

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.Debtor 2
(Spouse, if filing) _____

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

Case number 18-30039**FILED**
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN -8 2019

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?

Name of the current creditor (the person or entity to be paid for this claim) FREDDIE L. DERAMUSOther names the creditor used with the debtor FRED DERAMUS

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?

Name FREDDIE L. DERAMUSNumber 142Street WESTRIDGE BLVD.City BARTLETTState ILZIP Code 60103Contact phone 224-406-4668Contact email deramus3000@comcast.net

Where should payments to the creditor be sent? (if different)

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?

☒ No☐ 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?

☒ No☐ 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: 4200

7. How much is the claim? \$ 7,183.07 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.
UNPAID EARNED VACATION PAY
(25.57 DAYS = 255.70 HRS. AT \$ 30.77 PER HR.)

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: _____

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

☐ No☒ Yes. Check one:

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 \$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).\$ 7,183.07☐ 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 12/26/2018
MM DD YYYY

[Signature]
Signature

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

Name

FREDDIE
First name

LEE
Middle name

DERAMUS
Last name

Title

Company

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

Address

142 WESTRIDGE BLVD.
Number

BARTLETT
Street

FL.
City

60103
State

60103
ZIP Code

Contact phone

224-406-4668

Email

deramus3200@

comcast.net

From the attached accrual report: Days Authorized – Days Taken = Balance accrued through your last anniversary date **12.59 days**

Add the **VACATION TIME ACCRUED** since your last anniversary date Calculated above **(0.28846 X 45 weeks = 12.98 Days)**

Multiply the total by your standard daily hours

a. 8 hours per day for hourly, warehouse or corporate staff.

b. 10 hours per day for salaried STORE management. **(25.57 days x 10 hours per day = 255.70 hours)**

Multiply that by your hourly rate (you can find that in PayServ: **(255.70 hours x \$30.77/hour = \$7,867.89)**

a. <https://secure2.saashr.com/ta/PayServ173001.login?rnd=ZIE>

Subtract the vacation payout on your last pay statement (attached) **(7,867.89 – 684.82 = \$7,183.07 of vacation pay owed to you.)**

The result is what you accrued that was not paid out.

Mike

1. From the attached accrual report: Days Authorized – Days Taken = Balance accrued through your last anniversary date
2. Add the **VACATION TIME ACCRUED** since your last anniversary date Calculated above
3. Multiply the total by your standard daily hours
 - a. 8 hours per day for hourly, warehouse or corporate staff.
 - b. 10 hours per day for salaried STORE management.
4. Multiple that by your hourly rate (you can find that in PayServ:
 - a. <https://secure2.saashr.com/ta/PayServ173001.login?rnd=ZIE>
5. Subtract the vacation payout on your last pay statement (attached)
6. The result is what you accrued that was not paid out.

Michael J Earl, SPHR, SHRM-SCP

Director of Human Resources

Home Owners Bargain Outlet

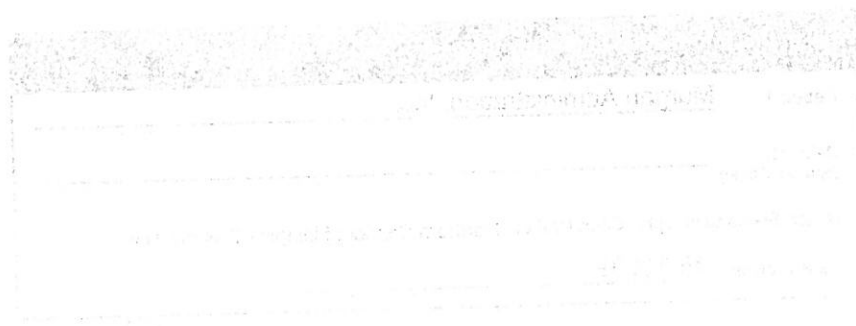
cid:FA390784-291A-4C86-9D8D-0A76FB946045@hsd1.

2650 Belvidere Road

Waukegan, IL 60085

PH: [847-263-1240](tel:847-263-1240) ext 12

FX: [847-263-9170](tel:847-263-9170)



U.S. District Court
Southern District of New York
January 8, 2019

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: (27428848)

Claim No: 57

Status:

FREDDIE L. DERAMUS

Original Filed

Filed by: CR

142 WESTRIDGE BLVD

Date: 01/08/2019

Entered by: Kimetha Collier

BARTLETT, IL 60103

Original Entered

Modified:

Date: 01/08/2019

Amount claimed: \$7183.07

Priority claimed: \$7183.07

History:

[Details](#) [57-1](#) 01/08/2019 Claim #57 filed by FREDDIE L. DERAMUS, Amount claimed: \$7183.07 (Collier, Kimetha)

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

| | |
|------------------------------|-----------|
| Total Amount Claimed* | \$7183.07 |
| Total Amount Allowed* | |

*Includes general unsecured claims

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

| | Claimed | Allowed |
|-----------------------|----------------|----------------|
| Secured | | |
| Priority | \$7183.07 | |
| Administrative | | |