

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

Case number 18-30039

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? INFINITI FINANCIAL SERVICES
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? **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>INFINITI FINANCIAL SERVICES</u> Name <u>P.O. Box 660366</u> Number Street <u>Dallas TX 75266-0366</u> City State ZIP Code Contact phone <u>(800)-777-6700</u> Contact email <u>BKPOC@NMAC.COM</u>	<u>NMAC/IFS</u> Name <u>P.O. Box 660366</u> Number Street <u>Dallas TX 75266-0366</u> City State ZIP Code Contact phone _____ Contact email _____
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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) 48 Filed on 01/04/2019
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: 2702

7. How much is the claim? \$11,267.12. 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.
Auto Deficiency Balance

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: Statement of Sale
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: \$11,267.12 (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 all that apply:

	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 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.

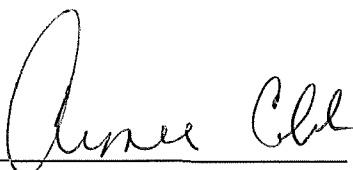
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 03/18/2019
MM / DD / YYYY



 Signature

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

Name	<u>Aimee</u>	<u>Cobb</u>
	First name	Last name
	Middle name	
Title	<u>Bankruptcy Administrator</u>	
Company	<u>INFINITI FINANCIAL SERVICES</u>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	<u>8900 Freeport PKWY</u>	
	Number	Street
	<u>Irving</u>	<u>TX</u>
	City	State
		<u>75063</u>
		ZIP Code
Contact phone	<u>(800)-777-6700</u>	<u>BKPOC@NMAC.COM</u>
		Email

Proof of Claim Attachment

Name of Debtor(s): MORGAN ADMINISTRATION INC

Name of Creditor: INFINITI FINANCIAL SERVICES

Case Number: 18-30039

Statement of Prepetition Fees, Expenses, Charges, and Principal

1. Total Principal Due	\$ <u>10,797.12</u>
2. Total Interest Due	\$ <u>0.00</u>
3. Total Late Charges Due	\$ <u>75.00</u>
4. Total Repossession Fees Due	\$ <u>395.00</u>
5. Total Prepetition Fees, Expenses, Charges and Principal Due	\$ <u>11,267.12</u>

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: (27421867)
Infiniti Financial Services
POB 660366
Dallas, TX 75266-0366

Claim No: 48

Original Filed Date: 01/04/2019

Original Entered Date: 01/04/2019

Last Amendment Filed: 03/18/2019

Last Amendment Entered: 03/18/2019

Amount claimed: \$11267.12

History:

[Details](#)

[48-1](#)

01/04/2019 Claim #48 filed by Infiniti Financial Services, Amount claimed: \$10847.12 (Cob)

[Details](#)

[48-2](#)

03/18/2019 Amended Claim #48 filed by Infiniti Financial Services, Amount claimed: \$1126

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*	\$11267.12
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		

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 (State)

Case number 18-30039

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 lease 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 attachments.

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>INFINITI FINANCIAL SERVICES</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>NILT</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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) <u>INFINITI FINANCIAL SERVICES</u> Name <u>P.O. BOX 660366</u> Number Street <u>DALLAS TX 75266-0366</u> City State ZIP Code Contact phone <u>(800) 777-6700</u> Contact email <u>BKPOC@NMAC.COM</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____	
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 <u>MM / DD / YYYY</u>		
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

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: 2702

7. How much is the claim? \$ 10,847.12. 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.
AUTO LEASE

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: Certificate of Title
 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: \$ 10,847.12
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: \$ 0.00
Annual Interest Rate (when case was filed) N/A %
 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. \$ 0.00

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 all that apply:

	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 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:

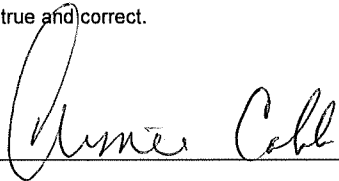
I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 01/03/2019
MM / DD / YYYY



