

B 2100A (Form 2100A) (12/15)

UNITED STATES BANKRUPTCY COURT

Middle District of Florida

In re ENGLER, ULRICH FELIX ANTON,

Case No. 9:08-bk-04360

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

HERNANDEZ LAW GROUP

Name of Transferee

Dr. Matthias Gams

Name of Transferor

Name and Address where notices to transferee should be sent:

7777 Greenback Lane, Ste 212
Citrus Heigts, CA 95610

Court Claim # (if known): 624-1

Amount of Claim: \$142,895.51

Date Claim Filed: 10/30/2008

Phone: 916-728-1500

Last Four Digits of Acct #: _____

Phone: _____

Last Four Digits of Acct. #: _____

Name and Address where transferee payments should be sent (if different from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: [Signature]

Transferee/Transferee's Agent

Date: 5/6/16

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

HERNANDEZ LAW GROUP, INC.
7777 GREENBACK LANE #212, CITRUS HEIGHTS, CA 95610
PH: (916) 728-1500 FAX: 9925 956 7184)

ASSIGNMENT OF CLAIMS

between

Dr. Matthias Gams,

-hereinafter referred to as Client -

and

HERNANDEZ LAW GROUP, INC.

-hereinafter referred to as Law Firm

1. Due to the filed Proof of Claim in the bankruptcy case ULRICH ANTON ENGLER, PRIVATE COMMERCIAL OFFICE, INC. AND PCO CLIENT MANAGEMENT, INC. case number 9:08-bk-04360-MGW with the Proof of Claim number 624-1, the Client has a claim against the bankruptcy estate in an amount that has not yet been determined.
2. In order for the Law Firm to pay out the Claim after deducting costs and legal fees, an Assignment of Claims is required. Client and Law Firm herewith agree to the Assignment of Claims.
3. The Law Firm will promptly notify the Trustee of this Assignment of Claims.
4. The Law Firm and Client agree that the Law Firm will deposit all funds received from the Trustee in the Law Firm's client trust account.
5. The Law Firm will wire the funds received from the Trustee, after deducting costs and legal fees, to the following bank account:

Bank Name: _____

Bank Address: _____

Account Holder: _____

Account Number and Bank Code: _____

IBAN and SWIFT-BIC; _____

Client Name(s)

Signature(s) Date

Kristy Hernandez, Esq. Date 3/6/16

HERNANDEZ LAW GROUP, INC.
7777 GREENBACK LANE #212, CITRUS HEIGHTS, CA 95610
PH: (916) 728-1500 FAX: (925) 956 7184

ABTRETUNGSVERTRAG

zwischen

Dr. Matthias Gams , – nachfolgend Mandant genannt –

und

HERNANDEZ LAW GROUP, INC. – nachfolgend Kanzlei genannt –

1. Aufgrund der eingereichten Forderungsanmeldung im Insolvenzverfahren ULRICH ANTON ENGLER, PRIVATE COMMERCIAL OFFICE, INC., und PCO CLIENT MANAGEMENT, INC. Aktenzeichen 9:08-bk-04360-MGW mit der Proof Claim Nummer: 624-1 hat der Mandant einen Anspruch in bisher nicht festgelegter Höhe gegen den Insolvenzverwalter.
2. Damit die Kanzlei den Anspruch erfüllen kann, d.h. den dem Mandanten aus der Insolvenz zustehenden Betrag nach Verrechnung der Kosten und des Anwaltshonorars an den Mandanten ausschütten kann, bedarf es der Abtretung der Forderung an die Kanzlei. Mandant und Kanzlei vereinbaren diese Abtretung hiermit.
3. Die Kanzlei wird dem Insolvenzverwalter die Abtretung unverzüglich anzeigen.
4. Mandant und Kanzlei vereinbaren, dass die Kanzlei die auf die Forderung vom Insolvenzverwalter geleistete Zahlung treuhänderisch für den Mandanten auf dem Treuhandkonto verwahrt.
5. Die Kanzlei wird dem Mandanten nach Erhalt der Zahlungen vom Insolvenzverwalter den dem Mandanten zustehenden Betrag nach Abzug von Kosten und Honoraren auf folgendes Konto überweisen:

Name der Bank: Postbank Frankfurt/Main _____

Anschrift der Bank: Postfach _____ 60290 Frankfurt _____

Kontoinhaber: Matthias Gams _____

Kontonummer und Bankleitzahl 515212-602 BLZ 500 100 60 _____

IBAN und SWIFT-BIC: DE04 5001 0060 0515 2126 02 _____ PBNKDEFF _____

Matthias Gams _____

Name(n) Mandant(en)

Matthias Gams 5 May 2016
Unterschrift (en) Datum

Kristy Hernandez, Esq. Date