

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

Debtor 1 De Forab, LLC

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

United States Bankruptcy Court for the Southern District of Illinois

Case number 18-30046

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS

DEC 07 2018

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? Marcelino Carrillo  
 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)

<p><b>Where should notices to the creditor be sent?</b></p> <p>Name <u>Marcelino Carrillo</u></p> <p>Number <u>3822 W 60th Pl</u> Street _____</p> <p>City <u>Chicago</u> State <u>IL</u> ZIP Code <u>60629</u></p> <p>Contact phone <u>872-444-0015</u></p> <p>Contact email _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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: 57 00

7. How much is the claim? \$ 322.88 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.

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
- Yes. Check one:
- |  |   |
|--|---|
| <input type="checkbox"/> 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<br>\$ _____ |
| <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 4/01/19 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 \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

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

Name \_\_\_\_\_  
 First name Middle name Last name

Title \_\_\_\_\_

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

Address \_\_\_\_\_  
 Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

PAGE NO: 3

HOBO 25  
8716 S CICERO  
OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: MACELINO CARRILLO  
3822 WEST 60TH PLACE

CUSTOMER: 49278  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/15/18 12:08  
CLERK: MMCH  
TERMINAL: 108

CHICAGO IL 60629

872-444-0015 REFERENCE: HC K\* KWC WILLIAMS COFFEE EW1

**SPEC ORDER: 292349/R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	CABDEL	CHICAGO, IL 60629 DESIGNER: ERIK CABINET DELIVERY CHARGE HC APPLICATION ID 6115602 AUTHORIZATION NUMBER S98848		59.99	/EA	59.99

TAXABLE	3311.55
NON-TAXABLE	0.00
SUB-TOTAL	3311.55
TAX AMOUNT	322.88
<b>TOTAL</b>	<b>3634.43</b>

\*\* CHANGE GIVEN \*\*

CASH PAYMENT

96.95  
400.00

PRIOR DEPOSIT 3331.38  
DEPOSIT AMT 303.05  
BALANCE DUE 0.00

*X* *Maci*



PAGE NO: 2

HOBO 25  
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OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: MACELINO CARRILLO  
3822 WEST 60TH PLACE

CHICAGO IL 60629

CUSTOMER: 49278 JOB: 000  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/15/18 12:08  
CLERK: MMCH  
TERMINAL: 108

872-444-0015 REFERENCE: HC K\* KWC WILLIAMS COFFEE EW1

**SPEC ORDER: 292349/R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKW % OFF	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. DEDUCT: \$743.86 FOR 20% OFF PROMO KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN CUSTOMER: MACELINO CARRILLO TEL: 872-444-0015 ADDRESS: 3822 WEST 60TH PLACE		812.89	/EA	-812.89 R

CONTINUED...



HOBO 25  
8716 S CICERO  
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**SPEC ORDER: 292349/R**

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		4064.45	/EA	4,064.45

CONTINUED...



THANK YOU FOR SHOPPING AT HOBBO  
HOBBO 25  
8716 S CICERO  
OAK LAWN, IL  
(708) 423-4656

09/15/18 12:07PM MMCH 108 DEPOSIT

SUB-TOTAL:\$	3311.55	TAX: \$	322.88
		TOTAL: \$	<u>3634.43</u>
CASH TEND:	400.00	CHANGE:	96.95
DEPOSIT :	303.05		
PRIOR DEP :	3331.38		



ORDER# 292349/25  
CUST NO: 49278  
Customer Copy

Acct: MADELINO CARRILLO  
REF: HC K\* KWC WILLIAMS COFFEE EWT

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.
- HOBBO 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!!!

United States Bankruptcy Court  
Northern District of Illinois

Jeffrey P. Allsteadt, Clerk of Court



Marcelino Carrillo  
3822 W 60th Place  
Chicago IL 60629

Date:

Letter to Filer:

Case Number, if applicable:

Case Name, if applicable:

**INFORMATION**

**CREDIT BUREAU** – The bankruptcy court does NOT perform any activities with the credit bureaus. You must contact the individual credit bureaus for their procedure for removing your bankruptcy filing from their credit report.

**RETURN DOCUMENT(S) – REQUEST FOR ADDITIONAL INFORMATION**

- Case name/number does not match our records. Please verify case name/number.
- Case name/number is missing. Please provide the case name/number.
- Case number is not listed on the document. Please provide the case number.
- There are several debtors listed. Please provide the correct case number.
- Proof of Claim – please fill out the attached Proof of Claim form and return to our office for processing. You may file a proof of claim electronically through the EPOC System on our website at: <http://www.ilnb.uscourts.gov/electronic-proof-claim-and-related-documents>. Or you may file a paper claim and return it to us. Obtain the proof of claim form from our website at <http://www.uscourts.gov/forms/bankruptcy-forms>.

**OTHER/REMARKS:**

Please return claim form with case number print on it.

**IF APPLICABLE**

Include the name of the debtor/joint debtor, the case number, the signature of the debtor/joint debtor on all required documents.

Include the signature of the attorney representing the debtor/joint debtor.

**Mail the required document(s) listed above, including this Letter to my attention at:**

Deputy Clerk Kevin Lyons

Contact Number 312-582-7356

# Northern District of Illinois Claims Register

[18-30057 Deforab, LLC](#)

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Chicago      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

<p><i>Creditor:</i> (27361628)          Marcelino Carrillo          3822 W 60th Pl          Chicago IL 60629</p>	<p><b>Claim No: 2</b>  <i>Original Filed</i>          Date: 12/07/2018  <i>Original Entered</i>          Date: 12/10/2018</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Maria Garcia  <i>Modified:</i></p>
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Amount claimed: \$322.88

*History:*

[Details](#) [2-1](#) 12/07/2018 Claim #2 filed by Marcelino Carrillo, Amount claimed: \$322.88 (Garcia, Maria)

*Description:*

*Remarks:* (2-1) Incorrect case number filer notified to file amended claim (Modified on 12/10/18) (MG)

## Claims Register Summary

**Case Name:** Deforab, LLC  
**Case Number:** 18-30057  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$322.88
<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>		
<b>Administrative</b>		