

**Hearing Date and Time: TBD**

Lisa M. Norman (admitted pro hac vice)  
T. Joshua Judd (admitted pro hac vice)  
ANDREWS MYERS, P.C.  
1885 St. James Place, 15<sup>th</sup> Floor  
Houston, Texas 77056  
713-850-4200 Telephone  
713-850-4211 Facsimile  
Lnorman@andrewsmyers.com  
Jjudd@andrewsmyers.com

*Counsel for Additional Ignition Switch  
Pre-Closing Plaintiffs*

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

In re:  
MOTORS LIQUIDATIONS COMPANY, et al.  
f/k/a General Motors Corp., et al.

Debtors.

Chapter 11  
Case No.: 09-50026 (MG)

(Jointly Administered)

**REPLY BRIEF TO THE RESPONSES AND OBJECTIONS TO  
BRIEF IN SUPPORT OF MOTION FILED BY ADDITIONAL IGNITION SWITCH  
PRE-CLOSING ACCIDENT PLAINTIFFS FOR AUTHORITY TO FILE  
LATE PROOFS OF CLAIM FOR PERSONAL INJURIES AND WRONGFUL DEATHS**

The Additional Ignition Switch Pre-Closing Accident Plaintiffs<sup>1</sup> (the “Movants” or “Andrews Myers Plaintiffs”), by and through the undersigned counsel, hereby file this Reply Brief to the Responses and Objections to their Motion to File Late Proofs of Claim for Personal Injuries and Wrongful Deaths (“Motion”) and supplements thereto [ECF Nos. 14018, 14046, 14112, 14195 and 14346], and in support thereof, the Movants respectfully state as follows:

---

<sup>1</sup> The “Additional Ignition Switch Pre-Closing Accident Plaintiffs”, identified in Doc. 14018, 14046, 14112, 14195 and 14346, were not included in the Omnibus Motion filed by Certain Ignition Switch Pre-Closing [Docket No. 13807] but are seeking the same relief set forth in the motion at Docket No. 13807, which was still pending and for which oral arguments had not yet occurred when these “Additional Ignition Switch Pre-Closing Accident Plaintiffs” filed their late claims motion, and supplements thereto. These “Additional Ignition Switch Pre-Closing Accident Plaintiffs” are included in the subset of the Pre-Closing Accident Plaintiffs that had the Ignition Switch in their Subject Vehicles, but did not receive notice of the filing of

### **IDENTIFICATION OF MOVANTS**

1. The twenty (20) Movants identified below have continued to seek authority from this Court since 2017 to allow them to file late claims.<sup>2</sup> On two separate occasions, they were parties to settlement agreements with the GUC Trust, but ultimately neither settlement agreement was approved. Accordingly, their last resort for recovery in this case is to obtain authority to file late claims.

	Last	First
1.	Bednar	Jared
2.	Brown	Bertha
3.	Donato	Joann
4.	Dullen	Ryan
5.	El-Cheikh	Sheryl
6.	Enders	Kathryn
7.	Gentry	Rodney
8.	Gillis	Michael
9.	Grant	Chas
10.	Johnson	Shanga
11.	Lynch	Melinda
12.	Martinez	Louella
13.	McDonough	John
14.	Merritt	Ruby
15.	Overcast	Deborah
16.	Pier	David
17.	Riley	Jibreel
18.	Salm	Kenneth
19.	Samuels	Sandra
20.	Stephenson	Shakira

### **ARGUMENTS & AUTHORITIES**

2. The GUC Trust asserts that the *Pioneer* factors must be applied. While Movants respectfully disagree with this assertion, Movants will address the *Pioneer* factor to the extent that the Court intends to consider them in its analysis.

---

Docket No. 13807 or the deadline to join in that motion.

<sup>2</sup> See Exhibit 1 through 20, attached and incorporated by reference.

