

Fill in this information to identify the case:

Debtor Highland Capital Management, L.P.

United States Bankruptcy Court for the: Northern District of Texas
(State)

Case number 19-34054

Official Form 410

Proof of Claim

04/19

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>City of Richardson</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? See summary page Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>214-880-0089</u> Contact email <u>dallas.bankruptcy@lgbs.com</u>	Where should payments to the creditor be sent? (if different) 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9351</u> <u> </u> <u> </u>
7.	How much is the claim? \$ <u>1562.90</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>AD VALOREM TAXES</u>	
9.	Is all or part of the claim secured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>SEE ATTACHED EXHIBITS</u> 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: <u>\$ SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: <u>\$1562.90</u> 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: \$ <u>1562.90</u> Annual Interest Rate (when case was filed) <u>12</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 \$3,025* 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 \$13,650*) 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 4/01/22 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 01/11/2021
MM / DD / YYYY

/s//s/Laurie A. Spindler
Signature

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

Name /s/Laurie A. Spindler
First name Middle name Last name

Title Attorney TXBN 24028720

Company Linebarger Goggan Blair and Sampson, LLP
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 (877) 573-3984 | International (310) 751-1829

Debtor: 19-34054 - Highland Capital Management, L.P. District: Northern District of Texas, Dallas Division		
Creditor: City of Richardson c/o Laurie A. Spindler Linebarger Goggan Blair and Sampson, LLP 2777 N. Stemmons Freeway Suite 1000 Dallas, TX, 75207 USA Phone: 214-880-0089 Phone 2: Fax: 469-221-5003 Email: dallas.bankruptcy@lgbs.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: AD VALOREM TAXES	Last 4 Digits: Yes - 9351	Uniform Claim Identifier:
Total Amount of Claim: 1562.90	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 1562.90 Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Other Describe: SEE ATTACHED EXHIBITS Value of Property: SEE ATTACHED EXHIBITS Annual Interest Rate: 12%, Fixed Arrearage Amount: 1562.90 Basis for Perfection: SEE ATTACHED EXHIBITS Amount Unsecured:	
Submitted By: /s/Laurie A. Spindler on 11-Jan-2021 3:52:03 p.m. Eastern Time Title: Attorney TXBN 24028720 Company: Linebarger Goggan Blair and Sampson, LLP		

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION	ADMINISTRATIVE EXPENSE CLAIM AND REQUEST FOR PAYMENT
In re: HIGHLAND CAPITAL MANAGEMENT, L.P.	Case Number: 19-34054
Name of creditor: City of Richardson Name/Address where Notices and Checks should be sent: Elizabeth Weller Laurie A Spindler LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 2777 N. Stemmons Frwy Ste 1000 Dallas, Texas 75207 Telephone No.: (214) 880-0089 Fax No: (469) 221-5003 Email: dallas.bankruptcy@publicans.com	<div style="margin-top: 20px;"> <input type="checkbox"/> Check if you are aware that anyone else has filed a proof of claim relating to your claim. </div> <div style="margin-top: 20px;"> <input type="checkbox"/> Check if you have never received any notices from the bankruptcy court in this case. </div> <div style="margin-top: 20px;"> <input type="checkbox"/> Check if the address differs from the address on the envelope sent to you by the court. </div>
THIS SPACE FOR COURT USE ONLY	
ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: See attached exhibits	This claim ____ replaces ____ amends a previously filed claim, dated:
1. BASIS FOR CLAIM: Ad Valorem Taxes	
2. DATE DEBT WAS INCURRED: January 1 of each tax year, pursuant to Sections 32.01 and 32.07 of the Texas Property Tax Code. Penalty & Interest continues to accrue.	
3. CLASSIFICATION OF CLAIM: SECURED and §507(a)(2) PRIORITY	
4. TOTAL AMOUNT OF CLAIM: <u>\$1,562.90</u> plus penalties and interest accruing pursuant to Texas Property Tax Code §33.01 & §33.07 as allowed under 11 U.S.C. § 503(b)	
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 6. SUPPORTING DOCUMENTS: Supporting documentation is attached.	THIS SPACE FOR COURT USE ONLY
Date: January 11, 2021 <div style="text-align: right;"> <u>/s/Laurie A. Spindler</u> Elizabeth Weller, Attorney Texas Bar No. 00785514 Laurie A. Spindler, Attorney Texas Bar No.24028720 </div>	

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

IN RE:	§	
	§	CASE NO. 19-34054
	§	
HIGHLAND CAPITAL MANAGEMENT, L.P.	§	
	§	
DEBTOR	§	CHAPTER 11

**CITY OF RICHARDSON
PROOF OF CLAIM SUMMARY OF EXHIBITS**

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	P900021309351	2020-2021-EST	\$1,562.90
TOTAL:			\$1,562.90

**Collin County**

P.O. Box 8046

McKinney, TX 75070

972-547-5020

2020 Tax Statement

Property Account Number:

P900021309351

Statement Date: 01/04/2021
Owner: HIGHLAND CAPITAL MANAGEMENT L
Mailing Address: 300 CRESCENT CT STE 700
DALLAS TX 75201

Property Location: 0003010 WATERVIEW PKWY
Acres: 0
Legal: BPP AT FLEXENTIAL

Exemptions:

IMPROVEMENT VALUE	LAND MARKET VALUE	NON-HOMESITE IMPRV	NON-HOMESITE LAND	AG VALUE
0	0	0	0	0

Taxing Entities	Exemption Amount	Taxable Value	Tax Rate Per \$100	Base Tax
COLLIN COUNTY	0	125.000	0.172531	215.66
COLLIN COLLEGE	0	125.000	0.081222	101.53
PLANO ISD	0	125.000	1.323750	1654.69
RICHARDSON CITY	0	125.000	0.625160	781.45

TOTAL BASE TAX 2,753.33

PRIOR YEARS 4,126.73

Total Amount Due \$6,880.06

\$781.45

Estimated taxes for year 2021 are **\$781.45**.
Actual tax amounts will be determined at
a later date pursuant to Texas law.

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE
COLLIN COUNTY TAX OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER INTO AN INSTALLMENT
AGREEMENT DIRECTLY WITH THE COLLIN COUNTY TAX OFFICE FOR THE PAYMENT OF THESE TAXES.

↓ Detach ↓
Return With Payment

Property Account Number
P900021309351

Total Amount Due \$6,880.06

<u>IF PAID IN</u>	<u>AMOUNT DUE</u>
FEB	\$7,106.09
MAR	\$7,194.43
APR	\$7,282.79
MAY	\$7,371.12
JUN	\$7,459.48
JUL	\$8,186.09

Please Make Checks Payable To:**Kenneth L. Maun**

NOTE: TOTAL SHOWS CURRENT AND PRIOR YEAR TAXES DUE.

HIGHLAND CAPITAL MANAGEMENT LP
300 CRESCENT CT STE 700
DALLAS TX 75201