

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): Elly Lay Name and address where notices should be sent:	Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
792 Tillis Place Las Vegas, NV 89138	Filed on: 1/9/15 MAY - 8 2015
Telephone number: 702 - 271 - 6915 Email address: Elylayvegase y 9400.com	
Name and address where payment should be sent (if different from above):	☐ 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.
- Telephone number: Email address;	FILED - 00494 District of Nevada Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: \$ 6,300	
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: Realtor Commission (See instruction #2)	
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):	
8 2 1 9	account as:
<u> </u>	(See instruction #3a) (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. Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:	
□ Other	Motor Vehicle Basis for perfection:
Describe:	
	Amount of Secured Claim: \$ Variable
(when case was filed)	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). □ Contributions to an employee benefit \$12,475*) earned within 180 days before plan – 11 U.S.C. § 507 (a)(5). the case was filed or the Debtor's PLC	
Up to \$2,775* of deposits toward business ceased, whichever is earlier Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(4).	
household use - 11 U.S.C. § 507 (a)(7).	
governmental units – 11 U 507 (a)(8).	
governmental units – 11 U	S.C. § with respect to cases commenced on or after the date of adjustment.