3. In *Pioneer* the Supreme Court endorsed a broad reading of the phrase “excusable neglect.” The Court interpreted the “excusable neglect” provision in Rule 9006(b)(1) of the Federal Rules of Bankruptcy Procedure, which “empowers a bankruptcy court to permit a late filing if the movant’s failure to comply with an earlier deadline ‘was the result of excusable neglect.’” 507 U.S. at 382, 113 S.Ct. 1489. Rejecting what it termed a “narrow view of ‘excusable neglect,’” under which the failure to meet a deadline had to be “caused by circumstances beyond the movant’s control,” the Court advanced “a more flexible analysis.” *Id.* at 387 n. 3, 113 S.Ct. 1489. The Court observed that the ordinary meaning of the word “neglect” encompasses not just unavoidable omissions, but also negligent ones, and concluded that “Congress plainly contemplated that the courts would be permitted, where appropriate, to accept late filings caused by inadvertence, mistake, or carelessness, as well as by intervening circumstances beyond the party’s control.” *Id.* at 388, 113 S.Ct. 1489.

4. The Court then identified factors to be weighed in evaluating a claim of excusable neglect:

we conclude that the determination is at bottom an equitable one, taking account of all relevant circumstances surrounding the party’s omission. These include . . . the danger of prejudice to the [non-moving party], the length of the delay and its potential impact on judicial proceedings, the reason for the delay, including whether it was within the reasonable control of the movant, and whether the movant acted in good faith.

*Id.* at 395, 113 S.Ct. 1489. When considering these four (4) *Pioneer* factors, it is clear that Movants meet the standard of excusable neglect.

5. First, there is no danger of prejudice to the GUC Trust if Movants are allowed to file late claims. As stated by counsel for the GUC Trust at the hearing on the settlement motion between the GUC Trust and the Economic Loss Plaintiffs, the GUC Trust maintains sufficient

resources to pay Movants' claims, if they are allowed. These are the last remaining late claims before this Court for consideration, so there is no continuous risk of additional late claims as alleged by the GUC Trust.

6. Second, with regard to the length of delay, Movants filed their motion to allow late claims as soon as they became aware that this Court was still considering potential late claims. Just as Movants did not receive notice of the initial order setting a bar date, they also did not receive notice of the December 2016 Show Cause Order setting the deadline for filing late claims motions. While Movants are similarly situated to the Hilliard Plaintiffs who filed the original late claims motion, unlike the Hilliard Plaintiffs, Movants were not recipients of that order. Once they became aware of the order, and the fact that the late claims motion filed by the Hilliard Plaintiffs was still pending, each of the Movants herein joined in seeking the same relief as the Hilliard Plaintiffs.

7. Third, the earliest that any of the Movants became aware of the December 2016 Show Cause Order was mid-2017. At that time, Movants' initial late claims motion was filed. Prior to that time, Movants believed that there was no longer a vehicle by which they could recover in this bankruptcy case.

8. Finally, Movants acted in good faith. They did not purposefully delay in filing their claims. All they have ever sought was the opportunity to recover for their personal injury and wrongful death claims, and they did so as soon as they became aware that such an opportunity might still exist in this Court.

9. Based on the foregoing, Movants submit that to the extent *Pioneer* applies, the factors have been met and they request that an order be entered allowing them to file their late claims.

**CONCLUSION**

WHEREFORE, Movants respectfully request that this Court enter an Order granting them leave to file their proposed late claims.

Dated: May 11, 2020

Respectfully submitted,

ANDREWS MYERS, P.C.

/s/ Lisa M. Norman

Lisa M. Norman (admitted pro hac vice)

T. Joshua Judd (admitted pro hac vice)

ANDREWS MYERS, P.C.

