

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

In re: City of Detroit, Michigan, Debtor.

Bankruptcy Case No. 13-53846
Honorable Thomas J. Tucker
Chapter 9

**DEBTOR’S OMNIBUS REPLY IN SUPPORT OF TWENTY-THIRD,
TWENTY-FOURTH AND TWENTY-FIFTH OMNIBUS OBJECTIONS TO
CERTAIN CLAIMS**

The City of Detroit (“City”), by its undersigned counsel, files this reply in support of its *Twenty-Third, Twenty-Fourth and Twenty-Fifth Omnibus Objections to Certain Claims* (collectively, the “Objections,” Doc. Nos. 10779, 10780, 10781), stating as follows:

1. On February 26, 2016, the City filed its Objections. The following individuals filed responses to the Objections:¹

Twenty-Third Omnibus Objection

- (a) Response filed by Annie J. Kuykendall [Doc. No. 10904]. Kuykendall’s proof of claim and response are attached as Exhibits 1 and 2.

¹ Additional responses were stricken by the Court because of filing deficiencies. The response filed by Linda Riley was not timely filed and is subject to a deficiency notice. [Doc. Nos. 10932 & 10933]. The response filed by Grover Kennedy was not timely filed. [Doc. No. 10950]. The City requests that the Court overrule the Riley and Kennedy responses because they were not timely filed. *See* Local Bankruptcy Rule 3007-1(b) & (c).

- (b) Response filed by Beverly Welch [Doc. No. 10805]. Welch's proof of claim and response are attached as Exhibits 3 and 4.
- (c) Response filed by Carol Jean Finley [Doc. No. 10811].² Finley's proof of claim and response are attached as Exhibits 5 and 6.
- (d) Response filed by Dennis E. Nessel [Doc. No. 10898]. Nessel's proof of claim and response are attached as Exhibit 7 and 8.
- (e) Response filed by Eddie Greer [Doc. No. 10852]. Greer's proof of claim and response are attached as Exhibits 9 and 10.
- (f) Response filed by Wanda Jan Hill [Doc. No. 10905].³ Hill's proof of claim and response are attached as Exhibits 11 and 12.

Twenty-Fourth Omnibus Objection

- (g) Response filed by LaTonya Pennington [Doc. No. 10865]. Pennington's proof of claim and response are attached as Exhibits 13 and 14.

Twenty-Fifth Omnibus Objection

- (h) Response filed by Shelia Bell [Doc. No. 10874]. Bell's proof of claim and response are attached as Exhibit 15 and 16.
- (i) Response filed by Teulaina Richardson [Doc. No. 10795]. Richardson's proof of claim and response are attached as Exhibit 17 and 18.

² A deficiency notice was entered by the Court on March 22, 2016. [Doc. No. 10888]. The deficiency has not yet been cured.

³ Hill filed an additional untimely response that appears at docket number 10951. The additional response appears to be substantially the same as the original response. However, the title of the additional response provides that it is an "Objection to the City of Detroit's Plan of Adjustment [Docket 2708]" whereas the original response provided that it was an objection to the Twenty-Third Omnibus Objection.

2. As set forth in the Objections, PFRS Pension Claims⁴ and GRS Pension Claims were classified and allowed in certain aggregate amounts under the Plan and as a class are subject to the treatment provided for in Classes 10 and 11 of the Plan, respectively. The City filed the Objections to provide each claimant with an opportunity to assert that his or her claim should not be classified, treated, and subsumed within the aggregate allowed amount specified in Class 10 or 11 of the Plan or, as importantly, was filed and asserted as a different type of claim to be treated differently.⁵

3. None of the claimants appear to argue that his or her proof of claim asserts any claim other than a PFRS Pension Claim or a GRS Pension Claim and, as such, each of the responses should be overruled and the Objections granted.

4. However, in order to provide comfort to each of the claimants that his or her pension claim is not being adversely affected by granting the Objections, the City proposes to include language in the respective Orders granting the Objections that nothing in the Order shall adversely affect the claim evidenced by the proof(s) of claim filed by (a) Kuykendall, Welch, Nessel, Greer, Pennington, Bell and Richardson to be classified and treated as a GRS Pension Claims under Class 11 of

⁴ Capitalized terms not otherwise defined in this Reply, shall have the meanings ascribed to them in the Objections.

