

Fill in this information to identify the case:

Debtor First Guaranty Mortgage Corporation

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 22-10584

Official Form 410

Proof of Claim

04/22

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 or 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?	<u>Alvarez, Samantha</u> 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?	Where should notices to the creditor be sent? Alvarez, Samantha 3711 Greenery Ct Unit 211 Tampa, FL 33618 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should payments to the creditor be sent? (if different) Contact phone <u>3478340821</u> Contact email <u>salvarez0405@gmail.com</u>
	Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0584 ____

7. How much is the claim? \$ 11,121.36 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.

Wages, Salary, 401K

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature or property:
☐ Real estate: If the claim is secured by the debtor's principle 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 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 amount 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 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)?

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

☐ No

☒ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ 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).

\$ 8780.00

☐ 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).

\$ 2341.36

☐ 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.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 10/13/2022
MM / DD / YYYY

/s/Samantha Alvarez
Signature

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

Name Samantha Alvarez
First name Middle name Last name

Title Sr. Funder

Company First Guaranty Mortgage Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 647-1742 | International (310) 751-2626

Debtor: 22-10584 - First Guaranty Mortgage Corporation District: District of Delaware		
Creditor: Alvarez, Samantha 3711 Greenery Ct Unit 211 Tampa, FL, 33618 Phone: 3478340821 Phone 2: Fax: Email: salvarez0405@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Wages, Salary, 401K	Last 4 Digits: Yes - 0584	Uniform Claim Identifier:
Total Amount of Claim: 11,121.36	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 8780.00 11 U.S.C. §507(a)(5): 2341.36	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Samantha Alvarez on 13-Oct-2022 6:28:23 p.m. Eastern Time Title: Sr. Funder Company: First Guaranty Mortgage Corporation		

Ended Employment - Distribution Details

Distribution Details	
Payment Details	
Payout Method	Automated Fund Transfer
Routing Number	063100277
Account Number	229050034768
Account Type	CHECKING
Tax Details	
Tax Year	2022
Gross Distribution Amount	\$7804.58
Taxable Amount	\$7804.58
Non-taxable Amount	\$0.00
Federal Income Tax Withheld	\$2341.36
State Income Tax Withheld	\$0.00
Tax Form Mailing Address on File	3711 GREENERY CT APT 211 TAMPA , FL 33618-4444

Feedback

Back to Distribution Overview

> Want to keep your money tax deferred? Find out how.

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07/26/2022

SAMANTHA ALVAREZ
3711 GREENERY CT APT 211
TAMPA FL 33618-4444

Subject line: Payment Confirmation

Dear SAMANTHA ALVAREZ,

This is to confirm that a payment of \$5,463.22 has been made from your participant account in FIRST GUARANTY 401(K) PLAN on 07/26/2022.

Should this payment require reporting to the Internal Revenue Service, Principal Life Insurance Company will report the applicable amount and send you a Form 1099-R next January. You can also access the tax form online next January by accessing our secure site at principal.com.

Please let us know of any address changes or incorrect information before December 31 so there will not be a delay in receiving your Form 1099-R.

You can view additional details concerning this payment via our secure site at principal.com.

Please review this transaction carefully and notify us promptly of any discrepancies within 90 days. After 90 days, corrections will be made on a current basis.

If you are unable to access the secure website at principal.com, or if you have questions regarding this transaction, please call the Client Contact Center at (800) 547-7754.



First Guaranty Mortgage Corporation
5800 Tennyson Parkway
Suite 450
Plano, TX 75024

Pay Statement

Period Start Date 05/22/2022
Period End Date 06/04/2022
Pay Date 06/10/2022
Document 121291

Net Pay \$1,627.70

Pay Details

Samantha Alvarez	Employee Number	999093	Pay Group	Hourly Pay Group
3711 Greenery Ct	SSN	XXX-XX-9457	Location	Florida-WFH
Unit 211	Job	Funder, Sr	Division	OPS - Operations
Tampa, FL 33618	Pay Rate	\$27.4342	Branch	DRCLOS - Retail Closing - DR
USA	Pay Frequency	Biweekly	Department	CLOSER - Closing/Closers
			OFC Assigned	TXPL - Plano Texas