1885 St. James Place, 15<sup>th</sup> Floor

Houston, Texas 77056

713-850-4200 Telephone

713-850-4211 Facsimile

Lnorman@andrewsmyers.com

Jjudd@andrewsmyers.com

*Bankruptcy Counsel for Additional Ignition  
Switch Pre-Closing Plaintiffs*

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing document, filed through the CM/ECF system, will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF), copies will also be served by email on May 11, 2020 on those parties listed as "Notice Parties" under the Court's December 12, 2016 Order to Show Cause [ECF No. 13802], with paper copies served by first class mail postage prepaid on all Notice Parties for whom email addresses are unavailable.

/s/ Lisa M. Norman

LISA M. NORMAN

Fill in this information to identify the case:

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: <u>Southern District of New York</u>	
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Shakiria Stephenson</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  _____ Name  _____ Number Street  _____ City State ZIP Code  Contact phone _____ Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority
	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature

*Lisa M. Norman*

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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Stephenson
<b>First Name of Claimant</b>	Shakiria
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Hillsboro, FL
Accident Description	Client skidded off the road and the vehicle rolled several times
Injury Description	Broken collarbone
Airbag Deployed	No
<b>Date of Injury</b>	00/00/2007
<b>Year and Model of Vehicle</b>	2004 Saturn Ion
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No.
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse if filing)	
United States Bankruptcy Court for the	<u>Southern District of New York</u>
Case number	<u>09-50026 (REG)</u>

Official Form 410

Proof of Claim

04/16

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?

Sandra Samuels

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? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

Name

1885 St. James Place, 15th Floor

Number Street

Number Street

Houston

TX

77056

City

State

ZIP Code

City

State

ZIP Code

Contact phone 713-850-4200

Contact phone \_\_\_\_\_

Contact email Lnorman@andrewsmyers.com

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one)

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: \_\_\_\_\_

7. How much is the claim? sum is unknown 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.

Personal injury claim - ignition switch

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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.

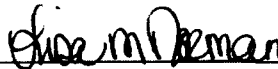
I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/21/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature



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

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 1885 St. James Place, 15th Floor

Number

Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Samuels
<b>First Name of Claimant</b>	Sandra
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Canton, TX
Accident Description	The Claimant was driving when the car lost control, swerved across a lane, spun across the median and hit an oncoming car.
Injury Description	The Claimant suffered loss of consciousness, acute multiple trauma, head injury, multiple rib and vertebral fractures, scapular fracture, pulmonary contusion, pelvis fracture, bilateral pneumothoraces and lacerations.
Airbag Deployed	No
<b>Date of Injury</b>	3/19/2008
<b>Year and Model of Vehicle</b>	2008 Chevy Malibu
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case.

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co.</u>
Debtor 2 (Spouse if Ring)	_____
United States Bankruptcy Court for the:	Southern District of New York
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Jibreel Riley</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
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?  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ **No**

☐ **Yes. Check one:**

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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.

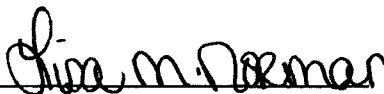
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Riley
<b>First Name of Claimant</b>	Jibreel
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Buffalo, New York
Accident Description	Claimant was a driver when his car was hit on driver's side by delivery van.
Injury Description	Injuries to his elbow and head.
Airbag Deployed	No
<b>Date of Injury</b>	6/18/2007
<b>Year and Model of Vehicle</b>	2006 Chevy Cobalt
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors Co.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of New York  
Case number 09-50026 (REG)

## Official Form 410

### Proof of Claim

04/16

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?	David Pier 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
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?  Andrews Myers, PC - ATTN: Lisa M. Norman Name 1885 St. James Place, 15th Floor Number Street Houston TX 77056 City State ZIP Code Contact phone 713-850-4200 Contact email Lnorman@andrewsmyers.com	Where should payments to the creditor be sent? (if different)  Name Number Street City State ZIP Code Contact phone Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one). _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____/____/____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>  A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> <b>No</b>	
	<input type="checkbox"/> <b>Yes. Check one:</b>	<b>Amount entitled to priority</b>
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____	
* Amounts are subject to adjustment on 4/01/19 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)(2) 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.

