Fill in this information to identify the case:

Debtor 1: Ronald Stephen Owens

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: District of Arizona

Case number: 2:25-bk-07596-PS

Official Form 410

Proof of Claim

04/25

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?**

American Express National Bank, AENB
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?**

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

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
C/O Zwicker & Associates, P.C. Name	Name
P.O. Box 9043 Number Street	Number Street
Andover MA 01810 City State ZIP Code	City State ZIP Code
Contact phone 866-367-9942	Contact phone
Contact email bkproofofclaim@zwickerpc.com	Contact email bkpayments@zwickerpc.com

Uniform claim identifier (if you use one):

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: 2 0 0 2

7. **How much is the claim?** $ 50,125.93 **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.
   Credit Card

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. Descr be: _____

   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: $ 50,125.93 (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)?**

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

☑ No

☐ Yes. *Check one:*

	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 $3,800* 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 $17,150*) 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 4/01/28 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)(3) 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 10/07/2025
MM / DD / YYYY

/s/ Paige Taylor
Signature

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

Name: Paige Taylor
First name Middle name Last name

Title: Bankruptcy Paralegal

Company: Zwicker & Associates, P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 80 Minuteman Road, P.O. Box 9043
Number Street

Andover MA 01810
City State ZIP Code

Contact phone: 866-367-9942x3841 Email: bknotices@zwickerpc.com

Centurion® Card

RONN OWENS
Closing Date 08/07/25
Account Ending [redacted]2002

Customer Care: 1-877-877-0987
TTY: Use Relay 711
Website: americanexpress.com

New Balance	**$50,125.93**
Minimum Payment Due	**$32,927.19**
Includes the past due amount of $32,482.12	
Payment Due Date	**09/01/25**

Visit
www.membershiprewards.com

Minimum Payment Warning: If you have a Pay Over Time and/or Cash Advance balance and you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	24 years	$40,706

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Your account is cancelled.

Please refer to the **IMPORTANT NOTICES** section.

For more information on your Pay Over Time Limit and your purchasing options, please refer to the **Information on Pay Over Time and Purchasing Options** section.

Please note, your preset spending limit is $0.00. You have spent $50,125.93.

Account Summary

Pay In Full

Previous Balance		$27,879.39
Payments/Credits		-$7.41
New Charges		+$0.00
Fees		+$0.00
New Balance	=	$27,871.98

Pay Over Time and/or Cash Advance

Previous Balance		$22,253.95
Payments/Credits		-$0.00
New Pay Over Time Charges		+$0.00
New Cash Advances		+$0.00
Fees		+$0.00
Interest Charged		+$0.00
New Balance	=	$22,253.95
Minimum Due		$5,055.21

Account Total

Previous Balance	**$50,133.34**
Payments/Credits	-$7.41
New Charges	+$0.00
New Cash Advances	+$0.00
Fees	+$0.00
Interest Charged	+$0.00
New Balance	**$50,125.93**
Minimum Payment Due	**$32,927.19**

Pay Over Time Limit	$21,000.00
Available Pay Over Time Limit	$0.00

↓Please fold on the perforation below, detach and return with your payment ↓

Payment Coupon
Do not staple or use paper clips

Pay by Computer
americanexpress.com/pbc

Pay by Phone
1-800-472-9297

Account Ending [redacted]2002
Enter 15 digit account # on all payments.
Make check payable to American Express.

RONN OWENS
11440 N 69TH ST
SCOTTSDALE AZ 85254-5101

Payment Due Date
09/01/25

New Balance
$50,125.93

Minimum Payment Due
$32,927.19

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 60189
CITY OF INDUSTRY CA 91716-0189

$_____.____
Amount Enclosed

Centurion® Card

RONN OWENS
Closing Date 08/07/25

Account Ending [redacted]2002

Customer Care & Billing Inquiries **1-877-877-0987**
International Collect 1-954-503-8905
Cash Advance at ATMs Inquiries 1-800-CASH-NOW
Large Print & Braille Statements **1-877-877-0987**

Hearing Impaired
Online chat at **americanexpress.com** or use **Relay dial 711** and **1-877-877-0987**

Website: americanexpress.com

Customer Care & Billing Inquiries
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 60189
CITY OF INDUSTRY
CA
91716-0189

Payments and Credits

Summary

	Pay In Full	Pay Over Time / Cash Advance ♦	Total
Payments	$0.00	$0.00	$0.00
Credits	-$7.41	$0.00	-$7.41
Total Payments and Credits	**-$7.41**	**$0.00**	**-$7.41**