⁵ Among other things, this was necessary to clean up the claims register so that distributions can be made under the Plan.

the Plan and (b) Finley to be classified and treated as a PFRS Pension Claim under Class 10 of the Plan.⁶

Dated: March 25, 2016

Respectfully submitted,

By: /s/ Marc N. Swanson

Jonathan S. Green (P33140)

Marc N. Swanson (P71149)

MILLER, CANFIELD, PADDOCK AND
STONE, P.L.C.

150 West Jefferson, Suite 2500

Detroit, Michigan 48226

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green@millercanfield.com

swansonm@millercanfield.com

and

Charles N. Raimi (P29746)

Deputy Corporation Counsel

City of Detroit Law Department

2 Woodward Avenue, Suite 500

Coleman A. Young Municipal Center

Detroit, Michigan 48226

Telephone: (313) 237-5037

Facsimile: (313) 224-5505

raimic@detroitmi.gov

ATTORNEYS FOR THE CITY OF DETROIT

⁶ Finley will not be included in the event that the response is stricken.

EXHIBIT 1

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN CHAPTER 9 PROOF OF CLAIM

Name of Debtor: City of Detroit, Michigan Case Number: 13-53846

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property): ANNIE JEWELL KUYKENDALL

Name and address where notices should be sent: ANNIE J. KUYKENDALL 17300 HARTWELL DETROIT MI 48235 Telephone number: 313-864-3460 email: KUYKENDALL@ajc.com

Name and address where payment should be sent (if different from above): Telephone number: 313-864-3460 email: KURTZMAN CARSON CONSULTANTS

FILED COURT USE ONLY Check this box if this claim amends a previously filed claim. A 10:40 Court Claim Number: Filed on: Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: \$1,185,144.24 2469.05 x 12 = 29628.60 \$1,185,144.24

2. Basis for Claim: Full pension for 40 yrs

3. Last four digits of any number by which creditor identifies debtor: -0711 3a. Debtor may have scheduled account as:

4. Secured Claim (See instruction #4) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: Nature of property or right of setoff: Basis for perfection: Value of Property: Amount of Secured Claim: Annual Interest Rate: Amount Unsecured:

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2):

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. §

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

8. Signature: (See instruction # 8) Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: ANNIE J. KUYKENDALL Title: Company: Address and telephone number (if different from notice address above): (Signature) Annie J. Kuykendall (Date) 7/19/14

EXHIBIT 2

United States Bankruptcy Court

EASTERN District Of Mich. Southern Division

In re City of Detroit, MI
Debtor

Case No. 13-53846

Chapter 9

U.S. BANKRUPTCY
COURT
MICHIGAN-DETROIT

2016 MAR 23 AM 11:25

FILED

I, ANNIE JEWELL Kuykendall #3380, do NOT WANT the court to ELIMINATE, OR CHANGE OR GRANT RELIEF requested in the Twenty-third Omnibus Objection in the above case no. I worked 32 yrs & 1 month for the City of Detroit, Retired for 6 years, I was doing fine until the City of Detroit Bankruptcy, thus resulting in a financial hardship for me.

Annie J. Kuykendall
17300 Hartwell
Detroit, MI 48235

Kuykendallajc com cast. net

313-544-3460

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

CASE NO: 13-53846
CHAPTER: 9

Debtor.
City of Detroit, MI

CERTIFICATE OF SERVICE

I hereby certify that on March 23, 2016 (date of mailing), I served

copies as follows:

1. Document(s) served:

Response to Twenty-three Objections
objection to certain claims

2. Served upon [name and address of each person served]:

MARK N. SWANSON
150 W. Jefferson #2500
DET. MI 48226

3. By First Class Mail. HAND DELIVERED

Dated: 3-23-16

Annie J. Kayken
(Signature)

