

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

Debtor 1 <u>Morgan Administration, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30039</u>

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 4/3/2019  
 Jeffrey P. Allsteadt, Clerk

**Official Form 410  
 Proof of Claim**

04/19

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**

<b>1. Who is the current creditor?</b>	MICHAEL LOBOREC Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>Diane Loborec, Heart Care Centers of IL, Palos Health</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	MICHAEL LOBOREC Name 15332 STRADFORD LANE ORLAND PARK, IL 60462  Contact phone <u>708-305-0671</u> Contact email <u>mikeloborec@gmail.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name  _____ Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 198.00</p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.                  Unpaid medical bills from Primary Health on health insurance premiums paid by employee</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,025* 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 \$13,650*) 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 checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 198.00
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/22 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 4/3/2019  
 MM / DD / YYYY

/s/ Michael Loborec

Signature

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

Name Michael Loborec  
 First name Middle name Last name

Title \_\_\_\_\_

Company Morse Data Corporation

Address Identify the corporate servicer as the company if the authorized agent is a servicer

15332 Stradford Lane  
 Number Street  
Orland Park, IL 60462

City State ZIP Code

Contact phone 708-305-0671 Email mikeloborec@gmail.com



16512 106TH CT  
ORLAND PARK, IL 60467-4515

42735



RETURN SERVICE REQUESTED

002845  
0101

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PAGE: 1 of 1

PAYMENT DUE: 03/29/2019

IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER	SIGNATURE CODE	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/15/2019	\$198.00	179784
SHOW AMOUNT PAID HERE		\$

606894 (PC1)

MICHAEL A LOBOREC  
15332 STRADFORD LN  
ORLAND PARK, IL 60462-6741

PRIMARY HEALTH ASSOCIATES PC  
16512 106TH CT  
ORLAND PARK, IL 60467-4515

42735\*TFR0QHB80000205

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

DATE OF SERVICE	DESCRIPTION OF SERVICE	CHARGES	CREDITS	BALANCE
10/09/18	Claim:126554, Provider: Donald R. Gerry, DO			
10/09/18	99214 OFFICEOUTPATIE	198.00		
03/15/19	Your payment is now due. Thank you for your prompt response.			
03/15/19	<b>Your Balance Due On These Services ...</b>			198.00

ACCOUNT TOTAL	CURRENT	30 DAYS	60 DAYS	90 DAYS	OVER 120 DAYS
198.00					

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
03/15/2019	Michael A Loborec	179784	\$198.00

PHONE #: 708-675-1620

MAKE CHECK PAYABLE TO: Primary Health Associates, PC

**MESSAGE:**

You may receive 2 Primary Health Associates invoices with different account numbers and dates of service. Both invoices are due and payable. Thank you.



# 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> (27199452) MICHAEL LOBOREC 15332 STRADFORD LANE ORLAND PARK, IL 60462	<b>Claim No: 132</b> <i>Original Filed</i> <i>Date:</i> 04/03/2019 <i>Original Entered</i> <i>Date:</i> 04/03/2019 <i>Last Amendment</i> <i>Filed:</i> 04/03/2019 <i>Last Amendment</i> <i>Entered:</i> 04/03/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i> 04/03/2019
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Amount claimed: \$198.00

Priority claimed: \$198.00

*History:*

[Details](#) [132-](#) 04/03/2019 Claim #132 filed by MICHAEL LOBOREC, Amount claimed: \$198.00 (ADI, EPoc)

[Details](#) [132-](#) 04/03/2019 Amended Claim #132 filed by MICHAEL LOBOREC, Amount claimed: \$198.00 (ADI, EPoc)

*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>	\$198.00
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$198.00	
<b>Administrative</b>		