

Fill in this information to identify the case:

Debtor name: John Q Hammons Fall 2006, LLC

United States Bankruptcy Court for the District of Kansas at Kansas City

Case number (if known): 16-21142-11

See Appendix A to bar date notice for list of debtors and case numbers.

ID: 3789
MIRANDA, ELEONORA
5128 NW 86TH WAY
CORAL SPRINGS, FL 33067

RECEIVED

JAN 24 2017

BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY

04/16

Official Form 410

Proof of Claim

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online Document Filing System (CM/ECF) of the United States Bankruptcy Court for the District of Kansas, in either event so as to be received no later than 5:00 p.m. CST on the December 23, 2016.

Part 1: Identify the Claim

1. Who is the current creditor?

Eleonora Miranda

Name of the current creditor (the person or entity to paid for this claim)

Other name 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)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Eleonora Miranda

Name

Name

5128 NW 86th Way

Number Street

Number Street

Coral Springs FL 33067

City State ZIP Code

City State ZIP Code

Contact phone 754-368-1039

Contact phone

Contact email ne2723@hotmail.com

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?

JQH Ct ID



00587

**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: \_\_\_\_\_

7. How much is the claim? \$ 25,000.00 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.  
Personal injury

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:** \$ \_\_\_\_\_  
**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) \_\_\_\_\_%  
 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 \$2,850* 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 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?  No  
 Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ \_\_\_\_\_

**Part 3: Sign Below**

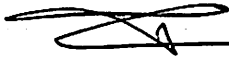
The person completing this proof of claim must sign and date it. FRBP 9011(b).  
 If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.  
 A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up 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 01 18 2017  
 MM / DD / YYYY

  
 \_\_\_\_\_  
 Signature

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

Name Tamara Lea Klapperstein  
 First name Middle name Last name

Title Attorney

Company David L. Rich, P.A.  
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 513 N. State Road 7  
 Number Street

Margate FL 33063  
 City State ZIP Code

Contact phone 954-972-1800 Email tamara@richinjurylaw.com



39363535003789

MIRANDA, ELEONORA  
5128 NW 86TH WAY  
CORAL SPRINGS, FL 33067



The relief described hereinbelow is SO ORDERED.

SIGNED this 31st day of October, 2016.

*Robert D. Berger*  
Robert D. Berger  
United States Bankruptcy Judge

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF KANSAS AT KANSAS CITY**

In re: )  
 )  
JOHN Q. HAMMONS FALL 2006, LLC, *et al.*, ) Case No. 16-21142-11  
 )  
Debtors. ) (Jointly Administered)  
 )

**STIPULATION AND ORDER GRANTING LIMITED RELIEF FROM THE  
AUTOMATIC STAY**

NOW COME the above-captioned debtors (the "Debtors"), and Eleonora Miranda (the "Plaintiff"), and hereby stipulate as follows:

WHEREAS, On June 26, and July 5, 2016 (the "Commencement Date"), the Debtors commenced these bankruptcy cases (the "Bankruptcy Cases"); and

WHEREAS, prior to the Commencement Date, the Plaintiff commenced the following action against, *inter alia*, John Q. Hammons Hotels Management, LLC captioned *Eleonora Miranda v. John Q. Hammons Hotels Management, LLC, et al.*, Case No. 14-015762 (04) (the "Action") which is pending in the Circuit Court of the 17th District in and for Broward County, Florida (the "Court"); and

WHEREAS, after these Bankruptcy Cases were commenced, the Plaintiff contacted counsel for the Debtors to determine whether the Debtors would agree to lift the stay to continue to litigate the Action (the "Lift Stay Request");

WHEREAS, the parties have negotiated a resolution of the Lift Stay Request as set forth herein.

