

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
(State)

Case number: 6:17-bk-07077-KSJ

FILED
U.S. Bankruptcy Court
Middle District of FL
 6/13/2018
Sheryl L. Loesch, Clerk

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?		<u>Calhoun County Treasurer</u>
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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Calhoun County Treasurer</u>	_____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>315 W Green Street</u> <u>Marshall, MI 49068</u>	Name
	Contact phone <u>269-781-0807</u>	Contact phone _____
	Contact email <u>taxforeclosure@calhouncountymi.gov</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>29</u>	Filed on <u>06/13/2018</u>
		MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 1000

7. How much is the claim? \$ 4064.98 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 healthcare information.
Unpaid property taxes plus interest

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: Unpaid Property Taxes for 2016 & 2017
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: \$ 49400
Amount of the claim that is secured: \$ 4064.98
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: \$ 4064.98
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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> 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). <input type="checkbox"/> 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). <input checked="" 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	\$ _____ \$ _____ \$ _____ \$ 4064.98 \$ _____ \$ _____
* Amounts are subject to adjustment on 4/1/19 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.	<p>Check the appropriate box:</p> <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>6/13/2018</u> MM / DD / YYYY</p> <p><u>Brian Wensauer</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Brian Wensauer</u> First name Middle name Last name</p> <p>Title <u>Calhoun County Treasurer</u></p> <p>Company <u>Calhoun County Treasurer's Office</u></p> <p>Address <u>315 W Green St</u> Number Street <u>Marshall, MI 49068</u> City State ZIP Code</p> <p>Contact phone <u>269-781-0807</u> Email <u>taxforeclosure@calhouncountymi.gov</u></p>
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CALHOUN COUNTY DELINQUENT TAX NOTICE

BRIAN W. WENSAUER
 CALHOUN COUNTY TREASURER
 315 WEST GREEN STREET
 MARSHALL, MICHIGAN 49068
 269-781-0807
 Email: treasurerstaff@calhouncountymi.gov
 www.calhouncountymi.gov/treasurer

DELINQUENT TAXES DUE

TAX YEAR	BASE TAX	TOTAL DUE	TOTAL DUE	TOTAL DUE
		IF PAID BY 06/30/18	IF PAID BY 07/31/18	IF PAID BY 08/31/18
2017	1,624.99	1,754.99	1,771.24	1,787.49
2016	1,562.49	2,309.99	2,333.42	2,356.86
TOTAL	3,187.48	4,064.98	4,104.66	4,144.35

INGERSOLL FINANCIAL MIDWEST LA

 1101 LAKE DESTINY RD SUITE 450
 MAITLAND FL 32751

PROPERTY INFORMATION

Property Number: 04-360-010-00
 School Dist: 13020
 Property Address:
 204 BEULAH AVE
 BATTLE CREEK
 LEGAL DESCRIPTION:

On March 1, 2018 the 2016 unpaid taxes (if listed above) forfeited to the County Treasurer for delinquent taxes. \$285.00 in forfeiture fees was added and interest increased from 1% to 1 1/2% per month retroactive back to the date they became delinquent (March 2017). Any person holding a legal interest may lose that interest as a result of forfeiture and subsequent foreclosure proceeding.

On June 1, 2018 a \$10 legal fee will be added to the 2016 tax year.

On December 1, 2018 a \$50 publication fee will be added to the 2016 tax year.

The 2016 and/or prior tax years must be paid in full on or before April 1, 2019 to prevent foreclosure!

All rights of redemption will expire on April 1, 2019! Absolute title will vest to the County Treasurer as a result of foreclosure. FORECLOSURE IS FINAL. POSTMARKS NOT ACCEPTED!

BEDFORD TWP. MEADOW-LAWN PARK
 LOTS 11 & 12

On March 1, 2018 the 2017 taxes came over to the Calhoun County Treasurer's Office delinquent from your local unit.

On October 1, 2018 a \$15 fee will be added to the 2017 tax year.

Please detach along perforation. Keep the top portion for your records.

Pay this tax to:

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.

BRIAN W. WENSAUER
 CALHOUN COUNTY TREASURER
 315 WEST GREEN STREET
 MARSHALL, MICHIGAN 49068

Delinquent Tax for Property Number:
04-360-010-00

TAXPAYER NOTE: Are your name & mailing address correct? If not, please make corrections below. Thank You.

Due if paid by 06/30/18	4,064.98
Due if paid by 07/31/18	4,104.66
Due if paid by 08/31/18	4,144.35

Property Address:
 204 BEULAH AVE

Make check payable to:
CALHOUN COUNTY TREASURER

INGERSOLL FINANCIAL MIDWEST LA

 1101 LAKE DESTINY RD SUITE 450
 MAITLAND FL 32751

Amount Remitted: _____

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> (27607933) Calhoun County Treasurer 315 W Green Street Marshall, MI 49068	Claim No: 29 <i>Original Filed</i> <i>Date:</i> 06/13/2018 <i>Original Entered</i> <i>Date:</i> 06/13/2018 <i>Last Amendment</i> <i>Filed:</i> 06/13/2018 <i>Last Amendment</i> <i>Entered:</i> 06/13/2018	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Auto-Claim Filer <i>Modified:</i>
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Amount claimed: \$4064.98
Secured claimed: \$4064.98

History:

[Details](#) [29-1](#) 06/13/2018 Claim #29 filed by Calhoun County Treasurer, Amount claimed: \$4064.98 (Auto-Claim Filer)

[Details](#) [29-2](#) 06/13/2018 Amended Claim #29 filed by Calhoun County Treasurer, Amount claimed: \$4064.98 (Auto-Claim Filer)

Description:

Remarks: (29-1) Account Number (last 4 digits):1000
(29-2) Account Number (last 4 digits):1000

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*	\$4064.98
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	\$4064.98	
Priority		
Administrative		

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
 (State)

Case number: 6:17-bk-07077-KSJ

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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.

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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>Calhoun County Treasurer</u>	_____
	Name <u>315 W Green Street</u> <u>Marshall, MI 49068</u>	Name _____
	Contact phone <u>269-781-0807</u>	Contact phone _____
	Contact email <u>taxforeclosure@calhouncountymi.gov</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	Filed on _____
		MM / DD / YYYY
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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> (27607933) Calhoun County Treasurer 315 W Green Street Marshall, MI 49068	Claim No: 29 <i>Original Filed</i> Date: 06/13/2018 <i>Original Entered</i> Date: 06/13/2018 <i>Last Amendment</i> Filed: 06/13/2018 <i>Last Amendment</i> Entered: 06/13/2018	<i>Status:</i> Filed by: CR Entered by: Auto-Claim Filer Modified:
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Amount claimed: \$4064.98
Secured claimed: \$4064.98

History:

[Details](#) [29-1](#) 06/13/2018 Claim #29 filed by Calhoun County Treasurer, Amount claimed: \$4064.98 (Auto-Claim Filer)

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Description:

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Total Amount Allowed*	

*Includes general unsecured claims

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	Claimed	Allowed
Secured	\$4064.98	
Priority		
Administrative		