

ZIP Code

Contact phone

662-256-0013

Contact email

jerrie.roberts@gmail.com

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

-Same

Name

Number

Street

City

State

ZIP Code

Contact phone

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? \$ 2,174.63 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:

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

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

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

\$ 12,850.00

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

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

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

\* 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 06 2019  
MM / DD / YYYY

Jennie Roberts  
Signature

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

Name Jennie E Roberts  
First name Middle name Last name

Title Director of Health Information Management

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 \_\_\_\_\_

**Jerrie Roberts**

Company 1964  
 Number 000578190  
 Social Security # XXX-XX-4575  
 Hire Date 7/8/2002  
 Period Begin 12/30/2018  
 Period End 12/31/2018  
 Check Number -99370301  
 Check Date 1/8/2019  
 Division 9454  
 Branch 1454  
 Department 7475  
 Team

**Curae Health Inc.**

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

Sick 719.880000 Vacation 104.250000	Accr= 719.880000 Accr= 96.250000	Bal HOURS Bal HOU
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*Memo 40*

Earnings						Deductions		
Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date	Description	Current	Year To Date
01-Regular		38.66	16.00	618.56	3092.80	Fed (M/1) (627.82)	1.24	273.58
07-PTO/Vacation					309.28	OASDI (627.82)	38.92	225.49
Holiday					309.28	Medicare (627.82)	9.10	52.73
Group Term Life		0.00	0.00	9.26	18.52	MS (M/0) (627.82)	14.00	148.00
Memos						Pre-Tax Medical		69.03
ER Medical Ins Premium					172.66	Pre-Tax Dental		17.76
ER Dental Ins Premium					2.70	Pre-Tax Vision		6.06
						Net Pay 5468XXXX	555.30	2918.71
<b>Total Earnings</b>						<b>Total Deductions</b>	618.56	3711.36
<b>NET PAY</b>		555.30	<b>Total Direct Deposits</b>		555.30	<b>Check Amount</b>	0.00	0.00

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

Regions Bank 87-1  
 Nashville, TN 640

**Check Date 1/8/2019      Check Number Memo**

**Pay No Dollars and No Cents**

\$ *****
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**To the Order of:**  
 9454 1454 7475  
**Jerrie Roberts**  
 P.O. Box 184  
 Becker, MS 38825

  
 000578190-99370301  
**NON NEGOTIABLE**

Authorized Signature

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

9454 1454 7475      000578190-99370301

**Jerrie Roberts**  
 P.O. Box 184  
 Becker, MS 38825

# 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> (6818785)	<b>Claim No:</b> 22	<i>Status:</i>
JERRIE ROBERTS	<i>Original Filed</i>	<i>Filed by:</i> CR
PO BOX 184	<i>Date:</i> 01/10/2019	<i>Entered by:</i> Intake1
BECKER MS 38825	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/10/2019	

Amount claimed: \$2174.63  
Priority claimed: \$12850.00

*History:*

[Details](#)   [22-1](#) 01/10/2019 Claim #22 filed by JERRIE ROBERTS, Amount claimed: \$2174.63 (Intake1)

*Description:* (22-1) 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

<b>Total Amount Claimed*</b>	\$2174.63
<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>	\$12850.00	
<b>Administrative</b>		