


UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: WE the People USA, INC., et al		Case Number: 10-10503 (KJC)
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): SUSAN M. ASHE		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: SUSAN ASHE 8967 WONDERLAND AVE LOS ANGELES, CA 90046 1853		Court Claim Number: _____ (If known)
Telephone number: 323 656 4759		Filed on: _____
Name and address where payment should be sent (if different from above): <div style="text-align: center;">RECEIVED MAY 13 2010 BMC GROUP</div>		<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: \$ 533.00		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.
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.		Specify the priority of the claim.
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.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
2. Basis for Claim: SERVICE NOT PERFORMED. CUIT CLAIM WAS NEVER FILED AFTER BEING PAID IN FULL		<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).
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5)
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.		<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).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Describe: _____		
Value of Property: \$ _____ Annual Interest Rate _____%		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
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: \$ _____		Amount entitled to priority: \$ 533.00
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		*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.
7. Documents: Attach <u>redacted</u> 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 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: _____		
Date: 5.10.10	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. SX Ashe	
		FOR COURT USE ONLY We the People  00066

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

INFORMATION

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the fact value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

COPY

WE THE PEOPLE
SHERMAN OAKS
13565 VENTURA BLVD
SHERMAN OAKS, CA 91423
818-906-0086

COPY
05/18/2005 12:56:05
Sale:

Transaction # 1
Card Type: MasterCard
Acc: *****3144
Entry: Swiped
Total: 533.00

Device ID: 0990
Reference No.:
MCSQ8END90518

Auth. Code: 082253
Respon. AUTH/TKT 082253
Merchant number ***00990

CUSTOMER COPY

COPY

We The People
Forms & Service Center
13565 Ventura Blvd.
Sherman Oaks, CA 91423
(818) 906-0086
wtpso@pacbell.net

Date: 5.18.05

Customer Name SUSAN ASHE

Address 8967 WONDERLAND AVE

City LA State CA Zip 90046

e-mail: SIoux@delMand.com

Business Phone 310 476 8508

Home Phone 323 656 4759

Cell Phone _____

Pager _____

How did you hear about We The People

<input type="checkbox"/> Television	<input type="checkbox"/> News Paper	<input type="checkbox"/> Flyer
<input checked="" type="checkbox"/> Previous Customer	<input checked="" type="checkbox"/> Walk-In	<input type="checkbox"/> Coupon
<input type="checkbox"/> Referred by _____		

SERVICES REQUESTED-

- LT
- Quitclaim Deed

Fee \$ 533⁰⁰ Amount Paid \$ 533⁰⁰ Amount owed \$ ~~0~~

How Paid? Check Cash Credit Card Money Order

\$399
 \$99
 \$35

 533

COPY

yourself: I can type or otherwise complete, as you specifically direct, legal documents that you have selected. I can provide you general published factual legal information that has been written or approved by an attorney, to help you represent yourself. I can provide you published legal documents. I can file and serve legal forms and documents as you specifically direct.

These are the only kinds of services that I can perform for you. I cannot provide you any service if you need additional services. If you need additional services, then you require the services of an attorney.

Kinds of services that I cannot perform for you: I cannot provide you any self-help service unless you are representing yourself in a legal matter and the self-help service relates to that legal matter.

I cannot engage in the practice of law. This means that I cannot give you any kind of advice, explanation, opinion or recommendation about possible legal rights, remedies, defenses, strategies or options that you may have. I cannot give you any advice, explanation, opinion or recommendation regarding selection of forms.

I will provide you all the following services (list all services for which the client is being charged):

- A. Living Trust
- B. Quitclaim Deed
- C. _____
- D. _____

You are paying me only for those services listed above and no others. It is unlawful for me to make any guarantee or promise to you unless it is written in this contract and unless I have a factual basis for making the guarantee or promise.

II. FEES AND EXPENSES

You agree to pay me the following fees, costs and expenses:

A. A flat fee in the total amount of \$ _____ for all services, costs and expenses, to be paid as follows (itemize services, costs and expenses and state terms of payment):

OR

B. A rate of \$ _____ per hour, not to exceed a total of \$ _____ for all services, costs and expenses. I will provide you a statement itemizing all services rendered, expenses incurred, and the balance owed, each time a payment is due.

