

Randy C. Byrnes
430 14th Street NE
Salem, OR 97308

FILED
2018 MAR 27 PM 2:25
CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

United States Bankruptcy Court
for the District of Delaware
the Honorable Kevin J. Carey
824 Market Street N
Wilmington, DE 19801

March 22, 2018

RE: Claim #467, Woodbridge Group of Companies, LLC, Case# number 17-12560(KJC)

Dear Judge Carey:

It has come to my attention that a claim #1731 has been filed by Attorney David Johnson of Salem, OR without my knowledge or consent. I do not know and have never met him. Please cause this claim to be invalidated.

I did, however, agree to transfer my claim #467 to Goldmark Financial Planners, LLC of Salem on March 16, 2018.

Sincerely,



3/22/18

Randy C. Byrnes

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Salem, OR 97308

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U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

United States Bankruptcy Court
for the District of Delaware
The Honorable Kevin J. Carey
824 Market Street N
Wilmington, DE 19801

Re: My Claim against Woodbridge Group of Companies, LLC, Case number 17-12560(KJC)

Dear Judge Carey:

For value received, I, Randy C. Byrnes hereby transfer my claim under the above captured case before you to Goldmark Financial Planners, LLC, Salem, Oregon and relinquish any further interest in the bankruptcy estate as of today's date.

16th RB

Signed in Salem, Oregon on this ~~27~~ day of March, 2018



Randy C. Byrnes

Claim # 467

Woodbridge Mortgage Investment Fund 3, LLC

Fill in this information to identify the case:

Debtor 1 Woodbridge Group of Companies, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Delaware

Case number 17-12560 (KJC)

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U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Official Form 410

Proof of Claim

04/16

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?** Goldmark Financial Planners, LLC
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? Randy C. Byrnes, 430 14th Street NE, Salem, OR 97308

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)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Goldmark Financial Planners, LLC</u>	<u>Wolfgang Sailer</u>
	Name	Name
	<u>PO Box 5190</u>	<u>421 Sunwood Drive NW</u>
	Number Street	Number Street
	<u>Salem, Oregon 97304</u>	<u>Salem, OR 97304</u>
	City State ZIP Code	City State ZIP Code
Contact phone <u>503-375-0208</u>	Contact phone <u>503-587-9811</u>	
Contact email <u>wolfgang@goldmarkfp.com</u>	Contact email <u>wolftheo1@gmail.com</u>	

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?** No Yes. Claim number on court claims registry (if known) 467 Filed on 01/19/2018
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: 3 6 0 3

7. How much is the claim? \$ 50,000.00. 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.
promissary note

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: Collateral Assignment of Note, Mortgage
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: \$ 4,550,000.00
Amount of the claim that is secured: \$ 50,000.00
Amount of the claim that is unsecured: \$ 0.00 (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: \$ 50,000.00

Annual Interest Rate (when case was filed) 7.00 %
 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:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Up to \$2,850* 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 \$12,850*) 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.

Amount entitled to priority

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

* Amounts are subject to adjustment on 4/01/19 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:

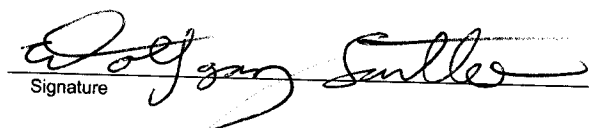
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02/27/2018
MM / DD / YYYY


 Signature

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

Name Wolfgang T. Sailler, Goldmark Financial Planners, LLC
First name Middle name Last name

Title member/President

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

Address PO Box 5190
Number Street
Salem, OR 97304
City State ZIP Code

Contact phone 503-375-0208 Email wolfgang@goldmarkfp.com