

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF INDIANA **PROOF OF CLAIM**

Name of Debtor: **TWG CAPITAL, INC.** Case Number: **12-11019**

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):
Metropolitan Trustee of Metropolitan Government of Nashville & Davidson County
 Name and address where notices should be sent:
RECEIVED
NOV 09 2012
BMC GROUP
METROPOLITAN TRUSTEE
POST OFFICE BOX 196358
NASHVILLE, TN 37219-6358
 Telephone number: (615) 862-6330

Check this box to indicate that this claim amends a previously filed claim.
 Court Claim Number: (If known)
 Filed on

Name and address where payment should be sent (if different from above):

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.
 Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date of Filing: **\$12.09***
 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.
 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.
 * Creditor is entitled to 1% interest on the base tax amount, on the beginning of each month, from March 1, 2013 to the date of actual plan confirmation.

5. 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.

2. Basis for Claim: **PERSONAL PROPERTY TAXES**

3. Last five digits of any number by which creditor identifies debtor: **08152**
 3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

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: **Taxes- 2012 Taxes @ 2026 Hickory Hill Lane, Hermitage, TN 37076**
 Value of Property: **\$299.00** Interest Rate **12%**
 Amount of arrearage and other charges as of time case filed included in secured claim, if any:
 Basis for perfection: **Statutory Lien**
 Amount of Secured Claim: **\$12.09** Amount Unsecured: \$

- Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
- 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).
- Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
- 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).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
 7. 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. 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 instruction 7 and definition of "redacted" on reverse side.)
 DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
 If the documents are not available, please explain:

Amount entitled to priority:
\$0
 *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: **10/22/12** 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.
/s/ R. Alex Dickerson, Assistant Metropolitan Attorney, TN BPR No. 27184

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INDIANA DISTRICT COURT
 CLERK P. DEMPSEY
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 2012 OCT 24 PM 1:32
 BANKRUPTCY COURT
 SOUTHERN DISTRICT OF INDIANA
 NASHVILLE DIVISION

TWG Capital POC

 00006

Southern District of Indiana Claims Register

12-11019-BHL-11 TWG Capital, Inc.

Judge: Basil H. Lorch, III **Chapter:** 11
Office: Indianapolis **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (11821624)	Claim No: 6	<i>Status:</i>
Metropolitan Trustee	<i>Original Filed</i>	<i>Filed by: CR</i>
Post Office Box 196358	<i>Date: 10/24/2012</i>	<i>Entered by: Nikko Ratliff2</i>
Nashville, TN 37219-6358	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date: 10/24/2012</i>	

Amount claimed: \$12.09
Secured claimed: \$12.09

History:

Details 6-1 10/24/2012 Claim #6 filed by Metropolitan Trustee, Amount claimed: \$12.09 (nar)

Description: (6-1) Personal Property Taxes

Remarks:

Claims Register Summary

Case Name: TWG Capital, Inc.
Case Number: 12-11019-BHL-11
Chapter: 11
Date Filed: 09/14/2012
Total Number Of Claims: 1

Total Amount Claimed*	\$12.09
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured	\$12.09	
Priority		
Administrative		