Claim #7500 Date Filed: 1/29/2018

Fill in this information to identify the case:
Debtor 1 GMAC Mortgage, LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court **Southern District of New York**
Case number: **12−12032**

FILED
U.S. Bankruptcy Court
Southern District of New York
1/29/2018
Vito Genna, Clerk

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?**
   600 Hospital Drive
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor: Union County Tax Collector

2. **Has this claim been acquired from someone else?**
   ☑ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
600 Hospital Drive	Union County Tax Collector
Name	Name
500 North Main Street Suite 119 Monroe, NC 28112	500 N. Main Street Suite 119 Monroe, NC 28112
Contact phone 704−283−3697	Contact phone 704−283−3697
Contact email melissa.eddleman@unioncountync.gov	Contact email melissa.eddleman@unioncountync.gov

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

4. **Does this claim amend one already filed?**
   ☐ No
   ☑ Yes. Claim number on court claims registry (if known) 4 Filed on 01/12/2018
   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? _____


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