 Signature

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

Name Aimee Cobb
First name Middle name Last Name

Title Bankruptcy Administrator

Company INFINITI Financial Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City _____ State _____ Zip Code _____

Contact phone (800) 777-6700 Email BKPOC@NMAC.COM

Proof of Claim Attachment

Name of Debtor(s):

Name of Creditor:

Case Number:

Statement of Prepetition Fees, Expenses, Charges, and Principal

1. Total Principal Due	\$	<input type="text" value="10,797.12"/>
2. Total Interest Due	\$	<input type="text" value="0.00"/>
3. Total Late Charges Due	\$	<input type="text" value="50.00"/>
4. Total Repossession Fees Due	\$	<input type="text" value="0.00"/>
5. Total Prepetition Fees, Expenses, Charges and Principal Due	\$	<input type="text" value="10,847.12"/>

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO. JN8AZ2NE9G9122702 YEAR 2016 MAKE INFINITI MODEL QX80 BODY STYLE UTILITY TITLE NO. 16238691063
DATE ISSUED 08/25/16 ODOMETER 39 CCM MOBILE HOME SQ. FT. PURCHASED 08/16/16 TYPE TITLE ORIGINAL

MAILING ADDRESS: NISSAN INFINITI LT, PO BOX 254648, SACRAMENTO CA 95865-4648

LEGEND(S)
ACTUAL MILEAGE

OWNER(S) NAME AND ADDRESS: NISSAN INFINITI LT LSR, MORGAN ADMINISTRATION INC LSE, 2650 BELVIDERE RD, WAUKEGAN IL 60085-6006



FIRST LIENHOLDER NAME AND ADDRESS: NISSAN INFINITI LT, PO BOX 254648, SACRAMENTO CA 95865-4648

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN: The Lienholder on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

By: [Signature] Date: [Date]
Firm Name: [Firm Name] Signature of Authorized Agent: [Signature] Date: [Date]

NEW LIEN ASSIGNMENT: The information below must be on an application for title and presented to the Secretary of State. Secured Party: [Name] Address: [Address]

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:
1. The mileage stated is in excess of its mechanical limits.
2. The odometer reading is not the actual mileage.
WARNING-ODOMETER DISCREPANCY.
Signature of Seller(s): [Signature] DATE OF SALE: [Date]
Signature of Buyer(s): [Signature] Printed Name: [Name]

I Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS AT SPRINGFIELD

CONTROL NO.

M6604706



Jesse White
JESSE WHITE, Secretary of State

DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

MUST BE COMPLETED BY SELLER

DO NOT DETACH UNTIL SOLD NOTICE OF SALE

SEE INSTRUCTIONS ON REVERSE



INFINITI 2016 JN8AZ2NE9G9122702
Vehicle Make Vehicle Year Vehicle Identification Number (VIN) Date

Name of Seller (Current Registered Owner) Name of Buyer
Complete Address of Seller Complete Address of Buyer
City State ZIP City State ZIP

Under penalties of perjury, I hereby certify that the foregoing is true and correct under the laws of the United States.

Seller's Signature Printed Name of Seller Date

1. PARTIES

Lessor: FIELDS INFINITI
 Street Address: 2100 FRONTAGE ROAD
 Phone: 8479985200
 City, St, Zip: SLEHCOE, IL 60022
 Lease Date: 08/16/2016

Lessee (Co-Lessee): HORGAN ADMINISTRATION, INC
 Street Address: 2650 BELVIDERE RD
 Co-Lessee: LEO S SCHMIDT
 Name of Driver: (Business) N/A
 City, St, Zip: WAUKEGAN IL 60085-6006
 County: ILLINE
 Mailing Address: N/A
 City, St, Zip: N/A
 County: N/A
 Garage Address: N/A
 City, St, Zip: N/A
 County: N/A

"You" and "your" refer equally to the Lessee and Co-Lessee (if any) signing this Lease. "We," "us" and "our" refer to the Dealer, or if this Lease is assigned, to Nissan-Infinity LT (NLT) and/or any other assignee. "Vehicle" refers to the Motor Vehicle described below, including attachments, equipment, the battery and accessories, including any charging accessories included with the vehicle. You agree to lease this Vehicle from us under the terms on the front and back of this Lease. You understand that this is a Lease. You do not own the Vehicle, unless and until you exercise your option to purchase the Vehicle.

