Fill in this ir	formation 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

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

FEB 05 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.

Pai	It 15 Identify the C	laim			
	Who is the current creditor?	Jose Daniel Domingwez  Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	m)		
а	las this claim been cquired from omeone else?	No Yes. From whom?			
a c F B	Where should notices nd payments to the reditor be sent? ederal Rule of ankruptcy Procedure FRBP) 2002(g)	Where should notices to the creditor be sent?  Jose Daniel Damingnez  Name  43 N. Martin Ave  Number Street  Waukegan L GOBS  City State ZIP Code  Contact phone 224-381-9486  Contact email Jdaniel _72180 eyahoo.com  Uniform claim identifier for electronic payments in chapter 13 (if you use	Name  Number  City  Contact phone  Contact email	Street State	ZIP Code
	pes this claim amend ne already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	DD / YYYY
els	you know if anyone se has filed a proof claim for this claim?	No Yes. Who made the earlier filing?	_		

	Do you have any numbe 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: 8 5 5 7
7.	How much is the claim?	S 1748.00  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).
	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.
. I:	s all or part of the claim secured?	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
th eas	NEX.5	No Yes. Amount necessary to cure any default as of the date of the petition. \$
thi	is claim subject to a to f setoff?	

12. Is all or part of the clair entitled to priority unde	- · · ·					
11 U.S.C. § 507(a)?	Yes. Che		Amount entitled to priority			
A claim may be partly priority and partly nonpriority. For example,		estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	\$			
in some categories, the law limits the amount entitled to priority.	■ Up to	\$2,850* of deposits toward purchase, lease, or rental of property or services for all, family, or household use. 11 U.S.C. § 507(a)(7).	or \$			
change to phoney.		es, salaries, or commissions (up to \$12,850*) earned within 180 days before the uptcy petition is filed or the debtor's business ends, whichever is earlier. S.C. § 507(a)(4).	s_1748.00			
	☐ Taxes	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$			
	☐ Contri	butions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
		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	Check the appr	Opriate box:				
this proof of claim must sign and date it.						
FRBP 9011(b).	am the cr					
If you file this claim	I am the creditor's attorney or authorized agent.  I am the trustee, or the debtor, or their authorized agent. Banks at a second					
electronically, FRBP	authorized agent. Bankruptcy Rule 3004.					
005(a)(2) authorizes courts  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature	Lundanterdu					
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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	debt.					
fraudulent claim could be fined up to \$500,000. I have examined the information in this <i>Proof of Claim</i> and have a reasonable		the information in this <i>Proof of Claim</i> and have a reasonable belief that the inf	formation is true			
imprisoned for up to 5	and correct.		- Indian io trac			
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	penalty of perjury that the foregoing is true and correct.				
3571.	Executed on date	/ /				
		MM / DD / YYYY				
	Signature	lethin				
	Print the name of	of the person who is completing and signing this claim:				
i	Name	Tose Daniel Doming First name Middle name Last name	guez			
	Title					
(	Company					
`	Joinpany	Identify the corporate servicer as the company if the authorized agent is a servicer.				
A	Address	43 N. Martin Ave				
		Waukegan 16 60085	3			
		City State ZIP Code				
С	Contact phone	224-381-9486 Email Johniel.	72180@ yaho com			

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03/09/2018 11:23a	Time Entry	03/23/2018		1:00		Lindsey B. Kuemmel	2641
02/26/2018 11:07a	Time Entry	02/28/2018		1.00		Lindsey B. Kuemmel	2641
02/02/2018 11:41a	Time Entry	02/16/2018	•	1.00		Lindsey B. Kuemmel	2641
12/13/2017 11:03a	Time Entry	12/23/2017		1.00		Lindsey B. Kuemmel	2641
12/13/2017 11:03a	Time Entry	12/22/22/22		1.00		Lindsey B. Kuemmel	2641
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# 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):

Creditor: (27508419) Claim No: 89 Status:
Jose Daniel Dominguez Original Filed Filed by: CR

43 N Martin Ave Date: 02/05/2019 Entered by: Kevin Lyons

Waukegan IL 60085 Original Entered Modified:

Date: 02/05/2019

Amount claimed: \$1748.00

History:

<u>Details</u> 89-1 02/05/2019 Claim #89 filed by Jose Daniel Dominguez, Amount claimed: \$1748.00 (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

Total Amount Claimed*	\$1748.00
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		