FORM B10 (Official I		5: 1: 1	DD005.05.01.414
United States Ba	nkruptcy Court STRICT OF NEW YORK	Dietrict of	Claim #3928 Date Filed: 11/13/2
Name of Debtor	THO I OF HEAV LOW	NEW YORK Case Number	
	TAL , LLC, ET AL, DEBTORS	CHAP 11 12-12020 (MG)	
RESIDENTIAL FUNDING COMPANY, LLC		CHAP 11 12-12019 (MG)	
	be used to make a claim for an administrative expense arised administrative expense may be filed pursuant to 11 U.S.C.	· •	ase. A
	person or other entity to whom the debtor owes	☐ Check box if you are awar	
noney or property):	-	anyone else has filed a pro	
ALAMEDA COUNTY	TAX COLLECTOR	claim relating to your claim Attach copy of statement	
		particulars.	
Name and address when ALAMEDA COUNTY	re the notices should be sent:	Check box if you have new Received any notices from	
ALAMEDA COUNTY 1221 OAK STREET	TAX COLLECTOR	Bankruptcy court in this c	
OAKLAND, CA 9461	2	☐ Check box if the address of	liffers
Felephone Number: 51	0-272-6847	from the address on envel- sent to by the court.	•
	er by which creditor identifies debtor:	Check here	THIS SPACE IS FOR COURT USE ONLY
40-3390-31	- Sy man econor identifies decici.	replaces	
		If this claim a pr	eviously filed claim, dated:
. Basis for Claim		Li allellus	
☐ Goods sold			ned in 11 U.S.C. § 1114(a)
☐ Services perform☐ Money Loaned	ned	Wages, salaries, and con Last four digits of SS#:	mpensation (fill out below)
Personal Injury/	wrongful death	Unpaid compensation f	
Other		from to	(date)
2. Date debt was incu		3. If court judgment, date of	btained:
2006-07 thru 2010-1	1 and 2012-13		
i. Total Amount of Cl	aim at Time Case Filed: \$ \$84,218.67	CLAIM AMOUNT IS S	SUBJECT TO CHANGE RESULTING FROM TAX
PLUS 18% INTERE		AUDIT, ESCAPE BILL	LS, AND OTHER AMOUNTS TO BE DETERMINED.
5. Secured Claim. Check this box if (including a right)	your claim is secured by collateral	7. Unsecured Priority Claim Check this box if you ha	n. ave an unsecured priority claim
(moreung a righ	it of scioti).	Amount entitled to p	riority \$
Brief Description of Collateral: ☑ Real Estate ☐ Motor Vehicle ☐ Other		Specify the priority of the claim:	
		Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's	
-		business, whichever is	s earlier – 11 U.S.C. § 507(a)(3).
Value of Collateral: \$		Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(4) Up to \$2,225* of deposits toward purchase, lease, or rental of property	
Amount of arrearage and other charges at time case filed		services for personal, family, or household use – 11 U.S.C. § 507(a)(6).	
Included in secured claim, if any: \$\\\\$84.218.67		☐ Alimony, maintenance,	or support owed to a spouse, former spouse, or
PLUS 18% INTEREST PER ANNUM. \$84,218.67 TAX PLUS ADDITIONAL AMOUNTS IF NOT TIMELY PAID		child - 11 U.S.C § 507(a)(7). Taxes or penalties owed to governmental units- 11 U.S.C. § 507(a)(8)	
6. Unsecured Nonpriority Claim \$		Other—specify applicable paragraph of 11 U.S.C. § 507 (a) ()	
	a) there is no collateral or lien securing your exceeds the value of the property securing it, or	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect	
	of your claim is entitled to priority.	to cases commenced on or	after the date of adjustment.
8. Credits: The amou	int of all payments on this claim has been credited	and deducted for the purpose	This Space is for Court Use Only
of making this proof of	claim.		
	ents: Attach copies of supporting documents, suc	ch as promissory notes,	
	es, itemized statements of running accounts, cont	- · · · · · · · · · · · · · · · · · · ·	Mate Stamped Const Deturned
mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL			Date Stamped Copy Returned
DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, at			No self addressed stamped envelope
a summary.	me door		☐ No copy to return
<u> </u>	ppy: To receive an acknowledgement of the filing	of the claim, enclose a	· ·
_	d envelope and copy of this proof of claim.	5 or and diamin, energies a	DPARII IPA
* '	• • • •	r or other parson outherized to	RECEIVED
Date 11/01/12	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach a copy of power of attorney, if any):		NOV 1 2 2012
	Jach Wong		NOV 1 3 2012
•	JACK WONG, DEPUTY		KURTZMAN CARSON CONSULTANTS
	O.O.C. TVOITO, DEL OTT	<u>-</u>	I UNITEMAL CAUSON CONSOLIANTS