2. DESCRIPTION OF LEASED PROPERTY

Year: 2016 Make: INFINITI Model: QX80 VIN: JHRA72HE9G9122702 PRIMARY USE: Commercial Personal, Family or Household

Color/Key Code: RAB/HAJE Body Style: UT Odometer Reading: 39

3. FEDERAL CONSUMER LEASING ACT DISCLOSURE BOX

AMOUNT DUE AT LEASE SIGNING	MONTHLY PAYMENTS	OTHER CHARGES (not part of your monthly payment)	TOTAL OF PAYMENTS
Your first monthly payment of \$ 899.76 is due on signing, followed by 38 payments of \$ 899.76 due on the 15th of each month, beginning on 02/15/16. The total of your monthly payments is \$ 35079.64		a) Disposition Fee (if you do not purchase the Vehicle) \$ 395.00 b) N/A c) N/A d) Total \$ 395.00	(The amount you will have paid by the end of the Lease) \$ 41774.91

4. ITEMIZATION OF AMOUNT DUE AT LEASE SIGNING OR DELIVERY

AMOUNT DUE AT LEASE SIGNING OR DELIVERY	HOW THE AMOUNT DUE AT LEASE SIGNING OR DELIVERY WILL BE PAID
a) Capitalized Cost Reduction including any net trade-in allowance \$ 6000.00	1) Net Trade-in Allowance \$ N/A
b) First Monthly Payment \$ 899.76	2) Rebates and Non-Cash Credits \$ N/A
c) Refundable Security Deposit \$ N/A	3) Amount To Be Paid In Cash \$ 7189.03
d) Title Fees \$ N/A	4) Total \$ 7189.03
e) Registration Fees \$ N/A	
f) Tax on Cap Cost Reduction \$ N/A	
g) Sales Tax Paid In Advance \$ N/A	
h) Lic/Reg. Fe \$ 170.00	
i) Dealer Doc \$ 169.21	
j) Total \$ 7189.03	

5. YOUR MONTHLY PAYMENT IS DETERMINED AS SHOWN BELOW

a) Gross Capitalized Cost (The agreed upon value of the Vehicle \$ 76665.00 and any taxes you pay over the lease term including taxes, license, service contracts, insurance and any outstanding prior credit or lease balance. If you want an itemization of this amount, please see Section 4.) \$ 80391.69	b) Depreciation and Any Amortized Amounts (The amount charged for the Vehicle's decline in value through normal use and for other factors paid over the lease term.) \$ 27574.74
c) Cap Reduced Cost Reduction (The amount of any net trade-in allowance, rebate, non-cash credit or cash you pay that reduces the gross capitalized cost.) \$ 6000.00	d) Rent Charge (The amount charged in addition to the depreciation and any amortized amounts.) \$ 7515.90
e) Adjusted Capitalized Cost (The amount used in calculating your base monthly payment.) \$ 74391.69	e) Total of Base Monthly Payments (The depreciation and any amortized amounts plus the rent charge.) \$ 33090.64
f) Residual Value (The value of the Vehicle at the end of the Lease used in calculating your base monthly payment.) \$ 46816.95	f) Number of Payments in Your Lease \$ 39
	g) Base Monthly Payment \$ 899.76
	h) Monthly Sales, Use or Lease Tax \$ N/A
	i) Monthly Luxury Tax \$ N/A
	j) Total Monthly Payment \$ 899.76

6. IMPORTANT TERMS

Early Termination: You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be. See Section 14.

