Debtor 2 (Spouse, if filing)	
United States Bar	kruptcy Court for the: Northern District of Illinois - Eastern Div



### 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: Id	entify the Claim			
1. Who is the creditor?	Nai	Brian DEPaul ne of the current creditor (the person or entity to be paid for this claim) er names the creditor used with the debtor		
2. Has this c acquired t someone	rom	No Yes. From whom?		
3. Where sho and paym creditor be Federal Ru Bankruptcy (FRBP) 20	ents to the e sent?  elle of Procedure 02(g)  City Con	- Name	e	ZIP Code
4. Does this one alread	Clad?	No Yes. Claim number on court claims registry (if known) Filed on	MM / DD	/ YYYY
		No Yes. Who made the earlier filing?		

6		
Ο.	Do you have any number you use to identify the	110
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
		7233 3/
	How much is the claim?	\$ 2333 36 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).
3.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	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.
		recover and a substitution of the control of the co
 }.	Is all or part of the claim	Ø\no
	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 secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line in
		Amount necessary to cure any default as of the date of the petition:
		Annual Interest Rate (when case was filed)%
		Fixed
		☐ Variable
D. 1	s this claim based on a	≥ No
	lease?	
		Yes. Amount necessary to cure any default as of the date of the petition.
	s this claim subject to a	DK40
-	right of setoff?	Yes. Identify the property:
		, and property.

12. Is all or part of the claim entitled to priority under	No									
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).	\$								
	☐ 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	er the 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).	I am the creditor's attorney or authorized agent.									
f 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 o establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.									
specifying what a signature s.	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	amount of the claim, the creditor gave the debtor credit for any payments received toward the de	ebt.								
fraudulent claim could be 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 information is true and correct.									
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.									
3571.	Executed on date 0/-05-20/6									
	Brian Defaul									
	Signature									
	Print the name of the person who is completing and signing this claim:	, «								
	Name  Drian  David  Distart  Last name  Last name	\$200a								
	Title									
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.	-								
	Address 36E Foller Ton #B									
	Addison IL 601 City State ZIP Code	101								
	Contact phone (708) 515-0204 Email 120	verda amail a								

## Vacation Accrual Not Paid, Brian D. DePaul, North Avenue Assoc. LLC

Total Weeks from Anniversary until last day worked	28.00
Days Accrued per week	0.28846
Total Days Accrued Since Anniversary	8.08
Vacation Days Remaining from Accruals History Report	10.75
Vacation Hours Paid on Last Check	17.28
Vacation Days Paid on Last Check	2.16
Total Vacation Hours Unpaid	16.67
Total Vacation Hours Unpaid	133.34
Hourly Rate	17.50
Total Amount Owed	2333.36

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Created By Employee Id	1	254	275	275	275	275	275	275	275	275	275	275	275				275	275	275	275	275	275	275					275	275	275	275	275	275				Generated: 12/21/2018 11:25a
Created By		Brian D. DePaul	Nivia P. Marrero	System Administrator	System Administrator	System Administrator	Nivia P. Marrero	Nivia P. Marrero	Nivia P. Marrero	Nivla P. Marrero	Nívia P. Marrero	Nivia P. Marrero	Nivia P. Marrero	System Administrator	System Administrator	System Administrator	System Administrator	Nivia P. Marrero				Ger															
Comment																								Correct Updated To Date	Correct Updated To Date	Correct Updated to Date											
Days Taken Updated To Date		-1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	- 05/05/2019	- 05/05/2018	- 05/05/2018	1.00	1.00	1.00	1.00	1.00	1.00	1.00	- 05/05/2018	- 05/05/2017	- 08/13/2017	- 07/16/2018	1.00	1.00	1.00	1.00	1.00	1.00		23.00		
Days Authorized Day		•		•	•					,				15.00	5.75	-5.75	•	3:				ř	•		•	•	18.75	1	,			,	*		33.75		Bradenton
Range		10/25/2018	10/25/2018	10/24/2018	10/23/2018	10/22/2018	10/21/2018	10/18/2018	09/13/2018	09/12/2018	08/12/2018	07/22/2018	06/14/2018	05/05/2018 - 05/05/2019	05/05/2018	05/05/2018	04/26/2018	04/25/2018	04/24/2018	04/23/2018	04/22/2018	04/19/2018	04/18/2018	05/04/2018	05/04/2017	08/12/2017	08/13/2017	10/12/2017	10/11/2017	10/10/2017	10/09/2017	10/08/2017	10/05/2017				
Transaction Type		Time Entry (Deleted)	Time Entry	Automatic Accruals Execution	Carry Over Rule	Carry Over Rule Prev Year Adjustment	Time Entry	Manual Information Modification	Manual Information Modification	Manual Information Modification	Initial Import Adjustment	Time Entry				at and																					
Added		10/16/2018 03:34p	10/01/2018 04:18p	10/01/2018 04:18p	10/01/2018 04:18p	10/01/2018 04:18n	10/01/2018 04:18p	10/01/2018 04:18p	10/01/2018 04:18p	08/06/2018 10:009	08/09/2018 10:008	07/09/2018 02:22p	05/28/2018 09:40a	05/05/2018 03:00a	05/05/2018 03:00a	05/05/2018 03:00a	04/18/2018 10:07a	04/17/2018 02:58p	04/17/2018 02:58p	10/11/2017 01:08p	10/11/2017 01:07p	10/11/2017 12:43p	10/06/2017 08:59a	09/07/2017 10:31a	09/07/2017 10:27a	Report Total			College C Lebbo 200								

