

Fill in this information to identify the case:

Debtor 1 John Q. Hammons Fall 2006, LLC, et al.,

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Kansas

Case number 16-21142/Robert D. Berger

RECEIVED
 OCT 31 2016
 BMC GROUP

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? Platte County Collector
 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? <u>Platte County Collector of Revenue</u> Name <u>415 Third Street, Room 212</u> Number Street <u>Platte City MO 64079</u> City State ZIP Code Contact phone <u>(816) 858-1991</u> Contact email <u>kgilmore@co.platte.mo.us</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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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: _____

7. How much is the claim? \$ 5,778.24. 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.
2016 Real Estate Taxes (Hammons, John Q. Trust)

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: Tiffany Square 1st Lot 1 - Vacant Land
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: \$ 207,700.00
Amount of the claim that is secured: \$ 5,778.24
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) 18.00 %
 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:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 10/24/2016
MM / DD / YYYY

Kathy Gilmore
Signature

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

Name Kathy Gilmore
First name Middle name Last name

Title Deputy Collector

Company Platte County Collector of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 415 Third Street, Room 212
Number Street

Platte City MO 64079
City State ZIP Code

Contact phone (816) 858-1991 Email kgilmore@co.platte.mo.us



PLATTE COUNTY TAX STATEMENT

2016 REAL ESTATE



Sheila L. Palmer, Collector

Online @ www.plattecountycollector.com
Administrative Building
415 Third St. Room 212
Platte City, MO 64079
PHONE: 816-858-3356

HAMMONS, JOHN Q TRUST
JOHN Q HAMMONS HOTELS
300 JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD MO 65806-0000

PARCEL ID#: 17-7.0-36-100-002-005.000
SEC, TWN, RNG: 36-52-34
ACRES: 4.77
TAX DISTRICT#: 12
GROUP CD: 0
PHYSICAL ADDRESS: 207,700
TOTAL APPRAISED: 207,700
DELINQ YEARS:
M-CODE: 0

Property Description

TIFFANY SQUARE 1ST LOT 1			
TIFFANY SQUARE 1ST			
	Land	Structure	SUBTOTALS
Residential	0	0	0
Agricultural	0	0	0
Commercial	66,464	0	66,464
SUBTOTALS	66,464	0	66,464
TOTAL VALUATION			66,464

Tax District	Levy per \$100	Total Tax
State Blind Pension Fund	0.0300	19.94
County	0.0600	39.88
Health Department	0.0800	53.17
PC Board of Svcs for Dev Disabled	0.1300	86.40
Mental Health	0.1000	66.46
Mid-Continent Public Library	0.3153	209.56
Senior Citizen Levy	0.0500	33.23
Park Hill School	5.5290	3,674.79
Platte City Special Road	0.2150	142.90
Kansas City	1.5906	1,057.18
Metropolitan Community Colleges	0.2339	155.46
M&M Replacement Tax	0.3600	239.27
Total Due By: 12/31/2016		5,778.24

Date Printed: 10/11/2016

Methods of Payment

- Online @ www.plattecountycollector.com
- By Mail (Must be USPS postmarked by December 31st to avoid penalty and interest.) Checks must include name, address, telephone number and drivers license number. **Non-clearance of check(s) voids receipt(s).**
- Drop Box 24 hrs./day 7 days/week
- In Person M-F 8 a.m. - 5 p.m., 415 Third Street, Platte City
- By Phone 1-800-652-0405 and follow prompts.
Use County Number 10 when prompted.
PIN for telephone payment: 21613346

Failure to receive a tax statement does not exempt you from paying taxes when due.
To avoid additional penalties and interest, find and correct all errors and omissions before December 31st.

RETURN BOTTOM PORTION KEEP TOP PORTION PAID RECEIPT WILL BE RETURNED UPON PAYMENT

2016 PLATTE COUNTY REAL ESTATE STATEMENT



HAMMONS, JOHN Q TRUST
JOHN Q HAMMONS HOTELS
300 JOHN Q HAMMONS PKWY STE 900
SPRINGFIELD MO 65806-0000

DELINQ YEARS:

Pay this total prior to January 1, 2017 : 5,778.24

MAKE CHECKS PAYABLE TO
SHEILA L. PALMER, COLLECTOR

After December 31st, Pay With
Penalty and Interest as Follows:

2016 TAX PAID IN 2017	
January	6,306.62
February	6,430.28
March	6,553.93
April	6,677.59
May	6,801.23
June	6,924.89
July	7,048.54
August	7,172.20
Sept-Dec	7,295.85



R201617-7.0-36-100-002-005-0000

Date Printed: 10/11/2016

Sheila L. Palmer
Platte County Collector of Revenue

Administration Building
415 Third Street Room 212
Platte City, MO 64079

www.plattecountycollector.com
Phone: (816) 858-3356
Fax: 1 (816) 858-3357

October 26, 2016

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

Re: John Q. Hammons Fall 2006, LLC, et al.
Case No. 16-21142-11 (Jointly Administered)

Dear BMC Group:

Enclosed please find three Proof of Claims and copies of same to be filed in the above-captioned matter. Please return a file-stamped copy to our office in the enclosed envelope provided.

Thank you for your attention to this matter.

Sincerely,

By: /s/ Kathy Gilmore
Kathy Gilmore, Deputy Collector

KG/kg

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:** 12/23/2016
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (8597774) Platte County Collector 415 Third Street, Room 212 Platte City, MO 64079	Claim No: 196 <i>Original Filed</i> Date: 11/01/2016 <i>Original Entered</i> Date: 11/01/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Terri Marshall <i>Modified:</i>
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Amount claimed:	\$5778.24		
Secured claimed:	\$5778.24		

History:

Details	196-1	11/01/2016 Claim #196 filed by Platte County Collector, Amount claimed: \$5778.24 (Marshall, Terri)
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Description: (196-1) 2016 Real Estate Taxes (Hammons, John Q. Trust)

Remarks:

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*	\$5778.24
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	\$5778.24	
Priority		
Administrative		