Excessive Wear and Tear: You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 10,000 miles per year at the rate of 25 cents per mile. See Section 20. If this box is checked, this mileage includes N/A miles over the terms of the Lease purchased at N/A cents per mile, which is included in your monthly payment. There will be no refund for unused miles, including any additional miles purchased by you.

Purchase Option at End of Lease Term: You have an option to purchase the Vehicle at the end of the lease term for \$ 46816.95, and a Purchase Option Fee of \$200.00. See Section 15.

Other Important Terms: This Lease contains additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

7. ILLINOIS MOTOR VEHICLE LEASING ACT DISCLOSURE BOX

CAPITALIZED COST (The agreed upon amount determined at lease inception for all items and services included in the lease)	\$ 80391.69
CAPITALIZED COST REDUCTION	\$ 6000.00
ADJUSTED CAPITALIZED COST (The agreed upon amount which serves as the basis for determining the base lease payment. If you are not in default, this amount plus any applicable early termination charges is determined for your maximum early termination obligation.)	\$ 74391.69
RESIDUAL VALUE	\$ 46816.95

8. ITEMIZATION OF GROSS CAPITALIZED COST

a) Agreed upon value of the Vehicle	\$ 76665.00
b) Up-Front Sales Tax, if applicable	\$ 2936.61
c) Title, License and Registration	\$ N/A
d) Acquisition Fee	\$ 700.00
e) Service Contract(s) and/or Maintenance Contract(s) (See Section 11)	\$ N/A
f) Credit Life and/or Disability Insurance (See Section 11)	\$ N/A
g) Prior Credit or Lease Balance	\$ N/A
h) N/A	\$ N/A
i) N/A	\$ N/A
j) COOK CHEY FLAT	\$ 15.00
k) N/A	\$ N/A
l) N/A	\$ N/A
m) CVR/ERT F.E.	\$ 25.00
n) Total Gross Capitalized Cost	\$ 80391.69

9. VEHICLE WARRANTIES

This Vehicle is covered by any warranty, extended warranty, service contract or maintenance contract indicated below:

Standard New Vehicle Limited Warranty provided by the manufacturer or distributor of this Vehicle.

Mechanical Breakdown Protection (MBP), a service contract for the repair of certain major mechanical breakdowns of this Vehicle and related expenses.

Maintenance Contract, a contract for regularly scheduled care and maintenance of this Vehicle.

Used Vehicle Limited Warranty

N/A

EXCEPT AS EXPRESSLY PROVIDED UNDER THIS LEASE, WE OFFER NO EXPRESS OR IMPLIED WARRANTIES WITH RESPECT TO THIS VEHICLE. WE MAKE NO IMPLIED WARRANTY OF MERCHANTABILITY. THE LESSOR ACCEPTS NO RESPONSIBILITY FOR THE QUALITY OF THE GOODS EXCEPT AS OTHERWISE PROVIDED IN THIS CONTRACT. THE LESSOR ASSUMES NO RESPONSIBILITY THAT GOODS SHALL BE FIT FOR ANY PARTICULAR PURPOSE FOR WHICH YOU MAY BE LEASING THESE GOODS, EXCEPT AS OTHERWISE PROVIDED IN THE CONTRACT.

10. ESTIMATED FEES AND TAXES

The estimated total amount you will pay for official and license fees, registration, title and taxes, including personal property taxes, over the term of your lease, including with your monthly payments or assessed otherwise is \$ 2392.94. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect at the value of the leased property at the time a fee or tax is assessed.

