

Fill in this information to identify the case:

Debtor 1 HOB0 - Home Owners Bargain Outlets

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Division

Case number 18-30039

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
DEC 17 2018  
JEFFREY P. ALLSTEADT, CLERK  
TEAM - CA

## 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**

1. Who is the current creditor?	<u>Cosentino North America</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Stone Systems</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Cosentino North America</u> Name <u>355 Alhambra Circle Ste 1000</u> Number Street <u>Miami, Florida 33134</u> City State ZIP Code Contact phone <u>281-207-4461</u> Contact email _____	Where should payments to the creditor be sent? (if different) <u>Same</u> Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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**

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? \$ 2749.35 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 health care information.

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

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: \_\_\_\_\_

Notice of  
 intent to  
 file lien  
 received

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ No

☐ Yes. Check one:

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).

Amount entitled to priority

\$ \_\_\_\_\_

☐ 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).

\$ \_\_\_\_\_

☐ 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).

\$ \_\_\_\_\_

☐ 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 4/01/19 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 12 10 2018  
MM / DD / YYYY

  
Signature

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

Name Stacy Lynn Barton  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address W148N8172 University Dr  
Number Street

Menomonee Falls, WI 53051-3826  
City State ZIP Code

Contact phone 262-844-5954 Email slg0414@yahoo.com

PAGE NO: 1

**HOBO 21**  
**800 S. 108TH ST.**  
**WEST ALLIS, WI 53214**  
**PHONE: (414) 302-4626**

**SOLD TO:** STACY AND NICK BARTON  
 W148 W8172 UNIVERSITY DR

**CUSTOMER:** 58924  
**TERMS:** CASH/CHECK/BANKCARD

**DATE / TIME:** 3/15/18 5:58  
**CLERK:** RRIL  
**TERMINAL:** 22

**REFERENCE:** K\* SENSE WHITE MOON KG 1

# ORDER: 730029/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSS	SPECIAL ORDER STONE SYSTEMS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. WHITE MOON BEVEL DESIGNER KATE 15% OFF STACY AND NICK BARTON W148 W8172 UNIVERSITY DR MENOMONEE FALLS WI 53051 262.844.5954 DESIGNER KATE		3163.70	/EA	3,163.70 *
					TAXABLE		3163.70
					NON-TAXABLE		0.00
					SUB-TOTAL		3163.70
					TAX AMOUNT		177.17
					<b>TOTAL</b>		<b>3340.87</b>

**DEPOSIT AMT** 3340.87  
**BALANCE DUE** 0.00

**CHECK PAYMENT**  
 CK# 3632

3340.87



X

THANK YOU FOR SHOPPING AT HOBO

HOBO 21  
800 S. 108TH ST.  
WEST ALLIS, WI 53214  
(414) 302-4626

09/26/18 12:25PM AWEL 27 SALE  
-----  
SUB-TOTAL:\$ 3444.20 TAX: \$ 192.88  
TOTAL: \$ 3637.08  
DEPOSIT : 3637.08



==>> JRNL#H30029/21 <<==  
CUST NO: 58924  
Customer Copy

Acct: STACY AND NICK BARTON  
REF: K\* SENSA WHITE MOON KG 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.  
- HOBO RESERVES THE RIGHT TO DENY ANY  
RETURN OR EXCHANGE AND MAY REQUEST  
IDENTIFICATION AS A CONDITION OF RETURN  
OR EXCHANGE.  
- SPECIAL ORDER, CUSTOM, AND  
MANUFACTURER DIRECT ITEMS ARE  
NON-REFUNDABLE.  
- GIFT CARDS ARE NON-REFUNDABLE AND LOST  
OR STOLEN GIFT CARDS ARE  
NON-REPLACEABLE.  
- PLEASE SEE FULL RETURN POLICY FOR  
ADDITIONAL EXCLUSIONS / LIMITATIONS  
- Text BARGAIN to 555888 to join the  
Bargain Squad 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:** Eastern Division

**Last Date to file claims:** 01/28/2019

**Trustee:**

**Last Date to file (Govt):** 04/23/2019

*Creditor:* (27380874)  
Cosentino North America  
355 Alhambra Circle Ste 1000  
Miami FL 33134

**Claim No:** 33  
*Original Filed*  
*Date:* 12/17/2018  
*Original Entered*  
*Date:* 12/17/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Kevin Lyons  
*Modified:*

Amount claimed: \$2749.35

*History:*

[Details](#) [33-1](#) 12/17/2018 Claim #33 filed by Cosentino North America, Amount claimed: \$2749.35 (Lyons, Kevin)

*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>	\$2749.35
<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
Secured		
Priority		
Administrative		