Fill in this information to identify the case:							
Debtor 1 LRX Mesa, LLC							
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: Eastern District of Michigan, Detroit Division							
Case number 19-42523-tjt							

E-Filed on 04/10/2019 Claim # 502

## 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 Virginia Carol Wentz creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been ✓ No acquired from ☐ Yes. From whom? someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Virginia Carol Wentz Federal Rule of Name Bankruptcy Procedure (FRBP) 2002(g) 2026 W SHALIMAR WY Number Street Number Street **TUCSON** Α7 City State ZIP Code State ZIP Code Contact phone (520) 237-6808 Contact email vcarolwentz@gmail.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): ✓ No Does this claim amend one already filed? ☐ Yes. Claim number on court claims registry (if known) \_\_\_ Filed on MM / DD / YYYY 5. Do you know if anyone ✓ No else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

6.	Do you have any number you use to identify the debtor?	No Ses. 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?  V 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.  Services Performed				
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.  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?	a ☑ 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	<b>☑</b> No						
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	one:		Amount entitled to priority			
A claim may be partly priority and partly		ic support obligations (including alimony and child support) under C. § 507(a)(1)(A) or (a)(1)(B).	\$	0.00			
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		$2,850^{\star}$ of deposits toward purchase, lease, or rental of property or se I, family, or household use. 11 U.S.C. § $507(a)(7)$ .	ervices for \$	0.00			
,	☐ Wages, bankrup 11 U.S.	0.00					
	☐ Taxes o	0.00					
	☐ Contribu	utions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	0.00			
	Other. S	Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$	0.00			
	* Amounts a	rre subject to adjustment on 4/01/19 and every 3 years after that for cases beg	gun on or after th	ne date of adjustment.			
Part 3: Sign Below							
The person completing this proof of claim must	Check the appro	priate box:					
sign and date it.	☑ I am the creditor.						
FRBP 9011(b).	I am the creditor's attorney or authorized agent.						
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature							
is.	amount of the claim, the creditor gave the debtor credit for any payments received toward the debtor						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date 04/10/2019 MM / DD / YYYY						
Virginia Carol Wentz							
	Signature						
Print the name of the person who is completing and signing this claim:							
	Name	VIRGINIA CAROL WENTZ					
		First name Middle name L	_ast name				
	Title	Personal					
	Company Personal						
	Identify the corporate servicer as the company if the authorized agent is a servicer.						
	Address						
		Number Street					
		City State Z	ZIP Code				
	Contact phone	Email _					