

Filed Via Mail

FEB 12 2018

CLERK, US BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
Orlando DIVISION

4 Pages Scanned by HL

Fill in this information to identify the case:

Debtor 1 INGERSOLL FINANCIAL LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Florida (Orlando)

Case number 6:17-bk-07077-KSJ

Official Form 410

Proof of Claim

12/15

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? Santa Rosa County Tax Collector
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? **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**
Santa Rosa County Tax Collector
6495 Caroline St, Ste E
Milton, FL 32570
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
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: 331N29322200A000030

7. How much is the claim? \$ 1,103.75 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.
Ad Valorem Taxes

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: 2017 Real Estate Tax

Basis for perfection: FL Statutes 192, 197
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: \$ 64,518

Amount of the claim that is secured: \$ 1,103.75

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) 18 %

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 all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/16 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 02/06/2018
MM / DD / YYYY

/s/Aimee Whitfield 
Signature

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

Name Aimee Whitfield, Tax Collection Specialist
First name Middle name Last name

Title Tax Collection Specialist

Company Santa Rosa County Tax Collector's Office
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 6495 Caroline St Ste E Milton
Number Street
Milton FL 32570
City State ZIP Code

Contact phone 850-983-1800 Email awhitfield@srctc.com

ACCOUNT NUMBER	TAX YEAR	TYPE	FOLIO	MILLAGE CODE	ESCROW
331N29322200A000030	2017	REAL ESTATE	1093157	11	

Exemptions

PRIOR YEAR TAXES DUE

INGERSOLL FINANCIAL LLC
2 S ORANGE AVE SUITE 202
ORLANDO, FL 32801

Bankrupt, BK CHAPTER 11

4759 BAYSIDE

POINT KEY LOT 3 BLK A
AS DES IN OR 3379 PG 434

AD VALOREM TAXES						
TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	TAXES LEVIED	
SANTA ROSA COUNTY						
SANTA ROSA COUNTY	6.0953	64,518	0	64,518	393.26	
SANTA ROSA SCHOOL BOARD	6.5830	87,979	0	87,979	579.17	
NWEST FL WATER MANAGEMENT DIST	0.0353	64,518	0	64,518	2.28	
AVALON FIRE DISTRICT	2.0000	64,518	0	64,518	129.04	
TOTAL MILLAGE					14.7136	
					AD VALOREM TAXES	\$1,103.75

NON-AD VALOREM ASSESSMENTS		
LEVYING AUTHORITY	TELEPHONE	AMOUNT
NON-AD VALOREM ASSESSMENTS		\$0.00

COMBINED TAXES AND ASSESSMENTS	\$1,103.75
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If Paid By	Feb 28, 2018	Mar 31, 2018			
Please Pay	1,092.71	1,103.75			

STAN COLIE NICHOLS

2017 Real Estate

SANTA ROSA COUNTY TAX COLLECTOR

ACCOUNT NUMBER	TAX YEAR	TYPE	FOLIO	MILLAGE CODE	ESCROW
331N29322200A000030	2017	REAL ESTATE	1093157	11	

PRIOR YEAR TAXES DUE

RETURN WITH
PAYMENT

INGERSOLL FINANCIAL LLC
2 S ORANGE AVE SUITE 202
ORLANDO, FL 32801

Bankrupt, BK CHAPTER 11

4759 BAYSIDE

POINT KEY LOT 3 BLK A
AS DES IN OR 3379 PG 434

PLEASE PAY IN U.S. FUNDS TO STAN COLIE NICHOLS, SANTA ROSA TAX COLLECTOR -6495 CAROLINE ST. SUITE E, MILTON FL 32570, OR ONLINE AT WWW.SANTAROSATAX.COM.

If Paid By	Feb 28, 2018	Mar 31, 2018			
Please Pay	1,092.71	1,103.75			

1 331N29322200A000030 2017 3

Middle District of Florida Claims Register

[6:17-bk-07077-KSJ Ingersoll Financial, LLC](#)

Judge: Karen S. Jennemann **Chapter:** 11
Office: Orlando **Last Date to file claims:** 02/26/2018
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (27340524)	Claim No: 9	<i>Status:</i>
Santa Rosa Co Tax Collector	<i>Original Filed</i>	<i>Filed by:</i> CR
6495 Caroline Street Ste E	<i>Date:</i> 02/12/2018	<i>Entered by:</i> VC
Milton, FL 32570	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 02/13/2018	

Amount claimed: \$1103.75

History:

[Details](#) [9-1](#) 02/12/2018 Claim #9 filed by Santa Rosa Co Tax Collector, Amount claimed: \$1103.75 (Vivianne)

Description:

Remarks:

Claims Register Summary

Case Name: Ingersoll Financial, LLC
Case Number: 6:17-bk-07077-KSJ
Chapter: 11
Date Filed: 11/07/2017
Total Number Of Claims: 1

Total Amount Claimed*	\$1103.75
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		