

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
Case number 18-07762-JJG-11

RECEIVED
JUN 11 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? John Edward Jeffries
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?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
John Edward Jeffries
Name
9596 Fieldcrest Place
Number Street
Breese IL 62230
City State ZIP Code
Contact phone (618) 335-1285
Contact email jeffries32@charter.net

Where should payments to the creditor be sent? (if different)
Name _____
Number Street _____
City State ZIP Code _____
Contact phone _____
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? \$ 20,265.06 . 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.
457b plan contributions

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:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(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.

\$ _____

* 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 06/09/2019
MM / DD / YYYY

John Edward Jeffries
Signature

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

Name John Edward Jeffries
First name Middle name Last name

Title _____

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

Address 9596 Fieldcrest Place
Number Street

Breese IL 62230
City State ZIP Code

Contact phone (618) 335-1285 Email jeffries32@charter.net

**PROOF OF CLAIM FILING INFORMATION FOR
FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.**

CASE NO. 18-07762-JJG

US BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF INDIANA

Debtor Name	Case Number
Fayette Memorial Hospital Association	18-07762-JJG

General Bar Date: June 12, 2019

General Administrative Bar Date: June 12, 2019

Governmental Bar Date: TBD

Please print and mail completed Proofs of Claim to:

If by regular mail:

**BMC Group, Inc.
Attn: FMHA Claims Processing
PO Box 90100
Los Angeles, CA 90009**

If by messenger or overnight delivery

**BMC Group, Inc.
Attn: FMHA Claims Processing
3732 West 120th Street
Hawthorne, CA 90250**



Fayette Regional Health System 457(b) Plan

Online Statements

Statements On Demand

John E Jeffries

Activity Report for the period 1/1/2018 to 10/10/2018. Activity Reports may not include all recent account activity due to administrative processing time requirements. All amounts are in USD.

Activity Summary for the period 1/1/2018 to 10/10/2018 *	
Beginning Balance as of 01/01/2018:	\$0.00
Contributions	\$0.00
Earnings	\$201.55
Gain/Loss	\$20,063.51
Transfers	\$0.00
Distributions	\$0.00
Ending Balance as of 10/10/2018:	\$20,265.06
Vested Balance as of 10/10/2018:	\$20,265.06
Rate of Return:	0.00%

Investment Summary as of 10/10/2018	Units	Price	Balance	Percentage
DFA US Large Cap Value I	70.733	\$38.77	\$2,742.30	13.53 %
Ivy High Income R6	142.568	\$7.41	\$1,056.43	5.21 %
PIMCO Income Instl	56.384	\$11.82	\$666.46	3.29 %
Premier US Gov Money Market S	2130.566	\$1.00	\$2,130.57	10.51 %
Select Blue Chip Growth I	71.482	\$21.56	\$1,541.15	7.60 %
Select MidCap Grwth Eqll Z	130.956	\$22.53	\$2,950.45	14.56 %
Select Strategic Bond I	70.244	\$10.03	\$704.55	3.48 %
Vanguard Internatl Growth Adm	32.067	\$89.12	\$2,857.83	14.10 %

Vanguard SmallCap Grwth Indx	52.538	\$47.98	\$2,520.79	12.44 %
Vanguard Total Stock Mkt Idx Adm	44.629	\$69.34	\$3,094.55	15.27 %
Total:			\$20,265.06	100 %

Account Summary as of 10/10/2018	Vested Balance	Vested %	Balance	Percentage
Plan Account Plan Account	\$20,265.06	100.0 %	\$20,265.06	100.00 %
Total:	\$20,265.06		\$20,265.06	100 %

Deferral Source Summary as of 10/10/2018	Vested Balance	Vested %	Balance	Percentage
Elective Deferrals	\$20,265.06	100.0 %	\$20,265.06	100.00 %
Total:	\$20,265.06		\$20,265.06	100 %

