

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 District

Case number 18-30039

FILED

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN -8 2019

RECEIVED

JAN 02 2019

BMC GROUP

Official Form 410

Proof of Claim

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

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?

Maria A. Barba

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?

Maria Barba

Name

1021 Austin Ave

Number Street

Aurora IL 60505

City

State

ZIP Code

Contact phone 630-809-5862Contact email gela.mariab@hotmai.com

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

Name

Number Street

City

State

ZIP Code

Contact phone 630-957-7441

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: 1145

7. How much is the claim?

\$ 2962.31

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.

Purchase of countertop and cabinets and installation

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).

Amount entitled to priority

\$ _____

☐ 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.

\$ _____

* 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

12/24/2018
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

STATE OF ILLINOIS) SUPREME CONSTRUCTION INC
14013 w Russell Rd, Zion, IL 60099

COUNTY OF KANE

TO: Maria & Hector Barba

1021 Austin Avenue, Aurora, IL 60505

You are hereby notified that Supreme Construction INC, of 14013 w Russell Rd, Zion, IL 60099, has been engaged and employed by contractor HOBO, of 1693 S. Plainfield Rd., Crest Hill, IL 60403, on 09/14/18 to Install Cabinets and did, accordingly, on 09/14/18 start The installation of cabinets and has completed the installation of cabinets for the premises owned and occupied by you at 1021 Austin Avenue, Aurora, IL 60505; and that the total contract price for the installation of cabinets is \$651.45. The undersigned claims a lien therefor against the above-described property, against your interest therein, and against money due from you to the contractor.

Dated at Lake County, Illinois, this 26th day of October, 2018.

Marc Taylor

President

NOTICE TO OWNER

The subcontractor providing this notice has performed work for or delivered material to your home improvement contractor. These services or materials are being used in the improvements to your residence and entitle the subcontractor to file a lien against your residence if the services or materials are not paid for by your home improvement contractor. A lien waiver will be provided to your contractor when the subcontractor is paid, and you are urged to request this waiver from your contractor when paying for your home improvements.

THANK YOU FOR SHOPPING AT HOB0
HOB0 23
1693 PLAINFIELD RD
CREST HILL, IL 60403
(815) 730-8340

06/05/18 3:42PM JLIP 61 ORDER

SUB-TOTAL:\$ 2015.10 TAX: \$ 161.21
TOTAL: \$ 2176.31
BC AMT: \$ 2176.31

BK CARD#: XXXXXXXXXXXX3267
MID: 324191420995
AUTH: 01046Z AMT: \$ 2176.31
Host reference #:275013 Bat#

Authorizing Network: MASTERCARD

Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A00000000041010
TVR : 0000008000
IAD : 01106070012200005EFC000000000000
TSI : E800
ARC : 00
MODE : Issuer
CVM :
Name : MASTERCARD
ATC :0002
AC : 21F7ECDF0BA15C08
TxnID/ValCode: 902531

Bank card USD\$ 2176.31
DEPOSIT : 2176.31



ORDER# 275007/23
CUST NO: 31922

THANK YOU MARIA BARBA
FOR YOUR PATRONAGE

Maria A. Barba

Name : X
I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: MARIA BARBA
REF: K* SENSE BLUE PEARL BEV CF 1

Customer Copy

- ALL RETURNS AND EXCHANGES MUST BE IN

HOB0 23
1693 PLAINFIELD RD
CREST HILL, IL 60403
PHONE: (815) 730-8340

PAGE NO: 1

SOLD MARIA BARBA
 TO: 1021 AUSTIN AVE

CUSTOMER: 31922
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 6/ 5/18 3:42

AURORA IL 60505

CLERK: JLP
 TERMINAL: 61

SHIP BARBA/MARIA
 TO: 630-957-7441 REFERENCE: K* SENSА BLUE PEARL BEV CF 1

ORDER: 275007/P

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
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 BLUE PEARL BEVEL EDGE LOF100 SINK DELIVER TO: MARIA BARBA 1021 AUSTIN AVE AURORA IL 60505 630-699-5722 HECTOR		2239.00	/EA	2,239.00

CONTINUED...



