

1012

Fill in this information to identify your case:

Debtor 1	GST AutoLeather, Inc.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District Of Delaware		
Case number	17-12100-LSS-11		

FILED
2017 DEC 19 AM 9:40
CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Filed: USBC - District of Delaware
GST AutoLeather, Inc., et al.
17-12100 (LSS)



0000000010

04/16

Official Form 410

Proof of Claim

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 \$500,00, 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?	ACAR Leasing LTD d/b/a GM Financial Leasing 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ACAR Leasing LTD d/b/a GM Financial Leasing ACAR Leasing LTD d/b/a GM Financial Leasing PO Box 183853 Arlington, TX 76096 Contact phone (877) 203-5538 Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____	Where should payments to the creditor be sent (if different) ACAR Leasing LTD d/b/a GM Financial Leasing ACAR Leasing LTD d/b/a GM Financial Leasing PO Box 183853 Arlington, TX 76096 Contact phone (877) 203-5538 Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3825	
7. How much is the claim? CLAIMANT RESERVES THE RIGHT TO AMEND CLAIM	<u>\$17,386.66 plus any amount that</u> may be due at lease termination.	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Motor Vehicle Lease</u>	
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Motor vehicle 2017 buick envision a <input type="checkbox"/> Other. Describe: _____ Basis for perfection: <u>certificate of title</u> 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 the case was filed) _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: <u>\$0.00</u>	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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). \$ _____

☐ 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 4/1/16 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).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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.

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 December 09, 2017
MM / DD / YYYY

/s/ Angelo J Aguilar

Signature

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

Name

Angelo J Aguilar

First name

Middle name

Last name

Title

Company

ACAR Leasing LTD d/b/a GM Financial Leasing

Address

Contact phone

Email

Breakdown of Arrears
ACAR Leasing LTD d/b/a GM Financial Leasing

Past Due Lease Payment(s)	0.00
Other Charges	
Late Fees	0.00
Unpaid Fees	0.00
Taxes Due	0.00
Total Arrears Due at Filing	<u>0.00</u>

939748

STATE OF MICHIGAN

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER YEAR MAKE MODEL BODY STYLE
 LRBFXFSX5HD065612 2017 BUICK ENVISION STA-WAGON

TITLE NUMBER ISSUE DATE ODOMETER BRAND/LEGEND
 143F1010188 AS 04/12/2017 000043

WEIGHT/FEE CATEGORY ODOMETER BRAND
 44 *ACTUAL MILEAGE*

OWNER(S) NAME AND ADDRESS
 ACAR LEASING LTD LSR
 GST AUTOLEATHER INC LSE
 20 OAK HOLLOW ST STE 300
 LUTHERVILLE MD 21094

First Secured Party	Filing Date
WELLS FARGO AS CTL AGT	04-11-2017
PO BOX 9000	21094
LUTHERVILLE MD	
Release of First Lien:	
X _____ Signature of Agent	_____ Date

Title Assignment by Seller

State and federal laws require the seller(s) to indicate mileage when ownership is transferred. Failure to complete or providing false information may result in civil liability, fines and/or imprisonment. **ANY ALTERATION, ERASURE, FALSE STATEMENT, FORGERY OR FRAUD VOIDS THIS TITLE AND IS A CRIME.**

Completed by Seller	I warrant that the ownership of the vehicle described on Certificate of Title has been transferred to the following purchaser(s) and is free of all previous liens:			
	Printed Name of Purchaser(s)		Date of Sale	Selling Price
	Purchaser's Street Address		City	State
			Zip	
Completed by Buyer	I (we) certify that the odometer reading is: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> and that to the best of my knowledge the odometer mileage is:			
	(No Tenth)			
	<input type="checkbox"/> actual mileage <input type="checkbox"/> not actual mileage - WARNING ODOMETER DISCREPANCY - <input type="checkbox"/> exceeds mechanical limits of odometer (odometer has rolled over)			
	Signature of Seller(s)		Printed Name of Seller(s)	
Completed by Buyer	X _____ Seller's Street Address		City	State
			Zip	
	A \$15.00 Late Fee is Due for Failure to Apply for Title Within 15 Calendar Days of Date of Assignment			
	"I am aware of the above odometer certification made by the seller(s)."			
Completed by Buyer	Signature of Purchaser(s)		Printed Name of Purchaser(s)	
	X _____			
	NEW LIENHOLDER INFORMATION: The information below must be on an application for title and presented to the Michigan Department of State.			
Completed by Buyer	Secured Party:		Address:	

