

**Fill in this information to identify the case:**

Debtor 1 Fox Ortega Enterprises, Inc.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court Northern District of California  
Case number: 16-40050

FILED  
U.S. Bankruptcy Court  
Northern District of California  
3/17/2016  
Edward J. Emmons, Clerk

**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.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>Daniel Chater</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Daniel Chater</u> Name <u>725 Cragmont Avenue</u> <u>Berkeley, CA 94708</u>  Contact phone <u>5102074564</u> Contact email <u>danieljchater@gmail.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**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>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</div></div>
<b>7. How much is the claim?</b>	<div style="display: flex; justify-content: space-between;"><div><div style="display: flex; align-items: center;"><span style="margin-right: 5px;">\$</span><div style="border-bottom: 1px solid black; flex-grow: 1; text-align: center;">938.94</div></div></div><div style="width: 40%;"><b>Does this amount include interest or other charges?</b><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div></div></div>
<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. 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 healthcare information.</p> <div style="border-bottom: 1px solid black; text-align: center; padding: 5px;">Unpaid Wages</div>
<b>9. Is all or part of the claim secured?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. The claim is secured by a lien on property.</div></div> <div style="margin-left: 20px;"><b>Nature of property:</b><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Real estate.</div><div>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>.</div></div><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div></div> <div style="margin-left: 20px; margin-top: 10px;"><b>Basis for perfection:</b> _____</div> <p style="margin-left: 20px; font-size: small;">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> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Value of property:</b></div><div><div style="border-bottom: 1px solid black; width: 150px;"></div>\$</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Amount of the claim that is secured:</b></div><div><div style="border-bottom: 1px solid black; width: 150px;"></div>\$</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Amount of the claim that is unsecured:</b></div><div><div style="border-bottom: 1px solid black; width: 150px;"></div>\$</div><div style="font-size: small; text-align: right;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div><b>Amount necessary to cure any default as of the date of the petition:</b></div><div><div style="border-bottom: 1px solid black; width: 150px;"></div>\$</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>Annual Interest Rate</b> (when case was filed)</div><div><div style="border-bottom: 1px solid black; width: 50px;"></div>%</div></div> <div style="margin-left: 20px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div></div>
<b>11. Is this claim subject to a right of setoff?</b>	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Identify the property: _____</div></div>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<b>Amount entitled to priority</b>
		<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 \$2,775* 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 checked="" type="checkbox"/> 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).	\$ 938.94
		<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 4/1/16 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 3/17/2016  
MM / DD / YYYY

/s/ Daniel John Chater  
\_\_\_\_\_  
Signature

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

Name Daniel John Chater  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

725 Cragmont Avenue

Number Street

Berkeley, CA 94708

City State ZIP Code

Contact phone 5102074564 Email daniejchater@gmail.com

\*1211102036\*  
01/13/2016  
176559201

This is a LEGAL COPY of your  
check. You can use it the  
same way you would use the  
original check.

RETURN REASON-S  
REFER TO MAKER

ORIGINAL  
IRD™

# REFER TO MAKER

THIS DOCUMENT HAS A GRADUATED BACKGROUND. DARK TO LIGHT. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

1103

Community Bank of the Bay  
180 Greenview  
Oakland, CA 94612  
510-433-4400

Premier Cru  
1011 University Ave  
Berkeley CA 94710  
510-644-9463

1/6/2016

90-4240 / 1211

PAY TO THE  
ORDER OF

Daniel J Chatter

\$ \*\*464.38

Four Hundred Sixty-Four and 38/100 \*\*\*\*\* DOLLARS

Daniel J Chatter  
725 Cragmont Ave  
Berkeley, CA 94708

  
AUTHORIZED SIGNATURE

MEMO Pay Period: 12/28/2015 - 01/03/2016

⑈001103⑈ ⑆121142407⑆ 165013624⑈

⑈001103⑈ ⑆121142407⑆

165013624⑈ ⑈0000046438⑈

176559201  
1211102036⑈  
9102/61/10 ⑈9E020T121⑈

**Premier Cru**  
1011 University Ave  
Berkeley CA 94710  
510-644-9463

Community Bank of the Bay  
180 Grand Ave  
Oakland CA 94612  
510-433-5400

1118

1/12/2016

90-4240 / 1211

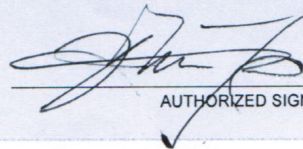
Y TO THE  
ORDER OF

Daniel J Chater

\$ \*\*474.56

Four Hundred Seventy-Four and 56/100\*\*\*\*\* DOLLARS

Daniel J Chater  
725 Cragmont Ave  
Berkeley, CA 94708



AUTHORIZED SIGNATURE

MEMO Pay Period: 01/07/2016 - 01/13/2016

⑈001118⑈ ⑆121142407⑆ 165013624⑈

## Premier Cru

1118

Employee					SSN	Status (Fed/State)	Allowances/Extra
Daniel J Chater, 725 Cragmont Ave, Berkeley, CA 94708					***-**-9415	Single/Single	Fed-1/0/CA-1/0
					Pay Period: 01/07/2016 - 01/13/2016		Pay Date: 01/12/2016
Earnings and Hours		Hours	Rate	Current	YTD Amount		
Reg Hourly		30.00	20.00	600.00	1,186.00		
Taxes				Current	YTD Amount		
Medicare Employee Addl Tax				0.00			
Federal Withholding				-63.00	-124.00		
Social Security Employee				-37.20	-73.53		
Medicare Employee				-8.70	-17.20		
CA - Withholding				-11.14	-21.66		
CA - Disability Employee				-5.40	-10.67		
				-125.44	-247.06		
Net Pay				474.56	938.94		

Premier Cru, 5890 Christie Avenue, Emeryville CA 94608, FOX ORTEGA ENTERPRISES

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## Premier Cru

1118

Employee					SSN	Status (Fed/State)	Allowances/Extra
Daniel J Chater, 725 Cragmont Ave, Berkeley, CA 94708					***-**-9415	Single/Single	Fed-1/0/CA-1/0
					Pay Period: 01/07/2016 - 01/13/2016		Pay Date: 01/12/2016
Earnings and Hours		Hours	Rate	Current	YTD Amount		
Reg Hourly		30.00	20.00	600.00	1,186.00		
Taxes				Current	YTD Amount		
Medicare Employee Addl Tax				0.00			
Federal Withholding				-63.00	-124.00		
Social Security Employee				-37.20	-73.53		
Medicare Employee				-8.70	-17.20		
CA - Withholding				-11.14	-21.66		
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Net Pay				474.56	938.94		

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