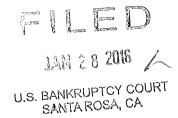
Fill in this in	formation to identify the case:
Debtor 1	Charles Elfont
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: Northern District of California
Case number	16-40050 WJL 7



### Official Form 410

## **Proof of Claim**

12/15

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.

F	art 1: Identify the C	laim						
1.	Who is the current creditor?	Charles Elfont Name of the current creditor Other names the creditor u		, , , , , , , , , , , , ,	,			
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?					10.71	
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
	creditor be sent?	Charles Elfont			Charles E	Charles Elfont		
	Federal Rule of Bankruptcy Procedure	Name			Name			
	(FRBP) 2002(g)	17 Captain Ln			17 Captain Ln			
		Number Street			Number	Street	, <del>,</del>	
		SAlem	SC	29676	Salem	SC	29676	
		City	State	ZIP Code	City	State	ZIP Code	
		Contact phone (864) 944-7837			Contact phone	(864) 944-7837		
		Contact email cjelfont@charter.net			Contact email	cjelfont@charter.net		
		Uniform claim identifier for o	electronic paymen	ets in chapter 13 (if you u	se one):	<del>-</del>		
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	e earlier filing?					

Official Form 410 Proof of Claim page 1

6.	Do you have any number you use to identify the debtor?	er 🗹 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?	\$				
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.  2008 Alion Wine Futures prepaid - see attached				
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				
	ease?	✓ No  ☐ Yes. Amount necessary to cure any default as of the date of the petition.  \$				
	ight of setoff?	☑ No □ Yes. Identify the property:				

Official Form 410

Proof of Claim

12. Is all or part of the claim entitled to priority under	. —	Check all that apply:						
11 U.S.C. § 507(a)?		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.	<u> </u>	s for \$						
	ł	☐ Wages, salaries, or commissions (up to \$12,475*) 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).						
		axes or penalties owed to governmental u	nits. 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. § 50	7(a)() that applies.	\$				
	* An	nounts are subject to adjustment on 4/01/16 and	every 3 years after that for cases begun on	or after the date of adjustment.				
Part 3: Sign Below								
The person completing	Chook the							
this proof of claim must	,	appropriate box:						
sign and date it. FRBP 9011(b).		the creditor. the creditor's attorney or authorized agent.						
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
years, or both. 18 U.S.C. §§ 152, 157, and								
Signature Signature D1/19/2016  Signature Sign								
	Print the name of the person who is completing and signing this claim:							
	Name	Charles Elfont First name Mi	ddle name Last nan	ne				
	Title	n/a						
	Company	n/a Identify the corporate servicer as the co	mpany if the authorized agent Is a servicer.					
	Address	17 Captain Ln  Number Street						
		Salem	SC 2967	· a				
		City	SC 2967 State ZIP Code					
	Contact pho	(00.4) 0.44						
	Sometic pilo	1007 077 1001	Emall <b>cjelfo<u>nt@ch</u></b>	iai lei ,iiel				

Official Form 410 Proof of Claim page 3

From: Premier Cru sales@premiercru.net & Subject: Sales Order From Premier Cru at Premier Cru

Date: October 15, 2015 at 2:21 PM To: CJ Elfont cj@mpw.com



THIS DOCUMENT WAS SENT WITH:



#### **SALES ORDER**

From:

Premier Cru Premier Cru

To: CJ Elfont Date: 10/15/2015

To view certain attachments to this email, you need Adobe's Acrobat Reader software, which can be downloaded for free by clicking the following link:

[ Download Acrobat Reader Now ]

# PREMIER CRU

1011 University Avenue Berkeley, CA 94710

(510) 644-9463 PAX (510) 647-3833

# Sales Order

Page: 1

Order Number: 0000492216 Order Date: 10/14/2015

Web Order No: 186951 Sulesperson: KR

Customer: CElf Customer PO:

Sold To Ship To

CJ Elfont 17 Captain Lane Charles

Salem, SC 29676 USA

Charles J Elfont 17 Captain Lane

LEAVE ON FRONT PORCH IF NOT HOME!

Salem, SC 29676 USA

lontact: **C)** Elfont Phone: (864) 944-7837 Please send me an updated Total price reflectio... This order has been paid by MasterCard - Thank You!

Item		Ordered	Quantity	Unit Price	,
BYD COLORS AND SERVICE	Microsoft Adjusted Microsoft April 2011 (1997) (1997) (1997) (1997)		Shipped	than price	Amount
					Commission and Adopting - Transmission of the Commission of the Co
52766	08 Allon, Vega Sicilia	3.00	0,03	44.99	134.98

		W	
Payments:	134.98	Net Order:	134.98
10/15/2015	AX1ADADC4472	Freight; Sales Tax:	0.00 0.00
		USD	134.9%