

Fill in this information to identify the case:

Debtor 1 HIGHLAND CAPITAL MANAGEMENT, L.P.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: **Northern District of Texas**

Case number 19-34054-SGJ

Official Form 410
Proof of Claim

04/16

Part 1: Identify the Claim

1. Who is the current creditor? CITY OF GARLAND
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?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>LINDA D. REECE</u>	<u>CITY OF GARLAND</u>
	Name <u>C/O PERDUE BRANDON FIELDER ET AL</u>	Name <u>C/O PERDUE BRANDON FIELDER ET AL</u>
	<u>1919 S. SHILOH ROAD, SUITE 310, LB 40</u>	<u>1919 S SHILOH ROAD, SUITE 310, LB 40</u>
	Number Street	Number Street
	<u>GARLAND TX 75042</u>	<u>Garland TX 75042</u>
	City State ZIP Code	City State ZIP Code
Contact phone <u>(972) 278-8282</u>	Contact phone _____	
Contact email <u>LReece@pbfc.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>None</u>		

4. Does this claim amend one already filed?
 No
 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?
 No
 Yes. Who made the earlier filing? _____



193405419121600000000005

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? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
 Please see attached statement.

7. How much is the claim? \$254.58 . Does this amount include interest or other charges?
 No
 Yes. Tax statements on which this claim is founded are attached.

8. What is the basis of the claim?
Ad Valorem Property Taxes

9. Is all or part of the claim secured? No
 Yes. Claim secured by statutory tax lien provided by Sections 32.01 and 32.05 of the Texas Property Tax Code and Art. 8, Section 15 of the Texas Constitution.

Nature of property:
 Real estate.
 Motor vehicle
 Other. Describe: Personal Property
The debt is incurred January 1st of each year pursuant to Sections 32.01, 32.05, and 32.07 of the Texas Property Tax Code and is automatically perfected as a matter of law.

Basis for perfection: _____

Value of property: Fully Secured
Amount of the claim that is secured: \$254.58
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) 12 %
 Fixed Pursuant to 11 U.S.C. § 511, the rate determined under applicable nonbankruptcy law is set out in Texas Property Tax Code § 33.01
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? 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.

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8), to the extent of any shortfall in collateral value, and for personal liability.

\$0.00

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

- I am the creditor's attorney or authorized agent.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that an authorized signature on this *Proof of Claim* 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 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this *Proof of Claim* and have a 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 12/16/2019
MM / DD / YYYY



Signature

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

Name LINDA D. REECE
First name Middle name Last name

Title Attorney for Claimant

Company Perdue, Brandon, Fielder, Collins & Mott, L.L.P.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1919 S.SHILOH ROAD, SUITE 310, LB 40
Number Street
GARLAND TX 75042
City State ZIP Code

Contact phone (972) 278-8282 Email LReece@pbfc.com

Tax Statement

CITY OF GARLAND

P. O. BOX 462010
 GARLAND, TX 75046-2010

HIGHLAND CAPITAL
 5 CENTER AVE
 LITTLE FALLS, NJ 07424

Taxpayer ID: 72743

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND YOU OCCUPY THE PROPERTY DESCRIBED IN THIS DOCUMENT AS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

		Tax Year	Tax Due	P and I	Total Due
CITY OF GARLAND					
Legal: PERSONAL PROPERTY HIGHLAND CAPITAL					
1000010 LEASED EQUIP					
GEO Code: 99L15696900000000 Client Property Code:					
		2019	\$254.58	\$0.00	\$254.58
CITY OF GARLAND TOTAL -->					\$254.58
Total If Paid By 10/31/2019					\$254.58