

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.

Debtor 2 _____

(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Indiana
(State)

Case number 18-07762

RECEIVED

JUN 10 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, 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?

U.S. Bank National Association dba Elan Financial Services
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?

U.S. Bank National Association dba Elan Financial Services
Name
Bankruptcy Department
PO Box 108
Number Street
St. Louis MO 63166-0108
City State ZIP Code

Contact phone (855) 837-1614

Contact email poc@ourcardhelp.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

ELNCRD1807762INS07414572

Where should payments to the creditor be sent? (if different)

U.S. Bank National Association dba Elan Financial Services
Name
PO Box 5227
Number Street
Cincinnati OH 45201-5227
City State ZIP Code

Contact phone (855) 837-1614

Contact email poc@ourcardhelp.com

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? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4572</u> |
| 7. How much is the claim? | <div><div>\$ <u>58,823.69</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001 (c)(2)(A).</div></div> |
| 8. What is the basis of the claim? | <div>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.</div> <div>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.</div> <div>Credit Card</div> |
| 9. Is all or part of the claim secured? | <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>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.)</div> <div>Value of property: \$ _____</div> <div>Amount of the claim that is secured: \$ _____</div> <div>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div> |
| 10. Is this claim based on a lease? | <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div> |
| 11. Is this claim subject to a right of setoff? | <div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div> |

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 all that apply:*

- | | |
|---|----------|
| <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 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). | \$ _____ |
| <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)() 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.

Amount entitled to priority

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

06-07-2019
MM / DD / YYYY

Signature

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

| | | | |
|---------------|---|-------------|---------------------------|
| Name | Bonnie Rae Ashby | | |
| | First name | Middle name | Last name |
| Title | Paralegal | | |
| Company | U.S. Bank National Association | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | Bankruptcy Department | | |
| | PO Box 108 | | |
| | Number | Street | |
| | St. Louis | MO | 63166-0108 |
| | City | State | ZIP Code |
| Contact phone | (855) 837-1614 | | Email poc@ourcardhelp.com |

ACCOUNT SUMMARY STATEMENT

Creditor Information

U.S. Bank National Association dba Elan Financial Services
Bankruptcy Department
PO Box 108
St. Louis, MO 63166-0108
Phone: (855) 837-1614
Email: poc@ourcardhelp.com

Customer Information

FAYETTE MEMORIAL HOSP
XXX-XX-0741
RANDALL WHITE
XXX-XX-4302

Account Information

Account: 4572
Account Type: Credit Card
Contract Date: 05/01/09
Last Payment Date: 08/15/18
Last Transaction Date: 09/24/18
Charge Off Date: 03/20/19

Name of the entity from which the creditor purchased the account: N/A

Name of the entity who owned the account when the last transaction by the account holder is filed: U.S. Bank National Association dba Elan Financial Services

Bankruptcy Case Information

Case Number: 18-07762
Filing Date: 10/10/18
Chapter: 11

Claim Balance Detail

Principal amount owed \$ 58,823.69

Account balance at the time of filing **\$ 58,823.69**

Further information about this claim may be obtained by calling (855) 837-1614
or via email at poc@ourcardhelp.com