

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>	<u>Hattie Shivers</u>
Name	Name
<u>PO Box 1196</u>	<u>115 First Street</u>
Number Street	Number Street
<u>Clarksdale MS 38614</u>	<u>Clarksdale MS 38614</u>
City State ZIP Code	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):

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.

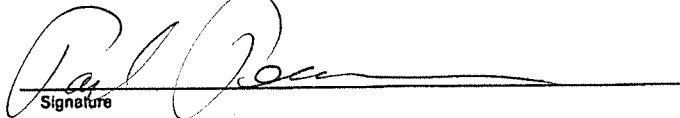
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

Parcel Number: 003145000	Receipt Nbr: 239-00	Owner Name: CURAE HEALTH INC			
District: 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	True Value: 8343054	Assessed Value: 1251458	Milage Rate: .20874	Tax Amount: 261229.34	
Tax Entities:	Mills :	Percent:	Tax:	Tax Amount:	
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:	
TOTAL :	.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

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**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

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

MAKE CHECKS PAYABLE TO:

**HATTIE B. SHIVERS, Collector
P O BOX 219
CLARKSDALE MS 38614**

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**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

Parcel Number: 006059000	Receipt Nbr: 241-00	Owner Name: CURAE HEALTH INC			
District: 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	True Value: 56642	Assessed Value: 8497	Milage Rate: .20874	Tax Amount: 1773.66	
Tax Entities:	Mills :	Percent:	Tax:	Tax Amount:	
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:	
TOTAL :	.208740	100.00	1773.66		

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

MAKE CHECKS PAYABLE TO:

**HATTIE B. SHIVERS, Collector
P O BOX 219
CLARKSDALE MS 38614**

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**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

Parcel Number: 006060000	Receipt Nbr: 242-00	Owner Name: CURAE HEALTH INC			
District: 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	True Value: 28989	Assessed Value: 4349	Milage Rate: .20874	Tax Amount: 907.81	
Tax Entities:	Mills :	Percent:	Tax:	Tax Amount:	
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:	
TOTAL :	.208740	100.00	907.81		

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

Tax Amount	907.81
Special Tax	=====
NET TAX AMOUNT ..	907.81
Penalty & Fees...	=====
Total Due Amount:	907.81

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

MAKE CHECKS PAYABLE TO:

**HATTIE B. SHIVERS, Collector
P O BOX 219
CLARKSDALE MS 38614**

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

2018

COAHOMA COUNTY
PERSONAL PROPERTY TAX STATEMENT
FOR THE TAX YEAR 2018

TAXES PAYABLE NOW

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

Parcel Number: 006062000	Receipt Nbr: 243-00	Owner Name: CURAE HEALTH INC			
District: 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	True Value: 7680	Assessed Value: 1152	Milage Rate: .20874	Tax Amount: 240.47	
Tax Entities:	Mills :	Percent:	Tax:	Tax Amount:	
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:	
TOTAL :	.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

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

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**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

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

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

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**CURAE HEALTH INC
14400 METCALF AVENUE
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

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

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

Tax Amount	2084.89
Special Tax	*****
NET TAX AMOUNT ..	2084.89
Penalty & Fees...	*****
Total Due Amount:	2084.89

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

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

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**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

Parcel Number: 006452000	Receipt Nbr: 246-00	Owner Name: CURAE HEALTH INC			
District: 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	True Value: 59639	Assessed Value: 8946	Milage Rate: .20874	Tax Amount: 1867.38	
Tax Entities:	Mills :	Percent:	Tax:	Tax Amount:	
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:	
TOTAL :	.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

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

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

**CURAE HEALTH INC
14400 METCALF AVENUE
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

Parcel Number: 008035000	Receipt Nbr: 247-00	Owner Name: CURAE HEALTH INC			
District: 3310 BEAT 3/CLARKSDALE/CLARKSDALE S	True Value: 6887	Assessed Value: 1033	Milage Rate: .20874	Tax Amount: 215.63	
Tax Entities:	Mills :	Percent:	Tax:	Tax Amount:	
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:	
TOTAL ,	.208740	100.00	215.63		

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

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

Please Return Statement with Payment

©Data Systems Management, Inc. 2015

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

TAXES PAYABLE NOW

CUREA 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

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

©Data Systems Management, Inc. 2015