

EXHIBIT “11”

Case 15-10110-led Claim 30-1 Filed 02/16/15 Page 1 of 2

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada		PROOF OF CLAIM
Name of Debtor: AMERI-DREAM REALTY LLC	Case Number: 15-10110	FILED U.S. Bankruptcy Court District of Nevada 2/16/2015 Mary A. Schott, Clerk COURT USE ONLY
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): YIN LANG 99-11		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent: YIN LANG 99-11 60 AVE, APT # 4C CORONA, NY 11368 Telephone number: 212-336-7817 email: ylang@kcg.com		
Name and address where payment should be sent (if different from above): FILED - 00036 District of Nevada Ameri-Dream, LLC Telephone number: _____ email: _____		☐ 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.
1. Amount of Claim as of Date Case Filed: \$ <u>2000.00</u> 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: <u>2000</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>8212</u>	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 reduced 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 (when case was filed) % ☐ Fixed or ☐ Variable 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: \$ <u>0.00</u>		
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). ☒ 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). ☐ Other - Specify applicable paragraph of 11 U.S.C. §507(a) _____. Amount entitled to priority: \$ <u>2000.00</u> *Amounts are subject to adjustment on 4/01/16 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)		

EXHIBIT “12”

Case 15-10110-led Claim 35-1 Filed 02/19/15 Page 1 of 2

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada		PROOF OF CLAIM
Name of Debtor: AMERI-DREAM REALTY LLC	Case Number: 15-10110	FILED U.S. Bankruptcy Court District of Nevada 2/19/2015 Mary A. Schott, Clerk COURT USE ONLY
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): WEN CHUN WANG		
Name and address where notices should be sent: WEN CHUN WANG 92 CLAREMONT AVE SANTA CLARA, CA 95051 Telephone number: 3107958634 email: JUCYWANG@GMAIL.COM		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where payment should be sent (if different from above): FILED - 00041 District of Nevada Ameri-Dream, LLC Telephone number: _____ email: _____		☐ 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.
1. Amount of Claim as of Date Case Filed: \$ <u>1300.00</u> 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: <u>tenant security deposit</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>8219</u>	3a. Debtor may have scheduled account as: <u>wenchun wang</u> (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 (when case was filed) ____% ☐ Fixed or ☐ Variable		Amount of attorney 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: \$ <u>0.00</u>
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).
☒ 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).	☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____.
*Amounts are subject to adjustment on 4/01/16 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)		

EXHIBIT “13”

Case 15-10110-led Claim 37-1 Filed 02/22/15 Page 1 of 2

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada		PROOF OF CLAIM
Name of Debtor: AMERI-DREAM REALTY LLC		Case Number: 15-10110
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): CHING - CHAO HUANG		FILED U.S. Bankruptcy Court District of Nevada 2/22/2015 Mary A. Schott, Clerk COURT USE ONLY
Name and address where notices should be sent: CHING - CHAO HUANG 439 WENDOVER HILLS AVE LAS VEGAS NV 89123 Telephone number: 702-222-4729 email: cmasentai@yahoo.com		
Name and address where payment should be sent (if different from above): 10517 Horseshoe Falls Ct Las Vegas, NV 89144 Telephone number: 702-222-4729 email: cmasentai@yahoo.com		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: (If known) _____ Filed on: _____ ☐ 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.
1. Amount of Claim as of Date Case Filed: \$ <u>2900.00</u>		
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: <u>2900</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>8219</u>	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 reduced 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 (when case was filed) <u> </u> % ☐ Fixed or ☐ Variable		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: \$ <u>0.00</u>
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). ☒ 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).	☐ 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). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority: \$ <u>2900.00</u>
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credit. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

FILED - 00043
District of Nevada
Ameri-Dream, LLC



EXHIBIT “14”

Case 15-10110-led Claim 39-1 Filed 02/25/15 Page 1 of 4

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: AMERI-DREAM REALTY LLC 4875 NEVSO DR. LAS VEGAS, NV 89103	Case Number: 15-10110-led	15 FEB 25 P2 25
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): ELAINE NG		
Name and address where notices should be sent: ELAINE NG 4015 7TH AVENUE APT#12A BROOKLYN, NY 11232 Telephone number: 917-605-9868 email: elaineyyen@yahoo.com		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where payments should be sent (if different from above): (SAME AS ABOVE) Telephone number: _____ email: _____		☐ 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.
1. Amount of Claim as of Date Case Filed: \$1,325.00		FILED - 90045 District of Nevada Ameri-Dream, LLC
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: SECURITY DEPOSIT FROM TENANT (IN ESCROW) LEASING (744 SPOTTED EAGLE) 6/19/2014 - 5/30/2015		
3. Last four digits of any number by which creditor identifies debtor: 8219	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)
☒ 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)	☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(9) _____
*Amounts are subject to adjustment on 4/01/16 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)		

EXHIBIT “15”

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): <u>Apple Revocable Trust</u> Name and address where notices should be sent: <u>Sophie Shen</u> <u>8132 Sapphire Bay Cir.</u> <u>Las Vegas, NV 89128</u> Telephone number: <u>702-683-8806</u> Email address: <u>Sophie.winter66@gmail.com</u> Name and address where payment should be sent (if different from above): FILED - 00001 District of Nevada Ameri-Dream, LLC Telephone number: Email address:	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ ☐ 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. The Garden City Group, Inc. MAR - 3 2015	
1. Amount of Claim as of Date Case Filed: \$ <u>2500.00</u> 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: <u>Security Deposit and Pet Deposit held for 10909 Desert Drive Ave. Las Vegas, NV 89144</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>0 9 0 9</u>	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). ☒ 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). ☐ 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). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(): _____ Amount entitled to priority: \$ <u>2500.00</u> *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)		

