

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

Debtor 1 Morgan Administration, Inc.

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

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

Case number 18-30039

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

**DEC 14 2018**

JEFFREY P. ALLSTEADT, CLERK  
INTAKE 3

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? Basil + Sandra Mtengule  
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?**

Basil Mtengule  
Name

7217 S. Michigan Ave.  
Number Street

Chicago IL 60619  
City State ZIP Code

Contact phone 773-224-5197

Contact email mtengules@comcast.net

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

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: \_\_\_\_\_

7. How much is the claim? \$ 8765.13 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).  
*Bm*

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.  
Goods Sold - Kitchen Cabinets, Counter Tops, Sink, Installations, measurements and Gift Cards.

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).
- 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ 8765.13

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 14 2018  
MM / DD / YYYY

Basil Mtengule  
 Signature

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

Name Basil Mtengule  
First name Middle name Last name

Title N/A

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

Address 7217 S. Michigan Ave.  
Number Street

Chicago IL 60619  
City State ZIP Code

Contact phone 773-224-5197 Email mtengules@comcast.net



BASIL MTENGULE  
7217 S. Michigan Ave.  
Chicago, IL 60619

HOB0 Expenses:

Exhibit A Supreme Measure CGI } \$185.00  
Order: 26725/R

Exhibit B Special Order Kitchen Cabinets }  
Counter Tops, Sink } 8314.17  
Order: 26725/R

Exhibit C Gift Cards 265.96

Total \$ 8765.12

Home Phone: 773-224-5197

Email: mtengules@comcast.net

Age: 78 - Wife 75 yrs.



(Exhibit A)

THANK YOU FOR SHOPPING AT HOBO

HOB0 25

8716 S CICERO  
OAK LAWN, IL  
(708) 423-4656

03/01/17 8:28PM DBRA 108 ORDER

Sub-TOTAL: \$ 185.00 TAX: \$ .00  
TOTAL: \$ 185.00  
8C AMT: \$ 185.00

CARD#: XXXXXXXXXXXX1009

324150451990

862956

reference #: 003438

AMT: \$ 185.00

Exp#

CARD EXPRESS

900025010801

J0008000

B60103E12002

EXP: XXXX

Auth

MOBILE

CVV :

Name : AMERICAN EXPRESS

TrnID/ValCode: 407600

Bank card

DEPOSIT

USD\$

185.00



ORDER# 3436 123

CUST NO: \*79304

THANK YOU BASIL MTENGULE  
FOR YOUR PATRONAGE

*Basil Mtengule*

Name : X

I agree to pay above total amount

\$185.00

*Basil Mtengule*  
*1217 S. Michigan Ave.*  
*Chicago, IL 60619*  
*(773) 224-5199*

(Exhibit A)

*October 5, 2017*



PAGE NO: 1

**(Exhibit A)**  
 HOB0 25  
 8716 S CICERO  
 OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: BASIL G MTENGULE  
 TO: 7217 S. MICHIGAN

CUSTOMER: \*79304  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/ 5/17 8:28  
 CLERK: DBRA  
 TERMINAL: 108

CHICAGO IL 60619  
 SHIP TO: BASIL G MTENGULE  
 TO: 7217 S. MICHIGAN

773-224-5197 REFERENCE: K\* SUPREME MEASURE CG 1

CHICAGO IL 60619

**ORDER: 3436 /R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION	
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. MEASURE FOR CABINETS TO BE APPLIED TO CABINET PURCHASE OF \$3000 OR MORE DESIGNER COLLEEN GARCIA		185.00	/EA	185.00	
							TAXABLE	0.00
							NON-TAXABLE	185.00
							SUB-TOTAL	185.00
							TAX AMOUNT	0.00
							<b>TOTAL</b>	<b>185.00</b>

**(Exhibit A)**

DEPOSIT AMT 185.00  
 BALANCE DUE 0.00

*Basil Mtengule*

BANKCARD PAYMENT

185.00

BKCRD# XXXXXXXXXXXX1009  
 MID: 324190461990  
 APP: 882956 XR: 003438





(Exhibit B)

