

**Fill in this information to identify the case:**

Debtor 1 Clarksdale Regional Medical Center, Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case number 18-5678

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?  
Coahoma County, Mississippi  
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?	Where should payments to the creditor be sent? (if different)
<u>Thomas T. Ross, Jr.</u> Name	<u>Hattie Shivers</u> Name
<u>PO Box 1196</u> Number Street	<u>Coahoma County Tax Assessor/Collector</u> Name
<u>Clarksdale MS 38614</u> City State ZIP Code	<u>115 First Street</u> Number Street
<u>Clarksdale MS 38614</u> City State ZIP Code	<u>Clarksdale MS 38614</u> City State ZIP Code
Contact phone <u>662-627-5251</u>	Contact phone <u>662-624-3020</u>
Contact email <u>tomross@huntross.com</u>	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? \$ 271,184.11. 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.  
Personal Property Ad Valorem Taxes for 2018 Tax Constitute a Lien

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: Lien pursuant to State Law  
Miss. Code Ann. § 27-35-1  
Basis for perfection: Automatic  
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: \$ \_\_\_\_\_ In excess of \$271,184.11  
Amount of the claim that is secured: \$ 271,184.11  
Amount of the claim that is unsecured: \$ 0.00 (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) 18.00 %  
 Fixed  
 Variable

\*Statutory Rate if unpaid by February 1, 2019.

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(e)(1)(A) or (e)(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

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

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

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

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

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

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

\* 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.

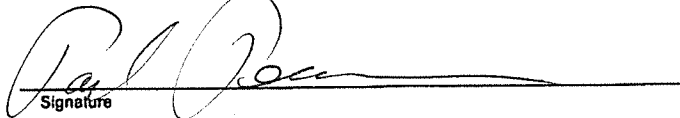
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 1/18/19  
MM / DD / YYYY

  
Signature

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

Name Paul Pearson  
First name Middle name Last name

Title President Board of Supervisors Coahoma County

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

Address 115 First Street  
Number Street

Clarksdale MS 38614  
City State ZIP Code

Contact phone (662) 624-3028 Email dm525@cableone.net

**COAHOMA COUNTY  
PERSONAL PROPERTY TAX STATEMENT  
FOR THE TAX YEAR 2018**

TAXES PAYABLE NOW  
\*\*\* DELINQUENT FEBRUARY 1, 2019

**CURAE HEALTH INC  
14400 METCALF AVE  
OVERLAND PARK KS 66223**

THE HOLDER OF THIS STATEMENT IS  
REQUESTED TO EXAMINE IT THOROUGHLY AND  
SHOULD THERE BE A MISTAKE, RETURN IT  
IMMEDIATELY TO THIS OFFICE FOR  
CORRECTION OR THIS OFFICE IS NOT  
RESPONSIBLE

Account/PIN Number

<b>Parcel Number:</b> 003145000	<b>Receipt Nbr:</b> 239-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 8343054	<b>Assessed Value:</b> 1251458	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 261229.34	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	67591.25	Special Taxes:	
CITY TAX:	.085730	41.07	107287.49	Publication Cost:	
SEPARATE SCHOOLS TAX:	.069000	33.05	86350.60	Filing Fees:	
				Penalty:	
<b>TOTAL :</b>	.208740	100.00	261229.34		

Amount Due based on date of: 12/12/2018

Tax Amount .....	261229.34
Special Tax .....	=====
NET TAX AMOUNT ..	261229.34
Penalty & Fees...	=====
Total Due Amount:	261229.34

Parcel Number: 003145000  
Receipt Number: 2018 239-00  
Account Number: 0

MAKE CHECKS PAYABLE TO:  
HATTIE B. SHIVERS, Collector  
P O BOX 219  
CLARKSDALE MS 38614  
Please Return Statement with Payment

**COAHOMA COUNTY  
PERSONAL PROPERTY TAX STATEMENT  
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Account/PIN Number

<b>Parcel Number:</b> 006029000	<b>Receipt Nbr:</b> 240-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 55376	<b>Assessed Value:</b> 8307	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 1734.00	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>		<b>Tax Amount:</b>
COUNTY TAX:	.054010	25.88	448.66	<b>Special Taxes:</b>	
CITY TAX:	.085730	41.07	712.16	<b>Publication Cost:</b>	
SEPARATE SCHOOLS TAX:	.069000	33.05	573.18	<b>Filing Fees:</b>	
				<b>Penalty:</b>	
<b>TOTAL :</b>	.208740	100.00	1734.00		