NOW THEREFORE, the parties hereto agree, and the Court hereby orders, as follows:

1. The Plaintiff is hereby granted relief from the automatic stay of § 362(a) of the Bankruptcy Code to the extent applicable only for the limited purposes set forth hereafter.
2. The Plaintiff shall be permitted to litigate the issues she has raised in the Action to completion in the Court, and the parties in the Action shall be permitted to pursue any appeals of any decisions from that Court to any court with appellate jurisdiction over the Court, for the purpose of establishing the amount, if any, of their claims (the "Claim Amount"). The Plaintiff shall also be permitted to settle, enforce and collect the Claim Amount directly from all insurance policies and proceeds without having to seek a further order of this Court.
3. Upon the entry of a Final Judgment, order, or agreed settlement determining the Claim Amount, if any, to the extent permitted under applicable non-bankruptcy law, Plaintiff may enforce and collect the Claim Amount directly from the Debtors' insurance carriers, without having to seek a further order of this Court. Any collection from the Debtors shall be governed by the provisions of any plan to be filed and confirmed in these Bankruptcy Cases (the "Plan") and the allowance and payment of all or a portion of such Claim Amount that is not collected directly from the insurance carriers and insurance proceeds, including, but not limited to, the application of § 502(b) of the Bankruptcy Code to all or a portion of the Claim Amount that is not collected directly from the insurance carriers and insurance proceeds.



4. Nothing contained herein shall be construed as modifying any discharge injunction granted or the automatic stay to permit the Plaintiff to in any way take any actions to collect the Claim Amount directly from the Debtors, property of the Debtors, this bankruptcy estate, or property of the estate; provided however, that Plaintiff may (i) continue to litigate the Action as set forth above and (ii) participate in a Plan to be paid thereunder.

5. Nothing contained herein shall be construed to relieve the Plaintiff from timely filing a proof of claim in these Bankruptcy Cases. Notwithstanding any deadlines to the contrary, a proof of claim shall be deemed timely filed by the Plaintiff if it is filed on or before (30) days after full execution of a settlement agreement or an entry of judgment in favor of Plaintiff in the Action.

6. Nothing contained herein shall be deemed an admission by the Debtors that the Plaintiff has any legal right to recover from any of the Debtors' insurance carriers and/or insurance proceeds. Any right Plaintiff may have to such recovery shall be determined by the terms and conditions of the applicable insurance policies and applicable law.

IT IS SO ORDERED.

###

SUBMITTED AND AGREED:

Troppito Miller Griffin, LLC

By: /s/Chris M. Troppito  
Chris M. Troppito #20595  
105 East Fifth Street, Suite 500  
Kansas City, MO 64106  
(T) 816.221.6006  
(F) 816.221.6446  
[cmt@troppitomiller.com](mailto:cmt@troppitomiller.com)  
COUNSEL FOR ELEONORA MIRANDA

STINSON LEONARD STREET LLP

By: /s/Nicholas Zluticky

Nicholas Zluticky #23935

1201 Walnut, Suite 2900

Kansas City, MO 64106

Telephone: (816) 842-8600

Facsimile: (816) 691-3495

nicholas.zluticky@stinson.com

COUNSEL FOR THE DEBTORS



VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

ABU \* 000138  
2000 WESTWOOD DRIVE  
WAUSAU, WI 54401



B. CODE  
280

51-44/119  
CHECK NUMBER  
17471882

DATE OF CHECK	PAYMENT IDENTIFICATION
01/03/17	P 58D-004807-01

PAY **\$25000.00\*\***

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

BANK OF AMERICA HARTFORD, CT

PAY TO THE ORDER OF

RICH DAVID L  
ELEONORA MIRANDA  
9130 SO. DADELAND BLVD  
SUITE 1520  
MIAMI, FL 33156

OFFICE NO.  
58D

NOT VALID IN EXCESS OF \$25,000\*

⑈ 17471882⑈ ⑆ 011900445⑆000000067589⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