The State of Michigan, Michigan Department of State certifies that this certificate of title is issued in compliance with the laws of Michigan and constitutes prima facie proof of ownership. Further, on the date of title issuance, the described vehicle was subject to the security interest(s) listed above.

MAILING ADDRESS

WELLS FARGO AS CTL AGT
 PO BOX 9000
 LUTHERVILLE MD 21094

688451798

****NOTICE TO SELLERS****
 Sellers must keep a receipt or photocopy of the reassigned title for their records for 18 months or accompany the purchaser to a Secretary of State Office.



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS

For Dealer Use Only

First Reassignment by Michigan Dealer	I (selling dealer) warrant that the title is free and clear of all liens and I have transferred ownership of this vehicle to the purchaser(s) listed below.		
	I further certify that the odometer reading is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> and that to the best of my knowledge the odometer mileage is: (No Tenths)		
	<input type="checkbox"/> actual mileage <input type="checkbox"/> not actual mileage - WARNING ODOMETER DISCREPANCY <input type="checkbox"/> exceeds mechanical limits of odometer		
	Information Below Completed by Selling Dealer:		Information Below Completed by Purchaser(s):
	KEEP A PHOTOCOPY OF BOTH SIDES OF THIS SIGNED TITLE.		"I am aware of the above odometer certification made by the selling dealer."
	Printed Name of Selling Dealer and Agent		Signature of Purchaser(s) X
Signature of Agent X		Printed Name of Purchaser(s)	
Date of Sale		Selling Dealer's License Number	Purchaser's Address

Second Reassignment by Michigan Dealer	I (selling dealer) warrant that the title is free and clear of all liens and I have transferred ownership of this vehicle to the purchaser(s) listed below.		
	I further certify that the odometer reading is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> and that to the best of my knowledge the odometer mileage is: (No Tenths)		
	<input type="checkbox"/> actual mileage <input type="checkbox"/> not actual mileage - WARNING ODOMETER DISCREPANCY <input type="checkbox"/> exceeds mechanical limits of odometer		
	Information Below Completed by Selling Dealer:		Information Below Completed by Purchaser(s):
	KEEP A PHOTOCOPY OF BOTH SIDES OF THIS SIGNED TITLE.		"I am aware of the above odometer certification made by the selling dealer."
	Printed Name of Selling Dealer and Agent		Signature of Purchaser(s) X
Signature of Agent X		Printed Name of Purchaser(s)	
Date of Sale		Selling Dealer's License Number	Purchaser's Address

Third Reassignment by Michigan Dealer	I (selling dealer) warrant that the title is free and clear of all liens and I have transferred ownership of this vehicle to the purchaser(s) listed below.		
	I further certify that the odometer reading is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> and that to the best of my knowledge the odometer mileage is: (No Tenths)		
	<input type="checkbox"/> actual mileage <input type="checkbox"/> not actual mileage - WARNING ODOMETER DISCREPANCY <input type="checkbox"/> exceeds mechanical limits of odometer		
	Information Below Completed by Selling Dealer:		Information Below Completed by Purchaser(s):
	KEEP A PHOTOCOPY OF BOTH SIDES OF THIS SIGNED TITLE.		"I am aware of the above odometer certification made by the selling dealer."
	Printed Name of Selling Dealer and Agent		Signature of Purchaser(s) X
Signature of Agent X		Printed Name of Purchaser(s)	
Date of Sale		Selling Dealer's License Number	Purchaser's Address

