Case 18-30054 Claim 17-1 Filed 01/08/19 Desc Main Document Page 1 of 8

Fill in this i	nformation to identify	the case:
Debtor 1	North Avenue As	sociates LLC
Debtor 2 (Spouse, if filing)		
United States	Bankruptcy Court for the:	Northern District of Illinois - Eastern Div
Case number	18-30054	Eastern Div

FILED

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JAN -8 2019

JEFFREY P. ALLSTEADT, CLERK TEAM - CA

Official Form 410

Proof of Claim

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 04/16 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,

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.

1. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl	laim)
Has this claim been acquired from someone else?	No Yes. From whom?	
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? George R Seaton Name 136 S. Princeton Ave Number Street City State ZIP Code Contact phone 815-515-1104 Contact email 91 4(0,000) contact and	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY

o 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:	-		
How much is the claim?	\$4,865.90 Does this amount include interest or other charges?			
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.			
claim?	Attack reducted copies of any documents supporting the claim required by Bankington (1997)			
	Limit disclosing information that is entitled to privacy, such as health care information.			
	Acerued vacation time			
Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property.			
	Nature of property:	m		
	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 lie been filed or recorded.)	n has		
	Value of property:			
	Amount of the claim that is secured: \$			
	Amount of the claim that is unsecured: \$(The sum of the secured and unse amounts should match the amount	cured t 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 No			
lease?	Yes. Amount necessary to cure any default as of the date of the petition. \$			
11. Is this claim subject t	o a ☐ No ☐ Yes. Identify the property:			
right of setoff?	Yes. Identify the property:			

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12. Is all or part of the clair entitled to priority unde					
11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priorit			
A claim may be partly priority and partly nonpriority. For example,	□ Domestic support obligations (including alimony and child support) under 11 U.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 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).	\$ 4865.90			
	☐ 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			
		and date of adjustment.			
Part 3: Sign Below					
The person completing	Check the appropriate box:				
this proof of claim must sign and date it.	I am the creditor.				
FRBP 9011(b).	! am the creditor's attorney or authorized agent.				
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
to establish local rules	Dankidptoy Naic 5555.				
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment the	at when coloulation the			
A person who files a		t.			
fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the informand correct.	nation is true			
years, or both.	declare under penalty of perjury that the foregoing is true and account				
18 U.S.C. §§ 152, 157, and 3571.	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed on date 1/62 20/9				
	The real				
	Signature				
	Print the name of the person who is completing and signing this claim:				
	Name George R Seaton First name Middle name Last name				
	Title Asst. Store Manage Last name				
	Company				
	Identify the corporate servicer as the company if the authorized agent is a servicer.				
	Address 436 S. Pinceton Avenue Number Street				
	Villa Park IL 60181				
	City State ZIP Code				
	Contact phone Email				

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#297 - George Seaton Voucher # (32882) Pay Date: 12/21/2018 26 Pay Period: 12/02/2018-12/15/2018 Earnings

	Rate	Hours	YTD	Current	YTD
BON				2,419.39	2,419.39
HOL		3	30:00		698.08
SAL	23.6	5 140:00	2420:00	3,311.53	56,267.22
SICK			10:00		230.77
VAC			180:00		4,153.85
VAC	23.6	5 (22:15	22:15	526.30	526.30

Gross Pa	ay			6,257.22	64,295.61
VAC	23.65	(22:15)	22:15	526.30	526.30

Deductions		
	Current	YTD
401k	1,251.44	7,917.75
MED125	161.45	4,900.16
Total	1,412.89	12,817,91

	Taxable	Taxable YTD	Current	YTD
FIT	4,844.33	51,477.70	908.85	5,936.85
FICA	6,095.77	59,395.45	377.94	3,682.52
MEDI	6,095.77	59,395.45	88.38	861.23
SIT:IL	4,844.33	51,477.70	239.79	2,548.13
Total			1,614.96	13,028.73
Net Pay			3,229.37	38,448.97

3,229.37

299.84

Company Paid Benefits) 3
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Company Paid Benefit	s - Continued	
	Current	YTD
FUTA		41.99
FICA	377.94	3,682.52
MEDI	88.38	861.23
SUTA:IL		132.83
Total	766 16	14 120 12

-	some Sa				
T:	av A	Illow	vance	Satt	inac
	40 5	VIII O A	Jane	Jell	ıııus

Federal:

Married, Whld At Hghr Rt./0

Illinois:

Allowances: 0

Additional Allowances: 0

- Reduces your Federal & State Withholding Taxable Wage
- Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
- $^{3}\,\,$ For information purposes only. No effect on your net pay.

