

**Fill in this information to identify the case:**

Debtor 1 O.L. Enterprises LLC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Parkland District of ILLINOIS

Case number 18-30056 (18B30056)

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN 25 2019

JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA 01/19

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 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?  
KATHNEE NEWTON  
 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)
Name <u>Kathnee Newton</u> Number <u>4845</u> Street <u>W. 92nd ST</u> City <u>Oak Lawn</u> State <u>IL</u> ZIP Code <u>60453</u> Contact phone <u>708-227-6790</u> Contact email <u>HOCKEYJ22@gmail.com</u>	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? \$ 435. 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.

INSURANCE NOT PAID BY COMPANY IFS Co

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:

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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 \_\_\_\_\_  
MM / DD / YYYY

Kathleen J Newton  
Signature

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

Name Kathleen A Newton  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 4845 W. 92<sup>nd</sup> St  
Number Street

Oak Lawn IL 60453  
City State ZIP Code

Contact phone 708-227-6790 Email kackey522@gmail.com

# Statement of Account

**EVERGREEN CARE CENTER**

Tax Id # 61-1495323

Billing Address:  
 3900 Gabrielle Ln 9130  
 Aurora IL 60598  
 Phone: (815) 846-5230

Account No.
NEWTON0003

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1

KATHLEEN NEWTON  
 4845 W 92ND ST  
 OAK LAWN, IL 60453

Date
01/04/2019

Patient Name: KATHLEEN NEWTON

Date	CPT	Description	Ref	Charges	Credits
09/14/2018	PPCCARD	PATIENT PAID CREDIT CARD			-20.00
12/19/2018	IP	INSURANCE PAYMENT DENIED DOB INCORRECT DM SE			0.00
09/14/2018	99203	NEW PATIENT OFFICE VISIT	780.60	145.00	
09/14/2018	29540	POST MOLD /AIR CAST ANKLE/F		95.00	
09/14/2018	73610	ANKLE XRAY 3 VIEWS		160.00	
09/14/2018	E0114	CRUTCHES ALUMIUN		55.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
\$435.00	\$0.00	\$0.00	\$0.00	\$0.00	\$435.00

## Notes

Motion to Redact and Proposed Order<sup>1</sup>

OTHER: Please refer to ADDITIONAL INFORMATION section below.

**DEFICIENCY** – Please make all necessary corrections to the document(s) listed below:

- Amended Schedule/List of Creditors is deficient for payment. Please submit payment.
- Motion is deficient for payment. Please submit payment.
- Notice of Motion – please complete and submit.
- Proposed Order – please complete and submit.
- OTHER: Please refer to ADDITIONAL INFORMATION section below.

**INFORMATION**

- CREDIT BUREAU** – The bankruptcy court does NOT perform any activities with the credit bureaus. You must contact the individual credit bureaus for their procedure for removing your bankruptcy filing from their credit report.
- No record of the case name or number exists in our court; therefore we cannot process your request and we’re returning the enclosed documents to you.
- Case name/number is missing. Please provide the case name/number.
- There are several debtors listed. Please provide the correct case number.

**ADDITIONAL INFORMATION:**

Hello,

Please refile this claim as amended due to the original claim, claim #28 has the incorrect case number on the pdf this claim was filed on 1/15/2019 . The correct case number should be 18 B 30056 OL Enterprises LLC

<sup>1</sup> A motion to redact personal information prohibited under Fed.R. Bankr. P. 9037(A) should be filed without notice of motion and without serving other parties. The motion must be accompanied by a redacted version of the filed document and a proposed order requiring the clerk to substitute the redacted document for the un-redacted document. A proposed order can be found on the courts website <http://www.ilnb.uscourts.gov> under Forms/Local Bankruptcy Forms titled Order to Redact. We are attaching a sample of the order.

**IF APPLICABLE**

Include the name of the debtor/joint debtor, the case number, the signature of the debtor/joint debtor on all required documents.

Include the signature of the attorney representing the debtor/joint debtor.

**FORM OF PAYMENT REQUIREMENT** – Cashier’s check or money order payable to **Clerk, U. S. Bankruptcy Court.**

**Mail the required document(s) or payment listed above, including this Letter to my attention at:  
United States Bankruptcy Court, Eastern Division, 219 S. Dearborn, Chicago, IL 60604**

Deputy Clerk Ms. Molina

Contact Number 312-435-5597

<b>Information to identify the case:</b>		
Debtor	<u>OL Enterprises LLC</u>	EIN 26-4449401
	Name	
United States Bankruptcy Court Northern District of Illinois		Date case filed for chapter 11 10/25/18
Case number: 18-30056		

Official Form 309F (For Corporations or Partnerships)

**Notice of Chapter 11 Bankruptcy Case**

12/17

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

**This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.**

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in this case may be inspected at the bankruptcy clerk's office at the address listed below.

# Northern District of Illinois Claims Register

[18-30056 OL Enterprises 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> (27480806) <a href="#">History</a>	<b>Claim No: 50</b>	<i>Status:</i>
Kathleen Newton	<i>Original Filed</i>	<i>Filed by: CR</i>
4845 W 92nd ST	<i>Date: 01/24/2019</i>	<i>Entered by: Nilsa Molina</i>
Oak Lawn Il 60453	<i>Original Entered</i>	<i>Modified: 01/28/2019</i>
	<i>Date: 01/25/2019</i>	

Amount claimed: \$435.00

*History:*  
[Details](#)   [50-1](#)   01/24/2019 Claim #50 filed by Kathleen Newton, Amount claimed: \$435.00 (Molina, Nilsa)

*Description:*  
*Remarks:* (50-1) Modified on 01/28/2019 to correct Creditors Information VB

## Claims Register Summary

**Case Name:** OL Enterprises LLC  
**Case Number:** 18-30056  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$435.00
<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
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		