Print Name: ANNIE J. KAYKEN DTM

EXHIBIT 3

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: <u>City of Detroit, Michigan</u>		Case Number: <u>13-53846</u>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Beverly A. Welch</u>		<div style="font-size: 2em; font-weight: bold; text-align: right;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; text-align: right;">2014 FEB 26 A 10:43</div> <div style="font-size: 0.8em; font-weight: bold; text-align: right;">COURT USE ONLY</div> <input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where notices should be sent: <u>BEVERLY A. WELCH</u> <u>9314 GRANDVILLE AVE.</u> <u>DETROIT, MI 48228</u>		
Telephone number: _____ email: _____	Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above):		Filed on: _____
Telephone number: <u>313 213-7303</u> email: <u>bwelch@onemediaDETROIT.biz</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving _____
1. Amount of Claim as of Date Case Filed: \$ <u>91,164,321.60</u>		RECEIVED
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		MAR 03 2014
KURTZMAN CARSON CONSULTANTS		
2. Basis for Claim: <u>PENSION AS A RESULT OF 30yrs OF SERVICE TO THE CITY OF DETROIT</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>3160</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____	Basis for perfection: _____	
Value of Property: \$ _____	Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable	Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
<input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: <u>Beverly A. Welch</u>	<div style="font-size: 1.5em; font-weight: bold;">Beverly A. Welch</div> <div style="font-size: 1.2em;">(Signature)</div>	
Title: _____		
Company: _____	<div style="font-size: 1.5em; font-weight: bold;">2/23/14</div> <div style="font-size: 1.2em;">(Date)</div>	
Address and telephone number (if different from notice address above): <u>9314 GRANDVILLE AVE</u>		
Telephone number: _____ email: _____		

PENSION STATEMENT



General Retirement System *
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Period Beginning: 12/01/2013
Period Ending: 12/31/2013
Advice Date: 01/01/2014
Advice Number:
Batch Number:

Retirement Code E-10-D-3

WELCH, BEVERLY A
9314 GRANDVILLE AVE
DETROIT MI 48228-1723

Tax Code Single 0 exemptions
Pension No [REDACTED]
Social Security No XXX-XX-0611

EARNINGS	RATE	ADJUSTMENT	CURRENT	YTD	DEDUCTIONS	DEDUCTION CODE	CURRENT	YTD
Pension	3018.83	0.00	3018.83	38810.72	Federal Income Tax		388.17	388.17
Annuity	0.00	0.00	0.00	0.00	Michigan Income Tax		128.30	128.30
					Medical-HAP	EBADA100	117.36	117.36
					Death Benefit	00040210	0.09	0.09
					Dental-Golden Dental	00050062	5.62	5.62
					Vision-Heritage	00040052	1.07	1.07

Gross Pay	3018.83	38810.72	Total Deductions	640.61	640.61
			Net Pay	\$2,378.22	

IMPORTANT NOTES

© 2009 Automatic Data Processing (PCSLMD)

VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM



General Retirement System
of the City of Detroit
2 Woodward Ave Ste 908
Detroit, MI 48226-3455

Advice Number: 1100888406

Advice Date: 01/01/2014

Deposited to the account of	Account Number	Transit	ABA	Amount
WELCH, BEVERLY A	Checking			\$2,378.22

THIS IS NOT A CHECK

NON-NEGOTIABLE

EXHIBIT 4

March 3, 2016

Clerk of the Court
United States Bankruptcy Court
211 W. Fort Street
Suite 2100
Detroit, MI 48226

FILED

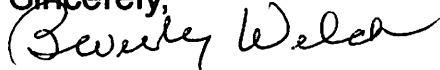
2016 MAR -8 A 10: 33
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

Dear Madam/Sir:

In the matter of, City of Detroit, Michigan, Debtor, Bankruptcy Case No.
13-53846,

I, Beverly Welch, City of Detroit Retiree, hereby state I do not want the
court to eliminate or change my claim, or grant the relief requested in the
Twenty-Third Omnibus Objection.

Sincerely,



Beverly Welch
9314 Grandville
Detroit, MI 48228

EXHIBIT 5

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN CHAPTER 9 PROOF OF CLAIM

Name of Debtor: City of Detroit, Michigan Case Number: 13-53846

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Carol Jean Finley

Name and address where notices should be sent: 8227 Karam Blvd, Unit #1 Warren, MI 48093

Name and address where payment should be sent (if different from above): Same

FILED

2014 FEB 21 A 10:49

COURT USE ONLY
Check this box if this claim amends a previously filed claim.
Court Claim Number:
Filed on:

RECEIVED

FEB 24 2014

KURTZMAN CARSON CONSULTANTS

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. NA

1. Amount of Claim as of Date Case Filed: \$ 59,130

If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. Check this box if the claim includes interest or other charges in addition to the principal amount of the claim.

2. Basis for Claim: service performed, delivery health care, credit card debt, mortgage, interest on pension

3. Last four digits of any number by which creditor identifies debtor: 4809 3a. Debtor may have scheduled account as: No Change

4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ 4,000. Basis for perfection: Car, Home, Interest, Long Carevialy. Amount of Secured Claim: \$ 59,130. Amount Unsecured: \$ 59,130.

