

Fill in this information to identify the case:

Debtor 1 Holly Cesaretti
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the _____ District of _____
Case number 19-42510

RECEIVED
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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?

Holly L Cesaretti
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?

Holly L Cesaretti
Name
2851 S Packerton rd
Number Street
Warsaw IN 46580
City State ZIP Code

Contact phone 574 527 8829
Contact email hollylee2222@yahoo.com

Where should payments to the creditor be sent? (if different)

Holly L Cesaretti
Name
2851 S Packerton rd
Number Street
Warsaw IN 46580
City State ZIP Code

Contact phone 574 527 8829
Contact email hollylee2222@yahoo.com

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? \$ 3044.00 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.

non service ~~performed~~ ^{services never} ~~per~~ received

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 one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

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.

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

4 / 1 / 2019
MM / DD / YYYY

Holly L Cesaretti
Signature

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

Name Holly L Cesaretti
First name Middle name Last name

Title _____

Company _____

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2851 S Packerton rd
Number Street

Warsaw IN 46580
City State ZIP Code

Contact phone 574 527 8829 Email hollylee2222@

574 268-2808 Yahoo.com

Mastercard™ Black Card Statement

HOLLY L CESARETTI

| Account Ending 8563

| Statement Period 11/12/18-12/11/18

Page 3 of 6

Transaction Date	Posting Date	Description	Points	Amount
Nov 22	Nov 25	PAYMENT RECEIVED -- THANK YOU	N/A	-\$862.69
Nov 22	Nov 25	PAYMENT RECEIVED -- THANK YOU	N/A	-\$342.40
Total payments for this period			N/A	-\$1,205.09
Nov 10	Nov 12	WALGREENS #11610 TEMPE AZ	15	\$15.00
Nov 13	Nov 14	COURTYARD BY MARRIOTT- TEMPE AZ 11/13/18 TO 11/13/18	704	\$704.21
Nov 14	Nov 15	LRX FORT WAYNE LLC FARMINGTON HIMI	1,169	\$1,169.00
Nov 14	Nov 15	BUY BUY BABY NASH E-CM 9737854333 NJ	79	\$79.15
Nov 16	Nov 18	SPEEDWAY 06078 823 WARSAW IN	36	\$36.16
Nov 17	Nov 19	KI S STEAK & SEAFOOD GLENDALE HEIGIL	139	\$139.19
Nov 21	Nov 23	LRX FORT WAYNE LLC FARMINGTON HIMI	3,000	\$3,000.00
Nov 21	Nov 23	LASSUS 36 45010295 WARSAW IN	21	\$21.27
Nov 27	Nov 28	VITALITY EXTRACTS 8888954361 UT	70	\$69.99
Nov 27	Nov 28	RR SKIN CREAM 8556330203 NC	5	\$4.95
Nov 30	Dec 02	SPEEDWAY 06078 823 WARSAW IN	35	\$34.91
Nov 30	Dec 02	WALGREENS #7906 WARSAW IN	15	\$15.00
Dec 03	Dec 04	PERIODONTIC SPECIALIST FORT WAYNE IN	820	\$820.00
Dec 04	Dec 05	SPEEDWAY 06078 823 WARSAW IN	13	\$12.71
Dec 04	Dec 06	LEXINGTON HOTEL MIAMI BEACH FL 12/06/18 TO 12/04/18	238	\$238.26
Dec 05	Dec 06	BALDWIN EMC 2519896247 AL	101	\$101.00
Dec 06	Dec 09	MCDONALD'S F26777 CHICAGO IL	6	\$6.14
Dec 09	Dec 10	THE ROYAL PALM MIAMI MIAMI BEACH FL 12/06/18 TO 12/09/18	75	\$75.24
Dec 09	Dec 10	THE ROYAL PALM MIAMI MIAMI BEACH FL 12/06/18 TO 12/09/18	22	\$22.28
Dec 10	Dec 10	THE ROYAL PALM MIAMI MIAMI BEACH FL 12/08/18 TO 12/10/18	483	\$482.79
Dec 10	Dec 11	YPS*HOMEAWAY HA-QGGT38 866-210-6106 IN	500	\$500.00
Dec 10	Dec 11	YPS*HOMEAWAY HA-QGGT38 866-210-6106 IN	300	\$300.00
Total purchase activity for this period			7,846	\$7,847.25

