

UNITED STATES BANKRUPTCY COURT      CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Name of Debtor <u>James C Granulias / Co-Companions / Camero</u>		Case Number <u>8:08-bk 13150RK</u>
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) <u>City of Murrieta</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent <u>City of Murrieta 24601 Jefferson Avenue Murrieta CA 92562</u>		Court Claim Number (if known) _____
Telephone number <u>951-461-6431</u>		Filed on _____
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1 Amount of Claim as of Date Case Filed <u>\$ 1,850.00</u>		6 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) if any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim
If all or part of your claim is secured complete item 4 below however if all of your claim is unsecured do not complete item 4. If all or part of your claim is entitled to priority complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2 Basis for Claim <u>false burglar alarms</u> (See instruction #2 on reverse side)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
3 Last four digits of any number by which creditor identifies debtor <u>285</u>		<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)
3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)
4 Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff Describe <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Value of Property \$ _____ Annual Interest Rate _____ %  Amount of arrearage and other charges as of time case filed included in secured claim If any \$ _____ Basis for perfection _____  Amount of Secured Claim \$ _____ Amount Unsecured \$ <u>1,850.00</u>		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)
6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
7 Documents Attach redacted copies of any documents that support the claim such as promissory notes purchase orders invoices itemized statements or running accounts contracts judgments mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary (See definition of redacted on reverse side).		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)
DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING		Amount entitled to priority \$ _____
If the documents are not available please explain _____		Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Date <u>1-2-2009</u>	Signature The person filing this claim must sign it. Sign and print name and title if any of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney if any.  <u>Kim Lytle, Kim Lytle Acct Specialist</u>	FOR COURT USE ONLY



# Invoice

**City of Murrieta**  
 1 Town Square  
 24601 Jefferson Avenue  
 Murrieta, CA 92562  
 (951) 304-CITY (2489)

**B I L L T O**  
 \* G COMPANY / GRAND ISLE APARTMENTS  
 C/O SALES REGIS GROUP  
 22405 VILLAGE WALK PLACE  
 MURRIETA, CA 92562

**S H I P T O**  
 \* G COMPANY / GRAND ISLE APARTMENTS  
 ATTN: JULIE LUMPKIN  
 18802 BARDEEN AVENUE  
 IRVINE, CA 92612

<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>
203618	07/01/2008	07/31/2008
<b>Customer Number</b>	<b>Description</b>	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6+ False Alarm Incident 9/16/07 9 12 A M	0 00	\$200 00

**TOTAL DUE \$200 00**

Please contact Kim Lytle (951) 461-6431 klytle@murrieta.org if you have questions regarding this invoice



# Invoice

**City of Murrieta**  
 1 Town Square  
 24601 Jefferson Avenue  
 Murrieta CA 92562  
 (951) 304-CITY (2489)

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 \*G COMPANY / GRAND ISLE APARTMENTS  
 C/O BARRIS REAL GROUP  
 27408 VILLAGE WALK PLACE  
 MURRIETA, CA 92562

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 \*G COMPANY / GRAND ISLE APARTMENTS  
 ATTN: JULIE LUMPKIN  
 18802 BARDEEN AVENUE  
 IRVINE, CA 92612

Invoice Number	Invoice Date	Due Date
203619	07/01/2008	07/31/2008
Customer Number	Description	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6+ False Alarm Incident 9/29/07 9 19 A M	0 00	\$200 00

<b>TOTAL DUE</b>	<b>\$200 00</b>
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**City of Murrieta**  
 1 Town Square  
 24601 Jefferson Avenue  
 Murrieta CA 92562  
 (951) 304-CITY (2489)

B I L L T O	* G COMPANY / GRAND ISLE APARTMENTS C/O SARES REGIS GROUP 24405 VILLAGE WALK PLACE MURRIETA, CA 92582
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S H I P T O	* G COMPANY / GRAND ISLE APARTMENTS ATTN JULIE LUMPKIN 18802 BARDEEN AVENUE IRVINE, CA 92612
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<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>
203620	07/01/2008	07/31/2008
<b>Customer Number</b>	<b>Description</b>	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	4th False Alarm Incident 12/16/07 6 25 P M	0 00	\$100 00

<b>TOTAL DUE</b>	<b>\$100 00</b>
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 (951) 304-CITY (2489)

B I L L  T O	* G COMPANY / GRAND ISLE APARTMENTS C/O SARES REGIS GROUP 24405 VILLAGE WALK PLACE MURRIETA, CA 92562
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S H I P  T O	* G COMPANY / GRAND ISLE APARTMENTS ATTN: JULIE LUMPKIN 18802 BARDEEN AVENUE IRVINE, CA 92612
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<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>
203621	07/01/2008	07/31/2008
<b>Customer Number</b>	<b>Description</b>	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	5th False Alarm Incident 12/25/07 2 16 A M	0 00	\$150 00

<b>TOTAL DUE</b>	<b>\$150 00</b>
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# Invoice