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

38,448.97

9,411.56

1 of 1

HOBO Group - Multi-EIN 2650 Belvidere Road

Checking (6076)

Waukegan, IL 60085

MED125

-- More --

Pay Date:	12/21/2018
Voucher #:	(32882)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
George Seaton	1	Checking	XXXXXX6076	271972572	3,229.37

26 297 12/21/2018 (32882)

George Seaton 436 S Princeton Ave Villa Park, IL 60181

NON-NEGOTIABLE - THIS IS NOT A CHECK

d By	C	Ca	se	1	8-	30	05	54		C	lai	m 17-1 Filed 01/08/19 Desc Main		Document Page 7 of 8					of 8	2018 02:20p chael J. Earl																
Created By Employee Id	275	275	275	275	275	275	275	275	275	275	275	275			275	275	275	275	275	389	275	275					388									Generated: 12/20/2018 02:20p
Created By	Nivia P. Marrero	System Administrator	System Administrator	Nivia P. Marrero	Julie A. Cwik	Nivia P. Marrero	Nivia P. Marrero	System Administrator	System Administrator	System Administrator	System Administrator	Michael J. Earl	System Administrator								Gen															
Comment																							Correct Updated To Date	Correct Updated To Date	Correct Updated to Date				Sho	ta 33.65						4
Updated To Date													05/01/2019	05/01/2018												- 07/28/2018	0		6 (13) 6	By Jan						
Days Taken	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00			1.00	1.00	1.00	1.00	1.00	-1.00	1.00	1.00					1.00	1.00	20.00	#	í					uc
Days Authorized				,	,	•	•	•	•	•	(L)		15.00	10.00		•				Č	1	,		•		18.00	,	•	33.00	4.50	.30	A	200.0		15.90	Bradenton
Range	08/22/2018	08/21/2018	08/20/2018	08/18/2018	08/17/2018	08/15/2018	08/14/2018	08/13/2018	08/11/2018	08/10/2018	05/08/2018	05/07/2018	05/01/2018 - 05/01/2019	05/01/2018	03/03/2018	03/02/2018	03/01/2018	02/28/2018	02/26/2018	01/01/2018	01/01/2018	12/30/2017	04/30/2018	04/30/2017	08/12/2017	08/13/2017	08/14/2017	07/21/2017		10/5 -	255	711		6 12	96/2	
Transaction Type	Time note.	Time Entry	Automatic Accruals Execution	Carry Over Rule	Time Entry	Time Entry (Deleted)	Time Entry	Time Entry	Manual Information Modification	Manual Information Modification	Manual Information Modification	Initial Import Adjustment	Time Entry	Time Entry		- 130 hours X	ne paid	-	0000	2000																
Added	02/30/2018 02:456	07/30/2018 02:45p	07/27/2018 02:39p	07/27/2018 02:39p	05/08/2018 10:20a	05/08/2018 10:20a	05/01/2018 02:58a	05/01/2018 02:58a	02/09/2018 03:55p	01/10/2018 02:56p	12/03/2017 03:41p	12/03/2017 01:55p	10/11/2017 01:08p	10/11/2017 01:07p	10/11/2017 12:43p	10/06/2017 08:59a	08/29/2017 01:51p	08/18/2017 03:30p	Report Total	12 April 5	Less Fin	-	ا مرکبید	Tring L		Sorted By: Added Descending										

Northern District of Illinois Claims Register

18-30054 North Avenue Associates LLC

Honorable Judge: Jacqueline P. Cox **Chapter:** 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27428792) Claim No: 17 Status: GEORGE R. SEATON Original Filed Filed by: CR

436 S. PRINCETON AVE Date: 01/08/2019 Entered by: Kimetha Collier

VILLA PARK, IL 60181 Original Entered Modified:

Date: 01/08/2019

Amount claimed: \$4865.90 Priority claimed: \$4865.90

History:

Details 17-1 01/08/2019 Claim #17 filed by GEORGE R. SEATON, Amount claimed: \$4865.90 (Collier,

Kimetha)

Description: Remarks:

Claims Register Summary

Case Name: North Avenue Associates LLC

Case Number: 18-30054

Chapter: 11

Date Filed: 10/25/2018 **Total Number Of Claims:** 1

Total Amount Claimed*	\$4865.90
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	\$4865.90	
Administrative		