

Fill in this information to identify the case:

Debtor 1 HI - CRUSH, INC. et al EIN 90-0840630

Debtor 2 et. al.
(Spouse, if filing)

United States Bankruptcy Court for the: Southern district of Texas Houston Div.

Case number 20-33495 (DRJ) (Jointly Adm.)

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 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?
Anna M. Schurmann R/O IRA
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor NONE

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)
<u>Anna M. Schurmann</u> Name <u>1509 Tutela Heights</u> Number Street <u>Escondido, CA. 92026</u> City State ZIP Code Contact phone <u>760-741-5439</u> Contact email <u>trooperanna@hotmail.com</u>	<u>Anna M. Schurmann</u> Name <u>1509 Tutela Heights</u> Number Street <u>Escondido, CA. 92026</u> City State ZIP Code Contact phone <u>760-741-5439</u> Contact email <u>trooperanna@hotmail.com</u>

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

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? _____



203349520081800000000016

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: _____

7. How much is the claim? \$ ~~7600.00~~
2565.00 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).

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. *IRA R/O*

see attached 3 pages
Invested \$17.27 per share for 100 shares in 2014 ✓ 7/15/2015

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property. *Cost basis \$2565.00*

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: \$ 2565.00

Amount of the claim that is unsecured: \$ ~~7600.00~~ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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AUG 18 2020

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed 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: Check one:

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.

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.
- 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.

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

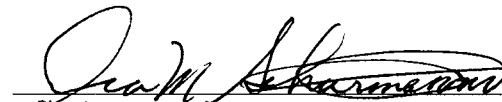
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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: 06/25/2020
MM/DD/YYYY


Signature

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

Name: Anna Mae Schuckmann
First name Middle name Last name

Title: RIO IRA

Company: _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 1509 Tutela Heights
Number Street

Escondido, CA 92026
City State ZIP Code

Contact phone: 760-741-5439 Email: trooperanna@hotmail.com

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Proof of
date of purchase

THE ABOVE SUMMARY/REPORT WAS GENERATED ON Thursday, February 05, 2020 11:52 AM
AND SHOULD BE CONSIDERED UNRELIABLE. HOWEVER, THE ABOVE SUMMARY/REPORT DOES NOT
NECESSARILY BE COMPLETELY ACCURATE. SUMMARY FOR ACCOUNT: 15304373-SCHURMANN ANNA M

ERRORS AND OMISSIONS EXCEPTED

Account & Balance Information as of Thursday, February 6, 2020 | 11:52 AM EST

15304373-SCHURMANN ANNA M
Rep Code: WC16; Type: IRA; Is Managed: No

Address: 1509 TUTELA HEIGHTS ESCONDIDO CA 92026-2013
Phone: Home: 7607415430

Cash: \$0
Total Ca
Funds A
Mgn Bu
Total Ac
Realized

W	COST	H	COSTCO WHOLESALE CORP	\$7,754.00	25	6/20/2013
	CLMT	W	CALLMET SPECIALTY PRODUCTS PARTNERS LIMITED PARTNERSHIP	\$414.50	100	7/15/2015
	CBST	S	CAPSTONE TURBINE CORP PAR \$0.01	\$13.62	5	10/1/2014
*	HCR	H	HI CRUSH INC	\$76.00	100	7/15/2015
	MFIN	W	MEDALLION FINANCIAL CORP	\$1,370.00	200	7/15/2014
	74765E30Z	H	QUANTUM FUEL SYSTEMS TECHNOLOGIES WORLDWIDE INC PAR \$0.02	0.00	500	10/1/2014
	STON	H	STONEMOR INC	\$257.60	224	6/9/2011
				\$115.00	100	6/9/2011
				\$142.60	124	10/4/2019

~~BUY nap chart 500 \$8800~~

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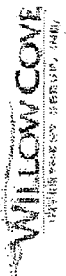
Pg 2 of 3

Only thing I have
as proof of

original
purchase

STERNE AGEE & LEACH INC C/F
ANNA M SCHURMANN R/O IRA
1509 TUTELA HEIGHTS
ESCONDIDO CA 92026-2011

FINANCIAL ADVISOR:
WILLIAM JOSEPH SCHURMANN
16486 BERNARDO CENTER DR #378 • SAN DIEGO CA 92128
(858) 404-0677
Branch Code: WCI09



ANNA M SCHURMANN R/O IRA
INVESTMENT ACCOUNT SUMMARY
ACCOUNT NUMBER 15804373
Statement Period: 07/01/15 to 07/31/15

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WILLOW COVE
INVESTMENT SERVICES, LLC

STERNE AGEE & LEACH INC CF
ANNA M SCHURMANN RO IRA

IRA ROLLOVER

SIPC

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ACCOUNT NUMBER 15804373 Statement Period: 07/01/15 to 07/31/15

PORTFOLIO HOLDINGS - OTHER ASSETS - MASTER LIMITED PARTNERSHIPS

Total Shares	Description	Symbol	Price	Current Value	Est. Annual Income	Shares Purchased	Unit Cost	Cost Basis	Unrealized Gain/Loss
	LP UNITS REPRESENTING LIMITED PARTNER INTEREST								
50	DCP MIDSTREAM PARTNERS LIMITED PARTNERSHIP	DPM	31.20	1,560.00	156.00	50	49.834	2,491.74	(931.74)
100	HI CRUSH PARTNERS LTD PARTNERSHIP	HCLP	17.27	1,727.00	190.00	100	25.65	2,565.00	(838.00)

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