

United States Bankruptcy Court <b>SOUTHERN DISTRICT OF NEW YORK</b>		District of <b>NEW YORK</b>	<b>PROOF OF CLAIM</b> Claim #3932 Date Filed: 11/13/2012
Name of Debtor RESIDENTIAL CAPITAL, LLC, ET AL, DEBTORS RESIDENTIAL FUNDING COMPANY, LLC		Case Number CHAP 11 12-12020 (MG) CHAP 11 12-12019 (MG)	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): ALAMEDA COUNTY TAX COLLECTOR	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where the notices should be sent: ALAMEDA COUNTY TAX COLLECTOR 1221 OAK STREET OAKLAND, CA 94612  Telephone Number: 510-272-6847	<input type="checkbox"/> Check box if you have never Received any notices from the Bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on envelope sent to by the court.		
Account or other number by which creditor identifies debtor: 90-298582 ON 9 ACCOUNTS		Check here <input type="checkbox"/> replaces If this claim a previously filed claim, dated: _____ <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2. Date debt was incurred:</b> LIEN DATE		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed: \$ 4,431.22</b> THIS AMOUNT SUBJECT TO INCREASE UNTIL PAID. <span style="float: right;"><u>CLAIM AMOUNT IS SUBJECT TO CHANGE RESULTING FROM TAX AUDIT, ESCAPE BILLS, AND OTHER AMOUNTS TO BE DETERMINED.</u></span> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed Included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim  Amount - entitled to priority \$ <u>4,431.22</u> Specify the priority of the claim: <input type="checkbox"/> 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 earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units- 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other- specify applicable paragraph of 11 U.S.C. § 507 (a) (_____)	
<b>6. Unsecured Nonpriority Claim \$ _____</b> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only  <div style="text-align: center;"> <input checked="" type="checkbox"/> <b>Date Stamped Copy Returned</b>  <input type="checkbox"/> <b>No self addressed stamped envelope</b>  <input type="checkbox"/> <b>No copy to return</b> </div> <div style="text-align: center; margin-top: 20px;"> <b>RECEIVED</b>                  NOV 13 2012  <b>KURTZMAN CARSON CONSULTANTS</b> </div>	
<b>9. Supporting documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>10. Date-Stamped Copy:</b> To receive an acknowledgement of the filing of the claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 11/05/12	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): <div style="text-align: center;"> <i>Jack Wong</i>  <b>JACK WONG, DEPUTY</b> </div>		