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ 59,130

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § 59,130

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:

8. Signature: (See instruction #8) Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Carol Finley Title: Sr. Storekeeper Company: City of Detroit - FIRE Address and telephone number: (if different from notice address above): 526-826-5001 FinleyC@detroitmi.gov (Signature) Carol Finley (Date) 2/18/14

526-826-5001 FinleyC@detroitmi.gov Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



EXHIBIT 6

March 16, 2016

To: The Clerk of the Court
United States Bankruptcy Court

From: Carol Jean Finley (#2359)

Re: Notice of Debtor's Twenty-Third Omnibus
Objection to my claim, Finley, Carol - #2359

Dear Clerk of the U.S. Bankruptcy Court,


I am submitting a written response
indicating that I, Finley, Carol Jean (#2359)
do not want the court to eliminate or change
my claim, or grant the relief requested in the
Twenty-Third Omnibus Objection. I, FINLEY,
CAROL JEAN, #2359, STRONGLY OBJECT.

Please do not cancel pension claim.

(-OVER-)

(-2-)

I, Finley, Carol Jean, # 2359, thank
you in advance and I have ^{also} sent a copy
to Marc N. Swanson of Miller, Cantfield,
Paddock and Stone, PLC. per your instructions.

Sincerely yours,


Carol Jean Finley
2359

cc: Marc N. Swanson
of Miller, Cantfield, Paddock and
Stone, PLC

150 West Jefferson
Suite 2500
Detroit MI 48226

(1) cf
3/17/16

**AND CLAIM. YOU SHOULD READ THESE PAPERS CAREFULLY AND
DISCUSS THEM WITH YOUR ATTORNEY, IF YOU HAVE ONE.**

If you do not want the court to eliminate or change your claim, or grant the relief requested in the Twenty-Third Omnibus Objection, then on or before **March 23, 2016**, you or your lawyer must:

1. File with the court, at the address below, a written response to the objection. Unless a written response is filed and served by the date stated above, the court may decide that you do not oppose the objection to your claim.

sent
3/17/16
cf

Clerk of the Court
United States Bankruptcy Court
211 W. Fort Street, Suite 2100
Detroit, MI 48226

If you mail your response to the Court for filing, you must mail it early enough so that the Court will **receive** it on or before the date stated above. All attorneys are required to file pleadings electronically.

2. A copy of your response must also be mailed to counsel for the City:

sent
3/17/16
cf

Marc N. Swanson
Miller, Canfield, Paddock and Stone, PLC
150 West Jefferson, Suite 2500
Detroit, MI 48226

3. You must also attend the hearing on the objection scheduled to be held on **March 30, 2016, at 1:30 p.m. in Courtroom 1925, 211 W. Fort Street, Detroit, MI 48226** unless your attendance is excused by mutual agreement between yourself and the objector's attorney.

If you or your attorney does not take these steps, the court may decide that you do not oppose the objection to your claim, in which event the hearing will be cancelled and the objection sustained.

will attend / cf 3/17/16

2/ef
3/17/16

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,
Debtor.

Bankruptcy Case No. 13-53846

Honorable Thomas J. Tucker

Chapter 9

**NOTICE OF DEBTOR'S TWENTY-THIRD OMNIBUS OBJECTION TO
CERTAIN CLAIMS**

(Pension Claims That Have Been Classified and Allowed by the City's Plan)

**PLEASE CAREFULLY REVIEW THIS OBJECTION AND THE
ATTACHMENTS HERETO TO DETERMINE WHETHER THIS
OBJECTION AFFECTS YOUR CLAIMS(S).**

PLEASE TAKE NOTICE THAT the City of Detroit ("City") has filed an objection to your claim because it has been classified and allowed by the City's Plan ("Twenty-Third Omnibus Objection") as a GRS Pension Claim or a PFRS Pension Claim and, therefore, should be disallowed and expunged to the extent that it asserts a claim that is not a GRS Pension Claim or a PFRS Pension Claim.