11. OPTIONAL INSURANCE, COVERAGES AND WARRANTIES

These products are not required to enter into this Lease and will not be provided unless you opt into below. If insurance, coverage and/or warranties are purchased by you, these are shown in a code given to you on this date. These products may not be available in some states.

a) Credit Life Insurance	\$ N/A
b) Credit Disability Insurance	\$ N/A
c) Mechanical Breakdown Protection (Covers parts of Vehicle up to score of 100/1000/10000)	\$ N/A
d) Maintenance Contract	\$ N/A
e) N/A	\$ N/A
f) N/A	\$ N/A
g) N/A	\$ N/A
h) N/A	\$ N/A
i) N/A	\$ N/A
j) N/A	\$ N/A
Total Premiums/Charges	\$ N/A

12. SIGNATURES

Signature/DIRECTLY AUTHORIZED AGREEMENT (Not required. Please complete and sign if you want this option.)
 You agree to let us debit the payments shown in this contract from your account electronically when they are due. The payments will be debited from the Bank or other financial institution listed below. You also agree to let your Bank honor the debit requests. You agree to continue to make your payments until you are notified by us that the debit payment process is engaged. This agreement will be in effect until all payments have been made. You can stop the debits at any time by giving us and your Bank written notice by email that shows a reasonable period of time for us to act. You acknowledge that we will not send you paper monthly billing statements. You will be able to view your monthly billing statement electronically by logging in and registering at www.nissanusa.com. You agree to provide us with a valid check that has your full name, branch address and account number so we can arrange the debit.

13. NOTICE

ANY HOLDER OF THIS CONSUMER LEASE IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH (1) THE LESSEE COULD ASSERT AGAINST THE LESSOR OF THE VEHICLE LEASED PURSUANT HERETO AND (2) ARE APPARENT ON THE FACE OF THE CONSUMER LEASE. RECOVERY BY THE LESSEE SHALL NOT EXCEED AMOUNTS PAID BY THE LESSEE HEREUNDER.

14. PLEASE SEE OTHER SIDE FOR ADDITIONAL TERMS AND CONDITIONS.

NOTICE: THIS CONTRACT CONTAINS AN ARBITRATION CLAUSE. PLEASE SEE OTHER SIDE.

Notice Regarding Arbitration: By signing below, you acknowledge that this Lease contains an arbitration clause and that you have read it. PLEASE SEE THE ARBITRATION CLAUSE IN SECTION 29 BEFORE SIGNING HERE.

Lessee Signature: *Leo Schmidt* Co-Lessee Signature: *Leo Schmidt*

This Lease is the entire agreement and can only be changed by written agreement between the Lessor, Co-Lessee (if applicable) and Dealer, NLT, or any other assignee. If this Lease is assigned, there are no other written or verbal agreements. Any provision of this Lease which is invalid, illegal or unenforceable shall be ineffective without affecting in any way the remaining provisions. All lessees and guarantors are jointly and severally liable.

NOTICE TO THE LESSEE: THIS IS A LEASE. YOU HAVE NO OWNERSHIP RIGHTS IN THE VEHICLE UNLESS AND UNTIL YOU EXERCISE YOUR OPTION TO PURCHASE THE VEHICLE. IF THIS LEASE CONTAINS A PURCHASE OPTION, DO NOT SIGN THIS LEASE BEFORE YOU READ IT. EARLY TERMINATION MAY REQUIRE YOU TO PAY A SUBSTANTIAL AMOUNT. YOU ARE ENTITLED TO A COMPLETED COPY OF THIS LEASE WHEN YOU SIGN IT. YOU HAVE READ BOTH SIDES OF THIS LEASE BEFORE SIGNING. YOU ARE ENTITLED TO AND HAVE RECEIVED A COMPLETED COPY OF THIS LEASE.

