

Subj: **Re: Fw:Claim#12265**  
Date: 11/1/2012 12:56:47 P.M. Central Standard Time  
From: [info@motorsliquidation.com](mailto:info@motorsliquidation.com)  
To: [cclaibornegreen@aol.com](mailto:cclaibornegreen@aol.com)  
Ms. Green,

You will need to address your request with our counsel.  
Weil, Gotshal & Manges LLP  
767 Fifth Avenue  
New York, New York 10153  
Telephone: (212) 310-8000

Regards,

MLC GUC Trust

Quoting Cheryl C Green <cclaibornegreen@aol.com>:

>  
> I requested reinstatement;did not receive response.Pls advise of ur  
> investigation  
> cclaibornegreen@aol.com

> info@motorsliquidation.com wrote:

>> Ms. Green,

>> You would need to request a hearing with the court to request  
>> reinstatement of your claim.

>> Honorable Robert E. Gerber  
>> United States Bankruptcy Court  
>> Southern District of New York  
>> One Bowling Green  
>> New York, New York 10004-1408

>> Only the Judge may grant permission to reinstate your claim.

>> Regards,

>> MLC GUC Trust

>> Quoting Cheryl C Green <cclaibornegreen@aol.com>:

>>>  
>>> cclaibornegreen@aol.com

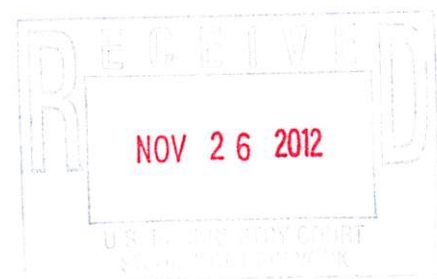
>>> ----- Original Message -----

>>> Subject: Claim#12265

>>> From: Cheryl C Green <cclaibornegreen@aol.com>

>>> To: info@motorsliquidation.com

>>> CC:



>>>

>>> attn:Kara

>>> To whom do I contact to have claim reinstated.

>>>

>>> cclaibornegreen@aol.com

>>

>>

>

**Cheryl C. Green**  
P O Box 13894  
New Orleans, LA 70185

**April 11, 2012**

**Honorable Robert Gerber**  
**US Bankruptcy Court**  
**Southern District of New York**  
**11 Bowling Green Rm # 534**  
**New York, New York 10004**

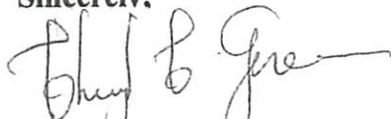
**Re: Case# 09-50026. Claim# 12265**

**To: Honorable Robert Gerber**

**I am requesting you reconsider my claim (on the job injury). The court documents were not received until 7/23/2010. Because these documents were not time censored nor was there a tracking number. The United States Post Office can not determine the delay of receipt. Court documents mailed from Garden City Groups should contain a tracking number. Please see enclosed documents.**

**Thank you for your consideration.**

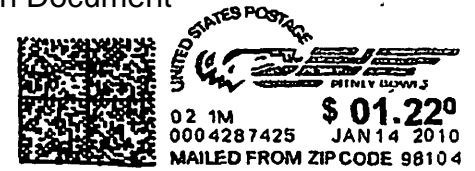
**Sincerely,**

  
**Cheryl C. Green**

The Garden City Group, Inc 09-50026-reg  
Motors Liquidation Company Claims Agent  
P O Box 9386  
Dublin, OH 43017-4286

