

Fill in this information to identify the case:

Debtor 1 North Avenue Associates LLC

Debtor 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 28 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?

Maria Quintero
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?

Maria D Quintero
Name
3148 Sandra Ave
Number Street
Melrose Park IL 60164
City State ZIP Code

Contact phone _____

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? \$ 2,746.44 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.

Never received Product Purchased
Please See Attached Check

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:

Amount entitled to priority

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).

\$ _____

☐ 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

1-23-2019
MM / DD / YYYY

Maria D Quintero
Signature

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

Name

Maria
First name

D
Middle name

Quintero
Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

0910000022
11/23/2018
99001283

This is a LEGAL COPY of your
check. You can use it the same way
you would use the original check.

RETURN REASON-F
FROZEN/BLOCKED
ACCOUNT

FROZ/BLOCK ACC

FROZ/BLOCK ACC

CHECK NO. 035156 NORTH AVENUE ASSOCIATES, LLC DBA N.O.B.O. 2550 BELVIDERE ROAD WAUKEGAN, IL 60085		CHECK AMOUNT \$*****2,746.44
PAY TO THE ORDER OF MARIA QUINTERO 3148 SANDRA AVE MELROSE PARK, IL 60164-		VOID AFTER 90 DAYS 11/01/2018 03:50 US\$ 11/01/2018 03:50 US\$ 11/01/2018 03:50 US\$
TWO THOUSAND SEVEN HUNDRED FORTY-SIX AND 44/100 DOLLARS		MICHAEL B. BAKER, N.A. CHICAGO, IL 60607
35156 10/17/18 00131		\$*****2,746.44

00001028
139

11035156 41071001737106918264711 000027464411

*** DUPLICATE RECEIPT ***

THANK YOU FOR SHOPPING AT HOBO
HOB0 26
300 W NORTH AVE
VILLA PARK, IL 60181
(630) 833-3200

300 W NORTH AVE
VILLA PARK, IL 60181
(630) 833-3200

08/23/18 11:19AM GCRA 127 SALE

SOHAAS 1 EA 6186.16 EA
SPECIAL ORDER HAAS 6186.16

Haas Custom 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
conditions.

FREE HARDWARE IN STOCK PER JASON

MLM TO: MARIA QUINTARO

3148 SANDRA

MELROSE

708-513-6047

1217984 1 EA .00 EA

10PK PULL GATSBY 5-1/4" DK BR

NO CHARGE

1189719 4 EA .00 EA

PULL GATSBY 5-1/4" DK BRZ

NO CHARGE

1177071 11 EA .00 EA

KNOB CORDOVA 1-3/8 DK BRZ

NO CHARGE

SUB-TOTAL:\$ 6186.16 TAX: \$ 494.89
TOTAL: \$ 6681.05



==>> JRNL#X35966/26 <<==

CUST NO: 9586

Customer Copy

Acct: MARIA QUINTERO
REF: K* H-SIGN FED GINGER JY 1

*** DUPLICATE RECEIPT ***

* ALL SALES ARE FINAL
* NO RETURNS / NO EXCHANGES
* GIFT CARDS WILL NOT BE ISSUED AND / OR
REDEEMED

07/23/18 9:48AM RFER 126 ORDER

SUB-TOTAL:\$ 8413.24 TAX: \$ 673.06
TOTAL: \$ 9086.30
CK#000502 ABA# CK AMT: 9086.30

ELECTRONIC CHECK

ACH Trace Number 140031000003055535992

Batch Number

APPROVED AUTH#:7852

RETURN FEE AMOUNT \$25.00

DEPOSIT : 9086.30



ORDER# 863838/26

CUST NO: 9586

Customer Copy

Acct: MARIA QUINTARO

REF: H-SIGN FED GINGER JY 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.

- HOBO 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 555883 to join the
Bargain Squad and receive exclusive
subscriber benefits and savings!!!

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):

<i>Creditor:</i> (27231546) MARIA QUINTERO 3148 SANDRA AVE MELROSE PARK, IL 60164	Claim No: 44 <i>Original Filed</i> Date: 01/28/2019 <i>Original Entered</i> Date: 01/28/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kevin Lyons <i>Modified:</i>	
Amount claimed: \$2746.44			

	<i>History:</i> Details 44-1 01/28/2019 Claim #44 filed by MARIA QUINTERO, Amount claimed: \$2746.44
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<i>Description:</i>		
<i>Remarks:</i>		

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*	\$2746.44
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		
Administrative		