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

Case number 6:17 bk- 07077- KSJ

FILED VIA MAIL

SEP 19 2018

CLERK U.S. BANKRUPTCY, ORLANDO DIVISION

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?

Muscogee County Tax Commissioner

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?

Muscogee County Tax Commissioner
Name

3111 Citizens Way
Number Street

Columbus GA 31906
City State ZIP Code

Contact phone 706-225-3512

Contact email DBritt@columbusga.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: 4 0 1 2

7. **How much is the claim?** $ 3,096.40 . **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.

   Real Property 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: $ 81,130

   Amount of the claim that is secured: $ 3,096.40

   Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

   Address of property that is the subject of this claim: 2443 Elm Dr

   Amount necessary to cure any default as of the date of the petition: $ 3,096.40

   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)?

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).	$ 3,096.40
☐ 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 9/14/2018
MM / DD / YYYY

Signature

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

Name: David (First name) Britt (Middle name) (Last name)

Title: Deputy Tax Commissioner

Company: Muscogee County Tax Commissioner's Office
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 3111 Citizens Way
Number Street

Columbus, GA 31906
City State ZIP Code

Contact phone: 706-225-3512 Email: DBritt@columbusGA.org

Muscogee County Tax Commissioner's Office
Statement of Account:Ingersoll Financial, LLC
Case No : 6:17-bk-07077
Property Taxes Owed

Real Property Taxes

Parcel Id	Address	Year	Tax	Total
085 054 012	2443 Elm Dr Columbus, GA	2018	1329.59	1,329.59
		2017	1572.89	1,572.89
		2016	193.92	193.92
		Total	**3,096.40**	**$3,096.40**

Total Claim	**$3,096.40**

David Britt
Deputy Tax Commissioner
Deputy Ex-Officio Sheriff
Muscogee County Tax Commissioner's Office
PO Box 1441
Columbus, GA 31906
706-653-4211
DBritt@columbusga.org

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: (27679003) MUSCOGEE CO TAX COMMISSION 3111 CITIZENS WAY COLUMBUS, GA 31906	**Claim No: 140** *Original Filed Date*: 09/19/2018 *Original Entered Date*: 09/20/2018	*Status:* *Filed by:* CR *Entered by:* VC *Modified:*

Amount claimed: $3096.40

History:

Details	140-1	09/19/2018	Claim #140 filed by MUSCOGEE CO TAX COMMISSION, Amount claimed: $3096.40 (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*	$3096.40
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		