

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 CaliforniaCase number: 16-40050

FILED

U.S. Bankruptcy Court
Northern District of California

7/26/2019

Edward J. Emmons, Clerk

**Official Form 410
Proof of Claim**

04/19

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?	Yeshe Wingerd 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Yeshe Wingerd Name 603A 7th St. Petaluma, CA 94952 Contact phone <u>707-364-8042</u> Contact email <u>yeshito@gmail.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) PO Box 177 Name Sebastopol, CA 95473 Contact phone <u>707-364-8042</u> Contact email <u>yeshito@gmail.com</u>
4. Does this claim amend one already filed?	☐ No ☒ Yes. Claim number on court claims registry (if known) <u>688</u> Filed on <u>02/09/2016</u> 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? _____	

Official Form 410

Proof of Claim

page 1

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?	\$ <u>2874.93</u> 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 healthcare information. <u>Wages and Paid Time Off</u>
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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. ☐ 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. <i>Check all that apply:</i>	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 \$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).	\$ 2874.93
	☐ 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 4/1/22 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 <u>7/26/2019</u> MM / DD / YYYY <u>/s/ Yeshe Wingerd</u> Signature Print the name of the person who is completing and signing this claim: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3"><u>Yeshe Wingerd</u></td> </tr> <tr> <td></td> <td style="width: 20%; text-align: center;">First name</td> <td style="width: 20%; text-align: center;">Middle name</td> <td style="width: 40%; text-align: center;">Last name</td> </tr> <tr> <td>Title</td> <td colspan="3"><u>Sales Associate</u></td> </tr> <tr> <td>Company</td> <td colspan="3"><u>Premier Cru</u></td> </tr> <tr> <td rowspan="4">Address</td> <td colspan="3">Identify the corporate servicer as the company if the authorized agent is a servicer</td> </tr> <tr> <td colspan="3"><u>PO Box 177</u></td> </tr> <tr> <td style="text-align: center;">Number</td> <td colspan="2" style="text-align: center;">Street</td> </tr> <tr> <td colspan="3"><u>Sebastopol, CA 95473</u></td> </tr> <tr> <td></td> <td style="text-align: center;">City</td> <td style="text-align: center;">State</td> <td style="text-align: center;">ZIP Code</td> </tr> <tr> <td>Contact phone</td> <td colspan="2"><u>707-364-8042</u></td> <td>Email <u>yeshito@gmail.com</u></td> </tr> </table>	Name	<u>Yeshe Wingerd</u>				First name	Middle name	Last name	Title	<u>Sales Associate</u>			Company	<u>Premier Cru</u>			Address	Identify the corporate servicer as the company if the authorized agent is a servicer			<u>PO Box 177</u>			Number	Street		<u>Sebastopol, CA 95473</u>				City	State	ZIP Code	Contact phone	<u>707-364-8042</u>		Email <u>yeshito@gmail.com</u>
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1129

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

90-4240 / 1211

1/12/2016

PAY TO THE
ORDER OF Yeshe S Wingerd

\$ **730.77

Seven Hundred Thirty and 77/100***** DOLLARS

Yeshe S Wingerd
603A 7th St
Petaluma, CA 94952


AUTHORIZED SIGNATURE

MEMO

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

⑈001129⑈ ⑈121142407⑈ 165013624⑈

Premier Cru

1129

Employee
Yeshe S Wingerd, 603A 7th St, Petaluma, CA 94952

SSN
***-**-3017
Status (Fed/State)
Single/Single
Pay Period: 01/07/2016 - 01/13/2016

Allowances/Extra
Fed-2/0/CA-2/0
Pay Date: 01/12/2016

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly	31.43	30.30	952.33	2,076.46
commission			0.00	76.50
	31.43		952.33	2,152.96

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-107.00	-276.00
Social Security Employee	-59.04	-133.48
Medicare Employee	-13.81	-31.22
CA - Withholding	-33.14	-90.02
CA - Disability Employee	-8.57	-19.38
	-221.56	-550.10

Net Pay	730.77	1,602.86
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Premier Cru, 5890 Christie Avenue, Emeryville CA 94608, FOX ORTEGA ENTERPRISES

Powered by Intuit Payroll

Premier Cru

1129

Employee
Yeshe S Wingerd, 603A 7th St, Petaluma, CA 94952

SSN
***-**-3017
Status (Fed/State)
Single/Single
Pay Period: 01/07/2016 - 01/13/2016

Allowances/Extra
Fed-2/0/CA-2/0
Pay Date: 01/12/2016

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly	31.43	30.30	952.33	2,076.46
commission			0.00	76.50
	31.43		952.33	2,152.96

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-107.00	-276.00
Social Security Employee	-59.04	-133.48
Medicare Employee	-13.81	-31.22
CA - Withholding	-33.14	-90.02
CA - Disability Employee	-8.57	-19.38
	-221.56	-550.10

Net Pay	730.77	1,602.86
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Premier Cru, 5890 Christie Avenue, Emeryville CA 94608, FOX ORTEGA ENTERPRISES

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Bankruptcy form info

Inbox x



Yeshe Wingerd <yeshito@gmail.com>

to me ▾

Fri, Jan 22, 2016, 10:59 PM



Bankruptcy form info:

You worked for Premier Cru for 326 days,

Accruing 80 hours paid time off per year

$326/365 = .893158 \times 80 \text{ hours} = 71.45 \text{ hours}$ -8 hours PTO taken = 63.45 hours PTO remaining $\times \$30.30 = \1922.60 total owed pre-tax, plus last paycheck

Reply

Forward