**City of Murrieta**  
 1 Town Square  
 24601 Jefferson Avenue  
 Murrieta CA 92562  
 (951) 304-CITY (2489)

<b>B I L L T O</b>	<b>* G COMPANY / GRAND ISLE APARTMENTS</b> <b>C/O SARES REGIS GROUP</b> <b>24405 VILLAGE WALK PLACE</b> <b>MURRIETA, CA 92562</b>
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<b>S H I P T O</b>	<b>* G COMPANY / GRAND ISLE APARTMENTS</b> <b>ATTN JULIE LUMPKIN</b> <b>18802 BARDEEN AVENUE</b> <b>IRVINE, CA 92612</b>
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<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>
203623	07/01/2008	07/31/2008
<b>Customer Number</b>	<b>Description</b>	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6+ False Alarm Incident 1/9/08 12 36 A M	0 00	\$200 00

<b>TOTAL DUE</b>	<b>\$200 00</b>
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# Invoice

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B I L L T O	* G COMPANY / GRAND ISLE APARTMENTS C/O SARES REGIS GROUP 24405 VILLAGE WALK PLACE MURRIETA, CA 92562
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S H I P T O	* G COMPANY / GRAND ISLE APARTMENTS ATTN JULIE LUMPKIN 18802 BARDEEN AVENUE IRVINE, CA 92612
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<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>
203622	07/01/2008	07/31/2008
<b>Customer Number</b>	<b>Description</b>	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6th False Alarm Incident 1/27/08 8 03 A M	0 00	\$200 00

<b>TOTAL DUE</b>	<b>\$200 00</b>
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# Invoice

**City of Murrieta**  
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 \* G COMPANY / GRAND ISLE APARTMENTS  
 C/O SARES REGIS GROUP  
 24405 VILLAGE WALK PLACE  
 MURRIETA, CA 92562

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 \* G COMPANY / GRAND ISLE APARTMENTS  
 ATTN: JULIE LUMPKIN  
 18802 BARDEEN AVENUE  
 IRVINE, CA 92612

Invoice Number	Invoice Date	Due Date
203624	07/01/2008	07/31/2008
Customer Number	Description	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6+ False Alarm Incident 4/4/08 28 P M S 28 Pm	0 00	\$200 00

**TOTAL DUE** \$200 00

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# Invoice

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 1 Town Square  
 24601 Jefferson Avenue  
 Murrieta, CA 92562  
 (951) 304-CITY (2489)

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 \* G COMPANY / GRAND ISLE APARTMENTS  
 C/O SALES GROUP  
 24601 VILLAGE WALK PLACE  
 MURRIETA, CA 92562

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 \* G COMPANY / GRAND ISLE APARTMENTS  
 ATTN: JULIE LIMPON  
 18802 BARDEN AVENUE  
 IRVINE, CA 92612

Invoice Number	Invoice Date	Due Date
203625	07/01/2008	07/31/2008
Customer Number	Description	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6+ False Alarm Incident 4/25/08 7 29 P M	0 00	\$200 00

**TOTAL DUE** **\$200 00**

Please contact Kim Lytle (951) 461-6431 [klytle@murrieta.org](mailto:klytle@murrieta.org) if you have questions regarding this invoice



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 Murrieta, CA 92562  
 (951) 304-CITY (2489)

B I L L T O	* G COMPANY / GRAND ISLE APARTMENTS C/O SARES REGIS GROUP 24405 VILLAGE WALK PLACE MURRIETA, CA 92562
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S H I P T O	* G COMPANY / GRAND ISLE APARTMENTS ATTN JULIE LUMPION 18802 BARDEEN AVENUE IRVINE, CA 92612
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Invoice Number	Invoice Date	Due Date
203626	07/01/2008	07/31/2008
Customer Number	Description	
285	CLASSIC BALANCE TRANSFER	

Qty	Reference	Description	Unit Price	Amount
0 00	A001 61-02 04823 000	6+ False Alarm Incident 4/27/08 8 48 P M	0 00	\$200 00

<b>TOTAL DUE</b>	<b>\$200 00</b>
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# Invoice

**City of Murrieta**  
 1 Town Square  
 24601 Jefferson Avenue  
 Murrieta CA 92562  
 (951) 304-CITY (2489)

**B I L L T O**  
 G COMPANY CONSTRUCTION  
 ATTN: DANA RANDOLPH  
 P.O. BOX 1991  
 NEWPORT BEACH, CA 92658

**S H I P T O**  
 G COMPANY CONSTRUCTION

<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Due Date</b>
201890	07/09/2008	08/08/2008
<b>Customer Number</b>	<b>Description</b>	
285	May 2008 false alarm	

Qty	Reference	Description	Unit Price	Amount
0 00	11th alarm 5/24/08 5 01 pm	False Alarm Revenue	0 00	\$200 00

**TOTAL DUE \$200 00**

Please contact Kim Lytle (951) 461-6431 klytle@murrieta.org if you have questions regarding this invoice

## Central District Of California Claims Register

**8 08-bk-13150-RK James C Gianulias Converted 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> (23022239) City of Murrieta 24601 Jefferson Ave Murrieta CA 92562	<b>Claim No 54</b> <i>Original Filed</i> Date 02/12/2009 <i>Original Entered</i> Date 02/20/2009	<i>Status</i> Filed by CR Entered by Mccall, Audrey Modified
Unsecured claimed \$1850 00 <b>Total claimed \$1850 00</b>		

*History*

Details 54-1 02/12/2009 Claim #54 filed by City of Murrieta, total amount claimed \$1850 (Mccall, Audrey )

*Description* (54-1) 285

*Remarks*

### Claims Register Summary