Fill in this information to identify the case:

Debtor 1: ELIZABETH ANN NAYLOR

Debtor 2 (Spouse, if filing): RONALD STEPHEN OWENS

United States Bankruptcy Court for the: _____ District of AZ (State)

Case number: 25-07596

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?**

Resurgent Receivables, 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? Resurgent Acquisitions LLC

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)
Resurgent Capital Services Name	_____ Name
PO Box 10587 Number Street	_____ Number Street
Greenville, SC 29603-0587 City State ZIP Code	_____ City State ZIP Code
Contact phone (877) 264-5884	Contact phone _____
Contact email askbk@resurgent.com	Contact email _____

Uniform claim identifier (if you use one):
RSG-00248-824224562

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: 6002 ____ ____ ____

7. **How much is the claim?** $ 10,176.68 . **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.
   Retail

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)?**

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 10/17/2025
MM / DD / YYYY

/s/ Lorel Thompson
Signature

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

Name: Lorel Thompson
First name Middle name Last name

Title: Claims Processor

Company: Resurgent Capital Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: PO Box 10587
Number Street

Greenville, SC 29603-0587
City State ZIP Code

Contact phone: (877) 264-5884 Email: askbk@resurgent.com

PO Box 10587
Greenville, SC 29603-0587

Phone: (877) 264-5884
Email: askbk@resurgent.com

Proof of Claim

Account Supplemental Data

Bankruptcy Case Information

Case Number:	25-07596	**District:**	DISTRICT OF ARIZONA
Chapter:	13	**Filer:**	ELIZABETH ANN NAYLOR
Petition Date:	08/14/2025	**Co-Filer:**	RONALD STEPHEN OWENS

Creditor Information

Current Creditor*: Resurgent Receivables, LLC

Original Creditor: Synchrony Bank

Alternative Names (if any) for this creditor: CareCredit

Creditor at time of last transaction: Synchrony Bank

Account Information

Obligor(s): Owens, Elizabeth

Account Number (redacted): 6002

Amount due as of the date the bankruptcy case was filed:** $10,176.68

Amount due as of the date of the Proof of Claim:** $10,176.68

Principal Balance:**	$6,973.33	**Charge Off Date:**	08/19/2025
Interest Balance:**	$2,994.37	**Last Payment Date:**	05/30/2025
Fee Balance:**	$208.98	**Last Transaction Date:**	02/26/2025
Cost Balance:**	$0.00		

* Resurgent Capital Services services this account on behalf of the current creditor. Please send any bankruptcy or related notices on this account to our attention at the following address:

Resurgent Capital Services
PO Box 10587
Greenville, SC 29603-0587
Telephone No. (877) 264-5884

** The balance breakdown and itemization above reflects the amounts shown on Resurgent Receivables, LLC's business records.

*** Please call Resurgent for additional information.

USP

LIMITED POWER OF ATTORNEY

WHEREAS, **Resurgent Receivables LLC** ("Grantor") has retained the services of **Resurgent Capital Services LP** to service, liquidate, and manage accounts receivable (the "Accounts") on behalf of Grantor, Grantor hereby issues this Limited Power of Attorney in favor of Resurgent Capital Services LP.

NOW, THEREFORE, Grantor does hereby constitute and appoint **Resurgent Capital Services LP** and its officers, designated employees and servants (collectively referred to as "Resurgent") as Grantor's true and lawful Attorney-in-Fact and hereby authorizes Resurgent to act in the Grantor's name, place, and stead as fully and with the same effect as if Grantor were present and acting on its own behalf for the following limited purposes:

1. Executing, acknowledging, sealing, and delivering any Assignment of Mortgage, Note, Title, Judgment, Financing Statement, or any other instrument necessary to protect or transfer to and vest in Resurgent or its nominee the rights, title, and interest in and to any Account serviced by Resurgent on behalf of Grantor;
2. Conducting foreclosure or repossession actions;
3. Endorsing, as agent of Grantor, any checks or other instruments made payable to Grantor and received as payment with respect to any Account;
4. Executing any document or instrument needed to release, satisfy, convey, or assign any lien, security interest or Account;
5. Signing claims and notices of transfer of claims regarding any Account;
6. Executing any document or instrument needed to market, sell, or transfer ownership of property owned as a result of foreclosure, receipt of quit-claim deed, surrender or other form of repossession of any collateral securing Accounts serviced by Resurgent on behalf of Grantor; and
7. Executing any document or instrument and authorizing any action that is proper or necessary in asserting, protecting or realizing the Grantor's ownership rights in any Account or prosecuting the Grantor's ownership duties.

Grantor further grants to Resurgent, as its attorney-in-fact, full authority to act in any manner both proper and necessary to effectuate and execute the foregoing powers, and ratifies every act that Resurgent may lawfully perform in exercising those powers by virtue thereof.

IN WITNESS WHEREOF, Resurgent Receivables LLC has caused this Limited Power of Attorney to be executed this 27th day of August, 2020.

Grantor: Resurgent Receivables LLC
By: _____
Name: Jackson Walker
Title: Authorized Representative

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2 Pgs
P/ATTY Book: DE 2602 Page: 1042 - 1043
August 27, 2020 03:49:08 PM
Rec: $25.00
FILED IN GREENVILLE COUNTY, SC Timothy L Kenney

Witness 1: Meghan Emmerich
Name: Meghan Emmerich

Witness 2: Patricia Sexton
Name: Patricia Sexton

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

On this, the 27th day of August, 2020, the foregoing instrument was acknowledged before me, a notary public, in and for the State of South Carolina by the parties hereto, personally known to me, by me duly sworn, did say that each was a duly authorized signatory for the respective entity.

June Choi-Bell
Notary Public
My Commission Expires 01-16-23

JUNE CHOI-BELL NOTARY PUBLIC SOUTH CAROLINA Exp. 01/16/2023