RELEASE AND SETTLEMENT OF CLAIM

For the sole consideration of TWENTY-FIVE THOUSAND AND 00/100 DOLLARS (\$25,000.00), the undersigned hereby release and forever discharge John Q. Hammons Hotels Management, LLC dba Fort Lauderdale Marriott Coral Springs, Liberty Mutual Insurance Company and Liberty Mutual Insurance Company, Liberty Mutual Fire Insurance Company, Liberty Insurance Corporation and any subsidiary or affiliate thereof in The Liberty Mutual Group, and all other persons, firms and corporations from all claims and demands, rights and causes of action of any kind the undersigned now have or hereafter may have on account of or in any way growing out of Personal Injuries known or unknown to us at the present time and Property Damage resulting or to result from an occurrence which happened on or about October 19, 2013, at or near 11775 Heron Bay Blvd., Coral Springs, Broward County, Florida including, but not limited to, claims of ELEONORA MIRANDA, in the Circuit Court of the 17TH Judicial Circuit, Case No.: 14-015762 and does hereby covenant to indemnify and save harmless the said party or parties from and against all claims and demands whatsoever on account of or in any way growing out of said occurrence or its results both to person and property. This release expresses a full and complete SETTLEMENT of a liability claimed and denied, regardless of the adequacy of the above consideration, and the acceptance of this release shall not operate as an admission of liability on the part of anyone nor as an estoppel, waiver or bar with respect to any claim the party or parties released may have against the undersigned. Witness our hands and seals.

YOU ARE MAKING A FINAL SETTLEMENT  
THIS IS A RELEASE: READ BEFORE SIGNING.

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIMS CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

(1) Dated 11/4/17

I HAVE READ THIS RELEASE

(3) [Signature]  
(Witness Signature)

(2) [Signature]  
ELEONORA MIRANDA

[Signature]

(4) Barbara J. Mc Manus  
(Witness Signature)

Barbara J. Mc Manus

LAW OFFICES OF

**DAVID L. RICH, P.A.**

DAVID L. RICH  
ILENE A. BROOKS  
TAMARA L. KLOPENSTEIN

513 N. STATE ROAD 7  
MARGATE, FL 33063  
(954) 972-1800  
(954) 972-2547 fax

[david@richinjurylaw.com](mailto:david@richinjurylaw.com)  
[ilene@richinjurylaw.com](mailto:ilene@richinjurylaw.com)  
[tamara@richinjurylaw.com](mailto:tamara@richinjurylaw.com)

January 19, 2017

**Via First Class U.S. Mail and Certified Mail**

BMC Group, Inc.  
Attn: John Q. Hammons Claims Processing  
P.O. Box 90100  
Los Angeles, CA 90009

RE: Eleonora Miranda vs. John Q. Hammons Hotels Management, LLC, et al  
Broward County, Florida Case No. 14-015762 (04)  
John Q. Hammons Bankruptcy Case No.: 16-21142-11

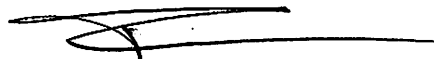
Dear Sir/Madam:

Please find enclosed the completed Proof of Claim in compliance with the attached Order relieving the automatic stay that required a Proof of Claim to be filed "on or before thirty (30) days of after full execution of a settlement agreement" of the subject above referenced personal injury matter. Please also find enclosed a copy of the settlement check from Liberty Mutual in payment of the subject personal injury matter as well as the Release and Settlement of Claim signed by our client, Eleonora Miranda.

Finally, please find enclosed a copy of the Proof of Claim form with a stamped self-addressed envelope to receive confirmation that the claim has been filed.

Should you have any questions, please do not hesitate to call us.

Sincerely,



TAMARA L. KLOPENSTEIN

Enclosure

# District of Kansas Claims Register

[16-21142 John Q. Hammons Fall 2006, LLC](#)

**Judge:** Robert D. Berger

**Chapter:** 11

**Office:** Kansas City

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (8648154)  
Eleonora Miranda  
5128 NW 86th Way  
Coral Springs, FL 33067

**Claim No: 762**  
*Original Filed*  
*Date:* 01/24/2017  
*Original Entered*  
*Date:* 01/24/2017

*Status:*  
*Filed by:* CR  
*Entered by:* Terri Marshall  
*Modified:*

Amount claimed: \$25000.00

*History:*

[Details](#) [762-1](#) 01/24/2017 Claim #762 filed by Eleonora Miranda, Amount claimed: \$25000.00 (Marshall, Terri )

*Description:* (762-1) Personal Injury

*Remarks:* (762-1) ECF by Claims Agent 1/24/2017

## Claims Register Summary

**Case Name:** John Q. Hammons Fall 2006, LLC

**Case Number:** 16-21142

**Chapter:** 11

**Date Filed:** 06/26/2016

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$25000.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		