

**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  
JAN 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? Janet Lynn Sutton  
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><u>Janet Lynn Sutton</u> Name <u>277 Hickory Lane</u> Number Street <u>Antioch IL 60002</u> City State ZIP Code Contact phone <u>779-772-5023</u> Contact email <u>jlsutton1961@yahoo.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>same</u> Name Number Street City State ZIP Code Contact phone _____ 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? \_\_\_\_\_

50

**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: CASE # 18-30039 4200

7. How much is the claim? \$ 1763.00 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.  
unpaid vacation time + accrued vacation time

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_

Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_

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). \$ 1763.00

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

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

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/30/2018  
MM / DD / YYYY

Janet Lynn Sutton  
Signature

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

Name Janet Lynn Sutton  
First name Middle name Last name

Title self

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

Address 277 Hickory Ln  
Number Street

Antioch IL 60002  
City State ZIP Code

Contact phone 779-772-5023 Email jlsutton1961@yahoo.com

# Janet Sutton

Corporate

Last Day:	12/15/2018	Date of Hire:	9/28/2009
Vac Award Balance:	80.00	FT Date:	9/28/2009
Vac Hours Accrued:	30.00	Last Award Date:	9/28/2018
Total Payout Hours	110.00	Vacation Award:	120.00
		Months Accrued:	3
X Current Hourly Rate:	<del>\$25.00</del>	Total Vac Hours Accrued:	30.00
Total Vac Payout:	\$2,750.00		
	<del>986.67 pd 12/21</del>	Years of Service:	9.22
	\$ 1763.33	Days Since Last Award Date:	78.00
		Months Accrued:	2.60

Claim \$ 1763.00

#371 - Janet L. Sutton Voucher # (32486) Pay Date: 12/21/2018  
 CORP Pay Period: 12/02/2018-12/15/2018

Earnings				
	Rate	Hours	YTD	Current
BON				
HOL				
OT				
REG	25.00			
SICK				
TRA				
VAC	25.00	8:00	124:00	200.00
VAC	25.00	31:28	31:28	786.67
<b>Gross Pay</b>				

Net Pay  
 Checking (8559)

Deductions		
	Current	YTD
401k		
DENTAL125		
FSR MED 125		
MED125		
VISION125		
VOL ACCIDENT		
VOL LIFE EE		
ROTH 401k		
<b>Total</b>	<b>0.00</b>	<b>3,936.90</b>

Company Paid Benefits		
	Current	YTD
MED125		
FSR125		
FLCA		
MEDI		
SUTA-IL		
<b>Total</b>		

Tax Allowance Settings  
 Federal:   
 Illinois:

Taxes Withheld			
	Taxable	Taxable YTD	Current
FICA			
FLCA			
MEDI			
SUT-IL			
<b>Total</b>			

- 1 Reduces your Federal & State Withholding Taxable Wage
- 2 Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
- 3 For information purposes only. No effect on your net pay.

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

**HOBO Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

Pay Date: 12/21/2018  
 Voucher #: (32486)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Janet L. Sutton	1	Checking	XXXXX8559	075000919	

CORP 371 12/21/2018 (32486)  
**Janet L. Sutton**  
 277 Hickory Ln  
 Antioch, IL 60002

**NON-NEGOTIABLE - THIS IS NOT A CHECK**

**HOBO Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

CORP 371 12/21/2018 (32486)  
**Janet L. Sutton**  
 277 Hickory Ln  
 Antioch, IL 60002

**PERSONAL & CONFIDENTIAL**

2003

# 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:* (27200613)      [History](#)      **Claim No: 50**      *Status:*  
 Janet Lynn Sutton      *Original Filed*      *Filed by:* CR  
 277 Hickory Lane      *Date:* 01/07/2019      *Entered by:* Kevin Lyons  
 Antioch IL 60002      *Original Entered*      *Modified:*  
    *Date:* 01/07/2019

Amount claimed: \$1763.00  
 Priority claimed: \$1763.00

*History:*  
[Details](#)      [50-1](#) 01/07/2019 Claim #50 filed by Janet Lynn Sutton, Amount claimed: \$1763.00 (Lyons, Kevin)  
*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>	\$1763.00
<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>	\$1763.00	
<b>Administrative</b>		