

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 14 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?

Bert Mize

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)

Bert Mize

Name

Name

1009 Town & Country Lane

Number Street

Number Street

Amory MS 38821

City State ZIP Code

City State ZIP Code

Contact phone 662-640-2230

Contact phone _____

Contact email bertmize1@gmail.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? \$ 1,791.55 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 44.98 hrs x \$39.83

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

\$ _____
 \$ _____
 \$ 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 04 2019
MM / DD / YYYY

Bert Mize
 Signature

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

Name BERT E Mize
First name Middle name Last name
 Title Director of Respiratory Care (Curea Gilmore Hospital)
 Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.
 Address 1009 Town & Country Lane
Number Street
Amory MS 38821
City State ZIP Code
 Contact phone 662-640-2230 Email bertmize1@gmail.com

Bert Mize

Company 1984
 Number 000578261
 Social Security # XXX-XX-4047
 Hire Date 7/7/1977

Period Begin 12/16/2018
 Period End 12/29/2018
 Check Number -99375746
 Check Date 1/4/2019

Division 9454
 Branch 1454
 Department 6171
 Team

Curae Health Inc.

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

Sick 810.820000 Accr= 810.820000 Bal HOURS
 Vacation 84.980000 Accr= 84.980000 Bal HOUR

Earnings

Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date
01-Regular		39.83	72.00	2867.76	2867.76
Holiday		39.83	8.00	318.64	318.64
Group Term Life		0.00	0.00	19.25	19.25
Memos					
ER Dental Ins Premium			0.00	2.70	2.70
Total Earnings			80.00	3205.65	3205.65

Deductions

Description	Current	Year To Date
Fed (M/O) (3008.30)	291.61	291.61
OASDI (3008.30)	186.51	186.51
Medicare (3008.30)	43.62	43.62
MS (S/O) (3008.30)	126.00	126.00
Pre-Tax Medical	173.53	173.53
Pre-Tax Dental	17.76	17.76
Pre-Tax Vision	6.06	6.06
Post-Tax Vol Spousal Life/AD&D	17.63	17.63
Post-Tax Vol EE Life/AD&D	16.99	16.99
Post-Tax LTD	25.49	25.49
Net Pay 35004XXXX	2281.20	2281.20
Total Deductions	3186.40	3186.40

NET PAY 2281.20 **Total Direct Deposits** 2281.20 **Check Amount** 0.00

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

Regions Bank 87-1
 Nashville, TN 640

Check Date 1/4/2019 Check Number Memo

Pay No Dollars and No Cents

To the Order of:
 9454 1454 6171
Bert Mize
 1009 Town & Country Lane
 Amory, MS 38821

000578261-99375746
 NON NEGOTIABLE



Authorized Signature

*84.98 hrs - 40 hrs awarded by North MS Medical Center = 44.98 hrs
 X \$39.83
 \$1,791.55*

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

9454 1454 6171 000578261-99375746

Bert Mize
 1009 Town & Country Lane
 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> (6820799)	Claim No: 28	<i>Status:</i>
BERT MIZE	<i>Original Filed</i>	<i>Filed by: CR</i>
1009 TOWN & COUNTRY	<i>Date: 01/14/2019</i>	<i>Entered by: Intake2</i>
LANE	<i>Original Entered</i>	<i>Modified:</i>
AMORY MS 38821	<i>Date: 01/14/2019</i>	

Amount claimed: \$1791.55
Priority claimed: \$12850.00

History:
[Details](#) [28-1](#) 01/14/2019 Claim #28 filed by BERT MIZE, Amount claimed: \$1791.55 (Intake2)
Description: (28-1) EARNED WAGES / PAID TIME OFF 44.98 HRS X \$39.83
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*	\$1791.55
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		