

Fill in this information to identify the case:

Debtor 1 North Avenue Associates LLCDebtor 2  
(Spouse, if filing) \_\_\_\_\_

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

Case number 18-30054**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

JAN -8 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?**RICHARD J. DORAN

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?**RICHARD J. DORAN

Name

2118 74<sup>TH</sup> COURT

Number

Street

ELMWOOD PARK, IL 60707

City

State

ZIP Code

Contact phone (331) 703-5671

Contact email \_\_\_\_\_

**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? \$ 1299.91 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.

UNPAID VACATION - ACCRUED BALANCE UNPAID

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:

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

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 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

01/03/2019  
MM / DD / YYYY

Signature

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

Name

Richard

James

Doran

First name

Middle name

Last name

Title

Company

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

Address

2118 N. 74th Ct

Number

Street

Elmwood PARK

City

State

ZIP Code

IL 60707

Contact phone

331-703-5671

Email

1. The following is a list of the exhibits:

2. Exhibit A: [illegible]

3. Exhibit B: [illegible]

4. Exhibit C: [illegible]

5. Exhibit D: [illegible]

6. Exhibit E: [illegible]

7. Exhibit F: [illegible]

8. Exhibit G: [illegible]

9. Exhibit H: [illegible]

10. Exhibit I: [illegible]

11. Exhibit J: [illegible]

12. Exhibit K: [illegible]

13. Exhibit L: [illegible]

14. Exhibit M: [illegible]

15. Exhibit N: [illegible]

16. Exhibit O: [illegible]

17. Exhibit P: [illegible]

18. Exhibit Q: [illegible]

19. Exhibit R: [illegible]

20. Exhibit S: [illegible]

21. Exhibit T: [illegible]

22. Exhibit U: [illegible]

23. Exhibit V: [illegible]

24. Exhibit W: [illegible]

25. Exhibit X: [illegible]

26. Exhibit Y: [illegible]

27. Exhibit Z: [illegible]

Vacation Accrual Not Paid,Richard Doran, North Avenue Assoc. LLC

Total Weeks from Anniversary until last day worked	9.00
Days Accrued per week	0.28846
Total Days Accrued Since Anniversary	2.60
Vacation Days Remaining from Accruals History Report	10.00
Vacation Hours Paid on Last Check	11.12
Vacation Days Paid on Last Check	1.39
Total Vacation Hours Unpaid	11.21
Total Vacation Hours Unpaid	89.65
Hourly Rate	14.50
Total Amount Owed	1299.91



## Accruals History Report

Employee: Richard J. Doran  
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
10/23/2018 03:04a	Automatic Accruals Execution	10/23/2018 - 10/23/2019	10.00	-	- 10/23/2019		System Administrator	
10/23/2018 03:04a	Carry Over Rule	10/23/2018	-	-	- 10/23/2018		System Administrator	
10/23/2018 03:04a	Carry Over Rule Prev Year Adjustment	10/23/2018	-	-	- 10/23/2018		System Administrator	
09/10/2018 01:55p	Time Entry	10/20/2018	-	-	1.00		Nivia P. Marrero	275
09/10/2018 01:54p	Time Entry	10/19/2018	-	-	1.00		Nivia P. Marrero	275
09/10/2018 01:54p	Time Entry	10/17/2018	-	-	1.00		Nivia P. Marrero	275
08/24/2018 11:46a	Time Entry	08/09/2018	-	-	1.00		Julie A. Cwik	389
08/24/2018 11:46a	Time Entry	08/10/2018	-	-	1.00		Julie A. Cwik	389
11/06/2017 11:58a	Manual Information Modification	10/22/2018	10.00	-	- 10/23/2018	Reverse Adjustment	Julie A. Cwik	389
11/06/2017 11:57a	Manual Information Modification	10/22/2018	-15.00	-	- 10/23/2018	Adjust to correct balance	Julie A. Cwik	389
11/04/2017 03:04a	Automatic Accruals Execution	10/23/2017 - 10/23/2018	5.00	-	- 10/23/2018		System Administrator	
11/04/2017 03:04a	Carry Over Rule	10/23/2017	5.00	-	- 10/23/2017		System Administrator	
11/04/2017 03:04a	Carry Over Rule Prev Year Adjustment	10/23/2017	-5.00	-	- 10/23/2017		System Administrator	
11/04/2017 03:04a	Automatic Accruals Execution	10/23/2016 - 10/23/2017	-	-	- 10/23/2017		System Administrator	
11/03/2017 02:32p	Manual Information Modification	10/22/2016	5.00	-	- 10/23/2016	Full Time Date Correction	Julie A. Cwik	389
10/11/2017 01:09p	Manual Information Modification	11/05/2017	-	-	- 11/06/2017	Correct Updated To Date	System Administrator	
10/11/2017 12:43p	Manual Information Modification	08/12/2017	-	-	- 08/13/2017	Correct Updated to Date	System Administrator	
10/06/2017 08:59a	Initial Import Adjustment	08/13/2017	-	-	- 07/17/2018		System Administrator	
<b>Report Total</b>			15.00	5.00				

