

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address

Individual appearing without attorney  
 Attorney for:

FOR COURT USE ONLY

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA - \_\_\_\_\_ DIVISION**

In re:

Debtor(s).

CASE NO.:

CHAPTER:

**NOTICE OF TRANSFER OF CLAIM  
PURSUANT TO FRBP 3001(e)**

[No Hearing Required]

TO THE ORIGINAL CREDITOR WITH FILED PROOF OF CLAIM AND ITS ATTORNEY, IF ANY:

PLEASE TAKE NOTICE that all right, title and interest in and to the claim described below has been transferred:

1. Person or entity to whom the claim has been transferred (Substitute Creditor):

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of transfer of claim: \_\_\_\_\_

3. Type of claim:  secured  priority unsecured  general unsecured

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

4. Amount of claim: \$ \_\_\_\_\_ 5. Date of filing of Proof of Claim: \_\_\_\_\_

6. Claims docket number: \_\_\_\_\_ 7. Date of transfer of claim: \_\_\_\_\_

8. Person or entity who filed the claim (Original Creditor):

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Attorney (if any) for the Original Creditor, as set forth on Proof of Claim:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. A true and correct copy of the Proof of Claim originally filed is attached hereto as "Exhibit A." True and correct copies of the documents evidencing the transfer of the claim are attached as "Exhibit B."

11. Any objection to the transfer of the claim must be filed and served on or before the following date: \_\_\_\_\_.  
If no objection is timely filed, the Substitute Creditor will be substituted for the Original Creditor in the amount set forth above. Any objection must be filed with the Clerk of the Bankruptcy Court. Any objection must also be served by mail on the Substitute Creditor and its attorney, if any, at their addresses set forth above.

Date: \_\_\_\_\_

**KATHLEEN J. CAMPBELL**  
Clerk of Court

By: \_\_\_\_\_  
*Deputy Clerk*

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**CLERK'S PROOF OF MAILING**

I hereby certify that I mailed a copy of the foregoing Notice of Transfer of Claim Pursuant to FRBP 3001(e) to the persons and entities on the attached service list on the following date (*specify date*): \_\_\_\_\_

Date: \_\_\_\_\_

**KATHLEEN J. CAMPBELL**  
Clerk of Court

By: \_\_\_\_\_  
*Deputy Clerk*

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