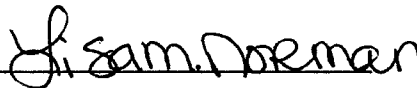
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name	<u>Lisa M. Norman</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Andrews Myers, PC</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer		
Address	<u>1885 St. James Place, 15th Floor</u>		
	Number	Street	
	<u>Houston</u>		TX <u>77056</u>
	City	State	ZIP Code
Contact phone	<u>713-850-4200</u>	Email	<u>Lnorman@andrewsmyers.com</u>

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Pier
<b>First Name of Claimant</b>	David
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Suffolk, VA
Accident Description	Son of claimant, Joshua, fell asleep while driving, veered off the road and hit a tree
Injury Description	Left broken femur, lacerated aorta, died as a result of his injuries
Airbag Deployed	No
<b>Date of Injury</b>	01/16/2005
<b>Year and Model of Vehicle</b>	1997 Pontiac Grand Am
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

**Fill in this information to identify the case:**

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors G+

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of New York

Case number 09-50026 (REG)

**Official Form 410**

**Proof of Claim**

04/16

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?	<u>Deborah Overcast</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: \_\_\_\_\_

7. How much is the claim? \$\_\_\_\_\_. 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.  
Personal injury claim - ignition switch

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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850\* 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 \$12,850\*) 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.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

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

Name	Lisa M. Norman		
	First name	Middle name	Last name
Title	Attorney		
Company	Andrews Myers, PC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1885 St. James Place, 15th Floor		
	Number	Street	
	Houston		
	City	State	ZIP Code
		TX	77056
Contact phone	713-850-4200		Email Lnorman@andrewsmyers.com



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Overcast
<b>First Name of Claimant</b>	Deborah
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Mountain Home, Arkansas
Accident Description	Claimant was driving a Chevrolet Malibu when she was hit head on by another vehicle and the air bag failed to deploy.
Injury Description	Claimant suffered multiple broken bones and fractures.
Airbag Deployed	No
<b>Date of Injury</b>	10/20/2000
<b>Year and Model of Vehicle</b>	2000 and Chevrolet Malibu
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	N/A
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case.

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the	<u>Southern District of New York</u>
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?  
Ruby Merritt  
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? \_\_\_\_\_
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?  
Andrews Myers, PC - ATTN: Lisa M. Norman  
Name  
1885 St. James Place, 15th Floor  
Number Street  
Houston TX 77056  
City State ZIP Code  
Contact phone 713-850-4200  
Contact email Lnorman@andrewsmyers.com  
Where should payments to the creditor be sent? (if different)  
Name  
Number Street  
City State ZIP Code  
Contact phone  
Contact email  
Uniform claim identifier for electronic payments in chapter 13 (if you use one)  
\_\_\_\_\_
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: \_\_\_\_\_
7. How much is the claim? \$ unknown 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.  
Personal injury claim - ignition switch
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 \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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 3671.

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 07/21/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name Lisa M. Norman

First name

Middle name

Last name

Title Attorney

Company Andrews Myers, PC

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 1885 St. James Place, 15th Floor

Number Street

Houston

City

TX

State

77056

ZIP Code

Contact phone 713-850-4200

Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Merritt
<b>First Name of Claimant</b>	Ruby
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Canton, TX
Accident Description	The Claimant was a passenger in the car when the car lost control, swerved across a lane, spun across the median and hit an oncoming car.
Injury Description	The Claimant died from her traumatic injuries.
Airbag Deployed	No
<b>Date of Injury</b>	3/19/2008
<b>Year and Model of Vehicle</b>	2008 Chevy Malibu
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:	
Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: <u>Southern District of New York</u>	
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>John McDonough</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ Unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>  A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> <b>No</b>	
	<input type="checkbox"/> <b>Yes. Check one:</b>	<b>Amount entitled to priority</b>
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____	
* Amounts are subject to adjustment on 4/01/19 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)(2) 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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature

Lisa M. Norman

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

Name	<u>Lisa M. Norman</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Andrews Myers, PC</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>1885 St. James Place, 15th Floor</u>		
	Number	Street	
	<u>Houston</u>	<u>TX</u>	<u>77056</u>
	City	State	ZIP Code
Contact phone	<u>713-850-4200</u>	Email	<u>Lnorman@andrewsmyers.com</u>



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	McDonough
<b>First Name of Claimant</b>	John
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Beaufort, SC
Accident Description	Client was rear ended by someone going more than 50 miles per hour which caused him to hit the vehicle in front of him
Injury Description	Head trauma, mouth and spine injured
Airbag Deployed	No
<b>Date of Injury</b>	03/03/1998
<b>Year and Model of Vehicle</b>	
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:	
Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Corp.</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: <u>Southern District of New York</u>	
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Louella Martinez</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: \_\_\_\_\_

7. How much is the claim? \$ unliquidated 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.  
Personal injury claim - ignition switch

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 \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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.

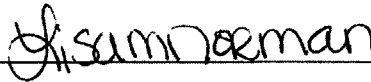
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Martinez
<b>First Name of Claimant</b>	Louella
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Las Alamos, NM
Accident Description	Client was driving on the freeway when a man walked out in front of her. She avoided hitting him but hit an embankment of dirt and rolled her vehicle 4 times.
Injury Description	Had pins put in 4 of her fingers, all nerves severed in left hand
Airbag Deployed	No
<b>Date of Injury</b>	03/15/2008
<b>Year and Model of Vehicle</b>	* Pontiac Grand Prix
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	*
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case	
Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: <u>Southern District of New York</u>	
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Melinda Lynch</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>  A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Check one:	<b>Amount entitled to priority</b>
	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____	
* Amounts are subject to adjustment on 4/01/19 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)(2) 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.

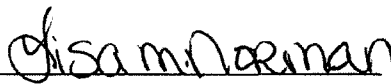
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name	<u>Lisa M. Norman</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Andrews Myers, PC</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>1885 St. James Place, 15th Floor</u>		
	Number	Street	
	<u>Houston</u>		<u>TX 77056</u>
	City	State	ZIP Code
Contact phone	<u>713-850-4200</u>	Email	<u>Lnorman@andrewsmyers.com</u>



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Lynch
<b>First Name of Claimant</b>	Melinda
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Plano, TX
Accident Description	Traveling on Legacy and Preston Meadow with husband and 3 kids, client was in passenger side front seat. Person ran a red light and hit the passenger side of vehicle causing it to spin and hit a fire hydrant on passenger side. Jaws of life to remove client from car.
Injury Description	Brain injury, spine injuries, multiple surgeries: Cervical Spine Fusion from C3- T2
Airbag Deployed	No
<b>Date of Injury</b>	11/24/2002
<b>Year and Model of Vehicle</b>	2002 Cadillac Deville DTS
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	Yes, recover money for medical bills. Lawyer Lynn McGrew.
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case.

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co.</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	<u>Southern District of New York</u>
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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.