\$ 8,314.17

Doris Mengudy  
2217 S. Michigan Ave.  
Ely, IL 60619

Phone: 773-224-5197  
Email: [mtengules@comcast.net](mailto:mtengules@comcast.net)

(Exhibit B)

October 5, 2017

SHOPPING AT HOBO  
C 25  
S CICERO  
OAK LAWN, IL  
(708) 423-4656

10/05/17 6:27PM LGER 108 ORDER

SUB-TOTAL: \$ 7655.90 TAX: \$ 648.27  
TOTAL: \$ 8314.17  
CK#005043 ABA# CK AMT: 8314.17  
DEPOSIT : 8314.17



ORDER# 26725 /25  
CUST NO: \*79305  
Customer Copy

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



PAGE NO: 1

**(Exhibit B)**  
 HOB025  
 8716 S CICERO  
 OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

SHIP TO: BASIL MTENGULE  
 7217 S MICHIGAN

CUSTOMER: \*79305 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 10/ 5/17 6:28  
 CLERK: LGER  
 TERMINAL: 108

773-224-5197 REFERENCE: K\* KWC CLASSIC MPLE VINT CG 1

CHICAGO IL 60619

ORDER: 26725 /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		4889.95	/EA	4,889.95

*(Exhibit B)*

CONTINUED...





PAGE NO: 2

**(Exhibit B)**  
 HOB0 25  
 8716 S CICERO  
 OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

SHIP TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

CUSTOMER: \*79305 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 10/ 5/17 6:28  
 CLERK: LGER  
 TERMINAL: 108

REFERENCE: K\* KWC CLASSIC MPLE VINT CG 1

ORDER: 26725 /R

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.				
			KOUNTRYWOOD CHOICE CABINETS DOOR STYLE CLASSIC WOOD SPECIES MAPLE COLOR VINTAGE				
			HONORING AD912 20% DISCOUNT QUOTED ON 9-18-2017 GOOD FOR 30DAYS PRICING SAVINGS OF \$977.99				

**(Exhibit B)**

CONTINUED...





PAGE NO: 3

**(Exhibit B)**  
 HOBO 25  
 8716 S CICERO  
 OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

SHIP TO: BASIL MTENGULE  
 7217 S MICHIGAN

CUSTOMER: \*79305  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 10/ 5/17 6:28  
 CLERK: LGER  
 TERMINAL: 108

773-224-5197 REFERENCE: K\* KWC CLASSIC MPLE VINT CG 1

CHICAGO IL 60619

**ORDER: 26725 /R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKW % OFF	KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN		977.99	/EA	-977.99 R
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. SENSA GRANITE COLOR TANGUIRE BEVEL EDGE		2776.00	/EA	2,776.00 *
-1	EA	SOSS % OFF	SENSA/AVANZA/ECO % OFF DISCOUNT CREDIT RETURN .... PROMO AD 912 15% DISCOUNT SAVINGS OF \$416.40		416.40	/EA	-416.40 R

**(Exhibit B)**

CONTINUED...





PAGE NO: 4

**(Exhibit B)**  
 HOBBS  
 8716 S CICERO  
 OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

SHIP TO: BASIL MTENGULE  
 7217 S MICHIGAN

CUSTOMER: \*79305 JOB:000  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 10/ 5/17 6:28  
 CLERK: LGER  
 TERMINAL: 108

773-224-5197 REFERENCE: K\* KWC CLASSIC MPLE VINT CG 1

CHICAGO IL 60619

ORDER: 26725 /R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSI	.... SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. INSTALLATION OF CABINETS HUDSON PULL 160MM SATIN NICKEL MFG part# 650-160SN UPC # 843512008672 HUDSON PULL 128MM SATIN NICKEL MFG part# 650-128SN UPC # 843512008641		1017.00	/EA	1,017.00
4	EA	1214778			8.973	/EA	35.89
20	EA	1214774			8.073	/EA	161.46
<b>(Exhibit B)</b>							
CONTINUED...							





