

UNITED STATES BANKRUPTCY COURT <u>CENTRAL</u> DISTRICT OF <u>CALIFORNIA</u>		PROOF OF CLAIM
Name of Debtor GIANULIA, JAMES C		Case Number 08-13150 RR
NOTE: 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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Riverside County Treasurer - Tax Collector		<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: Paul McDonnell Treasurer - Tax Collector P.O. Box 12005 Riverside, CA 92502-2205 Telephone number: (951) 955-3945		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">FILED</p> <p style="margin: 0; font-size: 1.2em;">SEP 19 2008</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">CLERK OF BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</p> <p style="font-size: 0.8em; margin-top: 5px;">THIS SPACE IS FOR COURT USE ONLY</p>
Last four digits of account or other number by which creditor identifies debtor: 600400004-6,658250082-4		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____ <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From _____ to _____ (date) (date)		
2. Date debt was incurred: 01/01/2008		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ 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 \$10,950)* 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).		
5. Total Amount of Claim at Time Case Filed: \$ <u>10,113.47</u> \$ <u>10,113.47</u> (unsecured) (secured) (priority) (total)		
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 09/17/2008	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): SANDY FINLEY, ACCT TECH 1 <i>Sandy Finley</i>	

PROOF OF SERVICE BY MAIL

I am a citizen of the United States and am employed in the County of Riverside. I am over the age of eighteen years and not a party to the within action; my business address is 4080 Lemon Street 4th Floor, Riverside, California 92501-3660 and my mailing address is P.O. Box 12005, Riverside, California 92502-2205.

On September 17, 2008, 2008, I served the within PROOF OF CLAIM on the interested parties in said action by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States mail at Riverside, California addressed to those parties on the attached sheet.

X **BY REGULAR MAIL:** I am "readily familiar" with the county's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on the same day with postage thereon fully prepaid at Riverside, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing in affidavit.

Kerri A Lyman
840 Newport Center Dr. Ste 400
Newport Beach, CA 92660

U.S. Bankruptcy Trustee
600 W. Santa Ana Bl., #501
Santa Ana, CA 92701

U.S. Bankruptcy Court
411 West Fourth Street, Suite 2030
Santa Ana, CA 92701-4593


I, Ismael Vargas, declare that I am employed in the office of the Tax Collector, a creditor in the matter, at whose direction the service was made. Executed on September 17, 2008, at Riverside, California.

Ismael Vargas

Central District Of California Claims Register

8:08-bk-13150-RK James C Gianulias CASE CONVERTED on 07/02/2008

Judge: Robert N. Kwan **Chapter:** 11
Office: Santa Ana **Last Date to file claims:** 11/12/2008
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (20809729) Riverside County Treasurer Tax Collector PO Box 12005 Riverside CA 92502-2205	Claim No: 7 <i>Filed:</i> 09/19/2008 <i>Entered:</i> 09/24/2008	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Steinberg, Elizabeth <i>Modified:</i>
Secured claimed: \$10113.47 Total claimed: \$10113.47		
<i>History:</i>  7-1 09/19/2008 Claim #7 filed by Riverside County Treasurer Tax Collector , total amount claimed: \$10113.47 (Steinberg, Elizabeth)		
<i>Description:</i>		
<i>Remarks:</i>		

Claims Register Summary