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SEP 09 2019

American Legal Claims

SAND CASTLE TOA  
19-02764



Claim 1012

U4/19

Fill in this information to identify the case:

Debtor 1 Sand Castle South Timeshare Owners Association, Inc.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: District of South Carolina  
Case number 19-02764

Official Form 410

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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

1. Who is the current creditor?

Tina & Joseph Gerbino  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

No

Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Tina & Joseph Gerbino  
Name

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

821 ERIE ST  
Number Street

Rosetonkoma NY 11779  
City State ZIP Code

Contact phone (631) 374 4430

Contact email fc00144@aol.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
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4. Does this claim amend one already filed?

No

Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes. Who made the earlier filing? \_\_\_\_\_

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

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 648.00 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? 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).  
Limit disclosing information that is entitled to privacy, such as health care information.

7/6/2017 Special assessment fees for repairs & upgrades  
not done to any of the owner units

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.

**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_  
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.)

Value of property: \$ \_\_\_\_\_

Amount of the claim that is secured: \$ \_\_\_\_\_

Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_ %

- Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

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).

\$ \_\_\_\_\_

Wages, salaries, or commissions (up to \$13,650\*<sup>1</sup>) 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).

\$ \_\_\_\_\_

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 subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 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.

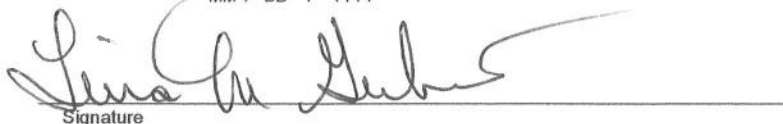
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 08/03/2019

MM / DD / YYYY

  
Signature

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

Name

Tina M Gerbino

First name

Middle name

Last name

Title

Company

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

Address

821 Erie St

Number

Street

Ronkonkoma

City

NY

State

11779

ZIP Code

Contact phone

631 374 4436

Email

tcool4u@aol

TINA GERBINO  
JOSEPH GERBINO

Account ~~XXXXXXXXXX~~  
Statement Period - Jul 1 - Jul 31, 2017

010/R1/04F000

CHECKING ACTIVITY Continued

Date	Description	Amount Subtracted	Amount Added	Balance
07/10	<del>Debit PIN Purchase Giant's Meat #</del>	<del>42.18</del>		
07/10	<del>Debit PIN Purchase Wal-Mart Store</del>	<del>76.52</del>		
07/10	Debit Card Purchase 07/06 11:13p #6893 SAND CASTLE SOUTH 828-254-3378 NC 17188 Hotels & Motels	324.00		
07/10	Debit Card Purchase 07/06 11:15p #6893 SAND CASTLE SOUTH 828-254-3378 NC 17188 Hotels & Motels	324.00		
07/11	<del>ACH Electronic Credit</del>			
07/11	<del>Debit PIN Purchase</del>			

Special Assessment fees.

2 Rooms (1 BR & Studio)

\$ 648.<sup>00</sup>

\*  
\*

①  
②



Tina Gerbino  
821 Erie St  
Ronkonkoma, NY 11779

### Festiva Member Web Portal Payment Confirmation

**Festiva Account** 677027  
**Festiva Contract** 445848  
**Festiva Resort** Sandcastle South  
**Transaction Date:** 7/6/2017  
**Credit Card Type:** Master Card  
**Credit Card Number:** XXXX-XXXX-XXXX-6893  
**Transaction Amount:** \$324.00

Charge Description  
2017 Special Assessment  
~~Fee~~

<u>Charge Amount</u>	<u>Amount Paid</u>	<u>Authorization Code</u>
\$324.00	\$324.00	113805

Current Balance: \$0.00

x2 \$648.00  
See bank  
Statement

- \*\* NOTE: If you have just made a "Special Assessment Payment" the following rules apply:
- Special Assessment Payments are handled "separately from all other payments".
  - Special Assessment Payments are "usually assessed" over a multi-year period.
  - The payment that was just made will be applied to the "Current Year Special Assessment" first.
  - Any remaining balance from the payment that was just made will be applied to the "Next Year Special Assessment" when it is assessed.
  - There will be "no refunds" for Special Assessment payments that have been made, but have yet to be assessed.

Charged for upgrades that were not done at all.

Mr. Joseph Gerbino  
821 Erie St.  
Ronkonkoma, NY 11779

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MID-ISLAND NY 117

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Sand Castle South Timeshare Owners  
Association, Inc. Claims Center  
c/o ALCS,  
P.O. Box 23650  
Jacksonville, FL 32241

32241-365050

