

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
 1/28/2019
 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

1. Who is the current creditor?	Cheryl L Kadow _____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Cheryl L Kadow _____ Name 423 Betzer Rd Unit G Delavan, WI 53115 Contact phone <u>2627198434</u> Contact email <u>kadowcheryl@gmail.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name Contact phone _____ Contact email _____
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

<p>6. Do you have any number you use to identify the debtor?</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>7. How much is the claim?</p>	<p>\$ <u>2878.97</u></p> <p>Does this amount include interest or other charges? <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>8. What is the basis of the claim?</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. Goods sold and services performed. Notice of intent to file claim of lien filed by sub contractor.</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <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>Basis for perfection: _____</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>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<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 1/28/2019
MM / DD / YYYY

/s/ Cheryl L Kadow

Signature

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

Name Cheryl L Kadow
First name Middle name Last name

Title _____

Company _____

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

423 Betzer Rd. Unit G
Number Street
Delavan, WI 53115

City State ZIP Code
Contact phone 2627198434 Email kadowcheryl@gmail.com

Avoid This Lien Claim. Visit zlien.com/manage/ - Reference Number: 1942485

Mac

NOTICE OF INTENT TO FILE CLAIM OF LIEN

Wis. Stats. § 779.06(2)

Return to:
Cosentino North America
c/o zlien
9450 SW Gemini Dr #7790
Beaverton, Oregon 97008-7105
Reference Number: 1942485

Ref. #: 1942485
Project Name (if any): Cheryl Kadow

Jeff
7312
704
9400

Property Owner:

KADOW CHERYL L
423 BETZER RD G
Delavan, Wisconsin 53115-4327

Notifying Party:
Cosentino North America
355 Alhambra Circle, Suite 1000
Miami, Florida 33134
281-207-4461

HTTPS://
Hobo, Credit
info.com

Services:

Construction material supply

Hiring Party:
Home Owners Bargain Outlet
1693 Plainfield Rd
Crest Hill, Illinois 60403

Claims
Tob
Follow chain
OF
312
704-283
940

Amount Owed: 2,878.97

SIGNATURE AND IMPORTANT INFORMATION ON REVERSE OR FOLLOWING PAGE

18-30039

any.

Jennifer
Hobo corporate
Ephraim
847-263-1240
48

BU
Rotam
6
225 Wynn
Perham
Law

Property:

423 BETZER RD G
Delavan, Wisconsin 53115

Legally Described As:

Property located at the municipal address of 423 BETZER RD G, DELAVAN, WI 53115, DELAVAN, WI 53115. In the county of WALWORTH. APN XMED00039. Briefly described as UNIT G BUILDING 5 MEADOWS OF DELAVAN CONDOMINIUMS AS RECORDED UNDER DOC. #355588. LOCATED IN SW 1/4 SW 1/4 SEC 13 T2N R15E. CITY OF DELAVAN OMITTS XA2577-2 & XA2577-3. Subdivision: MEADOWS OF DELAVAN CONDO.. Municipality / Township of CITY OF DELAVAN. Township/Range/Section 02N/15E/13. Legal Lot = ". Book/Page /.

The above-identified Notifying Party, having a contract with the above-identified Hiring Party or Property Owner, as above-indicated, provided the above described Services to improve the Property Owner's property located as above-described. As of the date of this Notice, the above-identified Amount Owed is due to the Notifying Party.

If payment is not received within thirty (30) days from the date of this Notice, the Notifying Party intends to file a Claim for Lien on your Property.

Royde Ramirez

Cosentino North America
Signed by limited authorized and disclosed agent
Royde Ramirez
November 15, 2018

*111@11.com
email address*

HOBO 21
800 S. 108TH ST.
WEST ALLIS, WI 53214

PHONE: (414) 302-4626

SOLD TO: CHERYL KADOW
423 BETZER UNIT G

CUSTOMER: 12844
TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 7/29/18 5:33
CLERK: TSEV
TERMINAL: 23

DELAVAN WI 53115

262-719-8434 REFERENCE: K* SENA CRESCENT VL TK 1

SHIP TO: KADOW/CHERYL

ORDER: 812646/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. SENA CRESCENT VEIL DOUBLE RADIUS LOF 200 SINK 10% OFF SALE APPLIED SALESMAN TROY CHERYL KADOW 423 BETZER UNIT G DELAVAN, WI 53115		3672.00 /EA	3,672.00 *

CONTINUED...