Fourth Reassignment by Michigan Dealer	I (selling dealer) warrant that the title is free and clear of all liens and I have transferred ownership of this vehicle to the purchaser(s) listed below.		
	I further certify that the odometer reading is: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> and that to the best of my knowledge the odometer mileage is: (No Tenths)		
	<input type="checkbox"/> actual mileage <input type="checkbox"/> not actual mileage - WARNING ODOMETER DISCREPANCY <input type="checkbox"/> exceeds mechanical limits of odometer		
	Information Below Completed by Selling Dealer:		Information Below Completed by Purchaser(s):
	KEEP A PHOTOCOPY OF BOTH SIDES OF THIS SIGNED TITLE.		"I am aware of the above odometer certification made by the selling dealer."
	Printed Name of Selling Dealer and Agent		Signature of Purchaser(s) X
Signature of Agent X		Printed Name of Purchaser(s)	
Date of Sale		Selling Dealer's License Number	Purchaser's Address

No Further Reassignments Permitted

FedEx® US Airbill

Express

FedEx
Tracking
Number

8736 4232 9291

Form
ID No.

0200

Recipient's Copy

1. From
Date 12-20-17

Sender's Name UNITED STATES BANKRUPTCY COURT
District of Delaware

Company _____

Address _____

Dept./Floor/Suite/Room

City _____ State _____ ZIP _____

2 Your Internal Billing Reference HOC, CTH, COR, GFR, LAP

3 To
Recipient's Name EPIC BANKRUPTCY SOLUTIONS Phone 646 282 2500

Company 10300 SW ALLEN BLVD

Address CLAIMS PROCESSING

We cannot deliver to P.O. boxes or P.O. ZIP codes

Dept./Floor/Suite/Room

Address _____

Use this line for the HOLD location address or for continuation of your shipping address.

City BEAVERTON State _____ ZIP OR

USA



8736 4232 9291

HOLD Weekday
FedEx location address
REQUIRED: NOT available for
FedEx First Overnight.

☐

HOLD Saturday
FedEx location address
REQUIRED: Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

☐

4a Express Package Service

* To most locations.

Packages up to 150 lbs.

- ☐ FedEx Priority Overnight
Next business morning.* Friday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon.*
Saturday Delivery NOT available.
- ☐ FedEx First Overnight
Earliest next business morning
delivery to select locations.*
- ☐ FedEx 2Day
Second business day.* Thursday
shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
- ☐ FedEx Express Saver
Third business day.*
Saturday Delivery NOT available.

4b Express Freight Service

** To most locations.

Packages over 150 lbs.

- ☐ FedEx 1Day Freight
Next business day.** Friday shipments will
be delivered on Monday unless SATURDAY
Delivery is selected.
- ☐ FedEx 2Day Freight
Second business day.** Thursday shipments will be delivered
on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx 3Day Freight
Third business day.** Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

- ☒ FedEx Envelope* ☐ FedEx Pak*
Includes FedEx Small Pak and
FedEx Large Pak.
- ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☒ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx Express Saver, or FedEx 3Day Freight.

- ☐ No Signature Required
Package may be left without
obtaining a signature for delivery.
- ☐ Direct Signature
Someone at recipient's address
may sign for delivery. Fee applies.
- ☐ Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery for
residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

- ☒ No ☐ Yes
As per attached
Shipper's Declaration.
- ☐ Yes
Shipper's Declaration
not required.
- ☐ Dry Ice
Dry Ice, 6 UN 1845 _____ kg
- ☐ Cargo Aircraft Only

7 Payment Bill to:

- Enter FedEx Acct. No. or Credit Card No. below.
- ☒ Sender
Acct. No. in Section
1 will be billed.
- ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages _____ Total Weight _____ Total Declared Value¹ _____ Credit Card Acct. _____

¹Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

RECEIVED

DEC 21 2017

LEGAL SERVICES

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