**YOUR CLAIM MAY BE REDUCED, MODIFIED OR ELIMINATED
PURSUANT TO FED. R. BANKR. P. 3007(e)(1) AND PRIOR ORDERS OF
THIS COURT. YOU SHOULD CAREFULLY REVIEW EXHIBIT 2 OF
THE TWENTY-THIRD OMNIBUS OBJECTION TO FIND YOUR NAME**

EXHIBIT 7

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: <u>City of Detroit, Michigan</u>		Case Number: <u>13-53846</u>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Dennis E Nessel</u>		FILED COURT USE ONLY <input type="checkbox"/> Check this box if this claim is a <u>211</u> previously filed claim. Court Claim Number: <u>(if known) CHICAGO-DETROIT</u> Filed on: _____
Name and address where notices should be sent: <u>Dennis E Nessel</u> <u>5824 Bee Ridge Rd Pmb.222</u> <u>SARASOTA, FL 34233</u>		
Telephone number: <u>941 706 3904</u> email: <u>19monsseed12@comcast.net</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		
Telephone number: _____ email: _____		

1. Amount of Claim as of Date Case Filed: \$ 1250.68 PER MONTH

If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.
 Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement

RECEIVED
MAR 03 2014

2. Basis for Claim: PENSION

(See instruction #2)

KURTZMAN CARSON CONSULTANTS

3. Last four digits of any number by which creditor identifies debtor: [REDACTED]

3a. Debtor may have scheduled account as: _____
(See instruction #3a)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe: _____

Value of Property: \$ _____

Annual Interest Rate (when case was filed) _____ % Fixed or Variable

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____

Basis for perfection: _____

Amount of Secured Claim: \$ _____

Amount Unsecured: \$ _____

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

8. Signature: (See instruction # 8)
Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Dennis E. Nessel
Title: Retiree
Company: City of Detroit
Address and telephone number (if different from notice address above): _____

Dennis E Nessel (Signature) 2-19-14 (Date)

EXHIBIT 8

March 10, 2015

Dennis E. Nessel
PMB 222
5824 Bee Ridge Rd.
Sarasota Fl. 34233

Dennis E. Nessel
5539 Wilde Oak Way
Sarasota, Florida 34232

lemonseed12@verizon.net
941-706-3904
Pension No. 142943

Clerk of the Court
United States Bankruptcy Court
211 W. Fort Street Suite 2100
Detroit, Michigan 48226

Mr. Marc N. Swanson (P71149)
Miller Canfield, Paddock and Stone, PLC
150 W. Jefferson, Suite 2500
Detroit, Michigan 48226

Dear Clerk of the Court and Mr. Swanson:

I am writing to you in response to the notice I received from the United States Bankruptcy Court, Case No. 13-53846.

Somehow, I was listed as Claimant No. 3564. within Exhibit 2 of the Debtors twenty-third omnibus objection to certain claims.

I am greatly concerned that my pension might be "**REDUCED, MODIFIED OR ELIMINATED PURSUANT TO FED.R. BANKR.P.3007(e)(1) and PRIOR ORDERS OF THIS COURT**". This pension and social security just covers my monthly living expenses. My wife and I are both over seventy years old. Loss of this income would create a great difficulty for us.

I don't know how I ended up on Exhibit 2. Perhaps, it was because we live in Florida and have resided in four locations since moving here. We did not receive all of the bankruptcy notices and updates on time and was late in filing a claim in February, 2014. I mailed a claim on February 19, 2014. It was recorded on February 24, 2014.

The February 26, 2016 notice suggested that I hire an attorney. Florida attorneys would need to spend too much time researching the case and I don't know any Detroit attorneys. Moreover, the cost would be prohibitive. Do you have any suggestions? Since time is of the essence, please call me at 941-706-3904.

I cannot attend the hearing scheduled for March 30, 2016.

I requested and continue to request that I not be included in any group or list that would result in the reduction or loss of the City of Detroit Pension that I am receiving.

Respectfully,



Dennis E. Nessel

copy: DRCEA

FILED
2016 MAR 16 A 11: 26
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

EXHIBIT 9

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN

CHAPTER 9
FILED
FEB 21 2014

Name of Debtor: City of Detroit, Michigan Case Number: 13-53846

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

EDDIE GREER

COURT USE ONLY

U.S. Bankruptcy Court Eastern District

Name and address where notices should be sent:

EDDIE D. GREER
9438 QUEEN
DET MICH 48213

Court Claim Number: (If known)

Filed on:

Telephone number: 313-566-2124 email:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

RECEIVED

Telephone number: email:

1. Amount of Claim as of Date Case Filed: \$1,560,000

FEB 24 2014

If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.

