

United States Bankruptcy Court for the Southern District of Texas  
Consolidated Wealth Holdings, Inc. Claims Processing Center  
c/o Epiq Corporate Restructuring, LLC  
P.O. Box 4421  
Beaverton, OR 97076-4421

To submit your form online please go to <https://epiqworkflow.com/cases/CWM>

Use your Mail ID for access.

Your Mail ID is as follows: 206099551

Name of Debtor: Consolidated Wealth Holdings, Inc.  
Case Number: 22-90013 (DRJ)



BAR(23) MAILID \*\*\* 000206099551 \*\*\*

CWM SCH AMD (MERGE2.DBF,SCHED\_NO) SCHEDULE #: 13000910\*\*\*  
GRENS, JOSEPH  
80 ROLLING KNOLLS AVE.  
ELGIN, IL 60120

☐ Check box if the address on the envelope sent to you by the court needs to be updated. Identify your replacement address in Part 1 (Section 3) below.

For Court Use:

Filed: USBC - Southern District of Texas  
Consolidated Wealth Holdings, Inc., et al (B10)  
22-90013 (DRJ)

CWM



0000000013

Your claim is scheduled by the Debtor as:  
UNSECURED  
UNLIQUIDATED CONTINGENT

## Proof of Claim (Official Form 410)

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of claims under 503(b)(9), 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

RECEIVED

#### 1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim):

Joseph Grens

MAY 31 2022

Other names the creditor used with the debtor:

LEGAL SERVICES

#### 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?

Joseph R. Grens

Name

80 Rolling Knolls Ave

Number Street

Elgin IL 60120

City State ZIP Code

Country (if International):

Contact phone:

Contact email:

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

Name

Number Street

City State ZIP Code

Country (if International):

Contact phone:

Contact email:

#### 4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims register (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:

6695 last 4 of SS#

#### 7. How much is the claim?

\$127,249.02 + \$22,016.76

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.

**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: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of 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?**

- ☐ No
- ☐ Yes. Amount necessary to cure any default as of the date of 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 \$3,350\* 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 \$15,150\*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

**Amount entitled to priority**

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

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

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

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

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

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

**13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?**

☒ No

☐ Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_

**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 co-debtor. 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

05/25/2022  
MM/DD/YYYY

Signature Joseph R Grens

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

Name

Joseph  
First name

R  
Middle name

Grens  
Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

80 Rolling Knolls Ave.  
Number Street

Elgin  
City

IL  
State

60120  
ZIP Code

Contact Phone

847-636-1667

Email

joseph.r.grens@sbcglobal.net



Consolidated Wealth Management, LLC  
5300 Memorial Drive, Suite 970, Houston, Texas 77007

DATE: January 26, 2009

Cynthia Archuleta  
SunWest Trust, Inc.  
3240 D. Juan Tabo Blvd. NE.  
Albuquerque, NM 87176

Dear Ms. Archuleta,

Enclosed, please find our check # 1320 in the amount of \$1,356.60, broken down as follows:

CLIENT NAME	INVOICE #	AMOUNT
G	1*	\$ --
Marilyn Grens [REDACTED]	13854	\$281.20
Marilyn Grens [REDACTED]	13853	\$281.20
Joseph R. Grens [REDACTED]	12672	\$281.50
Joseph R. Grens [REDACTED]	12277	\$256.50

Thank you for your business,

Patty Lopez



Consolidated Wealth Holdings, Inc.

5300 Memorial Drive, Suite 970

Houston Texas 77007

Ph. 713-880-4141

Fx. 713-880-4140

April 24, 2008

Joseph R. Grens  
80 Rolling Knolls Ave.  
Elgin, IL 60120

Dear Mr. Grens,

Thank you for your investment of \$127,249.02 with Consolidated Wealth Holdings, Inc. We have completed your transaction and we thank you for your confidence in our ability to serve you. We welcome the opportunity to assist you in your business and look forward to a continuing relationship which will be profitable to all concerned.

If you have any questions, please contact your agent.

Our staff is available to you. Should the need arise, please give us a call at 713-880-4141.

Thank you,

A handwritten signature in cursive script, appearing to read "Scott Osborne".

Scott Osborne  
Executive



Consolidated Wealth Holdings, Inc.

