

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
 1/29/2019
 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?	<u>Easton and Bridget Wright</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Bridget Wright</u>
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)
	<u>Easton and Bridget Wright</u>	<u>3815 North 58th Blvd</u>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>9430 W Burleigh Street Milwaukee, WI 53222</u>	Name <u>Milwaukee, WI 53216</u>
	Contact phone <u>414-788-8144</u>	Contact phone <u>414-788-8144</u>
	Contact email <u>ewright53212@yahoo.com</u>	Contact email <u>ewright53212@yahoo.com</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>14</u> Filed on <u>11/05/2018</u> 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>25000.00</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. Cabinets, service to install, quartz counertop was paid in full but never recieved either. I paid over 25000 _____</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. 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) _____ % <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 type="checkbox"/> No <input checked="" 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 checked="" 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).	\$ 2850.00
	<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 1/29/2019

MM / DD / YYYY

/s/ Easton C Wright

Signature

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

Name Easton C Wright

First name Middle name Last name

Title Customer

Company _____

Address 3815 North 58th Blvd

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

Number Street
Milwaukee, WI 53216

City State ZIP Code

Contact phone 414-788-8144 Email ewright53212@yahoo.com

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: (27275082)
Easton and Bridget Wright
9430 W Burleigh Street
Milwaukee, WI 53222

Claim No: 14
Original Filed
Date: 11/05/2018
Original Entered
Date: 11/05/2018
Last Amendment
Filed: 01/29/2019
Last Amendment
Entered: 01/29/2019

Status:
Filed by: CR
Entered by: EPoc ADI
Modified: 01/29/2019

Amount claimed: \$25000.00

Priority claimed: \$2850.00

History:

[Details](#) [14-1](#) 11/05/2018 Claim #14 filed by Easton and Bridget Wright, Amount claimed: \$12850.00 (ADI, EPoc)

[Details](#) [14-2](#) 01/29/2019 Amended Claim #14 filed by Easton and Bridget Wright, Amount claimed: \$25000.00 (ADI, EPoc)

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*	\$25000.00
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	\$2850.00	
Administrative		

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
 11/5/2018
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	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
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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?	Where should payments to the creditor be sent? (if different)
	<u>Easton and Bridget Wright</u>	_____
	Name	Name
	<u>9430 W Burleigh Street Milwaukee, WI 53222</u>	_____
	Contact phone <u>414-788-8144</u>	Contact phone _____
	Contact email <u>ewright53212@yahoo.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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	
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<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>
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	<input checked="" 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).	\$ 2850.00
	<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).	\$ _____
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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 11/5/2018
MM / DD / YYYY

/s/ Easton Wright

Signature

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

Name Easton Wright

First name Middle name Last name

Title Customer

Company _____

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

Address 9430 W Burleigh Street

Number Street

Milwaukee, WI 53222

City State ZIP Code

Contact phone 414-788-8144 Email ewright53212@yahoo.com



ORDER ACKNOWLEDGEMENT

Work Order # 240406

United Cabinet Co LLC
 3650 Trousdale Drive
 Nashville, TN 37204

CUSTOMER: 4491300 1 FZ- 0000
Phone: (414) 302-4626
Fax: (414) 302-4630
Email:

Printed 11/1/2018

(615) 833-1961 Fax 000-0000
 www.kabinart.com

BILL TO:

HOBO #21 West Allis
 2650 Belvidere Rd

Waukegan, IL 60085

SHIP TO:

HOBO #21 West Allis C/O ML Mathews
 23 Stonehill Rd

Oswego, IL 60543

ORDER DATE M5 SPA Pricing 5%	TERMS
09/18/2018 SHIP VIA: SHIP TRUCK	2 % 10 Days, Net 30 Days

PO # M000020337/BASES	Sales Rep 1: Rich Henschel, Jr. Rep 2: Kelly Moore Designer:
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Line	Ord.Qty	Skd Number	Item# / Description	Approx Load Date
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REC
 CHANGES TO THIS ORDER MUST BE SUBMITTED TO
 ORDERS@KABINART.COM BY 4PM CST 9/21.

