

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 23 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?

Romanita Quintanilla
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?

Romanita Quintanilla
Name
3115 S Avers Ave
Number Street
Chicago IL 60623
City State ZIP Code

Contact phone 773-719-5274Contact email 0713iv@gmail.com

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: _____

7. How much is the claim? \$ 8,148.64 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.

Goods sold and not received

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: Custom Cabinets

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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

☐ 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

1 14 2019
MM / DD / YYYYRomanita Quintanilla
Signature

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

Name

Romanita
First name

Middle name

Quintanilla
Last name

Title

Company

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

Address

3115 S. Avers Ave
Number Street

City

Chicago

IL

60623

Contact phone

773-719-5274

State

ZIP Code

Email

0713iv@gmail.com

THANK YOU FOR SHOPPING AT HOB0
HOB0 22
7630 ROOSEVELT RD
FOREST PARK, IL
60130
(708) 488-9800

08/13/18 10:13AM TJAM 34 ORDER

SUB-TOTAL:\$ 7552.27 TAX: \$ 755.23
TOTAL: \$ 8307.50
CASH TEND: 8307.50
DEPOSIT : 8307.50



ORDER# 302804/22
CUST NO: 21722
Customer Copy

Acct: ROMANTA QUINTANILLA
REF: K* KAB MISSION ESPRSO F4 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 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!!!

FP Retail Associates LLC
7630 ROOSEVELT RD
FOREST PARK, IL
60130
PHONE: (708) 488-9800

PAGE NO: 1

SOLD TO: ROMANTA QUINTANILLA
3115 S. AVERS STREET

CHICAGO IL 60623

CUSTOMER: 21722
TERMS: CASH/CHECK/BANKCARD
JOB: 000

DATE / TIME: 8/25/18 5:45
CLERK: ADAV
TERMINAL: 31

773-425-6148 REFERENCE: K* KAB MISSION ESPRSO F4 1

DEP REFUND: 302804/O

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKART	SPECIAL ORDER KABINART Kabinart Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Please allow 4-6 weeks for delivery. See design contract for additional terms and		9877.14	/EA	9,877.14
CONTINUED...							



FP Retail Associates LLC
7630 ROOSEVELT RD
FOREST PARK, IL
60130
PHONE: (708) 488-9800

PAGE NO: 2

SOLD TO: ROMANTA QUINTANILLA
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5:45

CLERK: ADAV

TERMINAL: 31

773-425-6148
REFERENCE: K* KAB MISSION ESPRSO F4 1

DEP REFUND: 302804/O

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKART % OFF	conditions. KABINART % OFF DISCOUNT CREDIT RETURN DISCOUNT: \$2,469.29 NOTE: OK PER TALION TO OFFER KABINART PROMO OF FREE SINK BASE CABINET WITH PURCHASE OF 15 OR MORE CABINETS. ACTUAL CABINET TOTAL IS \$9,877.14 LESS \$436.80 GIVING PRE-SALE TOTAL OF \$9,440.34. SELECTION: MISSION CHERRY (REVERSE PANEL) - ESPRESSO. SP: JWIL (F4)		2469.29	/EA	-2,469.29

CONTINUED...



FP Retail Associates LLC
7630 ROOSEVELT RD
FOREST PARK, IL
60130
PHONE: (708) 488-9800

PAGE NO: 3

SOLD TO: ROMANTA QUINTANILLA
3115 S. AVERS STREET

CHICAGO IL 60623

CUSTOMER: 21722 JOB: 000
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 8/25/18 5:45
CLERK: ADAV
TERMINAL: 31

773-425-6148 REFERENCE: K* KAB MISSION ESPRSO F4 1

DEP REFUND: 302804/O

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			CUSTOMER: ROMANITA QUINTANILLA 3115 S. AVERS STREET; CHICAGO, IL. 60623 PHONE: 773.425.6148 (HOME) ALTERNATE: 773.440.1809 (ROSIE - CALL 1ST) 08.13.18 CUST PAID WITH CASHIER CHECK ENTERED AS CASH TJAM PER MTUCK AND TALION				
DEPOSIT REFUND				158.86			7407.85
CASH RETURNED				158.86			0.00
							7407.85
							8148.64

BALANCE DUE 0.00

TAXABLE
NON-TAXABLE
SUB-TOTAL
TAX AMOUNT
TOTAL

7407.85
0.00
7407.85
740.79
8148.64



[Signature]

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: (27201716)
ROMANTA QUINTANILLA
3115 S. AVERS STREET
CHICAGO, IL 60623

Claim No: 87
Original Filed
Date: 01/23/2019
Original Entered
Date: 01/23/2019

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$8148.64

History:

[Details](#) [87-1](#) 01/23/2019 Claim #87 filed by ROMANTA QUINTANILLA, Amount claimed: \$8148.64
(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*	\$8148.64
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		