COURT USE ONLY

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B 10 Modified (Official Form 10) (12/1	н)			
United States Bankruptcy	PROOF OF CLAIM			
Name of Debtor: Residential Capi	tal UC - GMAC	Case Number: 12-12020		
NOTE: This form should not be used	l to make a claim for an administrative expense (ot	ther than a claim asserted under 11 U.S.C. § 503(b)(9))	rising after the commencement of the	
case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) 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):				
	Advocates for Basic Legal Equality, Inc.			
Name and address where notices should	d be sent: NameID: 10853519		claim.	
Advocates for Basic Legal Ed		ALTON, CITIFINANCIAL, GREAT	Court Claim Number:	
SENECA FINANCIAL COR	(If known)			
333 West First Street, Suite 5	Filed on:			
Dayton, OH 45402-3042			Check this box if you are aware that anyone else has filed a proof	
Telephone number: email: Name and address where payment should be sent (if different from above):			of claim relating to this claim.	
130 W. Second St., Ste 700 East			Attach copy of statement giving particulars.	
Dayton, OH 45402	•			
Telephone number: 937-228		shirtle@ablelaw.org	5. Amount of Claim Entitled to Priority under 11 U.S.C.	
			§507(a). If any part of the claim falls into one of the following	
1. Amount of Claim as of Date Cas			categories, check the box specifying the priority and state	
If all or part of the claim is secured, co If all or part of the claim is entitled to	- ·		the amount.	
	s interest or other charges in addition to the princip	al amount of the claim. Attach a statement that itemizes	☐ Domestic support obligations	
interest or charges.	ons of Ohio Consumer	Sales Practices Act	under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
(See instruction #2)				
3. Last four digits of any number by	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):	commissions (up to \$11,725*) earned within 180 days before	
which creditor identifies debtor:			the case was filed or the debtor's business ceased,	
3_6_0_2	(See instruction #3a)	(See instruction #3b)	whichever is earlier – 11	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is	U.S.C. §507 (a)(4). Contributions to an employee benefit plan – 11 U.S.C. §507			
requested information. Nature of property or right of setoff:	(a)(5).			
Describe:	Up to \$2,600* of deposits toward purchase, lease, or			
Value of Property: \$	rental of property or services for personal, family, or			
Amount of arrearage and other charg	household use - 11 U.S.C.			
if any: \$Basis for perfection:			§507 (a)(7). ☐ Taxes or penalties owed to	
A	governmental units – 11U.S.C.			
Amount of Secured Claim: \$	§507 (a)(8). ☐ Other – Specify applicable			
 Claim Pursuant to 11 U.S.C. § 503(b)(Indicate the amount of your claim arising fi commencement of the above case, in which supporting such claim. 	paragraph of 11 U.S.C. §507 (a)().			
\$(See instruction #6) Amount entitled to priorit				
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7) 8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, \$				
itemized statements of running accounts completed, and redacted copies of docu definition of "redacted".)	* Amounts are subject to adjustment on 4/1/13 and every			
DO NOT SEND ORIGINAL DOCUME	3 years thereafter with respect			
If the documents are not available, please explain:			to cases commenced on or after the date of adjustment.	
9. Signature: (See instruction #9) CheckI am the creditor.I am the creditor.				
21	itor's authorized agent. power of attorney, if any.) 1 am the trustee, their authorized agent (See Bankruptey)	ent. indorser, or other codebtor.		
I declare under penalty of perjury that th				
reasonable belief. Print Name: Stanley A.	RECEIVED			
Title: Attorney Company: Advocates for	or Basic (Signature)	11/2/2012 (Date)	NOV 0 8 2012	
Address and telephone number (if difference 130 W. Second St	ent from notice address above): Ste 700 East, Day	ton, OH 45402	KURTZMAN CARSON CONSULTANTS	

Telephone number: 937-228-8104 Email: shirtle@ablelaw.org

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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