

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 [v]
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?

Tim Watson
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)

Tim Watson
Name
809 Rose Lane
Number Street
Amory MS 38821
City State ZIP Code
Contact phone 662-315-3401
Contact email wtwvw@aol.com

Name

Number Street

City State ZIP Code

Contact phone

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? \$ 2,597.93 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:

Amount entitled to priority

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

- 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). \$ 12,850.00
- 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. \$ _____

* 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).

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.

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

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.

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.

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 12/08/2019
MM / DD / YYYY

Tim Watson
 Signature

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

Name Tim B Watson
First name Middle name Last name

Title Family Nurse Practitioner

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

Address 809 Rose Lane
Number Street

Amory MS 38821
City State ZIP Code

Contact phone 662-315-3401 Email wtwvw@aol.com

Tim Watson

Company	Period Begin	Division
1964	12/16/2018	9454
Number	Period End	Branch
000576602	12/29/2018	6454
Social Security #	Check Number	Department
XXX-XX-5540	-99375609	6728
Hire Date	Check Date	Team
7/1/2011	1/4/2019	

Curae Health Inc.

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

Sick	634.070000	Accr=	634.070000	Bal	HOURS
Vacation	100.750000	Accr=	92.750000	Bal	HOU

Earnings					Deductions			
Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date	Description	Current	Year To Date
01-Regular		49.25				Fed (M0) (3867.21)		
07-PTO/Vacation		49.25				OASDI (3867.21)		
Holiday		49.25				Medicare (3867.21)		
Group Term Life		0.00				MS (M1) (3867.21)		
Memos						Pre-Tax Medical		
ER Dental Ins Premium						Pre-Tax Dental		
						Pre-Tax Vision		
						Post-Tax Vol EE Life/AD&D		
						Net Pay 35008XXXX		
Total Earnings						Total Deductions		
NET PAY					2903.22	Check Amount		
Total Direct Deposits								

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

Regions Bank
 Nashville, TN

Check Date 1/4/2019

Check Number Memo

Pay No Dollars and No Cents

To the Order of:
 9454 6454 6728
Tim Watson
 809 Rose Lane
 Amory, MS 38821

PAY ONLY
 000576602-99375609
 NON NEGOTIABLE

Authorized Signature

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

9454 6454 6728

000576602-99375609

Tim Watson
 809 Rose Lane
 Amory, MS 38821

1. Employees have a 507(a)(4) priority claim for up to \$12,850 for wages reaching back 120 days (from ?);
2. PTO is included as wages;
3. To claim, you could fill out a proof of claim and submit it to the Court. I have attached a proof of claim and marked some of the entries for a claim for past wages in this Bankruptcy;
4. A claimant would need to include their name (1), give an address where notices would be sent (3), identify how much their claim is for (hrly rate times number of days less the days NMMC is assuming)(7), and sign (part 3).
5. Once filed you could just follow along by reviewing the Bankruptcy Notices.

~~No promises but this type of claim has priority over regular unsecured creditors. So, as I understand, (1) Lawyers and other administrative claims get paid first (appropriately, of course, as that is as it should be), (2) then secured creditors get paid, (3) then the employees who have filed claims, (4) followed by the unsecured creditors.~~

It is probably worth the effort for any employee to file a claim. Simple process. Have them print this out, fill out and mail it in to the Clerk of the Bankruptcy Court, Middle District of Tennessee, 701 Broadway, Room 170, Nashville, Tennessee 37203.

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):**

<p><i>Creditor:</i> (6819166) TIM WATSON 809 ROSE LANE AMORY MS 38821</p>	<p>Claim No: 25 <i>Original Filed</i> <i>Date:</i> 01/10/2019 <i>Original Entered</i> <i>Date:</i> 01/10/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Intake1 <i>Modified:</i></p>
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Amount claimed: \$2597.93
Priority claimed: \$12850.00

History:

[Details](#) [25-1](#) 01/10/2019 Claim #25 filed by TIM WATSON, Amount claimed: \$2597.93 (Intake1)

Description: (25-1) 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*	\$2597.93
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		