5300 Memorial Drive, Suite 970

Houston Texas 77007

Ph. 713-880-4141

Fx. 713-880-4140

April 24, 2008

Joseph R. Grens  
80 Rolling Knolls Ave.  
Elgin, IL 60120

Dear Mr. Grens,

Thank you for your investment of \$22,016.76 with Consolidated Wealth Holdings, Inc. We have completed your transaction and we thank you for your confidence in our ability to serve you. We welcome the opportunity to assist you in your business and look forward to a continuing relationship which will be profitable to all concerned.

If you have any questions, please contact your agent.

Our staff is available to you. Should the need arise, please give us a call at 713-880-4141.

Thank you,

A handwritten signature in dark ink, appearing to read "Scott Osborne". The signature is fluid and cursive, with the first name "Scott" and last name "Osborne" clearly distinguishable.

Scott Osborne  
Executive

P.O. Box 36371  
 Albuquerque, NM 87176-6371  
 Phone # 505-237-2225  
 Fax # 505-275-1554  
 www.sunwesttrust.com



# Invoice

Date	Invoice #
5/12/2008	12672

Joseph R. Grens  
 80 Rolling Knolls Ave  
 Elgin, IL 60120-7511

Terms	Account Number
Net 30	200801869SEP

Item	Asset Value	Description	Rate	Amount
Account Applicati...		IRA account set up fee	50.00	50.00T
Annual IRA fee		Annual IRA fee	190.00	190.00T
Wire		Wire transfer fee	25.00	25.00
		Sales Tax	6.875%	16.50
PLEASE NOTE: WE DO ACCEPT CREDIT CARDS. CONTACT OUR OFFICE IF YOU WISH TO PAY BY CREDIT CARD. ALL INVOICES PAST DUE FOR MORE THAN 30 DAYS ARE SUBJECT TO A 1% PENALTY PER MONTH.				

All fees will be deducted from your IRA account if not paid within 30 days

Total	\$281.50
Payments/Credits	\$-281.50
Balance Due	\$0.00

P.O. Box 36371  
 Albuquerque, NM 87176-6371  
 Phone # 505-237-2225  
 Fax # 505-275-1554  
 www.sunwesttrust.com



# Invoice

Date	Invoice #
3/17/2008	12277

Joseph R. Grens  
 80 Rolling Knolls Ave  
 Elgin, IL 60120-7511

Terms	Account Number
Net 30	200801870Trad

Item	Asset Value	Description	Rate	Amount
Account Applicati...		IRA account set up fee	50.00	50.00T
Annual IRA fee		Annual IRA fee	190.00	190.00T
		Sales Tax	6.875%	16.50
PLEASE NOTE: WE DO ACCEPT CREDIT CARDS. CONTACT OUR OFFICE IF YOU WISH TO PAY BY CREDIT CARD. ALL INVOICES PAST DUE FOR MORE THAN 30 DAYS ARE SUBJECT TO A 1% PENALTY PER MONTH.				

*If not paid within 30 days, fees will be deducted from your IRA. We do accept credit card payment.*

<b>Total</b>	\$256.50
<b>Payments/Credits</b>	\$-256.50
<b>Balance Due</b>	\$0.00



Consolidated Wealth Holdings, Inc.

12-15 San Felipe, Suite 1100

Houston, Texas 77027

Ph: 713 (950) 9611

Fx: 713 (950) 0601

## Life Settlement Contract

### 1. LINE OF CREDIT PROMISSORY NOTE

Account Holder: SUNWEST TRUST, INC. FBO Joseph R. Greis

This agreement is made this 4th day of February, 2008 by and between Consolidated Wealth Holdings, Inc. (hereafter "CWH") and the above-referenced account holder (hereinafter "Account Holder" or "Holder").

Whereas, Account Holder has agreed to make available a line of credit to facilitate the loan of money, by and through the referenced account, to CWH (the "Loan");

Whereas, CWH has agreed to issue a line of credit promissory note to document the Loan, which provides for repayment of principal and interest as indicated below. CWH has also agreed that neither the principal nor the interest on the principal may be prepaid in whole or in part;

Whereas, CWH intends to use the proceeds of the Loan in its principal business, namely the identification, qualification, and purchase of discounted life insurance policies (or a percentage thereof) for senior persons and reinsurance securing the payment of the related death benefit;

Whereas, by way of a separate security agreement, CWH agrees to provide Account Holder a security interest in any policies and reinsurance and proceeds of either) acquired with the proceeds of the Loan;

Whereas, Account Holder desires and directs to acquire a line of credit note issued by CWH and secured by the policies and reinsurance; and

Whereas Account Holder has reviewed and approved policy identified below to be purchased by CWH and pledged as security for the Loan;

Now therefore, in consideration of mutual covenants herein, the parties agree as follows:

#### Loan Terms

Account Holder agrees to make available to CWH a line of credit up to a maximum sum of \$ 236,012.00 for the purpose of acquiring policies and reinsurance in the ordinary course of CWH's business.