Leo Schmidt NISSAN ADMINISTRATION, INC
Leo Schmidt President

Guarantor

For purposes of this section, the my/myself/s/he refers solely to Guarantor. We jointly, severally and unconsciously guarantee the performance of all payment and other obligations of the Lessee, under the Lease. Upon any default by Lessee, Lessor may, at Lessor's option, proceed immediately against Guarantor without first proceeding against Lessee, any other guarantor or taking possession of and disposing of the Vehicle. My/our liability is primary and will be unaffected by any settlement, compromise, arbitration, release or discharge of Lessee or other guarantor. We waive all defenses and all rights to demands and set-offs. The guarantee runs to the benefit of Lessor's successors and assigns.

GUARANTOR SIGNATURE: *Leo Schmidt* GUARANTOR SIGNATURE: *Leo Schmidt* GUARANTOR SIGNATURE: *Leo Schmidt*

PRINT NAME: *Leo Schmidt* PRINT NAME: *Leo Schmidt* PRINT NAME: *Leo Schmidt*

Lessor

a) Lessor accepts the terms of this Lease, and b) Lessor assigns and transfers to Nissan-Infinity LT (NLT) all of Lessor's rights, title and interest in and to this Vehicle and this Lease including all amounts payable hereunder pursuant to the terms of the applicable written Retailer Agreement between Lessor and Nissan-Financial Services (NFS), the benefits of which have been assigned by NFS to NLT for purposes of leases assigned to NLT. Any guarantor by Retailer is made notwithstanding the terms of the Retailer Agreement.

By signing below, the Lessor accepts the terms and conditions of this Lease.

FIELDS-INFINITI
 Lessor (PRINT NAME): *Leo Schmidt* Lessor (PRINT NAME): *Leo Schmidt* Lessor (PRINT NAME): *Leo Schmidt*

MLP24 10/14/14 4/15 11/14 Revised Lease and 4/14/14 Revised New Lessee Contract ORIGINAL

Additional Terms and Conditions

Vehicle Return

When your Lease terminates, whether early or as scheduled, you will return the Vehicle to an authorized dealer or other location specified in this Lease...

Scheduled Termination

The scheduled term of your Lease is the number of months corresponding to the number of monthly payments identified in Sections 3 and 5. At the end of the lease term, you will return this Vehicle and pay any amount due.

Early Termination

Conditions for YOUR early termination. You may terminate this Lease before the end of the lease term, effective on the due date of a monthly lease payment...

VEHICLE INSURANCE, MAINTENANCE, PAYMENTS AND USE

Insurance

You are responsible for the following minimum types and amounts of coverage (Required Insurance) during the lease term: 1) Comprehensive coverage...

PHYSICAL DAMAGE OR LIABILITY INSURANCE COVERAGE FOR BODILY INJURY OR PROPERTY DAMAGE CAUSED TO OTHERS IS INCLUDED IN THIS LEASE.

Late Charge, Returned Check Charge, Fines, and Fees

If any monthly payment is not received in full by us within 15 days after the due date, you will pay a late charge of 1% of the monthly payment due...

Official Fees and Taxes

You will pay when due all official fees and taxes, including registration, title and license fees, and personal property taxes related to this Vehicle or this Lease...

Vehicle Maintenance and Use

You agree to maintain this Vehicle at your own expense. You agree to follow the owner's manual and maintenance schedule and to make all necessary repairs and replacement of parts...

ADDITIONAL INFORMATION

Notices and Communications

Unless you give prior notice of a change in an address, we may send any notices to one or more of the Lessee's addresses shown on this Lease. Any notice will be deemed sufficiently given to you if it is mailed to the last address shown on this Lease...

Security Deposit (If collected)

We may use the security deposit to offset any amounts that you owe under this Lease, if you perform all of your obligations under this Lease, the security deposit will be returned to you after lease termination...

Security Interest

Unless otherwise provided by applicable law, you give us a security interest in this Vehicle or its proceeds, cancellation refunds or other rights under any contract issued with respect to this Vehicle...

Assignment

We may assign our interest in this Lease without prior notice and without your consent, if the Lease is assigned to NACI Inland Financial Services ("NFI") as a service.

