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CLERK, US BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
Orlando DIVISION

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

Debtor 1 INGERSOLL FINANCIAL LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: ~~EASTERN~~ MIDDLE DISTRICT OF FLORIDA District of MICHIGAN

Case number 6:17-bk-07077-KSJ

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?**
   TUSCOLA COUNTY TREASURER
   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?**
   TUSCOLA COUNTY TREASURER
   Name
   125 W. LINCOLN ST.
   Number Street
   CARO MI 48723
   City State ZIP Code
   Contact phone 989-672-3890
   Contact email pdonovan@tuscolacounty.org

   **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: 2500

7. **How much is the claim?** $ 3,647.07 . **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.
PROPERTY TAXES 2016 & 2017 DELINQUENT 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: _____
**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:** $ 3647.07
**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) 12.00 %
☑ 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)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☐ Yes. *Check one:*

| | 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 08 03 2018
MM / DD / YYYY

Patricia Donovan-Gray
Signature

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

Name: PATRICIA (First name) LEE (Middle name) DONOVAN-GRAY (Last name)

Title: TUSCOLA COUNTY TREASURER

Company: TUSCOLA COUNTY
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 125 W. LINCOLN ST.
Number Street

CARO (City) MI (State) 48723 (ZIP Code)

Contact phone: 989-672-3890 Email: pdonovan@tuscolacounty.org

TUSCOLA COUNTY DELINQUENT TAX NOTICE

PATRICIA DONOVAN-GRAY
TUSCOLA COUNTY TREASURER
125 WEST LINCOLN ST, SUITE 300
CARO, MICHIGAN 48723
989-672-3890
TREASURER@TUSCOLACOUNTY.ORG
HTTP://WWW.TUSCOLACOUNTY.ORG

INGERSOLL FINANCIAL LLC

2 S ORANGE AVE #202
ORLANDO FL 32801

## PROPERTY INFORMATION

Property Number: 050-500-456-2500-00
School Dist: CARO SCHOOLS
Property Address: 335 NORMAN ST
CARO

**LEGAL DESCRIPTION:**

475-0091-000 SEC 03 T12N R9E LOT 25 BLK 6 CHAS MONTAGUES SUB VILL OF CARO.

Taxes paid on legal description, not property address.

You may call us at (989) 672-3890 for further info, Mon-Fri, 8:00 a.m. - 12:00 p.m. and 1:00 p.m. - 4:30 p.m.

PLEASE PROVIDE A PHONE NUMBER WITH ALL PAYMENTS.

## DELINQUENT TAXES DUE

Property Number: **050-500-456-2500-00**

| TAX YEAR | TOTAL DUE IF PAID BY 08/31/18 | TOTAL DUE IF PAID BY 09/30/18 | TOTAL DUE IF PAID BY 10/31/18 |
|---|---|---|---|
| 2017 | 1,892.17 | 1,909.37 | 1,926.57 |
| 2016 | 1,754.90 | 1,772.13 | 1,789.37 |
| | BKR | | |
| TOTAL | 3,647.07 | 3,681.50 | 3,715.94 |

Any tax voluntarily paid, can not be refunded or adjusted.

To see if you qualify for assistance on your principal residence, please contact the Human Development Commission at 989-672-1799.

**DROP BOX AVAILABLE AT 125 W. LINCOLN ST (MAIN ENTRANCE) **

*** PARTIAL PAYMENTS ALWAYS ACCEPTED ***

*** CASH, MONEY ORDERS, CREDIT OR DEBIT CARDS ONLY ***
CREDIT AND DEBIT CARDS WILL BE CHARGED AN ADD'L SERVICE FEE

*** 2016 & PRIOR TAXES - NO PERSONAL CHECKS ACCEPTED ***
*** NO PERSONAL CHECKS ACCEPTED IN THE MONTH OF FEBRUARY ***

Your personal checks will be accepted. However if your check is dishonored, the taxes will continue as unpaid and a $25.00 NSF fee is charged. A receipt will be promptly issued. Please tell us if you feel this notice is in error.

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

Pay this tax to:

PATRICIA DONOVAN-GRAY
TUSCOLA COUNTY TREASURER
125 WEST LINCOLN ST, SUITE 300
CARO, MICHIGAN 48723

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

Property Address:
335 NORMAN ST

INGERSOLL FINANCIAL LLC

2 S ORANGE AVE #202
ORLANDO FL 32801

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. THANK YOU.
**PLEASE PROVIDE A PHONE NUMBER WITH ALL PAYMENTS.**

Delinquent Tax for Property Number:
**050-500-456-2500-00**

| | | |
|---|---|---|
| Due if paid by | 08/31/18 | 3,647.07 |
| Due if paid by | 09/30/18 | 3,681.50 |
| Due if paid by | 10/31/18 | 3,715.94 |

Make check payable to:
**TUSCOLA COUNTY TREASURER**

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):**

| | | |
|---|---|---|
| *Creditor:* (27679085)<br>TUSCOLA CO TAX COLLECTOR<br>125 WEST LINCOLN STREET<br>CARO, MI 48723 | **Claim No: 60**<br>*Original Filed Date*: 08/06/2018<br>*Original Entered Date*: 08/07/2018 | *Status:*<br>*Filed by:* CR<br>*Entered by:* KM<br>*Modified:* |

Amount claimed: $3647.07

Secured claimed: $3647.07

*History:*

| | | | |
|---|---|---|---|
| Details | 60-1 | 08/06/2018 | Claim #60 filed by TUSCOLA CO TAX COLLECTOR, Amount claimed: $3647.07 (Karla) |

*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*** | $3647.07 |
| **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** | $3647.07 | |
| **Priority** | | |
| **Administrative** | | |