<b>Part 1: Identify the Claim</b>																					
1. Who is the current creditor?	<u>Shanga Johnson</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____																				
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0"><tr><td>Where should notices to the creditor be sent?</td><td>Where should payments to the creditor be sent? (if different)</td></tr><tr><td><u>Andrews Myers, PC - ATTN: Lisa M. Norman</u></td><td></td></tr><tr><td>Name</td><td>Name</td></tr><tr><td><u>1885 St. James Place, 15th Floor</u></td><td></td></tr><tr><td>Number Street</td><td>Number Street</td></tr><tr><td><u>Houston TX 77056</u></td><td></td></tr><tr><td>City State ZIP Code</td><td>City State ZIP Code</td></tr><tr><td>Contact phone <u>713-850-4200</u></td><td>Contact phone _____</td></tr><tr><td>Contact email <u>Lnorman@andrewsmyers.com</u></td><td>Contact email _____</td></tr><tr><td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____</td></tr></table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	<u>Andrews Myers, PC - ATTN: Lisa M. Norman</u>		Name	Name	<u>1885 St. James Place, 15th Floor</u>		Number Street	Number Street	<u>Houston TX 77056</u>		City State ZIP Code	City State ZIP Code	Contact phone <u>713-850-4200</u>	Contact phone _____	Contact email <u>Lnorman@andrewsmyers.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																				
<u>Andrews Myers, PC - ATTN: Lisa M. Norman</u>																					
Name	Name																				
<u>1885 St. James Place, 15th Floor</u>																					
Number Street	Number Street																				
<u>Houston TX 77056</u>																					
City State ZIP Code	City State ZIP Code																				
Contact phone <u>713-850-4200</u>	Contact phone _____																				
Contact email <u>Lnorman@andrewsmyers.com</u>	Contact email _____																				
Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____																					
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ nothing - unknown</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☒ No  
☐ Yes. Check one.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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 07/21/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature

*Lisa M. Norman*

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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Johnson
<b>First Name of Claimant</b>	Shanga
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Vicksburg, Mississippi
Accident Description	Claimant was hit from behind.
Injury Description	Injuries to back and neck.
Airbag Deployed	No
<b>Date of Injury</b>	7/6/2009
<b>Year and Model of Vehicle</b>	2003 Chevy Malibu
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse if filing)	_____
United States Bankruptcy Court for the:	Southern District of New York
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Chas Grant</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one). _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☒ No

☐ Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature

*Lisa M. Norman*

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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Grant
<b>First Name of Claimant</b>	Chas
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
<b>Accident Location</b>	Reno, NV
<b>Accident Description</b>	Client was passenger, taking a potential car buyer on test drive, involved in 5 car pile up. Client was middle car in pile up.
<b>Injury Description</b>	20 cracked teeth, dislocated shoulder and hip, herniated disc.
<b>Airbag Deployed</b>	No
<b>Date of Injury</b>	08/26/2006
<b>Year and Model of Vehicle</b>	1996 Pontiac Grand Am
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	Yes. Client received compensation for accident and medical bills. Attorney Jonathan Whitehead
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1 Motors Liquidation Company, et al. f/k/a General Motors Co  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of New York  
Case number 09-50026 (REG)

## Official Form 410

## Proof of Claim

04/16

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?

Michael Gillis

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? \_\_\_\_\_

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?

Andrews Myers, PC - ATTN: Lisa M. Norman

Name

1885 St. James Place, 15th Floor

Number Street

Houston

TX

77056

City

State

ZIP Code

Contact phone 713-850-4200

Contact email Lnorman@andrewsmyers.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

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: \_\_\_\_\_

7. How much is the claim? \$ Unliquidated at this time. 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.

Personal injury claim - ignition switch, DOI: 10/23/07

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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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 12/12/2017  
MM / DD / YYYY

Lisa M. Norman  
Signature

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

Name Lisa M. Norman  
First name Middle name Last name  
Title Attorney  
Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.  
Address 1885 St. James Place, 15th Floor  
Number Street  
Houston TX 77056  
City State ZIP Code  
Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

Print

Save As...

Add Attachment

Reset

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Gillis
<b>First Name of Claimant</b>	Michael
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Southern Pines, North Carolina
Accident Description	Claimant was a driver when the ignition switch failed and he lost control of the vehicle and ran off the roadway and struck several trees. The vehicle then proceeded to roll.
Injury Description	Claimant suffered broken back, head injuries and neck injuries. His injuries necessitated surgery.
Airbag Deployed	No
<b>Date of Injury</b>	10/23/2007
<b>Year and Model of Vehicle</b>	2006 and Chevrolet Cobalt
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	N/A
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case	
Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: <u>Southern District of New York</u>	
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Rodney Gentry</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ **No**

☐ **Yes. Check one:**

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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.