#### Case 18-30054 Claim 19-1 Filed 01/08/19 Desc Main Document Page 9 of 10

#254 - Br	ian D. DeP	aul			Vouche	er # (32855)	Pay	Pay Date: Period: 12/02/2018-	12/21/2018 12/15/2018
Earnings						Company	Paid Benefits		
R	ate	Hours	YTD	Current	YTD			Current	YTD
BON				1,512.12	1,512.12	MED125		187.77	4,566.7
COM					1,720.26	FUTA			42.0
COM					102.91	FICA		390.58	2,945.6
HOL			24:00		412.00	MEDI		91.34	688.
TC	26.25	102:37	325:45	2,693.69	8,508.61	SUTA:IL			132.
REG	17.50	106:25	1931:40	1,862.29	33,494.41	Total		669.69	8,376.1
SICK			28:00		486.00				
VAC			136:00		2,380.00		C-Minns		
VAC	17.50	17:28	17:28	305.67	305.67	Tax Allow	ance Settings		
Gross Pa	У			6,373.77	48,921.98	Federal: Illinois:	Single/0 +25.00 Allowances: 0 +20.00 Additional Allowances:	0	
Deductio	ns						Additional Allowances.		
				Current	YTD				
MED125				74.04	1,412.00				
VOL ACCID	ENT				154.22				
VOL LIFE E	E			27.35	711.10				
Total				101.39	2,277.32				
Taxes W	ithheld								
	Taxable	Taxa	ble YTD	Current	YTD				
FIT	6,299	.73	47,509.98	1,291.13	6,736.55				
FICA	6,299	.73	47,509.98	390.58	2,945.62				
MEDI	6,299	.73	47,509.98	91.34	688.89				
SIT:IL	6,299	.73	47,509.98	331.84	2,871.74				
Total				2,104.89	13,242.80				
Net Pay		Mark Mark	6333	4,167.49	33,401.86				
	Checking (	1254)		4,167.49	33,401.86				
							your Federal Withholding, of mation purposes only. No e		
							Vaukenan II 60085		1 of

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

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

Pay Date: Voucher #:	12/21/2018
Voucher #:	(32855)

Deposited To The Account(s) Of	Deposit :	# Account Type	Account #	Transit ABA	Deposit	
Brian D. DePaul	1	Checking	XXXXXXXX1254	071904779	4,167.49	

26 254 12/21/2018 (32855)

Brian D. DePaul 36 E Fullerton Ave Apt B Addison, IL 60101

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

26 254 12/21/2018 (32855)

**Brian D. DePaul** 36 E Fullerton Ave Apt B Addison, IL 60101

# 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: (27428862) Claim No: 19 Status: BRIAN DEPAUL Original Filed Filed by: CR

36 E. FULLERTON #b Date: 01/08/2019 Entered by: Kimetha Collier

ADDISON, IL 60101 Original Entered Modified:

Date: 01/08/2019

Amount claimed: \$2333.36

History:

<u>Details</u> 19-1 01/08/2019 Claim #19 filed by BRIAN DEPAUL, Amount claimed: \$2333.36 (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

<b>Total Amount Claimed*</b>	\$2333.36
<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		