Fill in this information t	o identify the case:		ID: 14268	
Debtor name: John	2 Hammons Hotels Inco		VICKERS-MCKELLER, PHYLLIS 3049 TREMONT ST MONTGOMERY, AL 36110-1130	
	ourt for the District of Kansas at Kansas City			
Case number (If known):	•			
Case number (II known).				
See Appendix A to bar date noti	ce for list of debtors and case numbers.			
	RECEIVE	D		
	MAR 1 5 20	18	If you have already filed a proof of claim with the	
Official Form 410	DIAC CDO	TTO	Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Proof of Clain	BMC GRO	UP		
	l I re filling out this form. This form is for making a claim fo	or payment	04/16 in a bankruptcy case. Do not use this form to make a	
equest for payment of an a	administrative expense, except for administrative expen	ses under 1	I1 U.S.C. § 503(b)(9).	
	lact information that is entitled to privacy on this form or on as promissory notes, purchase orders, invoices, itemized sta			
	send original documents; they may be destroyed after so			
•	nt claim could be fined up to \$500,000, imprisoned for up to	=		
	out the claim as of the date the case was filed. That dat			
	ted form (faxes not accepted), together with accompany ddress set forth on the Bar Date Notice, or (b) filed usir			
	r the District of Kansas, in either event so as to be rece	-		
Part 1: Identify the	Claim			
1 Who is the surrent	0)			
creditor?	reditor? Name of the current creditor (the person or entity to paid for this claim)			
			Lers-McKeller	
2. Has this claim been				
acquired from someone else?	☑ No ☐ Yes. From whom?			
Someone else :				
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where so	should payments to the creditor be sent? ent)	
Federal Rule of	Variable Langue			
Bankruptcy Procedure (FRBP) 2002(g)	Name Name Name Name Name Name Name Number Street Number Street Number Street Number Street Number Street Oity State ZIP Code Name Number Street			
(FRBF) 2002(g)	& Commerce Street (with DC	S)		
	Number Street	Number	Street	
	Montoner, AZ 36104			
	City State ZIP Code	City	State ZIP Code	
	Contact phone 334-869-5930	Contact	phone	
	Contact email Kmastine beilsouthing			
	Contact chall 173.000 11.000 1000 1000	c , Comaci		
	Uniform claim identifier for electronic payments in chap	oter 13 (if you	ı use one):	
4. Does this claim amend	⊠No			
one already filed?	Yes. Claim number on court claims registry (if known	n)		
			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?		JOH Cti ID	
	_		00624	

Fill in this information to identify the case:

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?	er No Ser			
7. How much is the claim?	. Does this amount include interest or other charges? 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?	eles: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). isclosing information that is entitled to privacy, such as health care information.			
	Workers compossations settlement - Finture medical treatment.			
9. Is all or part of the claim secured?	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			
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?	Yes. Identify the property:			

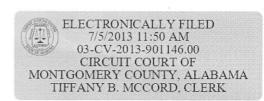
12. Is all or part of the claim entitled to priority under	⊠ No					
11 U.S.C. § 507(a)?	Yes. Chec	k all that apply:			Amount entitled to priority	
A claim may be partly	Domes 11 U.S.	mestic support obligations (including alimony and child support) under U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$		
priority and partly nonpriority. For example, in some categories, the		Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for \$				
law limits the amount entitled to priority.	☐ bankru	Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the \$				
		or penalties owed to governm	nental units. 11 U.S.C.	. § 507(a)(8).	\$	
	Contrib	utions to an employee benef	it plan. 11 U.S.C. § 50	7(a)(5).	\$	
	Other.	Specify subsection of 11 U.S	.C. § 507(a)() that a	applies.	\$	
	* Amounts a	re subject to adjustment on 4/01/	19 and every 3 years afte	er that for cases begun on or a	ifter 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)?	the De which	te the amount of your claim ari sbtor within 20 days before the the goods have been sold to ti r's business. Attach documen	date of commencemen he Debtor in the ordinal	t of the above case, in ry course of such	\$	
Part 3: Sign Below The person completing	Chook the energy	porieto hove				
this proof of claim must sign and date it.	Check the appro					
FRBP 9011(b).	I am the cre					
If you file this claim	I am the creditor's attorney or authorized agent.					
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
	I understand that an authorized signature on this <i>Proof of Claim</i> 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.					
fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
vears, or both.	I declare under penalty of perjury that the foregoing is true and correct.					
18 U.S.C. §§ 152, 157, and 3571.	Executed on dat	te <u>3//0/20/8</u> MM/DD/YYYY				
	1/-	Lax				
	Signature					
	Print the name	of the person who is comp	leting and signing th	nis claim:		
	Name	Karen First name	Ly ム Middle i	Lq.	nea L k Last name	
	Title	Attorney Br	Phyllis UI	ucers		
	Company	Law Office & Identify the corporate service			rvicer.	
	Address _	8 Commerce S Number S Montgomery City 334-269-5930	Street, Su Street	it 200		
		Montgomer;	, AL 34	0/0 4 State	te ZIP Code	
	Contact phone	334-269-5930	<u> </u>	Email KMASH	n@bellsouthonet	