1	1	CB4239		10/19/18
			Kent Flat Center Panel, Maple, HL, Knight., 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	
			BLIND LEFT	
2	1	SB36D		10/19/18
			Kent Flat Center Panel, Maple, DD, Knight., 5-Piece, NES, Standard Face Frame	
3	1	CB3627		10/19/18
			Kent Flat Center Panel, Maple, HR, Knight., 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	
			BLIND RIGHT	
4	1	TB9-MP9		10/19/18
			Kent Flat Center Panel, Maple, No Hinge Prep, Knight., LEF, Standard Face Frame	
5	1	PPB30-2		10/19/18
			Kent Flat Center Panel, Maple, Knight., 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	
6	1	DB15		10/19/18
			Kent Flat Center Panel, Maple, Knight., 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	
7	1	B18-CBM2		10/19/18
			Kent Flat Center Panel, Maple, No Hinge Prep, Knight., 5-Piece, Soft Close Dovetail Drawer, REF, Standard Face Frame	



ORDER ACKNOWLEDGEMENT

Work Order # 240406

United Cabinet Co LLC
 3650 Trousdale Drive
 Nashville, TN 37204

CUSTOMER: 4491300 1 FZ- 0000
Phone: (414) 302-4626
Fax: (414) 302-4630
Email:

Printed 11/1/2018

(615) 833-1961 Fax 000-0000
 www.kabinart.com

BILL TO:

HOBO #21 West Allis
 2650 Belvidere Rd

Waukegan, IL 60085

SHIP TO:

HOBO #21 West Allis C/O ML Mathews
 23 Stonehill Rd

Oswego, IL 60543

ORDER DATE M5 SPA Pricing 5%	TERMS
09/18/2018 SHIP VIA: SHIP TRUCK	2 % 10 Days, Net 30 Days

PO # M000020337/BASES	Sales Rep 1: Rich Henschel, Jr. Rep 2: Kelly Moore Designer:
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Line	Ord.Qty	Skd Number	Item# / Description	Approx Load Date
8	2	BF3	Maple, Knight.	10/19/18
9	2	TK496	Maple, Knight.	10/19/18
10	1	TUK	Maple, Knight.	10/19/18
	1	SPA DISCOUNT	Special Pricing Arrangement	10/19/18

Cabinet Count: 7

DELIVERIES OF LESS THAN 10 CABINETS ARE NORMALLY NOT MADE ON KABINART TRUCKS.
 PLEASE CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE FOR SHIPPING OPTIONS.



ORDER ACKNOWLEDGEMENT

Work Order # 240408

United Cabinet Co LLC
 3650 Trousdale Drive
 Nashville, TN 37204

CUSTOMER: 4491300 1 FZ- 0000
Phone: (414) 302-4626
Fax: (414) 302-4630
Email:

Printed 11/1/2018

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BILL TO:

HOBO #21 West Allis
 2650 Belvidere Rd

Waukegan, IL 60085

SHIP TO:

HOBO #21 West Allis C/O ML Mathews
 23 Stonehill Rd

Oswego, IL 60543

ORDER DATE M5 SPA Pricing 5%	TERMS
09/18/2018 SHIP VIA: SHIP TRUCK	2 % 10 Days, Net 30 Days

PO # M000020337/WALLS	Sales Rep 1: Rich Henschel, Jr. Rep 2: Kelly Moore Designer:
---------------------------------	--

Line	Ord.Qty	Skd Number	Item# / Description	Approx Load Date
REC CHANGES TO THIS ORDER MUST BE SUBMITTED TO ORDERS@KABINART.COM BY 4PM CST 9/21.				
1	1	CW3936D	Kent Flat Center Panel, Maple, DD, Quicksilver., REF, Standard Face Frame BLIND LEFT	10/19/18
2	1	CW3336	Kent Flat Center Panel, Maple, HR, Quicksilver., LEF, Standard Face Frame BLIND RIGHT	10/19/18
3	1	W0936	Kent Flat Center Panel, Maple, HL, Quicksilver., BEF, Standard Face Frame	10/19/18
4	1	W3018D	Kent Flat Center Panel, Maple, DD, Quicksilver., NES, Standard Face Frame	10/19/18
5	1	W2136	Kent Flat Center Panel, Maple, HL, Quicksilver., LEF, Standard Face Frame	10/19/18
6	1	W2136	Kent Flat Center Panel, Maple, HR, Quicksilver., NES, Standard Face Frame	10/19/18
7	1	W1236	Kent Flat Center Panel, Maple, HR, Quicksilver., NES, Standard Face Frame	10/19/18
8	1	W1536	Kent Flat Center Panel, Maple, HL, Quicksilver., NES, Standard Face Frame	10/19/18
9	1	W1836	Kent Flat Center Panel, Maple, HR, Quicksilver., REF, Standard Face Frame	10/19/18