Detail

Credits		Amount
07/15/25	WALMART.COM WALMART.COM AR 800-925-6278	-$5.01
07/15/25	WALMART.COM 8009256278 09920 BENTONVILLE AR 8009256278	-$2.40

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

About Trailing Interest
You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full (or if you have a Plan balance, by paying your Adjusted Balance on your billing statement) by the due date each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	$160.00
Total Interest in 2025	$965.68

Interest Charge Calculation

Days in Billing Period: 31

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Transactions Dated From	To	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Pay Over Time	01/26/2025		13.40% (v)	$0.00	$0.00
Cash Advances	05/01/2019		29.49% (v)	$0.00	$0.00
Total					**$0.00**

(v) Variable Rate

Information on Pay Over Time and Purchasing Options

Pay Over Time Limit: $21,000.00

The total of your Pay Over Time and/or Cash Advance balance and Plan balance cannot exceed your Pay Over Time Limit. No charge or portion of a charge during the billing period will be added to a Pay Over Time balance if it would cause the total of your Pay Over Time, Cash Advance, and Plan balances to go over your Pay Over Time Limit. Charges will be added to your Pay Over Time balance, subject to your Available Pay Over Time Limit, at time of transaction. A charge or portion of a charge may be later added, subject to your Available Pay Over Time Limit, on the Statement Closing Date. **This is not a spending limit.** We may approve or decline a charge regardless of whether your Card account balance exceeds or does not exceed your Pay Over Time Limit.

Available Pay Over Time Limit

Your Available Pay Over Time Limit is accurate as of your statement date. This Limit is the remaining amount that can be added to the total of your Pay Over Time, Cash Advance, and/or Plan balances. Remember that you can continue to create plans for purchases that are currently in your Pay Over Time balance even if you have reached your Pay Over Time Limit. Your total Cash Advance balance is subject to your Cash Advance Limit, which you can find in your Cardmember Agreement. If you have a preset spending limit on your Account that is less than your Pay Over Time Limit, you may not be able to use your Available Pay Over Time Limit.

Interest on Your Pay Over Time Balance(s)

For charges added automatically to a Pay Over Time balance at the time they post to your account, we charge interest from the transaction date. For charges that we automatically move from your Pay In Full balance to your Pay Over Time balance on your Closing Date, we charge interest from the day after they are added to your Pay Over Time balance. We will not charge interest on charges automatically added to your Pay Over Time balances if you pay your Account Total New Balance by the Payment Due Date each month. If at the time you activate Pay Over Time, you're already carrying a Pay Over Time balance from your last billing period, we will charge interest on new eligible charges added to a Pay Over Time balance from the transaction date. However, for charges that we move from your Pay In Full balance to your Pay Over Time balance on your Closing Date, we will charge interest from the day after they are added to your Pay Over Time balance. We will begin charging interest on cash advances on the transaction date. You must pay in full, by the Payment Due Date, any charge or a portion of a charge that is not added to a Pay Over Time, Cash Advance, or Plan balance.

American Express National Bank, AENB
c/o Zwicker and Associates, P.C.
Attorneys/Agents for Creditor
P.O. Box 9043
Andover, MA 01810-1041

BANKRUPTCY INFORMATION	
Case Number:	2:25-bk-07596-PS
District:	District of Arizona
Chapter:	13
Petition Date:	8/14/2025
Debtor(s) Name:	Ronald Stephen Owens

Claim Balance Itemization		
Debtor(s) Name:	Ronald Stephen Owens	
Debtor(s) SSN:	xxx-xx-6688	
Debtor Address:	11440 North 69th Street Scottsdale, AZ 85254	
Account Number:	xxxx-xxxxxx-x2002	
Name of the entity from who the creditor purchased the account:	N/A	
Name of the entity to whom the debt was owed at the time of the last transaction by the account holder:	American Express	
Account Type:	Credit Card	
Open Date:	2/7/2000	
Charge Off Date:	05/2025	
Last Payment Date:	01/2025	
Last Transaction Date:	07/2025	
Principal:	$	48,286.96
Interest:	$	1,700.66
Fees:	$	138.31
Total:	$	50,125.93

The attached statement(s) of account was generated from the American Express billing system and reflects the current pre-petition balance. The statement(s) may not have been sent to the debtor(s).