Amount Due based on date of: 12/12/2018

Tax Amount .....	1734.00
Special Tax .....	=====
NET TAX AMOUNT ..	1734.00
Penalty & Fees...	=====
Total Due Amount:	1734.00

Parcel Number: 006029000  
Receipt Number: 2018 240-00  
Account Number: 0

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Account/PIN Number

<b>Parcel Number:</b> 006059000	<b>Receipt Nbr:</b> 241-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 56642	<b>Assessed Value:</b> 8497	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 1773.66	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	458.92	Special Taxes:	
CITY TAX:	.085730	41.07	728.45	Publication Cost:	
SEPARATE SCHOOLS TAX:	.069000	33.05	586.29	Filing Fees:	
				Penalty:	
<b>TOTAL :</b>	<b>.208740</b>	<b>100.00</b>	<b>1773.66</b>		

Amount Due based on date of: 12/12/2018

Tax Amount .....	1773.66
Special Tax .....	*****
NET TAX AMOUNT ..	1773.66
Penalty & Fees...	*****
Total Due Amount:	1773.66

Parcel Number: 006059000  
Receipt Number: 2018 241-00  
Account Number: 0

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<b>Parcel Number:</b> 006060000	<b>Receipt Nbr:</b> 242-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 28989	<b>Assessed Value:</b> 4349	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 907.81	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	234.89	Special Taxes:	
CITY TAX:	.085730	41.07	372.84	Publication Cost:	
SEPARATE SCHOOLS TAX:	.069000	33.05	300.08	Filing Fees:	
				Penalty:	
<b>TOTAL :</b>	.208740	100.00	907.81		

Amount Due based on date of: 12/12/2018

Tax Amount .....	907.81
Special Tax .....	=====
<b>NET TAX AMOUNT ..</b>	<b>907.81</b>
Penalty & Fees...	=====
<b>Total Due Amount:</b>	<b>907.81</b>

Parcel Number: 006060000  
Receipt Number: 2018 242-00  
Account Number: 0

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2018

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Account/PIN Number

<b>Parcel Number:</b> 006062000	<b>Receipt Nbr:</b> 243-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 7680	<b>Assessed Value:</b> 1152	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 240.47	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	62.22	Special Taxes:	
CITY TAX:	.085730	41.07	98.76	Publication Cost:	
SEPARATE SCHOOLS TAX:	.069000	33.05	79.49	Filing Fees:	
				Penalty:	
<b>TOTAL :</b>	.208740	100.00	240.47		

Amount Due based on date of: 12/12/2018

Tax Amount .....	240.47
Special Tax .....	=====
NET TAX AMOUNT ..	240.47
Penalty & Fees...	=====
Total Due Amount:	240.47

Parcel Number: 006062000  
Receipt Number: 2018 243-00  
Account Number: 0

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<b>Parcel Number:</b> 006277000	<b>Receipt Nbr:</b> 244-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 4310 BEAT 4/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 21004	<b>Assessed Value:</b> 3151	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 657.75	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	170.19	<b>Special Taxes:</b>	
CITY TAX:	.085730	41.07	270.14	<b>Publication Cost:</b>	
SEPARATE SCHOOLS TAX:	.069000	33.05	217.42	<b>Filing Fees:</b>	
				<b>Penalty:</b>	
<b>TOTAL :</b>	.208740	100.00	657.75		

Amount Due based on date of: 12/12/2018

Tax Amount .....	657.75
Special Tax .....	*****
NET TAX AMOUNT ..	657.75
Penalty & Fees...	*****
Total Due Amount:	657.75

Parcel Number: 006277000  
Receipt Number: 2018 244-00  
Account Number: 0

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14400 METCALF AVENUE  
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<b>Parcel Number:</b> 006278000	<b>Receipt Nbr:</b> 245-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 4310 BEAT 4/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 66586	<b>Assessed Value:</b> 9988	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 2084.89	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	539.45	<b>Special Taxes:</b>	
CITY TAX:	.085730	41.07	856.27	<b>Publication Cost:</b>	
SEPARATE SCHOOLS TAX:	.069000	33.05	689.17	<b>Filing Fees:</b>	
				<b>Penalty:</b>	
<b>TOTAL :</b>	.208740	100.00	2084.89		

Amount Due based on date of: 12/12/2018

Tax Amount .....	2084.89
Special Tax .....	=====
<b>NET TAX AMOUNT ..</b>	<b>2084.89</b>
Penalty & Fees...	=====
<b>Total Due Amount:</b>	<b>2084.89</b>