Default and Payments

You will be in default if: (a) you do not make a payment within 10 days after the due date; (b) any information on your or a guarantor's credit application is false; (c) you do not maintain insurance coverage required by this Lease...

Damage, Loss or Potential Loss of This Vehicle

You are responsible for the risk of loss, damage or destruction of this Vehicle during the lease term and until you return this Vehicle to us as required above. If this Vehicle is damaged or destroyed in an accident or other occurrence...

Adjusted Lease Balance

The amount disclosed in Section 13, plus: (i) an Early Termination Charge equal to the difference, if any, between the Adjusted Lease Balance and this Vehicle's Residual Value...

Residual Value

"Residual Value" is the wholesale value assigned by us in a commercially reasonable manner in accordance with accepted practices in the automotive industry for valuation of used vehicles...

Purchase Option

You have the option to purchase this Vehicle "AS IS" from the originating dealer, or other location we specify, in cash for the Purchase Option Price, plus any optional fees and taxes...

Excess Wear and Use

You are responsible for all repairs to the Vehicle that are not the result of normal wear and use. At the end of the lease term or at early termination, you will pay the amount it would cost for the repairs (except in the cases when a Professional Appraiser sets forth in Section 14...

REPAIR

REPAIR: Inoperative mechanical parts including power accessories, belts, hoses, hoses or related items on the body, misaligned parts, broken windows or broken window mechanisms, broken headlight lenses or sealed beams, dents, scratches or gouges in the bumper, broken grilles or dents in the grille, single dent or a series of small dents on other trim parts, including hood and light housings or seals, hood, hood, door, door or carrying that use time or are damaged beyond ordinary wear and use or are bent.

REPLACE

REPLACE: Any windshield damaged with chips, cracks or ball eyes, any one flat or multiple flats of 1/4" or less with an emergency repair, any tire less than 1/4" tread remaining at the shoulder point, or tires which are not a matching set of tires of comparable type and quality to the tires furnished with this Vehicle upon commencement of this Lease...

Indemnity

You agree to indemnify us from, and to pay on our behalf, any claim, loss or liability (including damages, costs, expenses and legal fees) which arises from or is related to the use, maintenance or operation of this Vehicle...

Notice Regarding Assignments

If the Dealer and Lessee are assigned by the Dealer to NACI, then: (1) The Dealer is hereby notified that it has assigned to NACI Inland Financial Services Co. (NFI) all its rights (but not its obligations) to acquire the Vehicle upon Lease inception...

ARBITRATION CLAUSE - IMPORTANT - PLEASE REVIEW - AFFECTS YOUR LEGAL RIGHTS

1. EITHER YOU OR WE MAY CHOOSE TO HAVE ANY DISPUTE, EXCEPT AS STATED BELOW, BETWEEN US DECIDED BY ARBITRATION AND NOT IN COURT OR BY JURY TRIAL. 2. IF A DISPUTE IS ARBITRATED, YOU WILL GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS ACTION THAT WE HAVE AGAINST US INCLUDING ANY RIGHT TO CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS. 3. DISCOVERY AND RIGHTS TO APPEAL, AN ARBITRATION AWARD IS GENERALLY MORE LIMITED THAN A JUDGMENT AND OTHER RIGHTS THAT YOU AND WE WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION.

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

<p><i>Creditor:</i> (27421867) Infiniti Financial Services POB 660366 Dallas, TX 75266-0366</p>	<p>Claim No: 48 <i>Original Filed</i> Date: 01/04/2019 <i>Original Entered</i> Date: 01/04/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Aimee S Cobb <i>Modified:</i></p>
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Amount claimed: \$10847.12
 Secured claimed: \$10847.12

History:
[Details](#) [48-1](#) 01/04/2019 Claim #48 filed by Infiniti Financial Services, Amount claimed: \$10847.12 (Cobb, Aimee)

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*	\$10847.12
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	\$10847.12	
Priority		
Administrative		