

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

Case number 18-30039

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? Nissan Motor Acceptance Corporation
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? **Where should notices to the creditor be sent?** Nissan Motor Acceptance Corporation
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Name P.O. Box 660366
Number Street
Dallas TX 75266-0366
City State ZIP Code
Contact phone (800)-777-6700
Contact email BKPOC@NMAC.COM

Where should payments to the creditor be sent? (if different) NMAC/IFS
Name P.O. Box 660366
Number Street
Dallas TX 75266-0366
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) 59 Filed on 01/08/2019
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: 2048

7. How much is the claim? \$ 9,491.30. 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.

Auto Deficiency Balance

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: Statement of Sale
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: \$ 9,491.30 (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 all that apply:

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).

\$ _____

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:

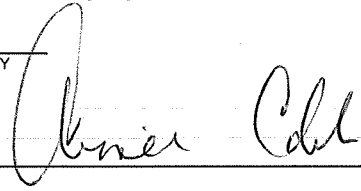
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 09/16/2019
MM / DD / YYYY



Signature

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

Name Aimee Cobb
First name Middle name Last name

Title Bankruptcy Administrator

Company Nissan Motor Acceptance Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 8900 Freeport PKWY
Number Street

Irving TX 75063
City State ZIP Code

Contact phone (800)-777-6700 Email BKPOC@NMAC.COM

Proof of Claim Attachment

Name of Debtor(s): MORGAN ADMINISTRATION, INC

Name of Creditor: Nissan Motor Acceptance Corporation

Case Number: 18-30039

Statement of Prepetition Fees, Expenses, Charges, and Principal

1. Total Principal Due	\$ <u>8,996.30</u>
2. Total Interest Due	\$ <u>0.00</u>
3. Total Late Charges Due	\$ <u>100.00</u>
4. Total Repossession Fees Due	\$ <u>395.00</u>
5. Total Prepetition Fees, Expenses, Charges and Principal Due	\$ <u>9,491.30</u>

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

<p><i>Creditor:</i> (27421867) Infiniti Financial Services POB 660366 Dallas, TX 75266-0366</p>	<p>Claim No: 59 <i>Original Filed</i> Date: 01/08/2019 <i>Original Entered</i> Date: 01/08/2019 <i>Last Amendment</i> Filed: 09/16/2019 <i>Last Amendment</i> Entered: 09/16/2019</p>	<p><i>Status:</i> Filed by: CR Entered by: Aimee S Cobb Modified:</p>
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Amount claimed: \$9491.30

History:

[Det](#) [5](#) 01/08 Claim #59 filed by Infiniti Financial Services, Amount claimed: \$9046.30 (Cobb, Aimee)
[ails](#) [9](#) /2019
 =
[1](#)
[2](#) 09/06 Notice of Hearing and Fifth Omnibus Objection to Claims
[7](#) /2019 3,4,5,6,11,12,13,14,15,16,18,19,20,21,22,23,24,25,27,28,29,30,31,33,34,35,36,37,38,41,42,43,44,4
[4](#) 5,46,49,50,51,52,53,54,58,59,60,61,63,65,66,69,70,73,74,75,76,77,78,80,84,87,90 of Multiple
 Claimants Filed by Mark Melickian on behalf of Morgan Administration, Inc.. Hearing scheduled
 for 10/15/2019 at 09:30 AM at 219 South Dearborn, Courtroom 680, Chicago, Illinois 60604.
 (Attachments: # [1](#) Exhibit # [2](#) Proposed Order)(Melickian, Mark)
[Det](#) [5](#) 09/16 Amended Claim #59 filed by Infiniti Financial Services, Amount claimed: \$9491.30 (Cobb,
[ails](#) [9](#) /2019 Aimee)
 =
[2](#)

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*	\$9491.30
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		
Administrative		