

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

MAR 11 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Fill in this information to identify the case:

Debtor 1

Morgan Administration Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the

District of

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?

Janet 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)

Where should notices to the creditor be sent?

Janet Lynn Sutton

Name

277 Hickory Ln

Number

Street

Antioch IL 60002

City

State

ZIP Code

Contact phone

779 772 5023

Contact email

jsutton1961@yahoo.com

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

same

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.

additional claim for medical bills

Claim number on court claims registry (if known)

Filed on 1 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?

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).

\$ 386⁰⁰

☐ 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 2 6 2019
MM / DD / YYYY

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

211 Hickory Ln.
Number Street

Antioch IL
City State

60002
ZIP Code

Contact phone

779 772 5023

Email

jlsutton1961@

yahoo.com

Stephen J. Clark M.D., P.C.

3021 Falling Waters Blvd. S-A

Lindenhurst, IL 60046-6745

Return Service Requested

For Billing questions please contact:
847-356-9300 Option #8, & Option #2

010210

NEX10K 1214328 613762818

Janet Sutton

Antioch, IL 60002-1632



Account No	Statement Date	Previous Balance	Amount Due
SUTJA001	01/11/2019	0.00	125.00
Mail Pay		Enter Payment Amount \$	
by Check	Payable To: Stephen J. Clark M.D., P.C.		Check No.
by Card	Select Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX		
Card No.	Exp. Date		3-4 Digit Security Code
Signature			
Online Pay MyProviderLink.com (Form ID: 227282642)			

Stephen J. Clark M.D., P.C.

3021 Falling Waters Blvd. S-A

Lindenhurst, IL 60046-6745

☐ Check if your billing information has changed. Provide update(s) above or on the reverse side.

Please detach and return top portion with payment

PLEASE NOTE: WE NOW OFFER ONLINE PAYMENTS TO YOUR ACCOUNT. SEE ABOVE ONLINE PAY FOR WEBSITE.

Messages

- Note: There is a fee for missed appt. or failure to give 24 hr. notice before the appt.
- All NSF checks returned are charged a \$35 fee.

Statement Detail			Statement Date 1/11/2019			Account No SUTJA001		
Date	Name	Description	Charge	Paid by Insurance	Deductible	Paid by Guarantor	Adjustments	Remainder
09/17/18	Janet Sutton	Office/outpatient visit, est, mod	150.00			-25.00	✓	125.00
						co-pay		

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: (27625731)

Claim No: 129

Status:

JANET SUTTON

Original Filed

Filed by: CR

277 HICKORY LANE

Date: 03/11/2019

Entered by: Kimetha Collier

ANTIOCH, IL 60002

Original Entered

Modified:

Date: 03/11/2019

Amount claimed: \$386.00

Priority claimed: \$386.00

History:

[Details](#) [129-](#) 03/11/2019 Claim #129 filed by JANET SUTTON, Amount claimed: \$386.00 (Collier, Kimetha)
[1](#)

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*	\$386.00
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	\$386.00	
Administrative		