Doc 12217 Filed 11/26/12 Entered 11/28/12 10:28:35 Main Document  
Pg 4 of 11

**IMPORTANT COURT PAPERS ENCLOSED**  
Return Service Requested



*Received  
7/23/2010*

*claim # 12265*



APS0737049263 01793737

CHERYL C GREEN  
PO BOX 13894  
NEW ORLEANS LA 70185-3894

*could be 13894!! Thanks from 13891*

*DATE 2/1/10 1st time  
DATE 2/18/10 2nd time*

APS0604824683



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One)</p> <p><input type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation)</p> <p><input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC)</p> <p><input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)</p> <p><input type="checkbox"/> MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc)</p>	<p>Case No</p> <p>09-50026 (REG)</p> <p>09-50027 (REG)</p> <p>09-50028 (REG)</p> <p>09-13558 (REG)</p>	<p><b>Your Claim is Scheduled As Follows.</b></p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 20px auto;"> <p>THE GARDEN CITY GROUP, INC.</p> <p>OCT 19 2009</p> </div>
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.</p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property) <b>CHERYL C GREEN</b></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim</p>	<p>If an amount is identified above you have a claim scheduled by one of the Debtors as shown (this scheduled amount of your claim may be an amendment to a previously scheduled amount). If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. <b>EXCEPT AS FOLLOWS:</b> If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim <b>MUST</b> be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>
<p>Name and address where notices should be sent</p> <p><b>CHERYL C GREEN</b>                  PO BOX 13894                  NEW ORLEANS, LA 70185-3894</p>	<p>Court Claim Number <b>FILED -12265</b></p> <p>(If known) <b>MOTORS LIQUIDATION COMPANY</b></p> <p>Filed on <b>F/K/A GENERAL MOTORS CORP</b>  <b>SDNY # 09-50026 (REG)</b></p>	
<p>Telephone number</p> <p>Email Address</p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case</p>	
<p>Name and address where payment should be sent (if different from above)</p> <p><b>Cheryl C. Green</b>                  P.O. Box 13894                  New Orleans, LA</p>	<p>Telephone number <b>225-247-1923</b></p>	
<p><b>1 Amount of Claim as of Date Case Filed, June 1, 2009</b> \$ _____</p> <p>If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		<p><b>5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a)</b></p> <p>If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( )</p> <p style="text-align: right;">Amount entitled to priority \$ _____</p> <p style="font-size: x-small;">*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>
<p><b>2 Basis for Claim</b> _____</p> <p>(See instruction #2 on reverse side)</p>		
<p><b>3 Last four digits of any number by which creditor identifies debtor</b> _____</p> <p><b>3a Debtor may have scheduled account as:</b> _____</p> <p>(See instruction #3a on reverse side)</p>		
<p><b>4 Secured Claim</b> (See instruction #4 on reverse side)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other</p> <p>Describe _____</p> <p>Value of Property \$ _____ Annual Interest Rate % _____</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any. \$ _____</p> <p>Basis for perfection <del>Real Estate</del> <b>ON THE JOB INJURY</b></p> <p>Amount of Secured Claim \$ <b>100,000.00</b></p>		
<p><b>6 Credits</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim</p> <p><b>7 Documents</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of redacted on reverse side)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain in an attachment _____</p>		
<p>Date <b>10/12/09</b></p>	<p>Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><b>Cheryl C. Green (RETIRED)</b> <b>225-247-1923</b></p>	
		<p><b>FOR COURT USE ONLY</b></p>

INSTRUCTIONS FOR FILING OF CLAIM FORMS... PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS... SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR

THE GENERAL AND GOVERNMENTAL BAR DATE IS NOVEMBER 30, 2009 AT 5:00 P.M. (PREVAILING EASTERN TIME) SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR

1 Amount of Claim as of Date Case Filed... 2 Basis for Claim... 3 Last Four Digits of Any Number by Which Creditor Identifies Debtor

4 Secured Claim... 5 Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a)... 6 Creditors... 7 Documents

8 Debtor... 9 Debtor is the person, corporation, or other entity that has filed... 10 Creditor... 11 Claim... 12 Proof of Claim... 13 Secured Claim Under 11 U.S.C. § 506(a)

14 Unsecured Claim... 15 Claim Entitled to Priority Under 11 U.S.C. § 507(a)... 16 Additional Information... 17 Redacted

18 Secured Claim Under 11 U.S.C. § 506(a)... 19 Proof of Claim... 20 Claim... 21 Creditor... 22 Debtor

23 Debtor... 24 Creditor... 25 Claim... 26 Proof of Claim... 27 Secured Claim Under 11 U.S.C. § 506(a)

28 Unsecured Claim... 29 Claim Entitled to Priority Under 11 U.S.C. § 507(a)... 30 Additional Information... 31 Redacted

32 Secured Claim Under 11 U.S.C. § 506(a)... 33 Proof of Claim... 34 Claim... 35 Creditor... 36 Debtor

8/04/10

Cheryl C. Green  
P.O. Box 13894  
New Orleans, LA 70185  
(504) 460-5282  
claim # 12265