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
BonusIncentive	0.0000	\$0.0000	\$0.00	\$557.50
Coefficient OT	0.0000	\$0.0000	\$0.00	\$2.74
Floating Hol	0.0000	\$0.0000	\$0.00	\$634.62
Holiday	8.0000	\$27.4342	\$219.47	\$959.86
OT Premium	0.0000	\$0.0000	\$0.00	\$136.66
Overtime	0.0000	\$0.0000	\$0.00	\$273.31
Paid Time Off 1	8.0000	\$27.4342	\$219.47	\$1,015.65
Pers/Sick	0.0000	\$0.0000	\$0.00	\$211.54
Regular Pay	56.0100	\$27.4342	\$1,536.59	\$22,442.07
Volunteer Hours	8.0000	\$27.4342	\$219.47	\$219.47

Total Hours Worked 0.0000

Total Hours 80.0100

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$109.75	\$1,322.67	\$0.00	\$0.00
Dental	Yes	\$4.78	\$57.36	\$11.14	\$133.68
Hospital Indemn	No	\$7.86	\$94.32	\$0.00	\$0.00
Med PPO 1500	Yes	\$110.31	\$1,323.72	\$293.82	\$3,525.84
Opt Life Emp	No	\$2.63	\$31.56	\$0.00	\$0.00
Vision	Yes	\$2.28	\$27.36	\$2.27	\$27.24
401k Match	No	\$0.00	\$0.00	\$76.82	\$925.87
GTL - Life AD&D	No	\$0.00	\$0.00	\$1.62	\$19.44

Taxes

Tax	Current	YTD

Tax	Current	YTD
Federal Income Tax	\$170.76	\$2,300.94
Employee Medicare	\$30.12	\$363.15
Social Security Employee Tax	\$128.81	\$1,552.79

Paid Time Off

Plan	Current	Balance
Floating Hol	0.0000	0.0000
Paid Time Off	4.6200	34.5900
Personal Time	0.0000	0.0000
Volunteer Hours	0.0000	0.0000

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx4768	Checking	\$1,627.70
Total		\$1,627.70

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,195.00	\$1,967.88	\$329.69	\$237.61	\$1,627.70
YTD	\$26,453.42	\$23,722.31	\$4,216.88	\$2,856.99	\$19,379.55



First Guaranty Mortgage Corporation
5800 Tennyson Parkway
Suite 450
Plano, TX 75024

Pay Statement

Period Start Date 06/05/2022
Period End Date 06/18/2022
Pay Date 06/24/2022
Document 122220

Net Pay \$3,350.15

Pay Details

Samantha Alvarez	Employee Number	999093	Pay Group	Hourly Pay Group
3711 Greenery Ct	SSN	XXX-XX-9457	Location	Florida-WFH
Unit 211	Job	Funder, Sr	Division	OPS - Operations
Tampa, FL 33618	Pay Rate	\$27.4342	Branch	DRCLOS - Retail Closing - DR
USA	Pay Frequency	Biweekly	Department	CLOSER - Closing/Closers
	OFC Assigned	TXPL - Plano Texas		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Bonus/Incentive	0.0000	\$0.0000	\$0.00	\$742.50
Coefficient OT	0.0000	\$0.0000	\$0.00	\$6.94
Floating Hol	0.0000	\$0.0000	\$0.00	\$634.62
Holiday	4.0000	\$27.4342	\$109.74	
Holiday	8.0000	\$27.4342	\$219.47	\$1,289.07
OT Premium	0.0000	\$0.0000	\$0.00	\$136.66
Overtime	0.0000	\$0.0000	\$0.00	\$273.31
Paid Time Off 1	39.2100	\$27.4342	\$1,075.69	\$2,091.34
Pers/Sick	0.0000	\$0.0000	\$0.00	\$211.54
Regular Pay	76.9200	\$27.4342	\$2,110.24	
Regular Pay	32.0000	\$27.4342	\$877.89	\$25,430.20
Volunteer Hours	0.0000	\$0.0000	\$0.00	\$219.47

