**FORM B10** (Official Form 10) (04/04)

Claim #3934 Date Filed: 11/13/2012

| United States Bankruptcy Court<br>SOUTHERN DISTRICT OF NEW YORK | District of<br>NEW YORK | PROOF OF CLAIM |
|---|---|---|
| Name of Debtor<br>RESIDENTIAL CAPITAL , LLC, ET AL, DEBTORS<br>RESIDENTIAL FUNDING COMPANY, LLC | Case Number<br>CHAP 11 12-12020 (MG)<br>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):<br>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:<br>ALAMEDA COUNTY TAX COLLECTOR<br>1221 OAK STREET<br>OAKLAND, CA 94612<br><br>Telephone Number: 510-272-6847 | ☐ Check box if you have never Received any notices from the Bankruptcy court in this case.<br>☐ 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:<br>90-298582<br>ON 16 ACCOUNTS | Check here<br>☐ replaces<br>If this claim a previously filed claim, dated: _____<br>☐ amends |

THIS SPACE IS FOR COURT USE ONLY

**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 _____ (date) to _____ (date)

**2. Date debt was incurred:**
LIEN DATE

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed: $** $5,189.80
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 LIENS

Value of Collateral: $ _____

Amount of arrearage and other charges at time case filed Included in secured claim, if any: $ $5,189.80
PLUS 18% INTEREST PER ANNUM. $5,189.80 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 1 3 2012
KURTZMAN CARSON CONSULTANTS

| Date | 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): |
|---|---|
| 11/01/12 | Jack Wong<br>JACK WONG, DEPUTY |

*Penalty for presenting fraudulent claim: Fine up to $ 500,000 or imprisonment for up to 5 years or both. 18 U.S.*



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