Debtor 1	PAUL R. DULBERG	
Debtor 2 (Spouse, if filin	9)	
United State	s Bankruptcy Court for the: Northern District of Illinois	
	r 14-83578	

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						
Who is the current creditor?	Ehrmann Gehlbac Name of the current creditor		A				
Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?	7					
Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent? Ehrmann Gehlbach Badger Lee & Considine Name			Where should payments to the creditor be sent? (if different)			
(FRBP) 2002(g)	215 E. First Street Number Street Dixon	IL	61021	Number Street	1		
	Contact phone 815288		ZIP Code		State	,	
	Uniform claim identifier fo	Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
Does this claim amend one already filed?	No ☐ Yes. Claim number	er on court claim	ns registry (if known) _		Filed on	D / YYYY	
5. Do you know if anyon- else has filed a proof of claim for this claim	Yes Who made the	ne earlier filing?					

P	art 2: Give Int	formatio	About the Claim as of the Date the Case Was Filed					
6.	Do you have any you use to identi 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?	\$					
8.	What is the basis claim?	of the	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. Attorney fees and costs for the Bankruptcy Estate					
9.	Is all or part of th secured?	e claim	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: \$					
10	is this claim base	ed on a	Fixed Variable					
	lease?		Yes. Amount necessary to cure any default as of the date of the petition. \$					
11.	is this claim subj right of setoff?	ect to a	☑ 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, Chec	k one:				Amount entitled to priority
A claim may be partly priority and partly	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).			\$		
nonpriority. For example, in some categories, the law limits the amount	☐ 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).					
entitled to priority.	☐ 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. \$					
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).					s
	☐ Contrib	outions to an employee	benefit plan. 11 U.S.C. § 507	(a)(5).		\$
			11 U.S.C. § 507(a)(2_) that ap			\$ 1,231.10
	* 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	Check the appr	opriate box:				
this proof of claim must sign and date it.	☑ I am the creditor.					
FRBP 9011(b).	☐ I am the cr	editor's attorney or aut	horized agent.			
If you file this claim			their authorized agent. Bankr			
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.					
A person who files a						
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					
3571.	Executed on date 10/25/2016 MM / DD / YYYY					
		1				
Signature 3						
	Print the name of the person who is completing and signing this claim:					
	Name	Megan First name	G. Middle name		Heeg Last name	
	Title	Trustee				
	Ehrmann Cahlhach Radgar Lee & Considing LLC					
	Identify the corporate servicer as the company if the authorized agent is a servicer.					
4-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	Address 215 E. First Street, Suite 100, P.O. Box 447					
	Addiese	Number Stre				
		Dixon		IL	61021	
		City		State	ZIP Code	
	Contact phone	8152884949		Email k	ennedy@egb	lc.com