

Enclosed Order:

It appears that Plaintiff's dem was disallowed because it was filed late. Seton or GUC Trust counsel is to call her (if a phone number is available), or alternatively write her, and explain the facts. If the facts are different than those the Court understands, the two sides should proceed accordingly.

S/Rtg

USBJ

11/20/2013

12545

November 5, 2013

Honorable Robert E Geesee,

Since my auto accident with my General Motors car on June 24, 2009, I haven't received the rest of my money of \$10,616,861, And also a brand new Chevy! I have Edward Jones as my stock, like The Motors liquidation Company ask me to do, so for me to get the money given to me in stock. Right now my doctor has been monitoring me on how I'm doing since my severe auto accident which now both my knees are giving me too many problems!

Now my doctor has examined me again and has me placed on permanent disability! I can no longer work! The papers are all signed and I'm already using knees on braces a walking cane, talks to getting a walker or a scooter chair. Surgery will be needed for me down the line. My life changed for the worse! See I'm fully paid for damages, as well as a new car they promised me!

Sincerely Linda Mariscal

CLAIMS TO BE DISALLOWED AND EXPUNGED

Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference
LINDA MARISCAL P.O. BOX 404 BRENTWOOD, CA 94513	70213	Motors Liquidation Company	\$0.00 (S)	Late-Filed Claim	Pgs. 6-8
			\$0.00 (A)		
			\$0.00 (P)		
			\$10,616.86 (U)		
			\$10,616.86 (T)		

Additional Claim Information

Applicable Bar Date: 11/30/2009
 Postmark Date: N/A
 Official Claim Date: 4/9/2010

LONNIE CHAPMAN PO BOX 1265 HAMMOND, IN 46325	69688	Motors Liquidation Company	\$0.00 (S)	Late-Filed Claim	Pgs. 6-8
			\$0.00 (A)		
			\$0.00 (P)		
			\$8,000.00 (U)		
			\$8,000.00 (T)		

Additional Claim Information

Applicable Bar Date: 11/30/2009
 Postmark Date: N/A
 Official Claim Date: 1/4/2010

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".
 (2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.

00603057-1

Functional Capacity Letter
Premier Disability Services, LLC

Toll Free # 1-855-773-2727
Return Fax # 763 331 0120
Attn: Michelle Willis

94020

Why This Is Important

The information we ask for on this form will help us and other doctors understand how your patient's illnesses, injuries, or conditions might affect their ability to perform different types of work. Please consider their conditions and circumstances while completing this form. Your time is greatly appreciated.

Patient Name: Linda Mariscal

Diagnosis: osteoarthritis of both knees

Prognosis: fair

Recent Treatments & Date: 11/1/13

Patient is able to engage in: (check one)


- Unable to work at this time
- Sedentary work – Requiring hand dexterity for fine manipulation and repetitive tasks; Exerting 10 lbs. and/or a negligible amount of force to lift, carry, push, pull, or move objects.
- Light work – Requiring standing in excess of 2 hours without support; exerting up to 20 lbs. occasionally and/or 10 lbs. of force frequently to lift, carry, push, pull, or move objects.
- Medium Work – Exerting 20 to 50 lbs. of force occasionally, and/or 10 to 25 lbs. of force frequently to lift, carry, push, pull, or move objects.

In the above mentioned job, the patient would require accommodation for: (check all that apply)

- Difficulty in Social Interaction Direct Supervision Memory Loss
- Limited Arm Range of Motion Ability to Sit/Stand/Shift at Will
- Problems Stooping or Bending Balance Issues Unscheduled Breaks
- Assistive Walking Device or Brace Trouble Following Directions 3 or More Sick Days per Month

Describe how the individual's activities of daily living, social functioning, concentration, persistence, or ability to tolerate mental demands and stress are affected by the above mentioned diagnosis

Will your patient's impairments be expected to last at least 12 months? YES NO


LICENSED PHYSICIAN SIGNATURE
Michelle Holmes MD
Printed Name

11/1/13
DATE
(985) 513-6870
Phone Number

MARISCAL, LINDA C MRN: 006030571
JOB: 3/6/1964 (49 yrs) Female
Adm Date: 11/1/2013
SpknLang: English
P: Michelle Holmes, MD
729192821

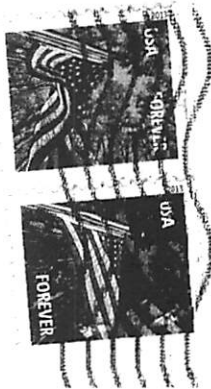
NOV 04 2013

Ms. Linda Mariscal
PO Box 404
Brentwood, CA 94513-0404

**USMP
SDNY**

Honorable Robert E. Green
United States Bankruptcy Judge
Courtroom 631, One Bowling Green
New York, NY 10004-1408

OAKLAND CA 945
06 NOV 2013 PM 6 L



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