

**Fill in this information to identify your case:**Debtor FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number 18-07762-JJG-11  
(if known)

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JUN 12 2019

GROUP

**Official Form 410****Proof of Claim**

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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?	<u>Brendan Wrynn</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>Brendan Wrynn</u> <u>c/o David R. Krebs, Esq.</u> <u>One Indiana Square, Suite 1600</u> <u>Indianapolis, IN 46204</u> Name, Number, Street, City, State & Zip Code Contact phone <u>317-608-1133</u> Contact email <u>dkrebs@hbkfirm.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different)  Name, Number, Street, City, State & Zip Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____		
<b>7. How much is the claim?</b>	\$ <u>196,839.31</u>	<b>Does this amount include interest or other charges?</b>	<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).
<b>8. What is the basis of the claim?</b>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.</p> <p>Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).</p> <p>Limit disclosing information that is entitled to privacy, such as health care information.</p> <p><u>Deferred Compensation - 457(b) Plan</u></p>		
<b>9. Is all or part of the claim secured?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.	<p>The claim is secured by a lien on property.</p> <p><b>Nature of property:</b></p> <p><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>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input checked="" type="checkbox"/> Other. Describe: <u>reserve right to assert lien on 457(b) or ownership</u></p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of claim that is secured:</b> \$ <u>196,839.31</u></p> <p><b>Amount of claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) <u>0</u> %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>	
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.	<b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____	
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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). \$ \_\_\_\_\_

☐ Up to \$3,025\* 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 \$13,650\*) 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). \$ \_\_\_\_\_

Unknown

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_\_\_) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 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 June 11, 2019

MM/DD/YYYY

Signature

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

Name David R. Krebs

Title Attorney

Company Hester Baker Krebs LLC

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

One Indiana Square, Suite 1600

211 N. Pennsylvania Street

Address Indianapolis, IN 46204

Number, Street, City, State and Zip Code

Contact phone 317-608-1133

Email dkrebs@hbkfirm.com

DONNA ADAMS 317-608-1134 HESTER BAKER KREBS LLC ONE INDIANA SQUARE, SUITE 1600 INDIANAPOLIS IN 46204		0.0 LBS LTR	1 OF 1
<b>SHIP TO:</b> ATTN: FMHA CLAIMS PROCESSING BMC GROUP, INC. 3732 W. 120TH STREET <b>HAWTHORNE CA 90250-3202</b>			
	<b>CA 908 9-40</b> 		
<b>UPS NEXT DAY AIR</b>		<b>1</b>	
TRACKING #: 1Z F4E 156 01 9472 0420			
			
BILLING: P/P			
Reference#1: Wrynn (DRK)			
<small>US 21.1.23. MACNV50 12.0A 04/2019</small>			



David R. Krebs  
Attorney

One Indiana Square | Suite 1600  
211 North Pennsylvania Street  
Indianapolis, Indiana 46204

Main: 317.833.3030  
Direct: 317.608.1133  
dkrebs@hbkfirm.com

June 11, 2019

BMC Group, Inc.  
Attn: FMHA Claims Processing  
3732 West 120<sup>th</sup> Street  
Hawthorne, CA 90250

*Via UPS Next Day Air*

Re: *Fayette Memorial Hospital Association, Inc.*  
Case No. 18-07762-JJG-11

Dear Sir or Madam:

We are enclosing herewith our client's Proof of Claim. Please provide us with confirmation that this has been received. We have enclosed a self-addressed, stamped envelope for that purpose. Please accept our thanks for your help and cooperation in this matter.

Sincerely Yours,

HESTER BAKER KREBS LLC

A handwritten signature in dark ink, consisting of a large, stylized 'D' followed by a horizontal line.

David R. Krebs

DRK/da  
Encl.