UNITED STATES BANKRUPTCY CO	OURT Southern Dist	RICT OF New Yor	PROOF OF CLAIM	
Name of Debtor:		Case Number:	ANOCA OF CAMPAIN	
GMAC Mortgage, LLC				
			RECEIVED	
		12-12032 (M	G) NEOLIVLU	
NOTE: Do not use this form to make a claim	m for an administrative expense that a nt of an administrative expense accord	rises after the bankruptcy	NOV 1 3 2012	
Name of Creditor (the person or other entity to			KURTZMAN CARSON CONSULTANTS	
Adam Leppo			COURT USE ONLY	
Name and address where notices should be sent:			Check this box if this claim amends a	
571 Brossard Drive Thousand Oaks, CA 91360			previously filed claim.	
Illousalid Oaks, CA 9136	O		Court Claim Number:	
			(If known)	
Telephone number: (818) 730-3224 email: adam.leppo@yahoo.com			Filed on:	
Name and address where payment should be sent (if different from above):			Check this box if you are aware that	
Name and address where payment should be sent (if different from above).			anyone else has filed a proof of claim	
			relating to this claim. Attach copy of	
			statement giving particulars.	
Tolonhono number:	····ait.			
Telephone number:	email:			
1. Amount of Claim as of Date Case Filed:	: \$unknown (see at	tached)		
If all or part of the claim is secured, complete	e item 4.			
If all or part of the claim is entitled to priority	v complete item 5			
	•			
Check this box if the claim includes in	nterest or other charges in addition to t	he principal amount of the	claim. Attach a statement that itemizes interest or charges.	
2. Basis for Claim: Contingent i (See instruction #2)	ndemnity claim			
3. Last four digits of any number by which creditor identifies debtor:	. Debtor may have scheduled accoun	nt as: 3b. Uniform Cl	3b. Uniform Claim Identifier (optional):	
	ee instruction #3a)	(See instruction	#3b)	
4. Secured Claim (See instruction #4)			earage and other charges, as of the time case was filed	
Check the appropriate box if the claim is secured by a lien on property or a right of				
setoff, attach required redacted documents, ar	nd provide the requested information.		\$	
Nature of property or right of setoff: Describe:	Real Estate Motor Vehicle	Other Basis for perfec	tion:	
Value of Property: \$ Amount of Secured Claim			ared Claim: \$	
	rod on Westelds	Amount Unsecu	ured: \$	
Annual Interest Rate% Fix (when case was filed)	ked or Variable	Amount Oustel		
5. Amount of Claim Entitled to Priority u the priority and state the amount.	ınder 11 U.S.C. §507(a). If any par	t of the claim falls into or	ne of the following categories, check the box specifying	
U.S.C. §507(a)(1)(A) or (a)(1)(B).	.C. §507(a)(1)(A) or (a)(1)(B). earned within 180 days before the case was filed or the employee		Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). Amount entitled to priority:	
purchase, lease, or rental of property or 11U.S.C. §507 (a)(8). applicable		Other – Specify applicable paragraph of 11 U.S.C. §507 (a)().		
*Amounts are subject to adjustment on 4/1/1	13 and every 3 years thereafter with re	espect to cases commencea	on or after the date of adjustment.	

