


UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Marion County Treasurer		Case Number: 10-16564
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Marion County Treasurer		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Marion County Treasurer B. Darland 200 E Washington St Ste 1041 Indianapolis IN 46204 Telephone number: (317) 327-4051		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>577.09</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>prop tax self-filed asmt</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4746</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>03/22/2011</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Bonnie S. Darland <i>Bonnie S. Darland</i> <u>3/22/11</u> <i>Marion County Treasurer</i>		FOR COURT USE ONLY insight  00117

NOTICE OF PERSONAL PROPERTY TAX JUDGMENT

MARION COUNTY TREASURER

PLEASE BE ADVISED THE AMOUNT BELOW IS NOW, OR WILL BECOME, A JUDGMENT IN A
MARION COUNTY COURT

The amount of this notice may not reflect the total debt.

**CLERK-JUDGMENT NOTICE
MARION COUNTY, INDIANA**

Parcel No.	Tax Year	Judgment Date	Cause Number	Property Type
1124746	2006 Payable 2007 ^{2/3}	07/09/2004	CT033831	MOBILE HOME

DUE UPON RECEIPT

INSIGHT HEALTH SERVICES
CORP
(FORM L)
INVENTORY AT INSIGHT
4400 MACARTHUR
NEWPORT BEACH, CA 92660

PROPERTY DESCRIPTION AND LOCATION

PROPERTY LOCATED AT: 2835 FORTUNE CI W DR

JUDGMENT CERTIFIED NAME
INSIGHT HEALTH SERVICES CORP (FORM L) INVENTO

Statutory interest of 8% per annum accrues daily on all judgment debts

CLERK-JUDGMENT CHARGES	
TAX	\$308.85
PENALTY	61.78
DEMAND FEE	5.00
OTHER	0.00
Sub-Total	\$375.63
INTEREST	201.46
DEBT SHOWN ON THIS NOTICE	\$577.09
Interest Calculated to 03/22/2011	

CLERK-JUDGMENT NOTICE

TREASURER'S COPY

DATE PRINTED: 03/22/2011

Parcel No.	Tax Year
1124746	2006 Payable 2007

**DEBT SHOWN ON THIS NOTICE -
DUE UPON RECEIPT** **\$577.09**

INSIGHT HEALTH SERVICES
CORP
(FORM L)
INVENTORY AT INSIGHT
4400 MACARTHUR
NEWPORT BEACH, CA 92660

Interest through: 03/22/2011

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