

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS

MAY 08 2019

**JEFFREY P. ALLSTEADT, CLERK
 INTAKE 3**

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

Official Form 410

Proof of Claim MEDICAL

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? MARY ANN SARGENT
 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?	*Where should payments to the creditor be sent? (if different)
	<u>MARY ANN SARGENT</u> Name <u>P.O. Box 4832</u> Number Street <u>W HEATON IL 60189</u> City State ZIP Code Contact phone <u>6305310008</u> Contact email <u>sargentma@yahoo.com</u>	<u>MARY ANN SARGENT</u> Name <u>P.O. Box 4832</u> Number Street <u>W HEATON, IL 60189</u> City State ZIP Code Contact phone <u>630-531-0008</u> 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? _____

Medical Claim
Doc 1 of 4

[Signature]

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? \$ 869.13 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.

Balance of "UNPAID" Medical Bills

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: _____

Medical Claim
2 of 4
[Signature]

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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 5 7 2019
MM / DD / YYYY



Signature

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

Name Mary Ann Sargent
First name Middle name Last name

Title N/A

Company N/A
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO BOX 4832
Number Street

WHEATON IL 60189
City State ZIP Code

Contact phone (630)531 0008 Email SARGENTMA@YAHOO.

Medical Claim to be paid 3044

Medical Bills OWED to NorthWestern Medicine

Date of Service	Gaurantor ID - 1096641	Amount
2/15/2018	Acct. # 81192524	\$559.00
9/19/2018	Acct. # 85029115	\$194.00
11/13/2018	Acct. # 86013794	\$116.13

These medical bill should have been paid under Paradigm. These were in Network and referrals from my Doctor. They are trying to not take care of the full responsibility. I received copies of Patients Responsibility = zero responsibility yet they only payed a portion of these bills; Under Paradigm Insurance.

Total: \$869.13

The total above is still owed to Northwestern Medicine

Medical Claim
4 of 4
Pace

CASE 18-30054
Please Enter New Claim
Keep separate from my other claim

Please Do NOT

Confuse This

Proof of Claim

with my other

filed Proof of

Claim for "Vacation -

PAY"!

This is my Second
Proof of Claim, due

to the discovery of

Paradigm Health

Insurance NOT Paying

Bill. Patients Responsibility @
Creditor - Mary Ann Sargent

URGENT -

TO United States Bankruptcy
Northern District of Illinois
EASTERN division

I would greatly
appreciate your
efficiency in
getting this
Enter.

Sincerely

Cedric : Mary Ann Sargent

ATTN: Chicago Clerks Office
2ND Proof of Claim

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):**

<p><i>Creditor:</i> (27720686) Mary Ann Sargent PO Box 4832 Wheaton IL 60189</p>	<p>Claim No: 58 <i>Original Filed</i> Date: 05/08/2019 <i>Original Entered</i> Date: 05/15/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Elizabeth Sullivan <i>Modified:</i></p>
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Amount claimed: \$869.13

History:

[Details](#) [58-1](#) 05/08/2019 Claim #58 filed by Mary Ann Sargent, Amount claimed: \$869.13 (Sullivan, Elizabeth)

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*	\$869.13
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		