**HOBO 21
800 S. 108TH ST.
WEST ALLIS, WI 53214**

PHONE: (414) 302-4626

SOLD TO: CHERYL KADOW
423 BETZER UNIT G

CUSTOMER: 12844
TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 7/29/18 5:33

CLERK: TSEV

TERMINAL: 23

DELAVAN WI 53115

262-719-8434 REFERENCE: K* SENSА CRESCENT VL TK 1

SHP TO: KADOW/CHERYL

ORDER: 812646/M

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			262.719.8434 262.728.4201 WORK				

TAXABLE 3672.00
NON-TAXABLE 0.00
SUB-TOTAL 3672.00

DEPOSIT AMT 3877.63
BALANCE DUE 0.00

BANKCARD PAYMENT

3877.63

TAX AMOUNT 205.63
TOTAL 3877.63

X Cheryl Kadow

BKCRD# XXXXXXXXXXXXXXX3540

MID: 324191440993

APP: 03876B

XR: 812652





Countertop Form A

ORDER CONTRACT

#812616

Thank you for your countertop purchase at HOBO. We have contracted with a vendor and fabricator to furnish the products for your project.

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION		GENERAL INFORMATION	
NAME	CHERYL KADOW	SLSP	TROY KONKOL
ADDRESS	423 BETZER UNIT G	DATE	7/29/2018
CITY	DELANAN, WI 53115	VENDOR	STONE SYSTEMS, INC
PHONE	262.719.8434	VDR CONTACT	KIMBERLY MEISSLER - (847) 566-2277
ALT PHONE	262.728.4201 WORK	NEW CABINETS?	
EMAIL	0	CABINET SET	
		ETA? NOTES	

HOBO WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

Measurement for fabrication and installation of the countertops

Delivery of the countertops

Installation of the countertops

Purchaser to initial below

This vendor listed above will be contacting you within four (4) business days to make arrangements to complete measurements, delivery and/or installation as marked above. This lead time for scheduling work may be effected by holidays, weekends and sales volume.

Material is ordered immediately for your project. A 5% cancel order fee will apply if your order is cancelled prior to measurements by the vendor and viewing of slabs.

Our estimate / order is based upon dimensions provided by you. Our vendors commonly find that the dimensions are slightly different upon measurement by the vendor. Any increase in measurements will cause an increase in the price of your countertops, and that increase must be paid by you prior to the fabrication of your countertops.

Your cabinets MUST BE SET prior to measurement by the vendor, otherwise additional trip charges will be incurred for follow-up appointments. And adult must be present at time of measurement and installation by the vendor.

This vendor will only install purchased countertops. Your purchase does not include any additional labor or materials such as cabinetry, plumbing, electrical, flooring, drywall, or painting.

THESE COUNTERTOPS ARE CUSTOM MADE FOR YOUR PROJECT AND ARE NOT RETURNABLE FOR ANY NON-WARRANTY REASON.

HOBO AND ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT.

After today, please maintain contact with the vendor, and the vendor will handle any questions about measurements, delivery, installation, product issues, and/or warranty claims. The phone number for the vendor is listed below.

CONTACTS & REQUIRED FORMS

- SENA / PARAMOUNT (STONE SYSTEMS) - (847) 566-2277 FORMS A-B-C-D
- AVANZA / ECO (STONE SYSTEMS) - (847) 566-2277 FORMS A-B
- LAMINATE- ILL(847) 451-9300 WIS(414) 352-7870 FORMS A-B
- WILCOR SOLID SURFACE - (630) 350-7758 FORMS A-B

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project.

Cheryl Kadow 7-29-18 *Troy Konkol* 7-29-18
 Purchaser Signature Date Sales Associate Signature Date

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

HOBO #21 800 E. 129th West Allis, WI PH: (414) 322-4626 FX: (414) 322-4630	HOBO #23 1683 Plainfield Rd Crest Hill, IL PH: (815) 730-8340 FX: (815) 730-0297	HOBO #24 2650 Delvidere Rd Waukegan, IL PH: (847) 353-1812 FX: (847) 360-9616	HOBO #25 8716 E. Cicero Ave Oak Lawn, IL PH: (708) 423-4956 FX: (708) 423-5058	HOBO #26 300 W. North Ave Villa Park, IL PH: (630) 833-3200 FX: (630) 758-0915	HOBO #27 3545 S. 27th St Milwaukee, WI PH: (414) 643-1226 FX: (414) 643-1715

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

<i>Creditor:</i> (27486018)	Claim No: 111	<i>Status:</i>
Cheryl L Kadow	<i>Original Filed</i>	<i>Filed by:</i> CR
423 Betzer Rd	<i>Date:</i> 01/28/2019	<i>Entered by:</i> EPoc ADI
Unit G	<i>Original Entered</i>	<i>Modified:</i>
Delavan, WI 53115	<i>Date:</i> 01/28/2019	

Amount claimed: \$2878.97

History:

[Details](#) [111](#)- 01/28/2019 Claim #111 filed by Cheryl L Kadow, Amount claimed: \$2878.97 (ADI, EPoc)
1

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*	\$2878.97
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		