To see activity after this statement period, visit myluxurycard.com

My appointments
Cancelled by Light Rx

2018 PLANNING

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1S <small>Parade Day (AHL)</small>	1W	1S	1M <small>Simchat Torah*</small>	1T	1S
2M	2T	2S	2T	2F <small>Black History Month</small>	2S
3T	3F	3M <small>Labor Day Labour Day (CAN)</small>	3W	3S	3M
4W <small>Independence Day</small>	4S	4T	4T	4S	4T
5T	5S	5W	5F <small>World Teacher's Day</small>	5M	5W <i>Light Rx</i>
6F	6M <small>Canada Day (CAN)</small>	6T	6S	6T <small>Election Day</small>	6T <i>Light Rx</i>
7S	7T	7F	7S	7W	7F <small>Pearl Harbor Remembrance Day</small>
8S	8W	8S	8M <small>Columbus Day Thanksgiving Day (CAN)</small>	8T	8S
9M	9T	9S <small>Grumpants Day Pumpkin Patch</small>	9T	9F	9S
10T	10F	10M <small>Al-Hijra*</small>	10W	10S	10M <small>Thanksgiving Day</small>
11W	11S	11T <small>Patriot Day</small>	11T	11S <small>Veterans Day Bonfire Night (CAN)</small>	11T
12T	12S	12W	12F	12M <i>Li</i>	12W <i>Light Rx</i>
13F	13M	13T	13S	13T	13T <i>1030 A</i>
14S	14T	14F	14S	14W <i>Light x</i>	14F
15S	15W	15S	15M	15T <i>Visa</i>	15S
16M	16T	16S	16T <small>Epiphany</small>	<i>payment</i>	16S
17T	17F	17M	17W	<i>paid</i>	17M
18W	18S	18T <small>Yom Kippur</small>	18T	<i>Light x</i>	18T
19T	19S	19W	19F	19M	19W <i>Light x</i>
20F	20M	20T	20S	20T <small>Universal Children's Day</small>	20T <i>Light x</i>
21S	21T <small>Eid al-Adha*</small>	21F <small>International Day of Peace</small>	21S	21W <i>Light x</i>	21F <small>Winter Solstice</small>
22S	22W	22S	22M	22T <small>Thanksgiving Day</small> <i>cancelled</i>	22S
23M	23T	23S <small>International Day of the Girl</small>	23T	23F	23S
24T	24F	24M	24W <small>United Nations Day</small>	24S	24M <small>Christmas Eve</small>
25W	25S	25T	25T	25S	25T <small>Christmas Day</small>
26T	26S	26W	26F	26M	26W <small>Kwanzaa Day Boxing Day (CAN)</small>
27F	27M	27T	27S	27T	27T
28S	28T	28F	28S	28W	28F
29S	29W	29S	29M	29T	29S
30M	30T	30S <small>International Day of the Boy</small>	30T	30F	30S
31T	31F		31W <small>Halloween</small>		31M <small>New Year's Eve</small>

Light Rx Ft. Wayne
cancelled appt.

My calendar of cancelled appts by Light Rx

Cancelled by Light Rx Ft. Wayne

MONDAY Jan Jan	TUESDAY Mar Mar	WEDNESDAY Mar	THURSDAY Thu	FRIDAY Fri	SATURDAY Sat	2019
	1	2 4 Light Rx Cancelled		4	5	JANUARY janvier enero Holly Jess Tina Jay Nick
New Moon 1:28 UT	8 New Year's Day	9 10 Light Rx Cancelled		11 12 EWK 6:47 AM Light Rx 5:09		
Epiphany Día de los Reyes (MX)	14 First Quarter 5:45 UT	16 17 Light Rx Cancelled		18	19	
20	21 Full Moon 5:16 UT	23 24 Light Rx Cancelled	24	25	26	
27	28 Martin Luther King Jr. Day (US)	30 31 Light Rx Cancelled				

DECEMBER 2018

	1					
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY 2019

	1	2				
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		