

United States Bankruptcy Court
SOUTHERN DISTRICT OF NEW YORK

NEW YORK

PROOF OF CLAIM
Claim #3931 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

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

Check box if you have never Received any notices from the Bankruptcy court in this case.
 Check box if the address differs from the address on envelope sent to by the court.

Telephone Number: 510-272-6847

Account or other number by which creditor identifies debtor:
40A-3418-46

Check here
 replaces
If this claim a previously filed claim, dated: _____
 amends

1. Basis for Claim
 Goods sold
 Services performed
 Money Loaned
 Personal Injury/wrongful death
 Taxes
 Other _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensation (fill out below)
Last four digits of SS#: _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred:
2012-13

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ \$5,846.28
PLUS 18% INTEREST PER ANNUM

CLAIM AMOUNT IS SUBJECT TO CHANGE RESULTING FROM TAX AUDIT, ESCAPE BILLS, AND OTHER AMOUNTS TO BE DETERMINED.

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

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.

5. Secured Claim.
 Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed
Included in secured claim, if any: \$ \$5,846.28
PLUS 18% INTEREST PER ANNUM \$5,846.28 TAX
PLUS ADDITIONAL AMOUNTS IF NOT TIMELY PAID

6. Unsecured Nonpriority Claim \$ _____
 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.

7. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____
Specify the priority of the claim:

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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
 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).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units- 11 U.S.C. § 507(a)(8)
 Other- specify applicable paragraph of 11 U.S.C. § 507 (a) (____)

*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.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting documents: 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.

10. Date-Stamped Copy: To receive an acknowledgement of the filing of the claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

Date Stamped Copy Returned
 No self addressed stamped envelope
 No copy to return

RECEIVED
NOV 13 2012
KURTZMAN CARSON CONSULTANTS

Date
11/01/12

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):
Jack Wong
JACK WONG, DEPUTY

