

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

Debtor 1 <u>Morgan Administration, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30039</u>

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 11/4/2018  
 Jeffrey P. Allsteadt, Clerk

**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**

<b>1. Who is the current creditor?</b>	Silvia V Chacon _____ Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Tony Chacon</u> _____	
<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>	<b>Where should payments to the creditor be sent? (if different)</b>
	Silvia V Chacon _____	_____
	Name	Name
	842 S Fulton Waukegan, IL 60085	
	Contact phone <u>8477326278</u>	Contact phone _____
Contact email <u>svazquez@amfam.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<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 _____ <span style="float: right;">MM / DD / YYYY</span>	
<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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><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: _____</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>2172.42</u></p> <p><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).</p>
<p><b>8. What is the basis of the claim?</b></p>	<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.                   Contracted services paid to HOBO, services rendered at my location and not paid to contractor by HOBO                  _____</p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b>  <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>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</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 the claim that is secured:</b> \$ _____</p> <p><b>Amount of the 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) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<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 \$2,850* 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 type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
	<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 4/1/19 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 11/4/2018  
MM / DD / YYYY

/s/ Silvia V Chacon

Signature

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

Name Silvia V Chacon  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

842 S Fulton Ave  
Number Street  
Waukegan, IL 60085

City State ZIP Code

Contact phone 8477326278 Email svaquez@amfam.com

STATE OF ILLINOIS ) SUPREME CONSTRUCTION INC  
COUNTY OF LAKE ) 14013 w Russell Rd, Zion, IL 60099

TO: Tony Chacon  
842 S Fulton ave, Waukegan, IL 60085

You are hereby notified that Supreme Construction INC, of 14013 w Russell Rd, Zion, IL 60099, has been engaged and employed by contractor HOB0, of 2650 Belvidere Rd, Waukegan, IL 60085, on 9/24/18 to Install Cabinets and did, accordingly, on 9/24/18 start The installation of cabinets and has completed the installation of cabinets for the premises owned and occupied by you at 842 S Fulton ave, Waukegan, IL 60085; and that the total contract price for the installation of cabinets is \$2172.42 The undersigned claims a lien therefor against the above-described property, against your interest therein, and against money due from you to the contractor.

Dated at Lake County, Illinois, this 29th day of October, 2018.

Marc Taylor

President

**NOTICE TO OWNER**

The subcontractor providing this notice has performed work for or delivered material to your home improvement contractor. These services or materials are being used in the improvements to your residence and entitle the subcontractor to file a lien against your residence if the services or materials are not paid for by your home improvement contractor. A lien waiver will be provided to your contractor when the subcontractor is paid, and you are urged to request this waiver from your contractor when paying for your home improvements.

HOB0 24  
2650 BELVIDERE RD  
WAUKEGAN, IL 60085  
PHONE: (847) 263-1612

PAGE NO 1

BY: TONY & SILVIA CHACON  
842 S. FULTON AVE  
WAUKEGAN IL 60085

FORM 2690  
NAME CUSTOMER/ORDER/SALES

DATE: 08/20/18 8:55  
CASHIER: CZLN  
TERMINAL: 52

REFERENCE: K\* SUPREME DEMO/INSTALL JC 1

ORDER: 445417/Q

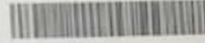
QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	WEA	EXTENSION
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE DEMOLITION AND INSTALL OF NEW KWC CABINETS TONY & SILVIA CHACON 842 S. FULTON AVE WAUKEGAN, IL 60085 847.732.6278 847.508.6278 JB CLAUSSEN		2682.00	/EA	2,682.00

TAXABLE 0.00  
NON-TAXABLE 2682.00  
SUB-TOTAL 2682.00

TAX AMOUNT 0.00  
TOTAL 2682.00

PRIOR DEPOSIT 2682.00  
DEPOSIT AMT 0.00  
BALANCE DUE 0.00

xManual Signature



THANK YOU FOR SHOPPING AT HOB0  
HOB0 24  
(847) 263-1612

8/20/18 8:55PM EDN 81 39539

SUB-TOTAL \$ 2682.00 TAX \$ .00  
TOTAL \$ 2682.00  
CHECK # 8844 CK AMT 2682.00

ELECTRONIC CHECK

ACH Trace Number: 803030000061442958  
Sales Number: APPROVED 8/21/18 12:01  
POSTMAN FEE AMOUNT \$72.00  
DEPOSIT 2682.00

08084 445417/24  
CUST NO: 2690  
Customer Code

NOTE: TONY & SILVIA CHACON  
842 S. SUPREME DEMO/INSTALL JC 1  
ALL RETURNS AND EXCHANGES MUST BE IN  
ORIGINAL CONDITION IN FACTORY SEALED  
CARTON AND ACCOMPANIED BY ORIGINAL  
REGISTER RECEIPT WITHIN 30 DAYS OF  
PURCHASE.  
- HOB0 CARRIES THE RISK TO BUY ANY  
RETURN OR EXCHANGE AND MAY REQUEST  
OR REFUND AS A CONDITION OF RETURN  
OR EXCHANGE.  
- SPECIAL ORDER, CUSTOMER, AND  
MANUFACTURER DIRECT (TRUCK) ARE  
NON-REFUNDABLE.  
- GIFT CARD ARE NON-REFUNDABLE AND .001  
OR STOLEN GIFT CARDS ARE  
NON-REFUNDABLE.  
PLEASE SEE FULL RETURN POLICY FOR  
ADDITIONAL INFORMATION / LIMITATIONS  
- Last SCHEDULE TO 55089 TO 5510 THE  
Benefit Plans and receive exclusive  
subscriber benefits and savings!!!

# Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Chicago      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

<i>Creditor:</i> (27273586)	<b>Claim No:</b> 12	<i>Status:</i>
Silvia V Chacon	<i>Original Filed</i>	<i>Filed by:</i> CR
842 S Fulton	<i>Date:</i> 11/04/2018	<i>Entered by:</i> EPoc ADI
Waukegan, IL 60085	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 11/04/2018	

Amount claimed: \$2172.42

*History:*

[Details](#) [12-1](#) 11/04/2018 Claim #12 filed by Silvia V Chacon, Amount claimed: \$2172.42 (ADI, EPoc)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Morgan Administration, Inc.  
**Case Number:** 18-30039  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$2172.42
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		