Fill in this information to identify the case:								
Debtor 1 Garden Oaks Maintenance Organization								
Debtor 2 (Spouse, if filing)								
United States Bankruptcy Court for the: Southern District of Texas								
Case number 18-60018								

United States Courts Southern District of Texas FILED

JUN 0 5 2018

David J. Bradley, Clerk of Court

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.

	article Identify the C		K		 					
1.	Who is the current creditor?	Michael L. Jobe and Thomas E. Schwartz 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? Yes. From whom?										
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Michael L Jobe			Where should payments to the creditor be sent? (if different)					
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 324 W. 32nd St			Name					
		Number Street Houston	TX	77018	Number	Street				
		City Contact phone 713-8 Contact email	State 68-5816	ZIP Code	City Contact phone Contact email	State	_			
				nts in chapter 13 (if you u	ise one): 					
4.	Does this claim amend one already filed?	No Yes. Claim num	per on court claim	s registry (if known)		Filed on MM / DD	/			
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made	the earlier filing?							

Official Form 410 Proof of Claim page 1

b. 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: \$ 3,746.25 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).					
'. How much is the claim?						
3. 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.					
	Home Owner's Association Transfer Fee					
e 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					
	Amount necessary to cure any default as of the date of the petition: \$					
	Annual Interest Rate (when case was filed)% Fixed Variable					
0. Is this claim based on a	☑ No					
lease?	Yes. Amount necessary to cure any default as of the date of the petition.					
1. Is this claim subject to a	2 No					

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim entitled to priority under	☑ No								
11 U.S.C. § 507(a)?	Yes. Check	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 entitled to priority.	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).								
chance to phony.	☐ 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).								
	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 4/0	1/19 and every 3 years afto	er that for case	s begun on or aft	er the date of adjustment.			
Part 3: Sign Below									
Olgir Bolow		······································			 				
The person completing this proof of claim must	Check the appro	priate box:							
sign and date it.	☑ I am the creditor.								
FRBP 9011(b).	I am the creditor's attorney or authorized agent.								
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.								
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	I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the								
is.	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	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.								
fined up to \$500,000, imprisoned for up to 5									
years, or both.	I declare under penalty of perjury that the foregoing is true and correct.								
18 U.S.C. §§ 152, 157, and 3571.									
	Executed on date	e 05/31/2018 MM / DD / YYYY							
	Mc Signature	chael Lynn	Jobe		-				
	Oignature	0 6							
	Print the name of the person who is completing and signing this claim:								
	Name	Michael Lynn Jobe				· · · · · · ·			
		First name	Middle name		Last name				
	Title	 -							
	Company	Identify the corporate service	r as the company if the au	thorized agent	is a servicer.				
	•								
	Address	324 W 32nd St							
		Number Street		TX	77040				
		Houston City		State	77018 ZIP Code				
	Casta-t-t	-			All OUG				
	Contact phone	<u>713-868-5816</u>		Email					

Official Form 410