

## Fill in this information to identify the case:

Debtor 1 Hillcrest Enterprises, LLCDebtor 2  
(Spouse, if filing) \_\_\_\_\_

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

Case number 18-30047**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

JAN 23 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?

Romanita Quintanilla

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?

Romanita Quintanilla

Name

3115 S. Avers Ave

Number

Street

ChicagoIL60623

City

State

ZIP Code

Contact phone

773-719-5274

Contact email

0713iv@gmail.com

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

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. 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? \$ 8,148.64 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 and not recieved

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: custom cabinets
- 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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).

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

1 14 2019  
MM / DD / YYYY

Romanita Quintanilla  
Signature

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

Name Romanita Quintanilla  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address

3115 S. Avers Ave  
Number Street

Chicago  
City

IL  
State

60623  
ZIP Code

Contact phone

773-719-5274

Email

Q713iv@gmail.com



THANK YOU FOR SHOPPING AT HOB0  
HOB0 22  
7630 ROOSEVELT RD  
FOREST PARK, IL  
60130  
(708) 488-9800

08/13/18 10:13AM TJAM 34 ORDER

SUB-TOTAL:\$ 7552.27 TAX: \$ 755.23  
TOTAL: \$ 8307.50  
CASH TEND: 8307.50  
DEPOSIT : 8307.50



ORDER# 302804/22  
CUST NO: 21722  
Customer Copy

Acct: ROMANTA QUINTANILLA  
REF: K\* KAB MISSION ESPRSO F4 1  
- ALL RETURNS AND EXCHANGES MUST BE IN  
ORIGINAL CONDITION IN FACTORY SEALED  
CARTON AND ACCOMPANIED BY ORIGINAL  
REGISTER RECEIPT WITHIN 30 DAYS OF  
PURCHASE.  
- HOB0 RESERVES THE RIGHT TO DENY ANY  
RETURN OR EXCHANGE AND MAY REQUEST  
IDENTIFICATION AS A CONDITION OF RETURN  
OR EXCHANGE.  
- SPECIAL ORDER, CUSTOM, AND  
MANUFACTURER DIRECT ITEMS ARE  
NON-REFUNDABLE.  
- GIFT CARDS ARE NON-REFUNDABLE AND LOST  
OR STOLEN GIFT CARDS ARE  
NON-REPLACEABLE.  
- PLEASE SEE FULL RETURN POLICY FOR  
ADDITIONAL EXCLUSIONS / LIMITATIONS  
- Text BARGAIN to 555888 to join the  
Bargain Squad and receive exclusive  
subscriber benefits and savings!!!



**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

PAGE NO: 1

CUSTOMER: 21722  
 TERMS: CASH/CHECK/BANKCARD

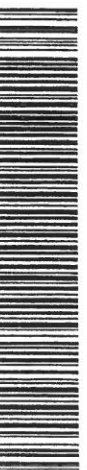
DATE / TIME: 8/25/18 5:45  
 CLERK: ADAY  
 TERMINAL: 31

ROMANTA QUINTANILLA  
 3115 S. AVERS STREET  
 CHICAGO IL 60623  
 773-425-6148  
 REFERENCE: K\* KAB MISSION ESPRESSO F4 1

**DEP REFUND: 302804/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKART	SPECIAL ORDER KABINART Kabinart Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Please allow 4-6 weeks for delivery. See design contract for additional terms and		9877.14	/EA	9,877.14

CONTINUED...







**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

PAGE NO: 2

CUSTOMER: 21722  
 TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 8/25/18 5:45  
 CLERK: ADAY  
 TERMINAL: 31

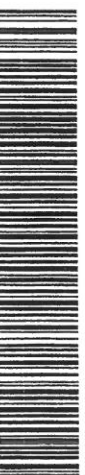
SOLD TO: ROMANTA QUINTANILLA  
 3115 S. AVERS STREET

CHICAGO IL 60623  
 773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1

**DEP REFUND: 302804/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKART % OFF	conditions. KABINART % OFF DISCOUNT CREDIT RETURN DISCOUNT: \$2,469.29 NOTE: OK PER TALION TO OFFER KABINART PROMO OF FREE SINK BASE CABINET WITH PURCHASE OF 15 OR MORE CABINETS. ACTUAL CABINET TOTAL IS \$9,877.14 LESS \$436.80 GIVING PRE-SALE TOTAL OF \$9,440.34. SELECTION: MISSION CHERRY (REVERSE PANEL) - ESPRESSO. SP: JWL (F4)		2469.29	/EA	-2,469.29 R

CONTINUED...





**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

**CUSTOMER: 21722**  
**TERMS: CASH/CHECK/BANKCARD**

**DATE / TIME: 8/25/18 5:45**  
**CLERK: ADAV**  
**TERMINAL: 31**

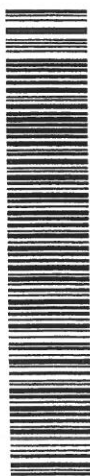
**CHICAGO IL 60623**  
**773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1**

**DEP REFUND: 302804/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			<b>CUSTOMER: ROMANITA QUINTANILLA</b> <b>3115 S. AVERS STREET, CHICAGO,</b> <b>IL. 60623</b> <b>PHONE: 773.425.6148 (HOME)</b> <b>ALTERNATE: 773.440.1809 (ROSIE -</b> <b>CALL 1ST)</b> <b>08.13.18 CUST PAID WITH CASHIER</b> <b>CHECK ENTERED AS CASH TJAM PER</b> <b>MTUCK AND TALION</b>				
<b>**DEPOSIT REFUND**</b>				158.86			7407.85
<b>CASH RETURNED</b>				158.86			0.00
<b>TAXABLE</b>							7407.85
<b>NON-TAXABLE</b>							0.00
<b>SUB-TOTAL</b>							7407.85
<b>TAX AMOUNT</b>							740.79
<b>TOTAL</b>							<b>8148.64</b>

**BALANCE DUE**  
**0.00**

X *[Signature]*





# Northern District of Illinois Claims Register

[18-30047 Hillcrest Enterprises LLC](#)

**Honorable Judge:** Jacqueline P. Cox

**Chapter:** 11

**Office:** Eastern Division

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (27215149)  
ROMANTA QUINTANILLA  
3115 S. AVERS STREET  
CHICAGO, IL 60623

**Claim No:** 30  
*Original Filed*  
*Date:* 01/23/2019  
*Original Entered*  
*Date:* 01/23/2019

*Status:*  
*Filed by:* CR  
*Entered by:* Kimetha Collier  
*Modified:*

Amount claimed: \$8148.64

*History:*

[Details](#) [30-1](#) 01/23/2019 Claim #30 filed by ROMANTA QUINTANILLA, Amount claimed: \$8148.64  
(Collier, Kimetha)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Hillcrest Enterprises LLC

**Case Number:** 18-30047

**Chapter:** 11

**Date Filed:** 10/25/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$8148.64
<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.**

	Claimed	Allowed
Secured		
Priority		
Administrative		