The Loan shall be documented in the form of a line of credit note bearing interest at the rate of 15% per annum (the "Note"). Account Holder authorizes CWH to make an initial draw in the amount of \$ 127,249.02 (the "Initial Draw") and will fund the Initial Draw by check or wire transfer to the Escrow Account (hereinafter "Account") as defined below.

The Initial Draw shall be deposited in the Escrow Account identified below. Escrow Account instructions are hereby provided to the Escrow Agent directing that the funds from the Initial Draw be released to CWH for the specific purposes to: (1) purchase the policy interest identified below; (2) pay the reinsurance premiums; and/or (3) pay the policy premiums for the life of the reinsurance. Any excess from the Initial Draw shall then be released to CWH to cover its fees and costs related to the transaction. CWH makes no representations as to the specific net amount that will be required to purchase the policy, nor the specific fees assessed by CWH, or any specific supporting entity, including reviewing physicians, laboratories, attorneys, licensees, and consultants, as well as legal and escrow costs. By this document holder authorizes Escrow Agent to release the funds as instructed.

Future draws are not anticipated, but are authorized for among other things, maintenance of the collateral securing the Note and shall be initiated by written instruction from CWH.

THE NOTE SHALL BE NON-RECOURSE AS TO CWH AND SECURED BY AND PAYABLE ONLY FROM THE PROCEEDS OF THE COLLATERAL AS DEFINED BELOW.

#### Collateral

The Collateral shall consist of all of CWH's interest in accounts, negotiable interests, commercial paper and general intangibles held in the Account identified below and all supporting obligations and proceeds of any property held in the Account. Specifically the Collateral, by and through the Escrow Account, shall include the following interest:

A 1.6558% interest in policy number [REDACTED] issued by Phoenix Life (the "Policy")





*Consolidated Wealth Holdings, Inc.*

4205 San Felipe, Ste. 1100

Houston, Texas 77027

Ph. 713-960-6650

Fx. 713-960-6691

## Life Settlement Contract

### 1. LINE OF CREDIT PROMISSORY NOTE

Account Holder: SUNWEST TRUST, INC. FBO Joseph R. Gens

This agreement is made this 4th day of February, 2008 by and between Consolidated Wealth Holdings, Inc., (hereafter "CWH") and the above-referenced account holder (hereinafter "Account Holder" or "Holder").

Whereas, Account Holder has agreed to make available a line of credit to facilitate the loan of money, by and through the referenced account, to CWH (the "Loan");

Whereas, CWH has agreed to issue a line of credit promissory note to document the Loan, which provides for repayment of principal and interest as indicated below. CWH has also agreed that neither the principal nor the interest on the principal may be prepaid in whole or in part;

Whereas, CWH intends to use the proceeds of the Loan in its principal business, namely the identification, qualification, and purchase of discounted life insurance policies (or a percentage thereof) for senior persons and reinsurance securing the payment of the related death benefit;

Whereas, by way of a separate security agreement, CWH agrees to provide Account Holder a security interest in any policies and reinsurance and proceeds of either) acquired with the proceeds of the Loan;

Whereas, Account Holder desires and directs to acquire a line of credit note issued by CWH and secured by the policies and reinsurance; and

Whereas Account Holder has reviewed and approved policy identified below to be purchased by CWH and pledged as security for the Loan;

Now therefore, in consideration of mutual covenants herein, the parties agree as follows:

#### Loan Terms

Account Holder agrees to make available to CWH a line of credit up to a maximum sum of \$ 40,824.00 for the purpose of acquiring policies and reinsurance in the ordinary course of CWH's business.

The Loan shall be documented in the form of a line of credit note bearing interest at the rate of 15% per annum (the "Note"). Account Holder authorizes CWH to make an initial draw in the amount of \$ 22,016.76 (the "Initial Draw") and will fund the Initial Draw by check or wire transfer to the Escrow Account (hereinafter "Account") as defined below

The Initial Draw shall be deposited in the Escrow Account identified below. Escrow Account instructions are hereby provided to the Escrow Agent directing that the funds from the Initial Draw be released to CWH for the specific purposes to: (1) purchase the policy interest identified below; (2) pay the reinsurance premiums and/or (3) pay the policy premiums for the life of the reinsurance. Any excess from the Initial Draw shall then be released to CWH to cover its fees and costs related to the transaction. CWH makes no representations as to the specific net amount that will be required to purchase the policy, nor the specific fees assessed by CWH, or any specific supporting entity, including reviewing physicians, laboratories, attorneys, licensees, and consultants, as well as legal and escrow costs. By this document holder authorizes Escrow Agent to release the funds as instructed.