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**(Exhibit B)**  
 HOBOS 25  
 8716 S CICERO  
 OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

SHIP TO: BASIL MTENGULE  
 7217 S MICHIGAN

CHICAGO IL 60619

CUSTOMER: \*79305 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 10/ 5/17 6:28  
 CLERK: LGER  
 TERMINAL: 108

773-224-5197 REFERENCE: K\* KWC CLASSIC MPLE VINT CG 1

**ORDER: 26725 /R**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	1226347	* KIT FAUCET BRIDGE W/SPRAY SN MFG part# KS1278ALBS UPC # 663370034831		179.991	/EA	179.99

**(Exhibit B)**

TAXABLE 6648.90  
 NON-TAXABLE 1017.00  
 SUB-TOTAL 7665.90

TAX AMOUNT 648.27  
**TOTAL 8314.17**

CHECK PAYMENT 8314.17  
 CK# 5043

DEPOSIT AMT 8314.17  
 BALANCE DUE 0.00

*Basil Mtengule*

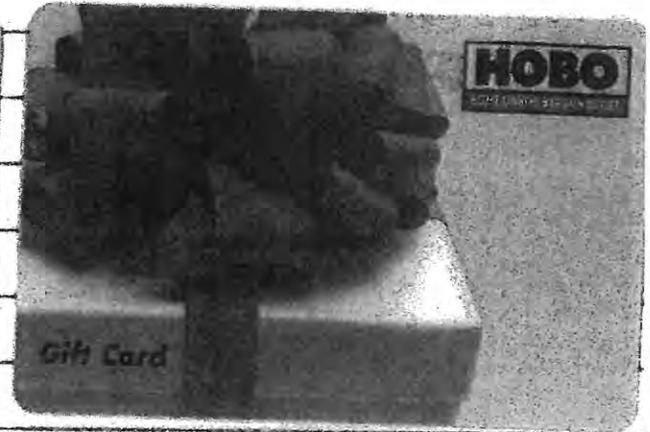




( Exhibit C )

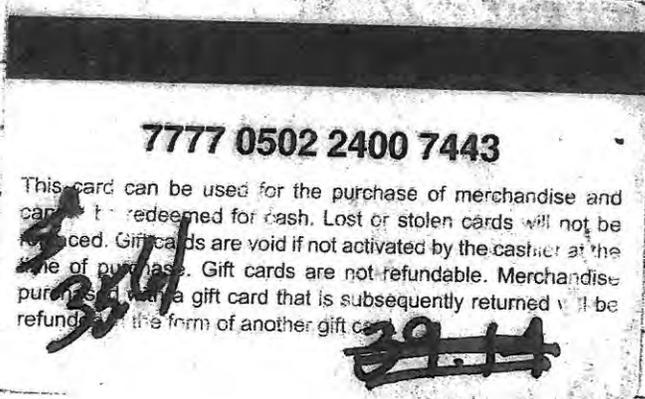
BASIL MTENGULE  
7217 S. Michigan Ave.  
Chicago, IL 60619

HOBO'S GIFT CARDS



Email: mtengules@comcast.net

Phone: 773-224-5197



( Exhibit C )

\$ 35.61  
230.35  
Total \$ 265.96

**RECEIVED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
DEC 17 2018  
JEFFREY P. ALLSTEADT, CLERK  
TEAM - CA

# 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> (27201690)	<b>Claim No:</b> 32	<i>Status:</i>
BASIL MTENGULE	<i>Original Filed</i>	<i>Filed by:</i> CR
7217 S MICHIGAN	<i>Date:</i> 12/14/2018	<i>Entered by:</i> Maria Garcia
CHICAGO, IL 60619	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 12/17/2018	

Amount claimed: \$8765.13  
Priority claimed: \$8765.13

*History:*

[Details](#) [32-1](#) 12/14/2018 Claim #32 filed by BASIL MTENGULE, Amount claimed: \$8765.13 (Garcia, Maria)

*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

<b>Total Amount Claimed*</b>	\$8765.13
<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>	\$8765.13	
<b>Administrative</b>		