

Fill in this information to identify the case:

Debtor 1 Faye Be Memorial Hospital Association Inc.  
Debtor 2 N/A  
United States Bankruptcy Court for the SOUTHERN District of INDIANA  
Case number 18-07762-JTG-11

RECEIVED  
MAY 06 2019  
BMC GROUP

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?

SHIV SUMAN KAPOOR  
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)

SHIV SUMAN KAPOOR  
Name

SHIVAR  
Name

6536 SUNNY DRIVE  
Number Street

\_\_\_\_\_  
Number Street

MARION OH 45040  
City State ZIP Code

\_\_\_\_\_  
City State ZIP Code

Contact phone 513 417 9838

Contact phone \_\_\_\_\_

Contact email SCUMKAP@HOTMAIL.COM

Contact email \_\_\_\_\_

(AN EMAIL ELECTRONIC NOTICES TOO)

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 04 27 2019  
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: \_\_\_\_\_

THEIR EIN NO IS 35-0900741

7. How much is the claim? \$ 26793.93 - updated amount. 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).  
see attached e-mail

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.

SERVICE PERFORMED

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)?

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).

Amount entitled to priority

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

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.

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

\* 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 04 30 2019  
MM / DD / YYYY

Signature

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

Name

SHIV  
First name

SUMAN  
Middle name

KAPUR  
Last name

Title

MD

Company

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

Address

6536 SUNNY DRIVE  
Number Street

MASON  
City

OH  
State

45040  
ZIP Code

Contact phone

513 417 9838

Email

SCUMKAP@HOTMAIL  
, (CM)

**From:** Sam Bell  
**Sent:** Monday, April 29, 2019 2:00 PM  
**To:** SHIV KAPOOR; Randy White; Gail Marcum; wbrewer@fmdlegal.com  
**Subject:** RE: Total Dollar Amount in Bankruptcy

Under Connersville Primary Care Physicians – Out of the 11 months of rent for 2018, 5 months were paid leaving 6 months. Four and half months (June thru Oct 9<sup>th</sup>) totaling \$9,044 should be the revised amount for pre-petition with the courts. This left a portion of Oct and all of Nov in the post petition totaling \$3604 which was issued last week.

For Shiv Kapoor there was nothing listed on the schedule, but the following should be including in the bankruptcy.

\$24,294.00	RVU bonuses 2/17/17 = 3995, 08/17/17 = 8536, 5/18/18 = 11,763
\$1,924.93	Oakstone CME
<u>\$575.00</u>	<u>ACP fees</u>
<b>\$26,793.93</b>	<b>Total for Shiv Kapoor to be listed in the bankruptcy.</b>

Sam