

UNITED STATES  
EASTERN DISTRICT OF MISSOURI  
SOUTHEASTERN DIVISION

RECEIVED AND FILED  
APR 05 2021  
USBC-EDMO-MR

Manuel M. da Silva  
14752 Crenshaw Blvd # 484  
Gardena, CA 90249  
E-mail: [deliv2@yahoo.com](mailto:deliv2@yahoo.com)  
Tel: 310-747-4115

CREDITOR

vs.

Briggs & Stratton Corporation and its affiliates  
DEBTORS

Chapter 11

Case No. 20-43597-399

Honorable Judge: Barry S. Schermer

**MOTION FOR OBJECTION TO THE DEBTORS ASKING THIS COURT TO DISALLOW THE PROOF OF CLAIM FILED BY THE CREDITOR BECAUSE IS DUPLICATIVE, AND FOR FULL REIMBURSEMENT OF THE MONEY INVESTED BY THE CREDITOR IN THE BRIGGS & STRATTON CORPORATION.**

03/29/2021

The Creditor requests this Court to take into consideration his proof of claim filed on 10/23/2020, notwithstanding the Debtors have already allowed a Creditor's claim in the name of the Indenture Trustee.

The Creditor further supports the reasons outlined in his proof of claim in order to be reimbursed up to the amount of money that he has invested in Briggs & Stratton Corporation, and believes that the claim asserted against the debtors has merit.

Due to the advanced age of the Creditor and his lack of adequate sources of income, a not full recover of the money that he has invested, will result in a forfeited opportunity for appreciation of the money and financial consequences to his affordability for costs associated with potential health problems. Many seniors have seen their money depleted from their saving or investment accounts because of health-care-related expenses.

The Creditor considers that the Pro Share of the net cash proceeds allocated by the Debtors' Plan to the "General Unsecured Claims against BSC" is unfair, unreasonable, and inadequate and is not in the best interests of the bondholders. Further, since the Debtors continue to operate their business, they might be able to organize and establish a plan to fully reimburse certain classes of investors taking into account their financial needs.

It would be reasonably appropriated that the Honorable Judge enters an opinion and decision guided not only by strict application of legal rules of the Bankruptcy Code, but also by principles of fairness and justice. Accordingly, given the relevant facts and plausible defenses as set forth herein, the Creditor should be granted the full amount of money that he has invested in the Briggs & Stratton Corporation.

The Creditor further requests a waiver for his appearance at the hearing to be held on April 14, 2021, if required, due to be apprehensive about the COVID-19 pandemic as well as traveling expenses.

The Creditor encloses his 2020 California Resident Income Tax Return in order to prove his low income and age.

Respectfully,



Manuel. M. da Silva.



204359721040500000000002

TAXABLE YEAR

FORM

**2020 California Resident Income Tax Return****540**
☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2021.

Your first name <b>MANUEL</b>	Initial <b>M</b>	Last name <b>DA SILVA</b>	Suffix	Your SSN or ITIN <b>7798</b>	A R RP
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
Additional information (see instructions)				PBA code	
Street address (number and street) or PO box <b>14752 CRENSHAW BL.</b>				Apt. no./ste. no. <b>484</b>	PMB/private mailbox
City (if you have a foreign address, see instructions) <b>GARDENA</b>				State <b>CA</b>	ZIP code <b>90249</b>
Foreign country name		Foreign province/state/country		Foreign postal code	

Date of Birth	Your DOB (mm/dd/yyyy) <b>09/13/43</b>	Spouse's/RDP's DOB (mm/dd/yyyy)
Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)

Enter your county at time of filing (see instructions)

☒ **LOS ANGELES**

If your address above is the same as your principal/physical residence address at the time of filing, check this box... ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (if foreign address, see instructions.)

☒ \_\_\_\_\_

Apt. no./ste. no.

☒ \_\_\_\_\_

City

☒ \_\_\_\_\_

State

☒ \_\_\_\_\_

ZIP code

☒ \_\_\_\_\_

If your California filing status is different from your federal filing status, check the box here .....

1 ☒ Single

2 ☐ Married/RDP filing jointly. See inst.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. \_\_\_\_\_

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying widow(er). Enter year spouse/RDP died. \_\_\_\_\_

6 ☐ If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ....

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 **1** X \$124 = ☐ \$ **124**

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☐ 8 **1** X \$124 = ☐ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. ☐ 9 **1** X \$124 = ☐ \$ **124**

Your name: **MARIVEL N. DA SILVA** Your SSN or ITIN: **[REDACTED]-7798**

**10 Dependents: Do not include yourself or your spouse/RDP.**

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ..... **10** ☐ X \$383 = **11** \$

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... **11** \$ **248**

Taxable Income

**12** State wages from your federal Form(s) W-2, box 16 ..... **12**  **.00**

**13** Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... **13** **27,290** **.00**

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. .... **14**  **.00**

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... **15** **27,290** **.00**

**16** California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. .... **16**  **.00**

**17** California adjusted gross income. Combine line 15 and line 16 ..... **17** **27,290** **.00**

**18** Enter the larger of   
 { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR   
 Your California standard deduction shown below for your filing status:   
 • Single or Married/RDP filing separately ..... \$4,601   
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) .... \$9,202   
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ..... **18** **4,601** **.00**

**19** Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ..... **19** **22,689** **.00**

Tax

**31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule   
☐ FTB 3800 ☐ FTB 3803 ..... **31** **395** **.00**

**32** Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. .... **32** **248** **.00**

**33** Subtract line 32 from line 31. If less than zero, enter -0- ..... **33** **147** **.00**

**34** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A.. **34**  **.00**

**35** Add line 33 and line 34. .... **35** **147** **.00**

Special Credits

**40** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... **40**  **.00**

**43** Enter credit name **CREDIT FOR SENIOR** code **163** and amount. .... **43** **351** **.00**

**44** Enter credit name  code  and amount. .... **44**  **.00**