HOBO 23
1693 PLAINFIELD RD
CREST HILL, IL 60403

PHONE: (815) 730-8340

SOLD TO: **MARIA BARBA**
1021 AUSTIN AVE

CUSTOMER: 31922
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 6/5/18 3:42

CLERK: JLIP

TERMINAL: 61

AURORA IL 60505

SHIP TO: **BARBAMARIA** 630-957-7441 REFERENCE: K* SENSEA BLUE PEARL BEV CF 1

ORDER: 275007/P

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOSS % OFF	630-957-7441 MARIA DESIGNER CRYSTAL SENSA/AVANZA/ECO % OFF DISCOUNT CREDIT RETURN 10% OFF SAVINGS OF \$223.90		223.90	/EA	-223.90 R
			TAXABLE				2015.10
			NON-TAXABLE				0.00
			SUB-TOTAL				2015.10
			TAX AMOUNT				161.21
			TOTAL				2176.31

DEPOSIT AMT **2176.31**
 BALANCE DUE 0.00

BANKCARD PAYMENT

2176.31

X Maria A. Barba

BKCRD# XXXXXXXXXXXX3267

MID: 324191420995

APP: 01046Z

XR: 275013



THANK YOU FOR SHOPPING AT HOBO
HOBO 23
1693 PLAINFIELD RD
CREST HILL, IL 60403
(815) 730-8340

06/05/18 3:44PM JLIP 61 ORDER

SUB-TOTAL:\$ 786.00 TAX: \$.00
TOTAL: \$ 786.00
BC AMT: \$ 786.00

BK CARD#: XXXXXXXXXXXX3267
MID: 324191420995
AUTH: DECLINED AMT: \$ 00.00
Host reference #:275014 Bat#

Authorizing Network: MASTERCARD

Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A0000000041010
TVR : 0000008000
IAD : 01102050012200009FDB000000000000
TSI : E800
ARC : 05
MODE : Issuer
CVM :
Name : MASTERCARD

Name : X
BK CARD#: XXXXXXXXXXXX3162
MID: 324191420995
AUTH: 018541 AMT: \$ 786.00
Host reference #:275015 Bat#

Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A0000000041010
TVR : 0000048000
IAD : 01146070012200007DEF000000000000
TSI : E800
ARC : 00
MODE : Issuer
CVM : Verified by PIN
Name : MASTERCARD DEBIT
ATC :0057
AC : 5967B513AE8EA87B

Bank card USD\$ 786.00
DEPOSIT : 786.00



ORDER# 275009/23
CUST NO: 31922

THANK YOU MARIA A BARBA
FOR YOUR PATRONAGE

HOB0 23
1693 PLAINFIELD RD
CREST HILL, IL 60403
PHONE: (815) 730-8340

PAGE NO: 1

SOLD MARIA BARBA
 TO: 1021 AUSTIN AVE

CUSTOMER: 31922
 TERMS: CASH/CHECK/BANKCARD
 JOB: 000

AURORA IL 60505

DATE / TIME: 6/5/18
 CLERK: JLP
 TERMINAL: 61
 3:44

SHIP BARBAMARIA A
 TO: 630-957-7441
 REFERENCE: K* SUPREME INSTALL CF 1

ORDER: 275009/P

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 HAAS CABINETRY CUSTOMER INFO: MARIA BARBA 1021 AUSTIN AVE AURORA IL 60505 630-699-5722 HECTOR 630-957-7441 MARIA DESIGNER CRYSTAL XXXXXXXXXXXXX3162 \$786.00		786.00	/EA	786.00
							N

CONTINUED...



HOBO 23
1693 PLAINFIELD RD
CREST HILL, IL 60403
PHONE: (815) 730-8340

SOLD TO: MARIA BARBA
 1021 AUSTIN AVE
 CUSTOMER: 31922
 TERMS: CASH/CHECK/BANKCARD

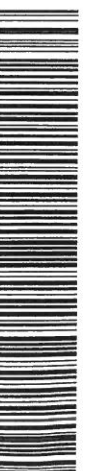
DATE / TIME: 6 / 5 / 18 3:44
 CLERK: JLP
 TERMINAL: 61

SHIP TO: AURORA IL 60505
 BARBA/MARIA A 630-957-7441
 REFERENCE: K* SUPREME INSTALL CF 1

ORDER: 275009/P

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			AUTH:018541 REF:275015				
DEPOSIT AMT							0.00
BALANCE DUE							786.00
BANKCARD PAYMENT							0.00
TAXABLE							0.00
NON-TAXABLE							786.00
SUB-TOTAL							786.00
TAX AMOUNT							0.00
TOTAL							786.00

BKCRD# XXXXXXXXXXXXX3162
 MID: 324191420995
 APP: 018541



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: (27428868)

Claim No: 58

Status:

MARIA A BARBA

Original Filed

Filed by: CR

1021 AUSTIN AVE

Date: 01/08/2019

Entered by: Kimetha Collier

AURORA, IL 60505

Original Entered

Modified:

Date: 01/08/2019

Amount claimed: \$2962.31

History:

[Details](#) [58-1](#) 01/08/2019 Claim #58 filed by MARIA A BARBA, Amount claimed: \$2962.31 (Collier, Kimetha)

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*	\$2962.31
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		