KURTZMAN CARSON CONSULTANTS

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: PENSION / ~~ANNUITY~~ ~~LONG TERM CONTRACT~~

3. Last four digits of any number by which creditor identifies debtor: #4967

3a. Debtor may have scheduled account as: (See instruction #3a)

4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Basis for perfection:

Value of Property: \$

Amount of Secured Claim: \$

Annual Interest Rate (when case was filed) % Fixed or Variable

Amount Unsecured: \$

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § \$

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:

8. Signature: (See instruction # 8) Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: EDDIE DONALD GREER

Title:

Company:

Address and telephone number (if different from notice address above):

Eddie Greer 2-21-14 (Signature) (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment

EXHIBIT 10

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

CASE NO: 13-538-46
CHAPTER: 9
JUDGE: THOMAS J. TUCKER

^{Debtor.}
CITY OF DETROIT MICHIGAN

^{Response}
~~MOTION~~ FOR TO DEBTOR'S TWENTY-THIRD AND TWENTY-NINTH
OMNIBUS OBJECTION TO CERTAIN CLAIMS
_{creditor}

NOW COMES ~~Debtor(s)~~, and brings this motion for/to _____
_____. In support of ~~Debtor(s)~~ ^{Response creditor} motion, ~~Debtor~~ states the following

[state the facts]:

1. The city of Detroit is obligated to reimburse money
without any deduction expense or rewrite any
2. contracts.
3. Debtor requests _____

WHEREFORE, Debtor requests this Court to consider Debtor's Motion for/to _____
_____ and afford Debtor what further relief this Court deems equitable
and just. A copy of a proposed Order is attached hereto.

Dated: 3-18-16

Respectfully submitted,
[Signature]
(Debtor's Signature)
Print Name: ELLIE BLEEK

(Co-Debtor's Signature)
Print Name: _____

FILED
2016 MAR 18 P 4 11
U.S. BANKRUPTCY
E.D. MICHIGAN-DETROIT

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

CASE NO: 13-53846
CHAPTER: 9

Debtor:
CITY OF DETROIT MICHIGAN

CERTIFICATE OF SERVICE

I hereby certify that on 3-18-16 (date of mailing), I served

copies as follows:

1. Document(s) served:

OMNIBUS RESPONSE DEBTOR TWENTY-THIRD AND TWENTY-NINTH
OBJECTION TO CERTAIN CLAIMS

2. Served upon [name and address of each person served]:

MARE N. SWANSON
MILLER, CAMFIELD, PADDEK AND STONE PLC
150 WEST JEFFERSON SUITE 200
DETROIT MICH 48226

3. By First Class Mail.

FILED
2016 MAR 18 P 4: 16
U.S. BANKRUPTCY
E.D. MICHIGAN-DETROIT

Dated: 3-18-16

Edlie Greer
(Signature)

Print Name: EDLIE GREER

EXHIBIT 11

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Hill, Wanda J		FILED 2014 FEB 20 10:31 COURT USE ONLY
Name and address where notices should be sent: NameID: 11546738 Hill, Wanda J 16125 Oakfield St Detroit, MI 48235		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. E.D. MICHIGAN-BETROIT Court Claim Number: _____ (If known) Filed on: _____
Telephone number: 313 949 8908 email: ElectWanda@gmail.com Name and address where payment should be sent (if different from above): S.A.A.		
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>Present & Future Health Care Cost</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>30 year retiree City of Detroit</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>4306</u>		3a. Debtor may have scheduled account as: <u>N/A</u> (See instruction #3a)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>WANDA J HILL</u> Title: _____ Company: _____ Address and telephone number (if different from notice address above): <u>S.A.A.</u> Telephone number: _____ email: _____		
Signature: <u>Wanda J Hill</u>		Date: <u>2/10/14</u>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

EXHIBIT 12

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION – DETROIT

In the matter of
CITY OF DETROIT, MICHIGAN
Debtor _____/

Case No. 13-53846-swr
Chapter 9
Honorable Thomas J. Tucker

FILED BY: WANDA JAN HILL

hereby states her **OBJECTION TO:**

**DEBTOR'S TWENTY-THIRD OMNIBUS OBJECTION TO CERTAIN CLAIMS
DOCKET 10779, FILED 2/26/16**

FILED
2016 MAR 23 A 11:24
U.S. BANKRUPTCY
E.D. MICHIGAN-DETROIT

for the following reasons:

1. I am interested in the Bankruptcy of the City of Detroit because I am a City of Detroit retiree. I served the city for 30 years.
2. I object to the above filing because this is a drastically affecting my quality of life. I am also a tax paying home owner, if you take a 4th of my pension that will hinder my ability to pay for my health care, taxes, utilities and other life-sustaining financial responsibilities.
3. I hereby state that I do not want the court to eliminate or change my claim or grant the relief requested in the Debtor's Twenty-third Omnibus Objection.
4. I have not attached additional sheets to explain and establish my position.

