

Fill in this information to identify the case:

Debtor 1 North Avenue Associates LLCDebtor 2
(Spouse, if filing)

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

Case number 18-30054**FILED**
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN -2 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?

Gail Hoder and Steve Hoder

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?

Gail Hoder

Name

1124 N. Princeton Avenue

Number

Street

Village Park

City

State

60181

ZIP Code

Contact phone (630) 935-9669Contact email gailhoder@aol.com

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

Same.

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: 3 2 2 9 ^{Fed Tax ID#}

7. How much is the claim? \$ 3207.36 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.
Cabinets sold but not delivered.

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:

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 12/19/2018
MM / DD / YYYY

Gail M. Hoder
Signature

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

Name Gail M Hoder
First name Middle name Last name

Title _____

Company _____

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

Address 1124 N. Princeton Avenue
Number Street

Village Park IL 60181
City State ZIP Code

Contact phone (630) 935-9669 Email gailhoder@aol.com

THANK YOU FOR SHOPPING AT HOB0
HOB0 25
300 W NORTH AVE
VILLA PARK, IL 60181
(630) 833-3200

09/07/18 3:34PM LBOY 126 ORDER

SUB-TOTAL:\$ 3207.36 TAX:\$ 256.59
TOTAL:\$ 3463.95
BC AMT:\$ 3463.95

EK CARD#: XXXXXXXXXXXX2465
MID: 324190873996
AUTH: 06348D AMT:\$ 3463.95
Host reference #:895656 Bat#

Authorizing Network: VISA

Chip Read
CARD TYPE:VISA EXPR: XXXX
AID : A0000000031010
TVR : 0080008000
JAD : 06010A03602002
TSI : F800
ARC : 00
MODE : Issuer
CVN :
Name : CHASE VISA
ATC :0046
AC : 8124A2E30D650C31
TxnID/ValCode: 066071

Bank card USD\$ 3463.95
DEPOSIT : 3463.95



ORDER# 895649/26
CUST NO: 48302

THANK YOU GAIL HODER
FOR YOUR PATRONAGE

Gail M. Hoder

Name : X
I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: GALE AND STEVE HODER
REF: K* KWC HARMONY AUBURN RM 1

Customer Copy

HOB0 26
300 W NORTH AVE
VILLA PARK, IL 60181

PHONE: (630) 833-3200

PAGE NO: 1

CUSTOMER: 48302
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/ 7/18 3:34

CLERK: LBOY

TERMINAL: 126

SOLD TO:
 GALE AND STEVE HODER
 1124 N PRINCETON AVE.

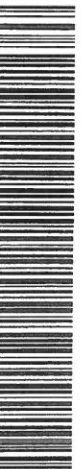
VILLA PARK IL 60181

SHIP TO: HODER/GAIL 630-935-9669 REFERENCE: K* KWC HARMONY AUBURN RM 1

ORDER: 895649/S

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKW	SPECIAL ORDER KWP CHOICE Kountry Wood Select Custom 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. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		4009.20	/EA	4,009.20

CONTINUED...



HOB0 26
300 W NORTH AVE
VILLA PARK, IL 60181

PHONE: (630) 833-3200

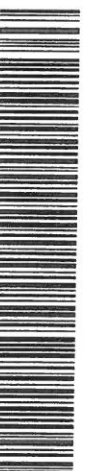
PAGE NO: 2

SOLD TO: **GALE AND STEVE HODER**
1124 N PRINCETON AVE.
VILLA PARK IL 60181
SHIP TO: HODER/GAIL
 CUSTOMER: 48302
 TERMS: CASH/CHECK/BANKCARD
 JOB: 000
 DATE / TIME: 9 / 7 / 18
 CLERK: LBOY
 REFERENCE: K* KWC HARMONY AUBURN RM 1
 630-935-9669
 TERMINAL: 126
 3:34

ORDER: 895649/S

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions. HARMONY MAPLE AUBURN KITCHEN CABINETS GALE AND STEVE HODER 630-935-9669 OR 630-935-2669 MLM TO 1124 N PRINCETON AVE. VILLA PARK IL 60181 DESIGNER ROGER M.				

CONTINUED...



HOB0 26
300 W NORTH AVE
VILLA PARK, IL 60181

PAGE NO: 3

PHONE: (630) 833-3200

SOLD TO: GALE AND STEVE HODER
1124 N PRINCETON AVE.

CUSTOMER: 48302
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9 / 7 / 18 3:34
CLERK: LBOY
TERMINAL: 126

SHIP TO: HODER/GAIL
VILLA PARK IL 60181
630-935-9669 REFERENCE: K* KWC HARMONY AUBURN RM 1

ORDER: 895649/S

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKW % OFF	KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN 801.84		801.84	/EA	-801.84 R

TAXABLE 3207.36
NON-TAXABLE 0.00
SUB-TOTAL 3207.36

TAX AMOUNT 256.59
TOTAL 3463.95

DEPOSIT AMT 3463.95
BALANCE DUE 0.00

BANKCARD PAYMENT

3463.95

BKCRD# XXXXXXXXXXXX2465
MID: 324190873996
APP: 06348D
XR: 895656



Northern District of Illinois Claims Register

[18-30054 North Avenue Associates LLC](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27416419)

Claim No: 10

Status:

Gail and Steve Hoder

Original Filed

Filed by: CR

1124 N. Princeton Ave

Date: 01/02/2019

Entered by: Kimetha Collier

Villa Park, IL 60181

Original Entered

Modified:

Date: 01/02/2019

Amount claimed: \$3207.36

History:

[Details](#) [10-1](#) 01/02/2019 Claim #10 filed by Gail and Steve Hoder, Amount claimed: \$3207.36 (Collier, Kimetha)

Description:

Remarks:

Claims Register Summary

Case Name: North Avenue Associates LLC

Case Number: 18-30054

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$3207.36
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		