

**Fill in this information to identify the case:**

|                                 |  |
|---------------------------------|--|
| Debtor 1                        | Sand Castle South Timeshare Owners Association, Inc. |
| Debtor 2<br>(Spouse, if filing) |  |
| United States Bankruptcy Court  | District of South Carolina                           |
| Case number:                    | 19-02764   |

FILED  
 U.S. Bankruptcy Court  
 District of South Carolina  
 7/27/2019  
 Laura A. Austin, Clerk

**Official Form 410  
 Proof of Claim**

SAND CASTLE TOA  
 19-02764



Claim 1006

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 5

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

|   |  |  |
|---|--|--|
| <b>1. Who is the current creditor?</b>  | Patricia A. Canton   |  |
|   | Name of the current creditor (the person or entity to be paid for this claim)  |  |
|   | Other names the creditor used with the debtor  | Patty Canton (and ex-husband David A. Canton)                        |
| <b>2. Has this claim been acquired from someone else?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____   |  |
| <b>3. Where should notices and payments to the creditor be sent?</b><br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <b>Where should notices to the creditor be sent?</b>   | <b>Where should payments to the creditor be sent? (if different)</b> |
|   | Patricia A. Canton   | _____  |
|   | Name   | Name   |
|   | 7749 Red Maple Pl<br>Westerville, OH 43082   |  |
|   | Contact phone 6143970624   | Contact phone _____  |
|   | Contact email patty@healthsmartconsult.com   | Contact email _____  |
|   | Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____  |  |
| <b>4. Does this claim amend one already filed?</b>  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____<br><span style="float: right;">MM / DD / YYYY</span> |  |
| <b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Who made the earlier filing? _____   |  |

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

|   |   |
|---|---|
| <p><b>6. Do you have any number you use to identify the debtor?</b></p> | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>  |
| <p><b>7. How much is the claim?</b></p>                                 | <p>\$ unknown _____</p> <p><b>Does this amount include interest or other charges?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>   |
| <p><b>8. What is the basis of the claim?</b></p>                        | <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).<br/>                     Limit disclosing information that is entitled to privacy, such as healthcare information.<br/><br/>                     Just paid off this timeshare after several years, was just goin to start using it after payoff<br/>                     _____</p>   |
| <p><b>9. Is all or part of the claim secured?</b></p>                   | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. The claim is secured by a lien on property.<br/> <b>Nature of property:</b><br/> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.<br/> <input type="checkbox"/> Motor vehicle<br/> <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate (when case was filed)</b> _____ %</p> <p><input type="checkbox"/> Fixed<br/> <input type="checkbox"/> Variable</p> |
| <p><b>10. Is this claim based on a lease?</b></p>                       | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>   |
| <p><b>11. Is this claim subject to a right of setoff?</b></p>           | <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes. Identify the property: _____</p>   |

|  |   |   |
|--|---|---|
| <p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> | <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check all that apply:</i></p> | <p style="text-align: right;"><b>Amount entitled to priority</b></p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies \$ _____</p> |
|--|---|---|

\* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 7/27/2019  
MM / DD / YYYY

/s/ Patricia Canton  
Signature

Print the name of the person who is completing and signing this claim:

Name Patricia Canton

First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

Address Identify the corporate servicer as the company if the authorized agent is a servicer

7749 Red Maple Pl

Number Street

Westerville, OH 43082

City State ZIP Code

Contact phone 6143970624

Email patty@healthsmartconsult.com



ZEALANDIA CAPITAL  
INCORPORATED

Case 19-02764-ND-CAS-13-01-Part 2 MB Filed 07/27/19  
SAND CASTLE SOUTH SCS-MB  
P.O. BOX 78843  
PHOENIX, AZ 85062-8843

Desc Attachment 1 Page 1 of 1  
**LOAN PAYOFF CONFIRMATION LETTER**

| LETTER DATE                        | ACCOUNT NUMBER | PAID IN FULL DATE |
|------------------------------------|----------------|-------------------|
| 04/11/2019                         | 919-919-446297 | 03/12/2019        |
| <b>THANK YOU FOR YOUR BUSINESS</b> |                |                   |

(PC) Please make corrections to address below

LTR ▲ 001635  
PATRICIA CANTON  
DAVID CANTON  
7749 Red Maple Pl  
Westerville OH 43082-7082

SAND CASTLE SOUTH SCS-MB  
P.O. BOX 78843  
PHOENIX, AZ 85062-8843

Please disregard the enclosed envelope.

| Letter Date | Account Number | Paid in full date | Original Contract Amount |
|-------------|----------------|-------------------|--------------------------|
| 04/11/2019  | 919-919-446297 | 03/12/2019        | \$6,393.01               |

Dear PATRICIA CANTON AND DAVID CANTON,

Your account was paid in full as of 03/12/2019.\*

Depending upon your contract, you may receive further documentation related to the fulfillment of your obligation. This process is performed by SAND CASTLE SOUTH SCS-MB and can take up to 90 days.

If you have any questions, please contact our office as referenced below.

Sincerely,

Zealandia Capital, Inc.

\*In the event that this letter was sent to you error, please be advised that this letter in no way relieves you of any of your contractual obligations and you remain liable as to any and all outstanding amounts.

| For Billing Inquiries: |   | For Correspondence Only (No Payments Please):                    |
|------------------------|---|--|
| Customer Service       | 8:30-5:30ET M-TH, 8:30-3:00ET F                                       | SAND CASTLE SOUTH SCS-MB<br>39 PATTON AVE<br>ASHEVILLE, NC 28801 |
| Toll Free 24hr VRU     | (888) 576-7331  |  |
| Outside the US         | (828) 348-2512  |  |
| Fax                    | 828-505-3983  |  |
| Web Payments           | <a href="http://www.zcapservices.com">http://www.zcapservices.com</a> |  |