

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

Debtor 1 Belvidere Associates LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30043

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN 16 2019  
 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?  
William J. Bienias  
 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? <u>William J. Bienias</u> Name <u>527 Hollyberry Lane</u> Number Street <u>Bourbonnais IL 60914</u> City State ZIP Code Contact phone <u>815-931-5404</u> Contact email <u>WB.Integrity@gmail.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ 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) \_\_\_\_\_ 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: \_\_\_\_\_

7. How much is the claim? \$ 211.51 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.  
Goods sold

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

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). \$ \_\_\_\_\_

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).

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.

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

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.

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.

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 01/09/2019  
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 \_\_\_\_\_

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

CUSTOMER: 256  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/28/18 4:38  
 CLERK: BLOP  
 TERMINAL: 61

SOLD TO: **BILL BIENIAS**  
**527 HOLLYBERRY LN**  
**BOURBONNAIS IL 60914**  
 SHIP TO: **BIENIASWILLIAM J**

815-931-5404 REFERENCE: K\* KWC HARDWARE CF 1

**ORDER: 320885/P**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			DELIVER TO STORE FOR CUSTOMER PICK UP				

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

09/28/18 4:38PM BLOP 61 ORDER

SUB-TOTAL: \$ 195.84 TAX: \$ 15.67  
 TOTAL: \$ 211.51  
 BC AMT: \$ 211.51

BK CARD#: XXXXXXXXXXXX1314  
 MID: 324191420995  
 AUTH: 792267 AMT: \$ 211.51  
 Host reference #: 320899 Bat#

Authorizing Network: MASTERCARD

Chip Read  
 CARD TYPE: MASTERCARD EXPR: XXXX  
 AID : A0000000041010  
 TVR : 8000008000  
 IAD : 01106010012200000000000000000000  
 TSI : 6E00  
 ARC : 00  
 MODE : Issuer  
 CVM :  
 Name : Debit MasterCard  
 ATC : 00CE  
 AC : 2F953954E737A1D9  
 TxnID/ValCode: 101258

Bank card USD\$ 211.51  
 DEPOSIT : 211.51



ORDER# 320885/23  
 CUST NO: 256

THANK YOU WILLIAM J BIENIAS  
 FOR YOUR PATRONAGE

*William J Bienias*

Name : X  
 I agree to pay above total amount  
 according to card issuer agreement  
 (merchant agreement if credit voucher)  
 Acct: BILL BIENIAS  
 REF: K\* KWC HARDWARE CF 1

Customer Copy

DEPOSIT AMT  
 BALANCE DUE  
 211.51  
 0.00

BANKCARD PAYMENT

211.51

TAX AMOUNT  
 TOTAL

15.67  
 211.51

BKCRD# XXXXXXXXXXXX1314  
 MID: 324191420995  
 APP: 792267  
 XR: 320899



# Northern District of Illinois Claims Register

[18-30043 Belvidere Associates LLC](#)

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Eastern Division                      **Last Date to file claims:**  
**Trustee:**    **Last Date to file (Govt):**

<p><i>Creditor:</i> (27451329)          William J. Bienias          527 Hollyberry Lane          Bourbonnais IL 60914</p>	<p><b>Claim No:</b> 47  <i>Original Filed</i>  <i>Date:</i> 01/16/2019  <i>Original Entered</i>  <i>Date:</i> 01/16/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Kevin Lyons  <i>Modified:</i></p>
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Amount claimed: \$211.51

*History:*  
[Details](#) [47-1](#) 01/16/2019 Claim #47 filed by William J. Bienias, Amount claimed: \$211.51 (Lyons, Kevin)

*Description:*  
*Remarks:*

## Claims Register Summary

**Case Name:** Belvidere Associates LLC  
**Case Number:** 18-30043  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$211.51
<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>		
<b>Administrative</b>		