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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):	Court Claim Number:
Name and address where notices should be sent: MARIA TEXESA WHISENHUNT 324 LAKEWOOD GARDEN DRIVE LAS VEGAS, AV 89148	Filed on: (If known) (Alf known) (Alf known) (Alf known) (Alf known) (Alf known)
Telephone number: 702-347-8293 Email address: TERESAULVRE @ 6 MAIL, 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:	FILED - 00653 District of Nevada
Telephone number: VREALTOR. TERESA & GMAI.	Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: S 5,8 35,00	
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: COMMISSION IN A REAL ESTATE TRANSACTION-STLMT DATE 2/6/15 (See instruction #2)	
3. Last four digits of any number by which creditor identifies debtor: 3	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
9019	account as:
8219	
	(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:	
Value of Property: \$ Amount of Secured Claim: \$	
	Variable
(when case was filed) Amount Unsecured: \$	
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 11 U.S.C. § 507 (a)(5). \$12,475*) earned within 180 days before plan - 11 U.S.C. § 507 (a)(5). the case was filed or the Debtor's	
☐ Up to \$2,775* of deposits toward business ceased, whicheve purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C § 507 (a)(_). 5,853.00
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.507 (a)(8).	
*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)	