Modified R30 (CCG) (4/15)

NHW

EXHIBIT “16”

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): <u>Weinvestment LLC</u> Name and address where notices should be sent: <u>Ilenie Wei / Sophie Shen.</u> <u>8132 Sapphire Bay Cir.</u> <u>Las Vegas, NV 89128.</u> Telephone number: <u>702-683-8806</u> Email address: <u>sophiewinter66@gmail.com</u>	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ The Garden City Group, Inc. MAR - 3 2015 ☐ 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.	
Name and address where payment should be sent (if different from above): FILED - 00002 District of Nevada Ameri-Dream, LLC Telephone number: Email address:		
1. Amount of Claim as of Date Case Filed: \$ <u>1745.00</u> 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: <u>Security Deposit and cleaning Deposit held for 10341 Hunters Meadow Ave. Las Vegas NV 89149</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>0 3 4 1</u>	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). ☒ 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). ☐ 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). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ <u>1745.00</u> *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)		

Modified B10 (GCC) (4/13)

NHW

EXHIBIT “17”



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): <u>Apple Revocable Trust</u> Name and address where notices should be sent: <u>Sophie Shen</u> <u>8132 Sapphire Bay Cir.</u> <u>Las Vegas, NV 89128</u> Telephone number: <u>702-683-8806</u> Email address: <u>Sophie.winter66@gmail.com</u> Name and address where payment should be sent (if different from above): FILED - 00003 District of Nevada Ameri-Dream, LLC Telephone number: Email address:	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____  ☐ 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.	
1. Amount of Claim as of Date Case Filed: \$ <u>2200.00</u> 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: <u>Security Deposit, Pet and Clean Deposit held for 420 Copper Valley, Las Vegas, NV 89146</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>0 4 2 0</u>	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). ☒ 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). ☐ 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). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: <u>\$ 2200.00</u>		
*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)		

Modified B16 (GCG) (4/13)

NHW

EXHIBIT “18”



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): Name and address where notices should be sent: <u>Robert & Tina Gorecke</u> <u>6810 Stonestep Street</u> <u>Las Vegas, NV 89149</u> Telephone number: <u>(702) 370-2906</u> Email address: <u>tina.gorecke@msn.com</u>	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ ☐ 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 - 00050 District of Nevada Ameri-Dream, LLC	
Name and address where payment should be sent (if different from above): <u>SAME AS ABOVE.</u> Telephone number: Email address:	The Garden City Group, Inc. MAR - 6 2015	
1. Amount of Claim as of Date Case Filed: \$ <u>1,500.00</u> 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: <u>Security Deposit</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>7 9 4 5</u> <u>0 3124</u>	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). ☐ 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). ☐ 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). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: <u>\$ 1,500.00</u> *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)		

Modified B10 (GCG) (4/13)

EXHIBIT “19”

Case 15-10110-led Claim 43-1 Filed 03/09/15 Page 1 of 2

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada		PROOF OF CLAIM
Name of Debtor: AMERI-DREAM REALTY LLC		Case Number: 15-10110
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): Capitola LLC		FILED U.S. Bankruptcy Court District of Nevada 3/9/2015 Mary A. Schott, Clerk COURT USE ONLY
Name and address where notices should be sent: Capitola LLC 18850 Tuggle Ave Cupertino, CA 95014 Telephone number: 4084290590 email: robhietech@gmail.com		
Name and address where payment should be sent (if different from above): Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>300.00</u> 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: <u>Tenant's refundable security deposit</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>4518</u>	3a. Debtor may have scheduled account as: <u>4518</u> (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 (when case was filed) % ☐ Fixed or ☐ Variable		Amount of arrangement 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: \$ <u>0.00</u>
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). ☒ 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). ☐ 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). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). Amount entitled to priority: \$ <u>300.00</u>		
*Amounts are subject to adjustment on 4/01/16 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)		

FILED - 00067
District of Nevada
Ameri-Dream, LLC

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EXHIBIT “20”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED <u>CINDY ROWW</u>		
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): Name and address where notices should be sent: <u>CINDY ROWW</u> <u>8414 BLACKSTONE RIDGE CT</u> <u>LAS VEGAS, NV 89139</u> Telephone number: <u>702-263-0818</u> Email address: <u>CINDY871@MSN.COM</u> Name and address where payment should be sent (if different from above): Telephone number: Email address:	☒ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: <u>3-2-2015</u> <u>MISSSED LAST FOUR Digits of SSN</u> <u>AND 3A</u> ☐ 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 - 00073 District of Nevada Ameri-Dream, LLC	
1. Amount of Claim as of Date Case Filed: \$ <u>1270-</u> 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: <u>SECURITY DEPOSIT HELD IN TRUST BY DEBTOR</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>7 6 4 8</u>	3a. Debtor may have scheduled account as: <u>CINDY ROWW</u> (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). ☒ 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). ☐ 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). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(): _____ Amount entitled to priority: \$ <u>1270.00</u> *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)		

Modified B10 (GCG) (4/13)