V. DESCRIPTION OF THE PARTIES

COPY

Legal Document Assistant

Full Name: Cotto Enterprises, Inc.
Business name (if different): We The People
Street address of business: 13565 Ventura Blvd.
City, State, ZIP: ShermanOaks, CA91423
Telephone number: 818-906-0086
Fax number (if any): 818-906-8096

Registration number in county where services will be provided: LDA0018

Date of expiration: 12/31/05

County: Los Angeles

I have filed a bond or made a cash deposit in the following counties: Los Angeles

Client

Name of client: SUSAN ASHE
Name of client: _____
Street address: 8907 WONDERLAND AVE
City, State, ZIP: LA CA 90046
Telephone number: 323 656 4159

Title or brief description of the legal matter in which the client is representing himself or herself: _____

VI. SIGNATURES

Executed at Sherman Oaks, California.

Alice Samana
(Signature of Legal Document Assistant)

05/18/05
(Date)

COPY

Notices to Client

You may obtain information from the local bar association or a legal aid or legal services office regarding free or low-cost representation by a lawyer.

You may contact the local police, sheriff, district attorney or legal aid or legal services office if you believe that you are the victim of fraud, unauthorized practice of law or other injury.

SX Ashe 5-18-05
(Client) SUSAN ASHE (Date)

(Client) (Date)

(THIS CONTRACT IS NOT VALID OR BINDING UNTIL THE LEGAL DOCUMENT ASSISTANT HAS GIVEN ALL CLIENT PARTIES A FULLY EXECUTED COPY OF IT, INCLUDING AN ACCURATE TRANSLATION OF IT IN ANY LANGUAGE OTHER THAN ENGLISH THAT THE CLIENT UNDERSTANDS AND THAT WAS PRINCIPALLY USED IN ANY ORAL SALES PRESENTATION OR NEGOTIATION LEADING TO EXECUTION OF THE CONTRACT.)

INDEMNIFICATION AGREEMENT

I understand that all work to be performed by We The People under the Legal Document Assistant Contract for Self-Help Services will be done at my direction and using information supplied by me, and that We The People has no obligation to independently verify the information supplied.

Therefore, I agree to be solely responsible for the accuracy of the information which I supply We The People, and to hold harmless We The People and its agents from any and all liability which they may sustain from rendering services on my behalf.

I further agree that should any disputes arise under the contract or this agreement, venue shall be in Los Angeles County, California.

Customer: _____ SX Ashe _____
Date: 5/18/05 _____

The People®
Forms and Service Center, USA Inc.
QUITCLAIM DEED REQUEST

Mail the recorded deed and tax statement to:

Name: _____
Address: _____
City: _____ State _____ Zip _____
Assessor's Parcel Number: 3061 021 068 04 000

The property is being transferred FROM: (List only person(s) giving their interest in the property -Ex. Mary Smith)

FRANCIS L ASHE What % is being transferred _____%

The property is being transferred TO: (Ex. John Smith, Jr., a married man, as his sole and separate property)

• Living Trust:
FRANCIS L ASHE TRUST, UTD _____
(name of the living trust) _____
Trustee(s)
(Insert name(s) exactly as they appear in the Trust)

OR

Name _____

• Gift • Sale \$ _____ • Divorce • Other _____
amount of sale explain

How will the new owner(s) hold title to the property? (Check ALL boxes that apply to your situation)

- Joint tenant
- Tenants in Common
- Unmarried
- Husband and Wife
- Community Property
- No designation
- Sole & Separate Property
- Married
- Living Trust

Address of property to be quit claimed:

Street _____ City _____
State _____ Zip _____ County _____

ATTACH A COPY OF LATEST RECORDED GRANT DEED OR QUITCLAIM DEED

*** DO NOT SEND A DEED OF TRUST ***

OFFICE: **Sherman Oaks**

CUSTOMER _____

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We The People Forms and Service Centers USA Inc. Revised Feb 2002

PAGE OF

CUSTOMER

2009

ANNUAL PROPERTY TAX BILL

2009

CITIES, COUNTY, SCHOOLS AND ALL OTHER TAXING AGENCIES IN LOS ANGELES COUNTY
SECURED PROPERTY TAX FOR FISCAL YEAR JULY 1, 2009 TO JUNE 30, 2010

MARK J. SALADINO, TREASURER AND TAX COLLECTOR

FOR ASSISTANCE CALL 1 (213) 974-2111 OR 1 (888) 807-2111, ON THE WEB AT www.lacountypropertytax.com

ASSESSOR'S ID. NO.