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39363560014268

VICKERS-MCKELLER, PHYLLIS 3049 TREMONT ST MONTGOMERY, AL 36110-1130

Case 16-21142 Claim 801-1 Filed 03/15/18 Desc Main Document Page 4 of 7



IN THE CIRCUIT COURT OF MONTGOMERY COUNTY, ALABAMA

PHYLLIS VICKERS MCKELLER,)	
)	
Plaintiff,)	
)	CIVIL ACTION NO.
V.)	CV-2013-
)	-
JOHN Q. HAMMONS HOTELS, INC.,)	
)	
Defendants.)	

ORDER APPROVING SETTLEMENT AND PETITION

This cause coming on to be heard upon the joint petition, agreement and settlement of the parties, and the parties being present in open Court in person or by counsel, and the Court having read and understood the joint petition, agreement and settlement and being fully advised in the premises relative thereto, and it appearing that the allegations of the petition are true and that the said settlement is substantially in accordance with Ala. Code, Section 25-5-1 to 231 (1975), it is,

ORDERED, ADJUDGED, AND DECREED that the petition, agreement and settlement be and the same is hereby approved and that the parties in all things conform thereto. The Court finds that the proposed settlement as set forth in the petition is in the best interest of the plaintiff.

It is ORDERED, ADJUDGED, AND DECREED by the Court that the Employer, John Q. Hammons Hotels, Inc., pay to the Plaintiff, Phyllis Vickers McKeller, the sum of \$46,000.00. The Plaintiff is 48 years of age and has a life expectancy of 33.56 years or 1,745 weeks. A fifteen (15%) percent attorney's fee in the amount of \$6,900.00 will be deducted from the \$46,000.00 lump sum settlement. In that the remaining sum of \$39,100 is to compensate the Plaintiff for her permanent loss of earning capacity for the remainder of her life, this averages out to a weekly payment of \$22.40.

It is further ORDERED, ADJUDGED, AND DECREED that this amount shall be accepted by the plaintiff as a full and final settlement of all claims of the plaintiff for compensation benefits, whether in the nature of temporary partial or total benefits, permanent partial or total benefits, or past, present, and vocational rehabilitation benefits, with future medical benefits remaining open.

It is ORDERED, ADJUDGED AND DECREED that plaintiff's attorney, Karen Laneaux, has agreed upon an attorney's fee equal to fifteen percent (15%) of the permanent partial benefits paid plus any reasonable expenses and costs incurred.

Done and Ordered this 2nd day of July, 2013, with costs taxed as paid.

CIRCUIT JUDGE

The Law Offices of SANDRA H. LEWIS, P.C.

8 Commerce Street Suite 700 Post Office Box 686 Montgomery, AL 36101-0686

Sandra H. Lewis
Karen Mastin Laneaux *

* Also admitted in Mississippi

Phone (334) 269-5930 Fax (334) 269-5931 Email: sandralew@bellsouth.net Email: kmastin@bellsouth.net

March 10, 2018

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

Re: Proof of Claim

To Whom It May Concern:

I represented Phyllis Vickers-McKeller in a workers compensation case against her former employer, John Q. Hammons Hotels, Inc. As a result of that case, the former employer agreed to provide future medical treatment to my client. Enclosed is a copy of the Order Approving Settlement and Petition.

My client recently received the enclosed Notice of Bar Date for the Filing of Proofs of Claim or Interest. Although she just received it, the notice indicates that the bar date is December 23, 2016. My client did not receive this notice prior to the bar date.

She has asked me to file this claim on her behalf. If her claim is not necessary, please advise. Should you have any questions, please contact me.

Sincerely,

THE LAW OFFICE OF SANDRA LEWIS, P.C.

KAREN LANEAUX

Attorney

Enclosures

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:

Last Date to file (Govt):

Creditor: (8931914) Claim No: 801 Status: PHYLLIS VICKERS Original Filed Filed by: CR

C/O KAREN LANEAUX Date: 03/15/2018 Entered by: Terri Marshall

8 COMMERCE STREET, Original Entered Modified:

SUITE 700 Date: 03/15/2018

MONTGOMERY, AL

36104

Amount claimed: \$100000.00

History:

Details 801- 03/15/2018 Claim #801 filed by PHYLLIS VICKERS, Amount claimed: \$100000.00 (Marshall, Terri)

Description: (801-1) Workers Compensation Settlement - Future Medical Treatment

Remarks: (801-1) ECF by Claims Agent 3/15/18; Listed debtor is John Q Hammons Hotel, Inc.

mc.

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

Total Amount Claimed*	\$100000.00
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		