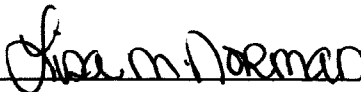
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name	<u>Lisa M. Norman</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Andrews Myers, PC</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>1885 St. James Place, 15th Floor</u>		
	Number	Street	
	<u>Houston</u>		<u>TX 77056</u>
	City	State	ZIP Code
Contact phone	<u>713-850-4200</u>	Email	<u>Lnorman@andrewsmyers.com</u>



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Gentry
<b>First Name of Claimant</b>	Rodney
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
<b>Accident Location</b>	Schoolcraft, MI
<b>Accident Description</b>	Client and son were driving when they hit black ice and slid into nearby trees.
<b>Injury Description</b>	Severe concussion, traumatic brain injury, non responsive at scene.
<b>Airbag Deployed</b>	No
<b>Date of Injury</b>	01/31/2008
<b>Year and Model of Vehicle</b>	2004 Cadillac CTS
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No.
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case.

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the	Southern District of New York
Case number	<u>09-50026 (REG)</u>

## Official Form 410

### Proof of Claim

04/16

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

- Who is the current creditor?**  
Kathryn Enders  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_
- Has this claim been acquired from someone else?**  
☒ No  
☐ Yes. From whom? \_\_\_\_\_
- 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?**  
Andrews Myers, PC - ATTN: Lisa M. Norman  
Name \_\_\_\_\_  
1885 St. James Place, 15th Floor  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Houston TX 77056  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone 713-850-4200  
Contact email Lnorman@andrewsmyers.com  
**Where should payments to the creditor be sent? (if different)**  
Name \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one)  
\_\_\_\_\_
- Does this claim amend one already filed?**  
☒ No  
☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY
- 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: \_\_\_\_\_
7. How much is the claim? \$ 1000 - unknown 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.  
Personal injury claim - ignition switch
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)?

☒ No

☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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 3671.

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.

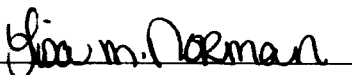
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 07/21/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature



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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Endres
<b>First Name of Claimant</b>	Kathryn
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Laclede County, MO
Accident Description	The Claimant was a passenger in the car when the car all of a sudden jerked to the right causing the car to go up an embankment and hit a tree.
Injury Description	The Claimant suffered abdominal contusions and a fracture of the first metacarpal.
Airbag Deployed	No
<b>Date of Injury</b>	9/25/2008
<b>Year and Model of Vehicle</b>	2004 Saturn Ion
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the	<u>Southern District of New York</u>
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?**  
Sheryl El-cheikh  
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? \_\_\_\_\_
3. **Where should notices and payments to the creditor be sent?**  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  

<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
Andrews Myers, PC - ATTN: Lisa M. Norman	Name _____
1885 St. James Place, 15th Floor	Number _____ Street _____
Number _____ Street _____	Number _____ Street _____
Houston Tx 77056	City _____ State _____ ZIP Code _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Contact phone 713-850-4200	Contact phone _____
Contact email Lnorman@andrewsmyers.com	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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: \_\_\_\_\_
7. How much is the claim? unknown-unlig 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.  
Personal injury claim - ignition switch
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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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 08/10/2017

MM / DD / YYYY

/s/ Lisa M. Norman

Signature

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

Name Lisa M. Norman

First name

Middle name

Last name

Title

Attorney - Andrews Myers, PC

Company

Identify the corporate servicer as the company if the authorized agent is a servicer

Address

1885 St. James Place, 15th Floor

Number

Street

Houston

Tx

77056

City

State

ZIP Code

Contact phone

713-850-4200

Email Lnorman@andrewsmyers.com



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	El-cheikh (Annir as time of crash)
<b>First Name of Claimant</b>	Sheryl
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Dearborn Heights , Michigan
Accident Description	Claimant was hit from behind at a stop light which caused her to hit the car in front of her.
Injury Description	Injuries to shoulder and knees requiring knee and rotator cuff surgeries.
Airbag Deployed	No
<b>Date of Injury</b>	7/10/01
<b>Year and Model of Vehicle</b>	1999 Oldsmobile Alero
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co</u>
Debtor 2 (Spouse if filing)	
United States Bankruptcy Court for the	Southern District of New York
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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. § 603.