Sorted By: Added Descending

Bradenton



Generated: 12/30/2018 02:12p  
Generated By: Michael J. Earl  
Page 1 of 1





#255 - Richard J. Doran 26		Voucher # (32856)		Pay Date: 12/21/2018 Pay Period: 12/02/2018-12/15/2018	
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Earnings						Company Paid Benefits	
	Rate	Hours	YTD	Current	YTD		
HOL			24:00		324.00	MED125	187.77 4,566.76
OT			18:00		375.47	FUTA	42.00
REG	14.50	40:37	1853:22	588.95	24,875.59	FICA	50.69 1,566.28
Retr					135.42	MEDI	11.86 366.31
SICK	14.50	8:00	32:00	116.00	464.00	SUTA:IL	132.85
VAC			40:00		572.00	<b>Total</b>	<b>250.32 6,674.20</b>
VAC	14.50	11:12	11:12	162.40	162.40		
WC			2:18		29.90		
<b>Gross Pay</b>				<b>867.35</b>	<b>26,938.78</b>		

  

Deductions			
		Current	YTD
401k		26.02	802.70 <sup>1</sup>
FSA MED 125			461.52 <sup>2</sup>
MED125		46.94	1,141.68 <sup>2</sup>
VISION125		2.81	73.06 <sup>2</sup>
<b>Total</b>		<b>75.77</b>	<b>2,478.96</b>

  

Taxes Withheld				
	Taxable	Taxable YTD	Current	YTD
FIT	791.58	24,459.82	70.59	2,294.74
FICA	817.60	25,262.52	50.69	1,566.28
MEDI	817.60	25,262.52	11.86	366.31
SIT:IL	791.58	24,459.82	39.18	1,210.73
<b>Total</b>			<b>172.32</b>	<b>5,438.06</b>

  

<b>Net Pay</b>		<b>619.26</b>	<b>19,021.76</b>
Check		0.00	383.62
Checking (6195)		619.26	18,638.14

  

Tax Allowance Settings	
Federal:	Single/0
Illinois:	Allowances: 0
	Additional Allowances: 0

<sup>1</sup> Reduces your Federal & State Withholding Taxable Wage  
<sup>2</sup> Reduces your Federal Withholding, OASDI & Medicare Taxable Wage  
<sup>3</sup> For information purposes only. No effect on your net pay.

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

1 of 1

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

Pay Date:	12/21/2018
Voucher #:	(32856)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Richard J. Doran	1	Checking	XXXXXXXXXX6195	124071889	619.26

26 255 12/21/2018 (32856)

**Richard J. Doran**  
 418 Holly Ct  
 Villa Park, IL 60181

**NON-NEGOTIABLE - THIS IS NOT A CHECK**

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

26 255 12/21/2018 (32856)

**Richard J. Doran**  
 418 Holly Ct  
 Villa Park, IL 60181

**PERSONAL & CONFIDENTIAL**



# 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:* (27429035)

**Claim No:** 20

*Status:*

RICHARD J. DORAN

*Original Filed*

*Filed by:* CR

2118 74TH COURT

*Date:* 01/08/2019

*Entered by:* Kimetha Collier

ELMWOOD PARK, IL

*Original Entered*

*Modified:*

60707

*Date:* 01/08/2019

Amount claimed: \$1299.91

*History:*

[Details](#) [20-1](#) 01/08/2019 Claim #20 filed by RICHARD J. DORAN, Amount claimed: \$1299.91 (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>	\$1299.91
<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		