Fill in this in	nformation to identi	fy the case:
Debtor 1	JAMESON	JAMES
Debtor 2 (Spouse, if filing)		
United States Case number	Bankruptcy Court for th	e: NORTHERN District of CANTONNIA 0 - WJL

## 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	
Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl	laim)
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?  JAMESON JAMES  Name  4508 EAGLES LANDING  Number Street  AVSTIN TX 78735  City State ZIP Code  Contact phone 646-623-9057  Contact email JAMESON ator a gmail, com  Uniform claim identifier for electronic payments in chapter 13 (if you under the contact of the creditor be sent?	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Contact phone  Contact email
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on 5 12 2016
Do you know if anyone     else has filed a proof     of claim for this claim?	Yes Who made the earlier filing?	

Part 2: Give Informati	ion About the Claim as of the Date the Case Was Filed			
<ol><li>Do you have any numbe you use to identify the debtor?</li></ol>	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 2 1 2			
7. How much is the claim?	\$			
3. 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.			
e. 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 necessary to cure any default as of the date of the petition: \$			
	Annual Interest Rate (when case was filed)%  Fixed Variable			
l. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.			
l. 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 unde	- 110				
11 U.S.C. § 507(a)?	☐ Yes. Chec			Amount entitled to priority	
A claim may be partly priority and partly nonpriority. For example,	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).			\$	
in some categories, the law limits the amount entitled to priority.	Up to § person	2,850* of deposits toward purchase, lease, or rental al, family, or household use. 11 U.S.C. § 507(a)(7).	of property or services for	\$	
	Dankiu	, salaries, or commissions (up to \$12,850*) earned votcy petition is filed or the debtor's business ends, w C. § 507(a)(4).	vithin 180 days before the hichever is earlier.	\$	
	☐ Taxes	or penalties owed to governmental units. 11 U.S.C. §	§ 507(a)(8).	\$	
	☐ Contrib	utions to an employee benefit plan. 11 U.S.C. § 507	(a)(5).	\$	
		Specify subsection of 11 U.S.C. § 507(a)() that ap		\$	
· · · · · · · · · · · · · · · · · · ·		are subject to adjustment on 4/01/19 and every 3 years afte		er the date of adjustment.	
Part 3: Sign Below					
The person completing this proof of claim must	Check the appro	priate box:			
sign and date it.	I am the cre	editor.			
FRBP 9011(b).		ditor's attorney or authorized agent.			
If you file this claim electronically, FRBP	lam the tru	stee, or the debtor, or their authorized agent. Bankrບ	uptcy Rule 3004.		
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	Lunderstand tha	an authorized signature on this Proof of Oleins and			
İS.	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.  I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.				
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	I declare under μ	enalty of perjury that the foregoing is true and correc	ct.		
3571.	Executed on date 05/12/2016  MM / DD / YYYY				
	Signature	6			
	Print the name of	of the person who is completing and signing this	alaina		
	· ······ ino name c	and the second	ciaim;		
	Name	First name  ANTHONY  Middle name	JAMES Last name		
	Title				
	Company	Identify the corporate servicer as the company if the author	prized agent is a servicer		
	Address	4508 EAGLES LANDING Number Street	mzeo agent is a servicer.		
		AUS D W	X 78735	)	
	Contact phone	646-623-9057	State ZIP Code  Email	naturagnail.com	

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