Parcel Number: 006278000  
Receipt Number: 2018 245-00  
Account Number: 0

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<b>Parcel Number:</b> 006452000	<b>Receipt Nbr:</b> 246-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 59639	<b>Assessed Value:</b> 8946	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 1867.38	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	483.17	Special Taxes:	
CITY TAX:	.085730	41.07	766.94	Publication Cost:	
SEPARATE SCHOOLS TAX:	.069000	33.05	617.27	Filing Fees:	
				Penalty:	
<b>TOTAL :</b>	.208740	100.00	1867.38		

Amount Due based on date of: 12/12/2018

Tax Amount .....	1867.38
Special Tax .....	*****
NET TAX AMOUNT ..	1867.38
Penalty & Fees...	*****
Total Due Amount:	1867.38

Parcel Number: 006452000  
Receipt Number: 2018 246-00  
Account Number: 0

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Account/PIN Number

<b>Parcel Number:</b> 008035000	<b>Receipt Nbr:</b> 247-00	<b>Owner Name:</b> CURAE HEALTH INC			
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 6887	<b>Assessed Value:</b> 1033	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 215.63	
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>	
COUNTY TAX:	.054010	25.88	55.79	Special Taxes:	
CITY TAX:	.085730	41.07	88.56	Publication Cost:	
SEPARATE SCHOOLS TAX:	.069000	33.05	71.28	Filing Fees:	
				Penalty:	
<b>TOTAL ,</b>	<b>.208740</b>	<b>100.00</b>	<b>215.63</b>		

Amount Due based on date of: 12/12/2018

Tax Amount ..... 215.63  
Special Tax .....  
=====

NET TAX AMOUNT .. 215.63

Penalty & Fees...  
=====

Total Due Amount: 215.63

Parcel Number: 008035000  
Receipt Number: 2018 247-00  
Account Number: 0

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Account/PIN Number

<b>Parcel Number:</b> 006066000	<b>Receipt Nbr:</b> 248-00	<b>Owner Name:</b> CUREA HEALTH INC		
<b>District:</b> 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	<b>True Value:</b> 15133	<b>Assessed Value:</b> 2270	<b>Milage Rate:</b> .20874	<b>Tax Amount:</b> 473.84
<b>Tax Entities:</b>	<b>Mills :</b>	<b>Percent:</b>	<b>Tax:</b>	<b>Tax Amount:</b>
COUNTY TAX:	.054010	25.88	122.60	<b>Special Taxes:</b> <b>Publication Cost:</b> <b>Filing Fees:</b> <b>Penalty:</b>
CITY TAX:	.085730	41.07	194.61	
SEPARATE SCHOOLS TAX:	.069000	33.05	156.63	
<b>TOTAL :</b>	.208740	100.00	473.84	

Amount Due based on date of: 12/12/2018

Tax Amount .....	473.84
Special Tax .....	=====
NET TAX AMOUNT ..	473.84
Penalty & Fees...	=====
Total Due Amount:	473.84

Parcel Number: 006066000  
Receipt Number: 2018 248-00  
Account Number: 0

**MAKE CHECKS PAYABLE TO:  
HATTIE B. SHIVERS, Collector  
P O BOX 219  
CLARKSDALE MS 38614**

**Please Return Statement with Payment**

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:18-bk-05678 Clarksdale Regional Medical Center Inc.](#)

**Judge:** Charles M Walker

**Chapter:** 11

**Office:** Nashville

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (6824994)  
Coahoma County, Mississippi  
c/o Thomas T. Ross, Jr.  
PO Box 1196  
Clarksdale, MS 38614

**Claim No:** 41  
*Original Filed*  
*Date:* 01/18/2019  
*Original Entered*  
*Date:* 01/18/2019

*Status:*  
*Filed by:* CR  
*Entered by:* ERIKA R. BARNES  
*Modified:*

Amount claimed: \$271184.11

Secured claimed: \$271184.11

*History:*

[Details](#) [41-1](#) 01/18/2019 Claim #41 filed by Coahoma County, Mississippi, Amount claimed: \$271184.11 (BARNES, ERIKA )

*Description:* (41-1) 2018 Personal Property Ad Valorem Taxes, lien pursuant to Miss. Code Ann. 27-35-1

*Remarks:*

### Claims Register Summary

**Case Name:** Clarksdale Regional Medical Center Inc.

**Case Number:** 3:18-bk-05678

**Chapter:** 11

**Date Filed:** 08/24/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$271184.11
<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>	\$271184.11	
<b>Priority</b>		
<b>Administrative</b>		