Total Hours Worked 0.0000

Total Hours 160.1300

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$219.65	\$1,551.78	\$0.00	\$0.00
Dental	Yes	\$4.78	\$62.14	\$11.14	\$144.82
Hospital Indemn	No	\$7.86	\$102.18	\$0.00	\$0.00
Med PPO 1500	Yes	\$110.31	\$1,434.03	\$293.82	\$3,819.66
Opt Life Emp	No	\$2.63	\$34.19	\$0.00	\$0.00
Vision	Yes	\$2.28	\$29.64	\$2.27	\$29.51
401k Match	No	\$0.00	\$0.00	\$153.76	\$1,086.25
GTL - Life AD&D	No	\$0.00	\$0.00	\$1.62	\$21.06

Taxes

Tax	Current	YTD
Federal Income Tax	\$368.29	\$2,834.49
Employee Medicare	\$61.99	\$427.89
Social Security Employee Tax	\$265.09	\$1,829.61

Paid Time Off

Plan	Current	Balance
Floating Hol	0.0000	0.0000
Paid Time Off	4.6200	0.0000
Personal Time	0.0000	0.0000
Volunteer Hours	0.0000	0.0000

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx4768	Checking	\$3,350.15
Total		\$3,350.15

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$4,393.03	\$4,056.01	\$695.37	\$347.51	\$3,350.15
YTD	\$31,035.65	\$27,958.06	\$5,091.99	\$3,213.96	\$22,729.70



First Guaranty Mortgage Corporation
5800 Tennyson Parkway
Suite 450
Plano, TX 75024

Pay Statement

Period Start Date 05/08/2022

Period End Date 05/21/2022

Pay Date 05/27/2022

Document 120609

Net Pay \$1,698.63

Pay Details

Samantha Alvarez 3711 Greenery Ct Unit 211 Tampa, FL 33618 USA	Employee Number	999093	Pay Group	Hourly Pay Group
	SSN	XXX-XX-9457	Location	Florida-WFH
	Job	Funder, Sr	Division	OPS - Operations
	Pay Rate	\$27.4342	Branch	RCLOS - Retail Closing
	Pay Frequency	Biweekly	Department	CLOSER - Closing/Closers
			OFC Assigned	TXPL - Plano Texas

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
BonusIncentive	0.0000	\$0.0000	\$0.00	\$557.50
Coefficient OT	0.0000	\$0.0000	\$0.00	\$2.74
Floating Hol	0.0000	\$0.0000	\$0.00	\$634.62
Holiday	0.0000	\$0.0000	\$0.00	\$740.39
OT Premium	1.9800	\$13.7171	\$27.16	\$136.66
Overtime	1.9800	\$27.4342	\$54.32	\$273.31
Paid Time Off 1	0.0000	\$0.0000	\$0.00	\$796.18
Pers/Sick	0.0000	\$0.0000	\$0.00	\$211.54
Regular Pay	80.0000	\$27.4342	\$2,194.74	\$20,905.48

Total Hours Worked 0.0000

Total Hours 81.9800

Deductions

Deduction	Pre-Tax	Employee Current	Employee YTD	Employer Current	Employer YTD
401K	Yes	\$113.81	\$1,212.92	\$0.00	\$0.00
Dental	Yes	\$4.78	\$52.58	\$11.14	\$122.54
Hospital Indemn	No	\$7.86	\$86.46	\$0.00	\$0.00
Med PPO 1500	Yes	\$110.31	\$1,213.41	\$293.82	\$3,232.02
Opt Life Emp	No	\$2.63	\$28.93	\$0.00	\$0.00
Vision	Yes	\$2.28	\$25.08	\$2.27	\$24.97
401k Match	No	\$0.00	\$0.00	\$79.67	\$849.05
GTL - Life AD&D	No	\$0.00	\$0.00	\$1.62	\$17.82

Taxes

Tax	Current	YTD
Federal Income Tax	\$170.76	\$2,130.18

Tax	Current	YTD
Employee Medicare	\$31.31	\$333.03
Social Security Employee Tax	\$133.85	\$1,423.98

Paid Time Off

Plan	Current	Balance
Floating Hol	0.0000	0.0000
Paid Time Off	4.6200	37.9700
Personal Time	0.0000	0.0000
Volunteer Hours	0.0000	8.0000

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxx4768	Checking	\$1,698.63
Total		\$1,698.63

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,276.22	\$2,045.04	\$335.92	\$241.67	\$1,698.63
YTD	\$24,258.42	\$21,754.43	\$3,887.19	\$2,619.38	\$17,751.85