ORDER ACKNOWLEDGEMENT

Work Order # 240408

United Cabinet Co LLC
 3650 Trousdale Drive
 Nashville, TN 37204

CUSTOMER: 4491300 1 FZ- 0000
Phone: (414) 302-4626
Fax: (414) 302-4630
Email:

Printed 11/1/2018

(615) 833-1961 Fax 000-0000
 www.kabinart.com

BILL TO:

HOBO #21 West Allis
 2650 Belvidere Rd

Waukegan, IL 60085

SHIP TO:

HOBO #21 West Allis C/O ML Mathews
 23 Stonehill Rd

Oswego, IL 60543

ORDER DATE M5 SPA Pricing 5%	TERMS
09/18/2018 SHIP VIA: SHIP TRUCK	2 % 10 Days, Net 30 Days

PO # M000020337/WALLS	Sales Rep 1: Rich Henschel, Jr. Rep 2: Kelly Moore Designer:
---------------------------------	--

Line	Ord.Qty	Skd Number	Item# / Description	Approx Load Date
10	2	UF342	Maple, Quicksilver.	10/19/18
11	3	CCM3	Maple, Quicksilver.	10/19/18
12	1	TUK	Maple, Quicksilver.	10/19/18
	1	SPA DISCOUNT	Special Pricing Arrangement	10/19/18

Cabinet Count: 9

DELIVERIES OF LESS THAN 10 CABINETS ARE NORMALLY NOT MADE ON KABINART TRUCKS.
 PLEASE CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE FOR SHIPPING OPTIONS.

Charge To: 1400310000030727311290

87IWCZ0CZPM

Pay to the order of: HOB0 21

FIVE HUNDRED FIFTY-ONE AND 16/100

ABA 256074974 Account 8027912198

⑆256074974⑆1011⑆802791⑆

414-322-8217
EASTON C WRIGHT
BRIDGET N WRIGHT
9430 W BUREIGH STREET
MILWAUKEE WI 53222

W693-0747-4946-01
Ex 12-6-24

DATE 9/8/18
\$ 11664.00
68-7497/

HOBBO

PAY TO THE ORDER OF

One thousand six hundred sixty-four _____ DOLLARS

NAVY
FEDERAL
Credit Union

INELIGIBLE FOR CONVERSION

NOT VALID FOR LESS THAN \$100

Sec 1
INCL
Date

Kitchen

Budget

FOR

⑆256074974⑆1014⑆8027912198⑆003

414-322-8217

EASTON C WRIGHT
BRIDGET N WRIGHT
9430 W BUREIGH STREET
MILWAUKEE WI 53222

W623-0747-4946-01
EX 12-6-24

DATE 9/8/18


10
68-7497/

HOBO

\$ 3,378.14

PAY TO THE ORDER OF

Five thousand Seven hundred Seventy-eight ¹⁴/₁₀₀

DOLLARS  Secur
Includ
Detail

NAVY
FEDERAL
Credit Union

US ELIGIBLE FOR CONVERSION

NOT VALID FOR LESS THAN \$100

Kitchen

Bridget Wright

FOR

⑆256074974⑆ ⑆013⑆ 8027912198⑆ 003

414-322-8217

EASTON C WRIGHT
BRIDGET N WRIGHT
9430 W BUREIGH STREET
MILWAUKEE WI 53222

W23-0747-4946-01
Ex 12-6-24

DATE 9/8/18

1
68-7497/

HOB0

\$7,257.51

PAY TO THE ORDER OF

Seven thousand two hundred fifty seven ⁵¹/₁₀₀

DOLLARS



Sec Includ Data

NAVY
FEDERAL

Credit Union

NOT VALID FOR LESS THAN \$100

Kitcher

Bridget N Wright

FOR

⑆256074974⑆1012⑈8027912198⑈003

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

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

<p><i>Creditor:</i> (27275082) Easton and Bridget Wright 9430 W Burleigh Street Milwaukee, WI 53222</p>	<p>Claim No: 14 <i>Original Filed</i> Date: 11/05/2018 <i>Original Entered</i> Date: 11/05/2018</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i></p>
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Amount claimed: \$12850.00
 Priority claimed: \$2850.00

History:

[Details](#) [14-1](#) 11/05/2018 Claim #14 filed by Easton and Bridget Wright, Amount claimed: \$12850.00 (ADI, EPoc)

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*	\$12850.00
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	\$2850.00	
Administrative		