

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 22 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?
DANNY EARL TAYLOR
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?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Where should notices to the creditor be sent?
Name DANNY E. TAYLOR
Number 177 Street FAWN CIRCLE
City PONTOTOC State MS ZIP Code 38863
Where should payments to the creditor be sent? (if different)
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____
Contact phone 662-419-2255
Contact email tagl4740@bellsouth.net

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) _____

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

Filed on _____
MM / DD / YYYY

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? \$ 654.75 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)?

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:
- | | |
|--|---------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <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)(<u> </u>) 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 01/15/2019
MM/DD/YYYY

Signature *Danny Earl Taylor*

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

Name DANNY EARL TAYLOR
First name Middle name Last name

Title Pharmacist

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

Address 177 FAWN Circle
Number Street

Pontotoc MS 38863
City State ZIP Code

Contact phone 662-419-2255 Email danny4740@bellsouth.net

Danny Taylor

Company	Period Begin	Division
1964	12/30/2018	9454
Number	Period End	Branch
000578132	12/31/2018	1454
Social Security #	Check Number	Department
XXX-XX-0245	-99370446	6121
Hire Date	Check Date	Team
8/3/2009	1/8/2019	

Curae Health Inc.

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

Sick 480.630000	Accr= 480.630000	Bal HOURS
Vacation 74.530000	Accr= 50.530000	Bal HOUR

Earnings						Deductions		
Description	Location / Job	Rate	Hours/Pieces	Current	Year To Date	Description	Current	Year To Date
01-Regular		62.18	21.50	1336.87	4694.59	Fed (S/O) (1383.37)	141.00	1316.52
07-PTO/Vacation					1492.32	OASDI (1383.37)	85.77	456.39
Christmas - Hol-C					497.44	Medicare (1383.37)	20.06	106.74
03-Call Back					373.08	MS (S/O) (1383.37)	45.00	320.00
15-OnCall Week					408.00	Pre-Tax Medical		173.53
Group Term Life		0.00	0.00	46.50	93.00	Pre-Tax Dental		17.76
Memos						Pre-Tax Vision		6.06
ER Medical Ins Premium					428.20	Post-Tax Vol Accident		11.29
ER Dental Ins Premium					2.70	Post-Tax Vol Critical Illness		60.69
						Post-Tax Vol Spousal Life/AD&D		35.25
						Post-Tax Vol EE Life/AD&D		101.98
						Post-Tax LTD		62.18
						Post-Tax STD		54.00
						DD Checking 2		300.00
						Net Pay 800XXX	1045.04	4443.06
Total Earnings						Total Deductions		
			21.50	1383.37	7558.43		1336.87	7465.43
NET PAY		1045.04	Total Direct Deposits		1045.04	Check Amount		0.00
							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 1/8/2019 Check Number Memo

Pay No Dollars and No Cents

\$ *****

To the Order of:
9454 1454 6121
Danny Taylor
177 Fawn Circle
Pontotoc, MS 38863

000578132-99370446
NON NEGOTIABLE

Authorized Signature

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

9454 1454 6121 000578132-99370446
Danny Taylor
177 Fawn Circle
Pontotoc, MS 38863

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> (6826512)	Claim No: 65	<i>Status:</i>
DANNY EARL TAYLOR	<i>Original Filed</i>	<i>Filed by:</i> CR
177 FAWN CIRCLE	<i>Date:</i> 01/22/2019	<i>Entered by:</i> Intake1
PONTOTOC MS 38863	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/22/2019	

Amount claimed: \$654.75
Priority claimed: \$12850.00

History:

[Details](#) [65-1](#) 01/22/2019 Claim #65 filed by DANNY EARL TAYLOR, Amount claimed: \$654.75 (Intake1)

Description: (65-1) 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*	\$654.75
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		