

Fill in this information to identify the case:

Debtor name: Rosalind Blocker  
 United States Bankruptcy Court for the District of Kansas at Kansas City  
 Case number (if known): 16-21142

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

ID: 16057  
 BLOCKER, ROSALIND  
 C/O HAYNSWORTH SINKLER BOYD P A  
 ATTN: ROOPAL RUPARELIA  
 1201 MAIN STREET, 22ND FLOOR  
 COLUMBIA, SC 29201-3226

RECEIVED  
 NOV 21 2016  
 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?  
Rosalind Blocker  
 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?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent? <u>Rosalind Blocker</u> <u>C/O John Duncan Esq.</u> Name <u>137 E. Butler St #3</u> Number Street <u>Lex SC 29072</u> City State ZIP Code Contact phone <u>803-951-2388</u> Contact email <u>john.duncan.law@gmail.com</u>	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): _____
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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? \$ \_\_\_\_\_ 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 - lawsuit attached

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

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. \$ \_\_\_\_\_

\* 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.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 \_\_\_\_\_  
MM / DD / YYYY

Signature \_\_\_\_\_

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

Name John E. Duncan  
First name Middle name Last name

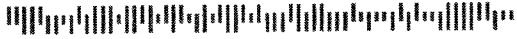
Title Attorney for creditor

Company Law office of John Duncan  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 137 E. Butler St. Ste 3  
Number Street

Lexington SC 29079  
City State ZIP Code

Contact phone 703-951-2388 Email john@duncanlaw@gmail.com



39363605015057

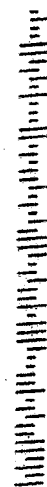
BLOCKER, ROSALIND  
C/O HAYNSWORTH SINKLER BOYD P A  
ATTN: ROOPAL RUPARELIA  
1201 MAIN STREET, 22ND FLOOR  
COLUMBIA, SC 29201-3226

**JOHN Q. HAMMONS FALL 2006. LLC, et al.**  
**c/o BMC Group, Inc.**  
**PO Box 90100**  
**Los Angeles, CA 90009**

neopost<sup>®</sup> FIRST-CLASS MAIL  
10/21/2016  
**US POSTAGE \$001.36**



ZIP 90250  
041L122033



STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF RICHLAND )  
 )  
 ROSALIND BLOCKER )  
 )  
 Plaintiff )  
 )  
 -versus- )  
 )  
 JOHN Q. HAMMONS HOTELS MANAGEMENT, LLC )  
 )  
 Defendants )  
 \_\_\_\_\_ )

IN THE COURT OF COMMON PLEAS  
 Civil Action Number: 2015-CP- 40-7546

2<sup>nd</sup> Amended  
**COMPLAINT**  
 Jury trial Requested

2016 MAR 31 AM 11:11  
 COURT OF COMMON PLEAS  
 RICHLAND COUNTY, SOUTH CAROLINA

The Plaintiff hereby alleges:

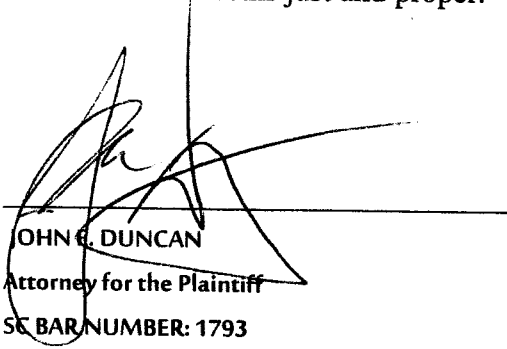
1. That Plaintiff is a resident of the County of Richmond, State of Georgia.
2. The Plaintiff is informed and believes the Defendant, John Q. Hammons Hotels Management, LLC., is, registered with the South Carolina Secretary of State and transacts business in Richland County, State of South Carolina
3. That on or about August 17, 2014, the Plaintiff was an invitee of the business location of the Defendant at 200 Stoneridge Drive, Columbia, South Carolina, when Plaintiff fell and was injured as a result of a hidden hazard created and/or allowed to exist by John Q. Hammons Hotels Management, LLC., by having no barriers or warning signs the floor was wet.
4. Plaintiff suffered injuries that are believed to be of a permanent nature and was forced to incur large medical bills.
6. Defendant and one or more of their agents or employees under their control and supervision were negligent, grossly negligent, and/or reckless in one or more of the following ways:
  - a. Failing to warn the Plaintiff, of the dangers then and there existing;

- b. Failing to properly monitor, examine, maintain and inspect the property
  - c. Failing to keep the property free of any latent defects and/or hazards;
  - d. In allowing a dangerous and latent condition in the path of people; and
  - e. Negligently permitting a dangerous condition to remain in the path of people
  - f. Creating a dangerous condition in the path of people;
  - g. Failing to use the degree of care and caution that reasonably prudent management would have used under the same or similar circumstances.
  - h. In failing to properly train their agent and employees to best protect their guests
7. As a direct result of the Defendant's negligence, gross negligence and/or recklessness, Plaintiff sustained the following damages:

- a. Medical bills, including hospital, physician, and prescription charges;
- b. Physical and mental pain and suffering;
- c. Loss of enjoyment of life; and
- d. Physical impairment and the need for future medical care.

WHEREFORE, the Plaintiff prays for judgment for actual and punitive damages against the Defendant and for such other and further relief as the Court deems just and proper.

Dated: March 1, 2016



JOHN E. DUNCAN  
Attorney for the Plaintiff  
SC BAR NUMBER: 1793  
137 EAST BUTLER ST, STE.3  
LEXINGTON, SC 29072  
(803)951-2388 TELEPHONE  
(803) 951-2389 Fax  
[johnduncanlaw@gmail.com](mailto:johnduncanlaw@gmail.com)



**JOHN DUNCAN**  
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Lexington, South Carolina 29072  
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Facsimile (803) 951-2389  
johnduncanlaw@gmail.com

November 7, 2016

BMC Group Inc.  
Attention: John Q. Hammons Processing  
P.O. Box 90100  
Los Angeles California 90009

RE: Rosalind Blocker v John Q Hammons Hotels Management LLC  
Proof of Claim

Dear Sir/Madam:

Please note my representation of Ms. Blocker. I enclose the Proof of claim in this matter.  
Please contact me with any questions.

Sincerely yours,

  
John E. Duncan

JED/rct



# 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> (8612529)	<b>Claim No:</b> 266	<i>Status:</i>
Rosalind Blocker	<i>Original Filed</i>	<i>Filed by:</i> CR
c/o John Duncan Esq.	<i>Date:</i> 11/22/2016	<i>Entered by:</i> Terri Marshall
137 E. Butler Street, Ste 3	<i>Original Entered</i>	<i>Modified:</i>
Lexington, SC 29072	<i>Date:</i> 11/22/2016	

Amount claimed: \$0.00

*History:*

[Details](#)    [266-1](#)    11/22/2016 Claim #266 filed by Rosalind Blocker, Amount claimed: \$0.00 (Marshall, Terri )

*Description:* (266-1) Personal Injury

*Remarks:* (266-1) no amount indicated, lawsuit attached to claim.

## 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>	\$0.00
<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>		