

Fill in this information to identify the case:

Debtor 1 Delops AKA D'Angelus  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: \_\_\_\_\_ District of DELAWARE  
Case number 18-12537-MFW Doc 92

**FILED**  
2018 DEC -7 AM 7:57  
CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Official Form 410

**Proof of Claim**

Filed: USBC - District of Delaware  
PGHC Holdings, Inc., Et al., (B10)  
18-12537 (MFW)

PGP



04/16

0000000009

Use this form to

Read the instructions before filling out this form. This form is for making a claim for an administrative expense. Make such a request by filing this form with the court.

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?

Town of Cromwell  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor Doug Sienna, Tax Collector

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?

Town of Cromwell  
Name Tax Dept  
41 West St  
Number Street  
Cromwell CT 06416  
City State ZIP Code

Contact phone 860-632-3445  
Contact email dsienna@cromwellct.com

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

Town of Cromwell  
Name Tax Dept  
41 West St  
Number Street  
Cromwell CT 06416  
City State ZIP Code

Contact phone 860-632-3445  
Contact email dsienna@cromwellct.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? \$ 642.16. 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.

Property Taxes

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: Property Tax

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) 1.5 %

☐ 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).

☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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).

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 12 03 2018  
MM / DD / YYYY

Douglas A Sienna - Tax Collector  
Signature

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

Name Douglas Alfred Sienna  
First name Middle name Last name

Title Tax Collector

Company Town of Cromwell  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 41 West St.  
Number Street

Cromwell CT 06416  
City State ZIP Code

Contact phone 860-632-3445 Email dsienaa@cromwellct.com



\*2017020040319\*

## GENERAL DATA PERSONAL PROPERTY TOWN OF CROMWELL

AS OF 12/03/2018

BILL NO: 2017-02-0040319  
 UNIQUE ID: D4011700  
 LINK#  
 FILE#  
 BANK:  
 ESCROW:  
 DISTRICT: 1 -

ORIGINAL OWNER: DELOPS INC  
 C/O:  
 ADDRESS: 600 PROVIDENCE HIGHWAY  
 ADDRESS2:  
 CITY ST ZIP: DEDHAM MA 02026  
 COUNTRY:  
 PROP LOC.: 34 SHUNPIKE ROAD  
 EXR PROP LOC:  
 D.B.A.: DANGELO SANDWICH SHOP

PROP ASSESSED: 39,120  
 EXEMPTIONS:  
 COC CHANGE:  
 NET VALUE: 39,120  
 MILL RATE: 30.3300

EXMPT CHANGE:

## \*\*\* BILLED \*\*\*

	TOWN	FIRE	TOTALS
INST1:	593.26	48.90	642.16
INST2:	593.26	48.90	642.16
INST3:	0.00	0.00	0.00
INST4:	0.00	0.00	0.00
ADJS:	0.00	0.00	0.00
TOT TAX:	1,186.52	97.80	1,284.32
TOTAL PAID:	593.26	48.90	642.16

## \*\*\* PAYMENTS \*\*\*

TYPE	CYCLE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
Pmt	1	07/16/2018		85/222/42	T	642.16	0.00	0.00	0.00	642.16
TOTAL PAYMENTS:						642.16	0.00	0.00	0.00	642.16

## TOTAL BALANCE DUE AS OF 12/03/2018

	TOWN	FIRE	TOTAL
INT DUE:	0.00	0.00	0.00
LIEN DUE:	0.00	0.00	0.00
FEES DUE:	0.00	0.00	0.00
TAX DUE NOW:	0.00	0.00	0.00
TOT DUE NOW:	0.00	0.00	0.00
BALANCE DUE:	593.26	48.90	642.16

## \*\*\* FLAGS \*\*\*

Circuit Breaker Amount: 0  
 Invalid Address Flag No

Benefit Year: 0

# FedEx Express US Airbill

FedEx Tracking Number

8736 4233 1534

0200

Form ID No.

FedEx Retrieval Copy

## 1 From

Date 12-13-10 Sender's FedEx Account Number 1994 9755 3

Sender's Name UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Company

Address

City State ZIP

## 2 Your Internal Billing Reference

TWC, MRD, CPT

## 3 To

Recipient's Name EPIC BANKRUPTCY SOLUTIONS Phone 646 202 2000

Company 10200 SW ALLEN BLVD

Address CLAIMS PROCESSING

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

City BEAVERTON State OR ZIP 97005

USA

RECEIVED

DEC 13 2018

LEGAL SERVICES

8736 4233 1534

## 4a Express Package Service

To most locations.

Packages up to 150 lbs

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

## 4b Express Freight Service

To most locations.

Packages over 150 lbs

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

## 5 Packaging

\* Declared value limit \$500.

- 06 ☐ FedEx Envelope\*
- 02 ☐ FedEx Pak\* Includes FedEx Small Pak and FedEx Large Pak.
- 03 ☐ FedEx Box
- 04 ☐ FedEx Tube
- 01 ☐ Other

## 6 Special Handling and Delivery Signature Options

### SATURDAY DELIVERY

- ☐ No Signature Required Package may be left without obtaining a signature for delivery.
- 10 ☐ Direct Signature Someone at recipient's address may sign for delivery. Fee applies.
- 34 ☐ 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.
- 06 ☐ Dry Ice Dryice, 9 UN 1845 x kg
- ☐ Cargo Aircraft Only

## 7 Payment Bill to:

- 1 ☒ Sender Acct. No. in Section 1 will be billed.
- 2 ☐ Recipient
- 3 ☐ Third Party
- 4 ☐ Credit Card
- 5 ☐ Cash/Check

Obtain recip. Acct. No. ☐

Total Packages Total Weight Credit Card Auth.

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

Rev. Date 2/10 • Part #158280 • ©1994-2010 FedEx • PRINTED IN U.S.A. SRF

606