RE: Motors Liquidation Co.  
FKA General Motors Corp.  
CHAPTER 11 CASE No. 09-50026 (REG)

I recently received (July 23, 2010) a court order granting ~~Debtors'~~ Debtors' Fifth Omnibus Objecting to claims with insufficient documentation. Please see Exhibit A (pg. 3) claim # 12265.

I lost all documents during HURRICANE KATRINA, 8/26/05. I am on the process of obtaining documents related to an on the job injury, which declared me disabled. I am requesting additional time to secure GM-related info. Enclosed is a copy of envelope with important court papers, I didn't receive it just 7/23/2010. I am request compensation from back and neck injury that rendered me disabled. I elected not have surgery (I elected not) Injury have progress to FIBROMYALGIA. Early retirement, due to on the job injury has or did reduce my income and other pension benefits.

Sincerely,  
Cheryl C Green

claim #  
12265



September 20, 2010

**GM Benefits & Services Center**

gmbenefits.com

1-800-489-4646

**International Access**

Dial AT&T Direct<sup>®</sup> Access Code, then

877-833-9900

**TDD Service for the Hearing Impaired**

1-877-347-5225

CHERYL C GREEN  
PO BOX 13894  
NEW ORLEANS, LA 70185-3894

**RE: General Motors Retirement Program for Salaried Employees, "the Program"  
Request for Retirement Paperwork, W039902-13SEP10**

Dear Cheryl C Green

This letter is in response to your recent inquiry to the GM Benefits & Services Center regarding Total & Permanent Disability (T&PD) paperwork

We regret to inform that we are unable to retrieve your original T&PD retirement paperwork at this time. Nonetheless, we are confirming the below data pertaining to your retirement under the Plan. Please be informed that we are legally required to only keep the paper data for a period of 7 years. Please find the data pertaining to pension options in addition to the information listed below.

- Date of Hire 11/01/1975
- Date of Termination 04/30/1992
- Benefit Commencement Date 05/01/1992
- Credited Service 16 0000 Years
- Vesting Service 16 0000 Years
- Date of Birth 11/15/1948
- Payment Option Single Life Annuity

You may view the details of your benefit and account information on the NetBenefits<sup>™</sup> web-site located at <http://netbenefits.fidelity.com>. We thank you for your understanding.

If you have any additional questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct<sup>®</sup> access number then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator.

Sincerely,

**GM Benefits & Services Center**



3/7/32584

001000031

Cheryl C Green - Claim #12265  
PO BOX 13894  
NEW ORLEANS, LA 70185



Please review the enclosed important benefit information

Re: Motors Liquidation Co.  
F/K/A GENERAL MOTORS CORP.  
Chapter 11 CASE No 09-50026 (REG)

Objection

I am forwarding documents as made available to me from GM  
ON Nov. 1990 I sustained an on the job injury  
I am requesting 500,000. I was rendered PERMANENTLY  
totally and permanently disabled at age 42.

Cheryl C Green

Cheryl L Green  
PO Box 13894  
New Orleans, LA 70185

NEW ORLEANS LA 701

10 AUG 2010 PM 2

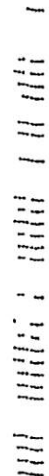


The Garden City Group, Inc.  
Motors Liquidation Co. Claims Agent  
PO Box 988  
Dublin, Oh. 43017-4286

Ms. Cheryl L. Green, 13894

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www.sfipogram.org

The Citizens City Group, Inc.  
Attn: Metrics Reproduction Company

P.O. Box 9386

Atlanta, GA 30307-0286

IMPORTANT COPY PAPERS ENCLOSED

Return Scan fees Requested!

01/23/12

APC5256955537



GHERY C GREEN

PO BOX 8384

NEW ORLEANS LA 70118-3884