

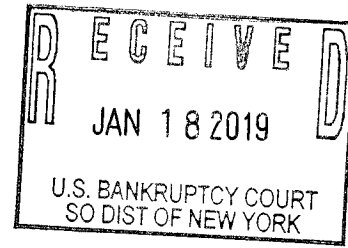
**Fill in this information to identify the case:**

Debtor 1 WAYPOINT LEASING

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 18-13648



Official Form 410

**Proof of Claim**

04/16

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 \$500,000, 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? CAMERON PARISH SHERIFF & TAX COLLECTOR  
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?  No  Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent? **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>CAMERON PARISH TAX COLLECTOR</u> Name <u>PO BOX 1250</u> Number Street <u>CAMERON LA 70631</u> City State ZIP Code Contact phone <u>337-775-5826</u> Contact email <u>christi@cameronso.org</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
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JAN 21 2019

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
CURTZMAN CARSON CONSULTANTS

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 5 1 0

7. How much is the claim? \$ 91,229.00. 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: \_\_\_\_\_

**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.)

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**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)?

- No  
 Yes. Check one:

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 |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  | \$ _____                    |
| <input type="checkbox"/> 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).  | \$ _____                    |
| <input type="checkbox"/> 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). | \$ _____                    |
| <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).   | \$ <u>91,229.00</u>         |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).  | \$ _____                    |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.   | \$ _____                    |

\* 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 01/15/2019  
MM / DD / YYYY

  
 \_\_\_\_\_  
 Signature

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

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BURTZMAN CARSON CONSULTANTS

Name Ron Johnson  
First name Middle name Last name

Title Cameron Parish Sheriff & Tax Collector

Company Cameron Parish Sheriff's Office  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 124 Recreation Lane  
Number Street

Cameron LA 70631  
City State ZIP Code

Contact phone 337-775-5826 Email christi@cameronso.org

## CORRECTED TAX NOTICE TAX YEAR 2018

01 / 08 / 2019

RON JOHNSON  
CAMERON PARISH SHERIFF & TAX  
COLLECTOR  
P. O. BOX 1250  
CAMERON, LOUISIANA 70631

WAYPOINT LEASING  
LUXEMBOURG SARL  
5 RUE GUILLAUME KROLL  
LUXEMBOURG LU L-1882

TAX NOTICE #: 1300037510

TAXES BECOME DELINQUENT AFTER DECEMBER 31st AND BEAR 1.00% INTEREST PER MONTH OR ANY PART  
OF A MONTH THEREAFTER.

TAX BODY	MILLAGE	AMOUNT DUE
CAMERON HOSPITAL	16.13	8,054.79
AMBULANCE DIST #1	4.44	2,217.19
AMBULANCE DIST #1 MT	20.10	10,037.28
PARISH TAX - GEN ALIM0	3.90	1,947.53
PARISH ROAD	6.61	3,300.82
COURTHOUSE MAINT	2.64	1,318.33
LIBRARY MAINT	6.36	3,175.99
MOSQUITO ABATEMENT	10.00	4,993.67
GARBAGE	7.86	3,925.02
LAW ENFORCEMENT	13.87	6,926.22
LAW ENFORCEMENT SP. 1	9.13	4,559.22
LAW ENFORCEMENT SP. 2	2.29	1,143.55
SP ASSESSMENT	2.85	1,423.20
SCHOOL CONSTIT.	4.84	2,416.94
SCHOOL ADD SUPPORT	10.50	5,243.35
SCHOOL SP MT	8.46	4,224.64
SCHOOL OPERATION	10.50	5,243.35
REC DIST #6 - CAM	9.74	4,863.83
GRAVITY DRAIN #3 - CA	7.50	3,745.25
FIRE DIST #7- CR	6.00	2,996.20
FIRE DIST #7-CR-MT	3.97	1,982.49
WATER DIST #7 - CR	3.00	1,498.10
WATER DIST #7 - CR - MT	12.00	5,992.40
MILLAGE TOTAL	182.69	=====
TOTALS		91,229.36

PARCEL NUMBER: 1300037510  
PARCEL TYPE: Personal Property

CLASS	VALUE	HOMESTEAD	UNITS/ACREAGE
NON-REPORTING OF LAT	45,397	0	1.00
COMMERCIAL AIRCRAFT	229,010	0	1.00
COMMERCIAL AIRCRAFT	224,960	0	1.00
TOTAL VALUE	499,367		
HOMESTEAD	0		
LTC VALUE CHANGE	0		
LTC HOMESTEAD CHANGE	0		
TAXABLE	499,367		