Official Form 410

Proof of Claim

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.

F	Part 1: Identify the Cl	aim					
1.	Who is the current creditor?	SHELBY COUNTY TRUSTEE Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor					
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)	Contact priorie	TN State 22-0330 ker@shelbyco	38101 ZIP Code ountytrustee.com	Name Number Street City Contact phone Contact email	yments to the creditor b	ZIP Code
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numbe	er 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	ne earlier filing?				

ľ	Give information	on 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?	\$\$. 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. Ad Valorem Taxes
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. 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: Furnishings and Equipment Basis for perfection: STATUTORY LIEN 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: \$ Amount of the claim that is unsecured: \$ Amount of the claim that is unsecured: \$ Amount necessary to cure any default as of the date of the petition: \$ Annual Interest Rate (when case was filed) 18.00 % Fixed Variable
10	ls this claim based on a lease?	✓ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
11	ls this claim subject to a right of setoff?	✓ No ☐ Yes. Identify the property:

12. Is all or part of the claim	✓ No						
entitled to priority under 11 U.S.C. § 507(a)?		k all that apply:			Amount entitled to	priorit	
A claim may be partly priority and partly		☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		2,775* of deposits toward pure al, family, or household use. 1	or services for \$				
cimica to promy,	bankru	☐ Wages, salaries, or commissions (up to \$12,475*) 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 governme	ental units. 11 U.S.C. § 5	07(a)(8).	\$		
	☐ Contrib	utions to an employee benefit	plan. 11 U.S.C. § 507(a)	(5).	\$		
	Other.	Specify subsection of 11 U.S.0	C. § 507(a)() that appli	es.	\$		
	* Amounts	are subject to adjustment on 4/01/	16 and every 3 years after th	at for cases	s begun on or after the date of adjustmer	ıt.	
Dor't 2: Sign Bolow							
Part 3: Sign Below							
The person completing this proof of claim must	Check the appro	opriate box:					
sign and date it. FRBP 9011(b).	I am the cr						
	_	editor's attorney or authorized	-				
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature							
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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	amount of the c	iaiiii, tile creditor gave tile deb	tor credit for any paymer	ments received toward the debt.			
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examine and correct.	d the information in this <i>Proof</i> o	of Claim and have a reas	onable be	elief that the information is true		
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the fore	going is true and correct				
3571.	Executed on da	te 01/21/2025					
	/s/ Barba	ra Blocker			_		
	Signature						
	Print the name	of the person who is compl	eting and signing this o	laim:			
	Name	Barbara			Blocker		
		First name	Middle name		Last name		
	Title	Bankruptcy Superviso	or				
	Company	Shelby County Truste		ized agent	is a servicer.		
		DO DOV 2754					
	Address	PO BOX 2751					
		Number Street Memphis		TN	38101		
		City		State	ZIP Code		
		•				:-	
	Contact phone	901-222-0330		Email BB	Blocker@shelbycountytrustee	.con	

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274-2810-0-00000-0 Shelby County S 2024 Notice Personalty

THE CONTAINER STORE #107 c/o RYAN LLC PO BOX 250329 ATLANTA GA 30325-1329

Lot Size Lot No.

Classification: TANGIBLE
Location: 2130 EXETER
Germantown 0

Subdivision:

PROPERTY TAX NOTICE

Balance Due	Misc	Atty	Court	Int & Pen	Base Tax	Tax Rate	Assessed Value	Year
\$6,171.16				0.00	6,171.16	3.39	182040	2024

IF PAID BY February 28, 2025 TOTAL AMOUNT DUE IS Attention: Corrected Billing

\$6,171.16

All Notices received prior to January 21, 2025 concerning the tax year (s) listed above should be disregarded. Please pay using this Notice.

KR3 01/21/2025

274-2810-0-00000-0

THE CONTAINER STORE #107 c/o RYAN LLC PO BOX 250329 ATLANTA GA 30325-1329 Due Date: 02/28/2025

2024 6,171.16

Total 6,171.16