



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA **PROOF OF CLAIM**

Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): THOMAS R. KORDICK Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
THOMAS R. KORDICK
3443 VISTA DIABLO ST
L.V., NV. 89117

Telephone number: 702-480-2045
 Email address: TOMKREATOR@AOL.COM

Court Claim Number: _____ (If known)
 Filed on: _____

Garden City Group, LLC
 MAR 19 2015

Name and address where payment should be sent (if different from above):
THOMAS R. KORDICK
3443 VISTA DIABLO ST,
L.V., NV, 89117

Telephone number: 702 480 2045
 Email address: TOMKREATOR@AOL.COM

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

FILED - 00080
 District of Nevada
 Ameri-Dream, LLC

1. Amount of Claim as of Date Case Filed: \$ 6875.⁰⁰ R.E. COMMISSION 7175.⁰⁰
LESS = TRANSACTION Fee. 300.⁰⁰
6875.⁰⁰

If all or part of the claim is secured, complete item 4.
 If all or part of the claim is entitled to priority, complete item 5.

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: R.E. COMMISSION ON SOLD PROPERTY - C.O.E. 2/27/15 (COPIES ATTACHED)
 (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 4875

3a. Debtor may have scheduled account as: _____
 (See instruction #3a)

3b. Uniform Claim Identifier (optional): _____
 (See instruction #3b)

4. Secured Claim (See instruction #4)
 Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: _____

Value of Property: \$ _____

Annual Interest Rate _____ % Fixed or Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____

Amount Unsecured: \$ _____

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 categories, check the box specifying the priority and state the amount.

Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)().

Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).

Amount entitled to priority:
\$ 6875.⁰⁰

*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)