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?	<u>Ryan Dullen</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
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?  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>	Where should payments to the creditor be sent? (if different)  Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unlig - unknown</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☒ No

☐ Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 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)(2) 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 07/21/2017  
MM / DD / YYYY

/s/ Lisa M. Norman Lisa M. Norman  
Signature

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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Dullen
<b>First Name of Claimant</b>	Ryan
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Lock Haven, PA
Accident Description	Claimant was a driver tire blew and lost control of car hitting a tree.
Injury Description	Back injuries, 4 broken ribs and laceration on top of the head
Airbag Deployed	No
<b>Date of Injury</b>	2004
<b>Year and Model of Vehicle</b>	201 Pontiac Grand Am
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Co.</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	Southern District of New York
Case number	<u>09-50026 (REG)</u>

## Official Form 410

### Proof of Claim

04/16

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?	<u>Joann Donato</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code  Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ **No**

☐ **Yes. Check one:**

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Amount entitled to priority \$ \_\_\_\_\_

☐ Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). Amount entitled to priority \$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,850\*) 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). Amount entitled to priority \$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Amount entitled to priority \$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). Amount entitled to priority \$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. Amount entitled to priority \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 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)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$600,000, 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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature

*Lisa M. Norman*

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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com



**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Donato
<b>First Name of Claimant</b>	Joann
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
Accident Location	Suffolk, NY
Accident Description	Other driver was distracted and ran a red light
Injury Description	Neck and back injury that required surgery
Airbag Deployed	No
<b>Date of Injury</b>	07/18/2005
<b>Year and Model of Vehicle</b>	2004 Saturn Ion
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.

Fill in this information to identify the case:

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors Corp.</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	<u>Southern District of New York</u>
Case number	<u>09-50026 (REG)</u>

Official Form 410

**Proof of Claim**

04/16

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?	<u>Bertha Brown</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<u>\$ unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ **No**

☐ **Yes. Check one:**

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Amount entitled to priority \$ \_\_\_\_\_

☐ Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(2) 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 09/19/2017  
MM / DD / YYYY

/s/ Lisa M. Norman  
Signature

*Lisa M. Norman*

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

Name Lisa M. Norman  
First name Middle name Last name

Title Attorney

Company Andrews Myers, PC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1885 St. James Place, 15th Floor  
Number Street

Houston TX 77056  
City State ZIP Code

Contact phone 713-850-4200 Email Lnorman@andrewsmyers.com

**PROOF OF CLAIM SUMMARY**

<b>Last Name of Claimant</b>	Brown
<b>First Name of Claimant</b>	Bertha
<b>Nature of Claim</b>	Personal injuries arising out of motor vehicle accident
<b>Accident Location</b>	Smith, TX
<b>Accident Description</b>	4 car accident- it was raining and sheets were slick, client rear ended car in front of her
<b>Injury Description</b>	20 cracked teeth, dislocated shoulder and hip, herniated disc.
<b>Airbag Deployed</b>	No
<b>Date of Injury</b>	04/17/2009
<b>Year and Model of Vehicle</b>	2004 Chevrolet Classic (Malibu)
<b>Amount of Claim</b>	To be determined (unliquidated)
<b>Prior or Current Litigation</b>	No
<b>Jury Trial Demand</b>	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
<b>No Consent to Bankruptcy Court Adjudication</b>	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
<b>Reservation of Rights</b>	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.