I hereby certify that the statements made herein are true and correct under penalty of perjury and contempt of Court under the laws of the United States of America.

Wherefore, I request the Court will deny the relief sought in said filing.

Name: WANDA JAN HILL

Signature: *Wanda Jan Hill*

Address: 16125 OAKFIELD STREET

DETROIT, MICHIGAN 48235-3408

Email: ELECTWANDA@GMAIL.COM

Dated: 3/23/16

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION - DETROIT

In the matter of
CITY OF DETROIT, MICHIGAN

Case No. 13-53846-swq

Chapter: 9

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re:

DEBTOR /

I, HEREBY CERTIFY THAT ON 3/23/16 I served copies as follows:

1. Document(s) served: Response to the following Document 10779, 2-26-16

(~~DEBTOR'S TWENTY-THIRD OMNIBUS OBJECTION TO CERTAIN CLAIMS~~)

2. Served upon"

MARC N. SWANSON
MILLER, CANFIELD, PADDOCK AND STONE,
PLC
150 WEST JEFFERSON, SUITE 2500
DETROIT, MI 48226

Dated: 3/23/16

Signed Wanda J. Hill

Print Name: Wanda J. Hill

EXHIBIT 13

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN

FILED

Name of Debtor: City of Detroit, Michigan

Case Number: 13-53846

FEB 21 2014

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Latonya Pennington

US Bankruptcy Court Eastern District of Michigan

Name and address where notices should be sent:

Latonya Pennington
23901 W. Chicago
Redford, MI 48239

Court Claim Number: (if known)

Telephone number: 313 399-2734 email: Lpennin662@aol.com

Filed on:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

Telephone number: email:

RECEIVED

1. Amount of Claim as of Date Case Filed: \$ 12,561.00

FEB 24 2014

If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.

KURTZMAN CARSON CONSULTANTS

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Annuity freeze (accumulated interest)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as: (See instruction #3a)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Basis for perfection:

Value of Property: \$

Amount of Secured Claim: \$

Annual Interest Rate (when case was filed) % Fixed or Variable

Amount Unsecured: \$

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § \$

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:

8. Signature: (See instruction # 8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, incorsor, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Latonya Pennington

Title: Senior Accountant

Company: DUSD - City of Detroit

Address and telephone number (if different from notice address above):

Latonya Pennington 2-21-14 (Signature) (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5



EXHIBIT 14

March 18, 2016

From: LaTonya Pennington
23901 W. Chicago
Redford, MI 48239

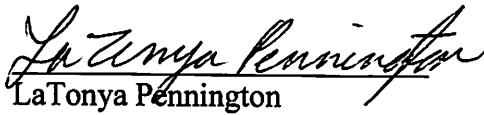
To: Clerk of the Court
United States Bankruptcy Court

Cc: Marc N. Swanson

2nd 4 3/5t

^

I (LaTonya Pennington) am writing this letter in response to the objection I received from the City of Detroit regarding the objection to pay my claim for money due me from the City of Detroit. I feel that there is sufficient evidence in the City of Detroit records that the City should be accountable to pay such claims to me that are outlined in exhibit 2 of the letters I received from the City of Detroit.


LaTonya Pennington

FILED (1)
2016 MAR 21 P 1:17
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE: LaTonya Pennington

CASE NO: 13-53846
CHAPTER: 9

Debtor.

CERTIFICATE OF SERVICE

I hereby certify that on 3-21-16 (date of mailing), I served

copies as follows:

1. Document(s) served: my response to my 2nd + 31st objection.

2. Served upon [name and address of each person served]: Marc Swanson

3. By First Class Mail.

Dated: 3-21-16

LaTonya Pennington
(Signature)

Print Name: LaTonya Pennington

FILED (D)
2016 MAR 21 P 1:17
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

EXHIBIT 15

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT of MICHIGAN

FILED

Name of Debtor: City of Detroit, Michigan

Case Number: 13-53846

FEB 21 2014

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:

Shelia L. Bell
17378 Five Points
Detroit, MI 48240
Telephone number: 313 478 2381

email: mstazzee@yahoo.com

2013 Bankruptcy Court
Eastern District of Michigan

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

Telephone number: email:

RECEIVED

FEB 24 2014

KURTZMAN CARSON CONSULTANTS

1. Amount of Claim as of Date Case Filed: \$ 1,585,000.00

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a

2. Basis for Claim: Pension (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as: (See instruction #3a)

4. Secured Claim (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:

\$

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Basis for perfection:

Value of Property: \$

Amount of Secured Claim: \$

Annual Interest Rate (when case was filed) % Fixed or Variable

Amount Unsecured: \$

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § \$

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction # 8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Shelia L. Bell

Title: OAT

Company: Detroit, MI (OT)

Address and telephone number (if different from notice address above):

Shelia L. Bell 2/20/14 (Signature) (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to



EXHIBIT 16

March 21, 2016

FILED (I)

Shelia L. Bell
14421 Royal Grand
Redford, MI 48239

2016 MAR 31 P 1:37

S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

Clerk of Court
United States Bankruptcy Court
211 W. Fort Street, Suite 2100
Detroit, MI 48226

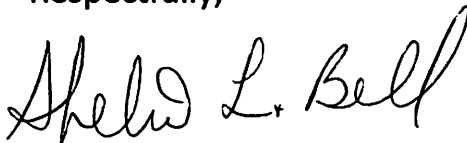
To whom it may concern:

I, Shelia Bell am writing this short letter/statement to address my concerns about the Thirty-Fifth Omnibus Objection. I **DO OPPOSE** the objection to my claim and I would like to press forward with this case.

My old address is 17378 Five Points, Detroit, MI 48240 and my new address is listed above.

Thank You for the opportunity to express my opinion.

Respectfully,



Shelia L. Bell

CC: Marc N. Swanson

Claim # 2995

EXHIBIT 17

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN

FILED
PROOF OF CLAIM

Name of Debtor: City of Detroit, Michigan Case Number: 13-53846

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.

FEB 21 2014

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Teulaina Richardson

US Bankruptcy Court
Eastern District

Name and address where notices should be sent:

Teulaina Richardson
3044 LAWTON, Det., MI 48226

Check this box if this claim amends a previously filed claim.

Court Claim Number: _____
(if known)

Telephone number: _____ email: _____

Filed on: _____

Name and address where payment should be sent (if different from above):

SAME
313-662-4530 TRSweets102@gmail.com

Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: \$ 10,000 - 12,000 Approx.

If all or part of the claim is secured, complete item 4.
If all or part of the claim is entitled to priority, complete item 5.

Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: PENSION

3. Last four digits of any number by which creditor identifies debtor: XXX-XX-1051

3a. Debtor may have scheduled account as: _____
(See instruction #3a)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ 0

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Basis for perfection: N/A

Describe: N/A

Amount of Secured Claim: \$ N/A

Value of Property: \$ N/A

Amount Unsecured: \$ N/A

Annual Interest Rate (when case was filed) _____ % Fixed or Variable

5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2): \$ N/A

5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ N/A

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim

RECEIVED

FEB 24 2014

KURTZMAN CARSON CONSULTANTS

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purch. running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted.") DO NOT ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction # 8)

Check the appropriate box.

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

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Teulaina Richardson

Title: _____

Company: City of Detroit

Address and telephonic number (if different from notice address above):

Teulaina Richardson (Signature) _____ (Date)

3044 Lawton, Det., MI 48226

313662-4530

Telephone number: _____ email: _____

2/20/14

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

EXHIBIT 18

FILED

2016 MAR -4 P 12:37

U.S. BANKRUPTCY
E.D. MICHIGAN-DETROIT

March 4, 2016

Clerk of the Court
United States Bankruptcy Court
211 W. Fort St., Suite 2100
Detroit, MI 48226

**Re: WRITTEN RESPONSE TO THE TWENTY-FIFTH OMNIBUS OBJECTION
WRITTEN RESPONSE TO THE THIRTY-FOURTH OMNIBUS OBJECTION
Honorable Thomas J. Tucker
Case No. 13-53846**

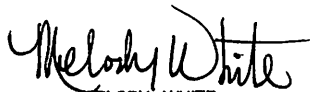
To whom it may concern:

I Teulaina Richardson am submitting this written response to object to the filing by the City of Detroit which seeks to modify, disallow and/or expunge certain filed proofs of claim.

Thank you,



Teulaina Richardson
3044 Lawton
Detroit, MI 48216


MELODY WHITE
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Jan 19, 2021
ACTING IN COUNTY OF Wayne