Future draws are not anticipated, but are authorized for among other things, maintenance of the collateral securing the Note and shall be initiated by written instruction from CWH.

THE NOTE SHALL BE NON-RECOURSE AS TO CWH AND SECURED BY AND PAYABLE ONLY FROM THE PROCEEDS OF THE COLLATERAL AS DEFINED BELOW.

#### Collateral

The Collateral shall consist of all of CWH's interest in accounts, negotiable interests, commercial paper and general intangibles held in the Account identified below and all supporting obligations and proceeds of any property held in the Account. Specifically the Collateral, by and through the Escrow Account, shall include the following interest:

A 0.2916% interest in policy number [REDACTED] issued by Phoenix Life (the "Policy").

☐ CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city, state, and ZIP code		1 IRA contributions (other than amounts in boxes 2-4, 8-10, 13a, and 14a)	OMB No. 1545-0747	IRA Contribution Information
SUNWEST TRUST PO BOX 36371  ALBUQUERQUE, NM 87176-6371		\$ 0.00	2010  Form 5498	
		2 Rollover contributions \$ 0.00	3 Roth IRA conversion amount \$ 0.00	Copy B For Participant
		4 Recharacterized contributions \$ 0.00	5 Fair market value of account \$ 127,232.75	
TRUSTEE'S or ISSUER'S federal identification no.	PARTICIPANT'S social security number	6 Life insurance cost included in box 1 \$	This information is being furnished to the Internal Revenue Service.	
20-0533574				
PARTICIPANT'S name		7 IRA <input type="checkbox"/> SEP <input checked="" type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input type="checkbox"/>		
Joseph R. Grens		8 SEP contributions \$ 0.00		
Street address (including apt. no.)		9 SIMPLE contributions \$ 0.00		
80 Rolling Knolls Ave		10 Roth IRA contributions \$ 0.00		
City, state, and ZIP code		11 If checked, required minimum distribution for 2011. <input type="checkbox"/>		
Elgin, IL 60120-7511		12a RMD date	12b RMD amount \$ 0.00	
		13a Postponed contribution \$ -	13b Year	13c Code
		14a Repayments \$ 0.00	14b Code	
Account number (see instructions)				

(keep for your records)

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city, state, and ZIP code SUNWEST TRUST PO BOX 36371  ALBUQUERQUE, NM 87176-6371		1 IRA contributions (other than amounts in boxes 2-4, 6-10, 13a, and 14a) \$ 0.00		OMB No. 1545-0747 <b>2010</b> Form 5498		IRA Contribution Information
		2 Rollover contributions \$ 0.00				
		3 Roth IRA conversion amount \$ 0.00		4 Recharacterized contributions \$ 0.00		
TRUSTEE'S or ISSUER'S federal identification no. 20-0533574	PARTICIPANT'S social security number [REDACTED]	5 Fair market value of account \$ 21,591.91		6 Life insurance cost included in box 1 \$ <b>ROTH</b>		Copy B For Participant
PARTICIPANT'S name Joeseph R. Grens  Street address (including apt. no.) 80 Rolling Knolls Ave  City, state, and ZIP code Elgin, IL 60120-7511		7 IRA <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> Roth IRA <input checked="" type="checkbox"/>		8 SEP contributions \$ 0.00		
[REDACTED]		9 SIMPLE contributions \$ 0.00		10 Roth IRA contributions \$ 0.00		
		11 If checked, required minimum distribution for 2011. <input type="checkbox"/>				
		12a RMD date		12b RMD amount \$ 0.00		
		13a Postponed contribution \$ -		13b Year 13c Code		
Account number (see instructions) [REDACTED]		14a Repayments \$ 0.00		14b Code		

Form 5498

(keep for your records)

Department of the Treasury - Internal Revenue Service

Joseph & Marilyn Grens  
80 Rolling Knolls Ave  
Elgin, IL 60120



RECEIVED

MAY 31 2022

LEGAL SERVICES

Consolidated Wealth Holdings Inc.  
Claims Processing Center  
c/o Epig Corporate Restructuring, LLC  
PO Box 4421  
Beaverton, OR 97076-4421