Investment Activity for the period 1/1/2018 to 10/10/2018	Beginning Balance	Contributions	Transfers	Earnings	Gain/Loss	Distributions	Ending Balance
AMER BEACON STEPHENS SM CP GR A	\$0.00	\$0.00	(\$2,419.68)	\$0.00	\$2,419.68	\$0.00	\$0.00
AMER FDS GROWTH FUND OF AMER R3	\$0.00	\$0.00	(\$1,512.56)	\$0.00	\$1,512.56	\$0.00	\$0.00
BLACKROCK INFLATION PROT BOND	\$0.00	\$0.00	(\$656.06)	\$0.00	\$656.06	\$0.00	\$0.00
DFA US Large Cap Value I	\$0.00	\$0.00	\$2,796.48	\$39.00	(\$93.18)	\$0.00	\$2,742.30
Ivy High Income R6	\$0.00	\$0.00	\$1,035.22	\$51.69	(\$30.48)	\$0.00	\$1,056.43
JPMORGAN EQUITY INCOME R2	\$0.00	\$0.00	(\$2,796.48)	\$0.00	\$2,796.48	\$0.00	\$0.00
MAINSTAY EPOCH INTERNAT CHOICE R2	\$0.00	\$0.00	(\$3,226.60)	\$0.00	\$3,226.60	\$0.00	\$0.00
PIMCO Income Instl	\$0.00	\$0.00	\$656.06	\$42.19	(\$31.79)	\$0.00	\$666.46
Premier US Gov Money Market S	\$0.00	\$0.00	\$2,111.28	\$19.29	\$0.00	\$0.00	\$2,130.57
PRUDENTIAL GUARANTEED INCOME	\$0.00	\$0.00	(\$2,111.28)	\$0.00	\$2,111.28	\$0.00	\$0.00

Select Blue Chip Growth I	\$0.00	\$0.00	\$1,512.56	\$0.00	\$28.59	\$0.00	\$1,541.15
Select MidCap Grwth Eqll Z	\$0.00	\$0.00	\$2,905.92	\$0.00	\$44.53	\$0.00	\$2,950.45
Select Strategic Bond I	\$0.00	\$0.00	\$728.43	\$0.00	(\$23.88)	\$0.00	\$704.55
TRANSAMER HIGH YIELD BOND R	\$0.00	\$0.00	(\$1,035.22)	\$0.00	\$1,035.22	\$0.00	\$0.00
TRANSAMER INTERMEDIATE BOND R	\$0.00	\$0.00	(\$728.43)	\$0.00	\$728.43	\$0.00	\$0.00
TRANSAMER MID CAP GROWTH R	\$0.00	\$0.00	(\$2,905.92)	\$0.00	\$2,905.92	\$0.00	\$0.00
TRANSAMER STOCK INDEX R	\$0.00	\$0.00	(\$3,020.95)	\$0.00	\$3,020.95	\$0.00	\$0.00
Vanguard Internatl Growth Adm	\$0.00	\$0.00	\$3,226.60	\$0.00	(\$368.77)	\$0.00	\$2,857.83
Vanguard SmallCap Grwth Indx	\$0.00	\$0.00	\$2,419.68	\$8.82	\$92.29	\$0.00	\$2,520.79
Vanguard Total Stock Mkt Idx Adm	\$0.00	\$0.00	\$3,020.95	\$40.57	\$33.03	\$0.00	\$3,094.55
Total:	\$0.00	\$0.00	\$0.00	\$201.55	\$20,063.51	\$0.00	\$20,265.06

Account Activity for the period 1/1/2018 to 10/10/2018	Beginning Balance	Contributions	Earnings	Gain/Loss	Distributions	Ending Balance
Plan Account Plan Account	\$0.00	\$0.00	\$201.55	\$20,063.51	\$0.00	\$20,265.06
Total:	\$0.00	\$0.00	\$201.55	\$20,063.51	\$0.00	\$20,265.06

Deferral Source Activity for the period 1/1/2018 to 10/10/2018	Beginning Balance	Contributions	Earnings	Gain/Loss	Distributions	Ending Balance
Elective Deferrals	\$0.00	\$0.00	\$201.55	\$20,063.51	\$0.00	\$20,265.06
Total:	\$0.00	\$0.00	\$201.55	\$20,063.51	\$0.00	\$20,265.06

The Fayette Regional Health System 457(b) Plan is a nonqualified plan. As such, it does not receive the same special protection as a qualified plan under ERISA. While the Company is contractually obligated to pay benefits as they become due, nothing contained herein shall imply an obligation of the Company to purchase or maintain any asset, and any reference to investments is solely for the purpose of computing benefits. In the event of bankruptcy, your claim to your account balance is that of a general creditor of the company. Detailed account and transaction information is available at www.MyDeferral.com. Please review the information contained in this statement. Call 1-800-743-5274 or email clientservices@mydeferral.com and notify MyDeferral Executive Benefits in writing within 30 days if you think any of the data is incorrect. MassMutual and/or MyDeferral Executive Benefits is not responsible for losses that arise due to changes in the market or if you do not notify us in a timely manner.

*Personal rate of return assumes contributions and distributions occurred halfway through the reporting period.