

**Fill in this information to identify the case:**

Debtor 1 North Avenue Associates LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

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

Case number 18-30054

**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) Helen King  
 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)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Name <u>Helen King</u> Number <u>17114</u> Street <u>Kimbark Ave</u> City <u>South Holland IL</u> State <u>IL</u> ZIP Code <u>60473</u> Contact phone <u>708-596-2620</u> Contact email <u>ON HIGH I @ aol.com</u>	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 10/25/2018  
 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? \$ 250.23 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.

deposit for counter top didn't receive

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). \$ 250.23

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 01/14/201  
MM / DD / YYYY

Helen King  
Signature

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

Name Helen Leverne King  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 17114 Kimbark Ave  
Number Street  
South Holland IL 60473  
City State ZIP Code

Contact phone 708-596-2620 Email ONHIGH7@aol.com



HOBO 25  
8716 S CICERO  
OAK LAWN, IL

PHONE: (708) 423-4656

CUSTOMER: 137  
TERMS: CASH/CHECK/BANKCARD  
JOB: 000

DATE / TIME: 10/11/18 1:55  
CLERK: LGER  
TERMINAL: 108

SHIP TO: CHARLIE KING  
17114 KIMBARK AVE  
SOUTH HOLLAND IL 60473  
KING/HELEN  
708-596-2620  
REFERENCE: K \* CF FROST WHITE 3CM CP1

**SPEC ORDER: 305162/R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOTCF	SPECIAL ORDER COUNTERTOP FACTORY FROST WHITE 3CM FREE SINK PROMO EQUAL BOWL #3118 BEVEL EDGE REMOVAL OF EXISTING STOP AND HAUL AWAY RECONNECTION OF PLUMBING CHARLIE KING 17114 KIMBARK AVE SOUTH HOLLAND IL 60473 708-596-2620 DESIGNER CATHIE		3669.00	/EA	3,669.00

TAXABLE 3669.00  
NON-TAXABLE 0.00  
SUB-TOTAL 3669.00

TAX AMOUNT 357.73  
**TOTAL 4026.73**

Paid by US BANK VISA  
PRIOR DEPOSIT PAID BY VISA 3776.50  
DEPOSIT AMT 250.23  
BALANCE DUE 0.00

CHECK PAYMENT  
CK# 5759

250.23

*X [Signature]*





# 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):**

<p><i>Creditor:</i>        (27456488)  HELEN KING  17114 KIMBARK AVE  SOUTH HOLLAND, IL  60473</p>	<p><b>Claim No: 29</b>  <i>Original Filed</i>  Date: 01/17/2019  <i>Original Entered</i>  Date: 01/17/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Kimetha Collier  <i>Modified:</i></p>
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Amount claimed: \$250.23  
Priority claimed: \$250.23

*History:*  
[Details](#)    [29-1](#) 01/17/2019 Claim #29 filed by HELEN KING, Amount claimed: \$250.23 (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

<b>Total Amount Claimed*</b>	\$250.23
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$250.23	
<b>Administrative</b>		