CK

DETAIL OF TAXES DUE FOR 3061 021 068 09 000 51

PROPERTY IDENTIFICATION

ASSESSOR'S ID. NO.: 3061 021 068 09 000
OWNER OF RECORD AS OF JANUARY 1, 2009
SAME AS BELOW

MAILING ADDRESS

ASHE, FRANCIS L
8967 WONDERLAND AVE
LOS ANGELES CA 90046-1853

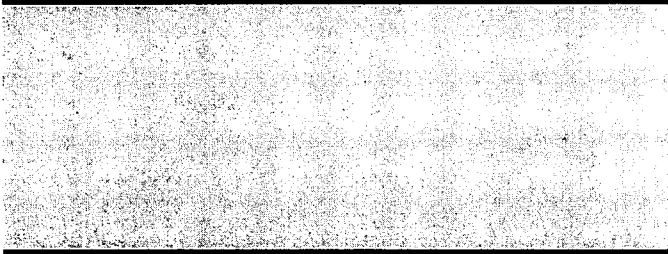
Table with columns: AGENCY, AGENCY PHONE NO., RATE, AMOUNT. Rows include: GENERAL TAX LEVY ALL AGENCIES (1.000000 \$ 64.58), VOTED INDEBTEDNESS COMMNTY COLLEGE (.024595 \$ 1.59), HIGH SCHOOLS (.024211 1.56), DIRECT ASSESSMENTS COUNTY LIBRARY (562) 940-6954 (\$ 27.29), COUNTY PARK DIST (213) 738-2983 (84.23), LA CO FIRE DEPT (323) 881-6151 (14.04)

ELECTRONIC FUND TRANSFER (EFT) NUMBER

ID#: 19 3061 021 068 4 YEAR: 09 SEQUENCE: 000 1
PIN: 327284

For American Express, Mastercard and Visa payments call 1 (888) 473-0835 and have available the EFT number listed above. Service fees will be charged.

SPECIAL INFORMATION



PAID \$96.65 11.7.09 6362 OR 60
PAID \$96.64 4.2.10 #6A2A

PROPERTY LOCATION AND/OR PROPERTY DESCRIPTION

VAC/AVE Y12/161 STE MOUNT WATE
NW 1/4 OF NE 1/4 OF SW 1/4 OF SE 1/4 OF
SEC 5 T 4N R 9W

Table with columns: TOTAL TAXES DUE, FIRST INSTALLMENT TAXES DUE NOV. 1, 2009 (\$96.65), SECOND INSTALLMENT TAXES DUE FEB. 1, 2010 (\$96.64)

ASSESSOR'S REGIONAL OFFICE

REGION #A1 INDEX: TRA:04666
LANCASTER OFFICE
251 E AVE K-6
LANCASTER CA 93535
(661)940-6700

Table with columns: ROLL YEAR 09-10, CURRENT ASSESSED VALUE, TAXABLE VALUE. Rows include: LAND (6,458), IMPROVEMENTS (6,458), TOTAL (6,458), LESS EXEMPTION: (6,458), NET TAXABLE VALUE (6,458)

ACCT. NO.: PRINT NO.: 434297 BILL ID.:

ANY RETURNED PAYMENT MAYBE SUBJECT TO A FEE UP TO \$50.00.
KEEP THIS UPPER PORTION FOR YOUR RECORDS. YOUR CANCELLED CHECK IS YOUR RECEIPT.

May

5-10, 2010
Dear Sirs,

This letter is in regards to filing a claim against " We the People, USA, inc.; et al" for services paid for and not completed.

On 5/18/05, I requested and paid for a QUIT CLAIM DEED from "We The People" Forms and Service Center @ 13565 Ventura Blvd. in Sherman Oaks, California. This service was never performed, as verified by the (enclosed) ANNUAL PROPERTY TAX BILL from Los Angeles County; which states the " owner of record" as of January 1, 2009. The name on the property tax bill never changed, indicating that the quit claim was never filed by "We The People"

I had contacted "We The People" in regards to this matter, without satisfactory resolution. I had paid in full on the date of the transaction.

Please find enclosed: The Bankruptcy Courts OFFICIAL CLAIM FORM 10; copies of "We the People's REQUESTED SERVICES FORM; the RECEIPT for payment of said services; the ANNUAL PROPERTY TAX BILL (as proof that the quit claim was never filed); "We The Peoples" NOTICE TO CONSUMER; "We the Peoples" CONTRACT FOR SELF HELP SERVICES, (showing the services requested), and the QUIT CLAIM REQUEST FORM.

Sincerely yours,

Susan M. Ashe

A handwritten signature in black ink, appearing to read "S M Ashe", written in a cursive style.