City of Detroit, Michigan c/o KCC 2335 Alaska Ave El Segundo, CA 90245

FILED

2015 APR -6 P 12: 08

PRF 70384\*\*\* 11746927 Lue David Jackson 9336 Pierson 000075

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

4-2-2015

Detroit MI 48228

To the united State Bankruptey Court

I am Mailing you a Copy or My Claim Class 14

Contingent, un secured Principal

and Interest Charges, filing Date

3-14-3014. And a Copy or Class 15

Covenience Claim file 6-30-2014

These Claims + document that is Missing

Is a proof of Service and is Correct,

To the best of My Knowledge.

Thank you.

Creditor Lue David Jackson Claim Amount 71,825.81

1353846150406000000000004

In its List of Claims, the City listed your claim as a contingent, unliquidated, and disputed unsecured claim in an unknown amount. To determine if you need to file a claim, please refer to the enclosed Information

About Deadlines to File Claims.

B10 (Official Form 10) (04/13) (Modified)	About Deadlines to File Cit	CHAPTER 9
UNITED STATES BANKRUPTCY COURT EASTE	RN DISTRICT of MICHIGAN	PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan	Case Number: 13-53846	·
NOTE: Do not use this form to make a claim for an administrative expen	se that arises after the bankruptcy filing.	
Name of Creditor (the person or other entity to whom the debtor owes money	or property):	
Property Owner Lue David Jack Soi	N	COURT USE ONLY  Check this box if this claim amends a
Name and address where notices should be sent: NameID: 11590154		previously filed claim.
Property Owner		Court Claim Number:
9336 Pierson		(If known)
Detroit, MI 48228	•	Filed on:
Telephone number: 313-213-313 Jemail:  Name and address where payment, should be sent (if different from above):		☐ Check this box if you are aware that
Luc David Jackson		anyone else has filed a proof of claim relating to this claim. Attach copy of
G231 Din 650N		statement giving particulars.
9336 Pichson 8928-1508 Detroit MI 72210		
Telephone number: 315 12/2/20 email:		
1. Amount of Claim as of Date Case Filed: \$3764.10		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.	the principal amount of the claim. Attach a	statement that itemizes interest or charges.
2. Basis for Claim: Contingent + UNBECONT	of Principal+ IN	herest Charges
(See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled accor	unt as: First FANKIN FWGRY
3. Last four digits of any number by which the	(See instruction #3a) 2	due 12 211 Neck on the drill land
4. Secured Claim (See instruction #4)	Amount of arrearage and	other charges, as of the time case was filed,
Check the appropriate box if the claim is secured by a lien on property or a r setoff, attach required redacted documents, and provide the requested inform		\$
	The	Kerest + Principal Charges
Nature of property or right of setoff: Real Estate Motor Vehicle Describe:	·	9
Value of Property: \$ 8.0000	Amount of Secured Claim	: \$
	•	s 7182581
Annual Interest Rate (when case was filed) 10-100% OFixed or Var	nable Amount Unsecured.	V
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § \$_\(\text{NOWE}\)		
6. Credits. The amount of all payments on this claim has been credited for		
7. Documents: Attached are redacted copies of any documents that support		
running accounts, contracts, judgments, mortgages, security agreements, on statement providing the information required by FRBP 3001(c)(3)(A). If the		
avidence of perfection of a security interest are attached. (See instruction #/	and the definition of reducted to be the	SEND ORIGINAL DOCUMENTS.
ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If the documents are not available, please explain:	· ·	
8. Signature: (See instruction # 8) Check the appropriate box.		
	the trustee, or the debtor,	narantor, surety, indorser, or other codebtor.
or t	heir authorized agent. (See Bankr	uptcy Rule 3005.)
	e Bankruptcy Rule 3004.)	dge information and reasonable belief
I declare under penalty of perjury that the information provided in this claim	is true and correct to the best of my knowle	•
Print Name: LUC DAVIA JACKSON Title: Cred Lor north Debty Owner	of the Darling	Menon 2-14-2014
Company: Address and telephone number (if different from notice address above):	(Signature)	(Date) 2-14-2014
Address and telephone number (it different from force address above).		
Telephone number: email:		

## PLEASE READ THE VOTING INFORMATION AND INSTRUCTIONS ATTACHED BEFORE COMPLETING THIS BALLOT.

PLEASE COMPLETE ITEMS 1, 2, AND 3 BELOW. IF NEITHER THE "ACCEPT" NOR "REJECT" BOX IS CHECKED IN ITEM 1, OR IF BOTH BOXES ARE CHECKED IN ITEM 1, THIS BALLOT WILL NOT BE COUNTED AS HAVING BEEN CAST.

IF BOTH BOXES ARE, OR NEITHER BOX IS, CHECKED IN ITEM 2, THIS BALLOT WILL COUNT AS ONE NOT ELECTING CONVENIENCE CLAIM TREATMENT FOR YOUR CLASS 14 OTHER UNSECURED CLAIM.

LAIM.		STREET TAILS	RELOW THIS BALLOT WILL NO	T BE
ALID OR COUNT	ED AS HAVING BEEN CABI.		BELOW, THIS BALLOT WILL NO	
Item 1. Class Vote. the City of Detroit, N	The undersigned, the Other Unservichigan, votes to (check one box):	cured Claim Holder	r in Class 14 as of April 14, 2014 agai	nst
	ACCEPT the Plan.	×	REJECT the Plan.	
expungement, in	cept the Plan, you are voting to a njunction and release provisions on the provisions contained in Article visions may affect your rights and	TII D. Article IV.	ncellation, discharge, exculpation, lan. Such provisions include, but ar J, Article IV.K and Article V.C of tl ng certain nondebtor parties.	e he
Creditor Name:	Lue David Jackson		m:\$ 3764.19	,
Item 2. Convenien 14, 2014 against the	ce Class Election. The undersigned City of Detroit, Michigan, elects t	o (check one box).	cured Claim Holder in Class 14 as of A	April
	Treat the undersigned's Other Unsecured Claim as a Class 15 Convenience Claim under the Pla	,	Not Treat the undersigned's Other Unsecured Claim as a Class 15 Convenience Claim under the Plan.	
accent or reject	reat your Class 14 Other Unsecut the Plan in this Ballot will count or Class 14 tabulation purposes.	ed Claim as a Cla as a vote for Clas	ass 15 Convenience Claim, your vote is 15 tabulation purposes and your v	to ote
			the Plan. This Convenience Claim on (i) execution of this election on the laims will be paid in accordance with	
Creditor Name:	Lue David Jackson	. Claim Amount	s 7/825.8/	<b>-</b>
	PLEASE CONTINUE TO	) ITEM 3 ON TH	E NEXT PAGE	



Item 3. Certifications. By signing this Ballot, the undersigned certifies that he, she or it:

- is the Holder of one or more Other Unsecured Claims in Class 14 to which this Ballot pertains, or is an authorized signatory, and has full power and authority to vote to accept or reject the Plan and make the i. elections applicable to such Claims;
- received a copy of the solicitation package consisting of: (a) a notice regarding the time and place of a hearing to consider confirmation of the Plan, (b) a CD-ROM including the Plan, Disclosure Statement ii. and the exhibits thereto, (c) a Ballot and a ballot return envelope, (d) a copy of certain rules governing the tabulation of ballots, (e) a copy of the Notice of Voting Dispute Resolution Procedures approved by the Solicitation Procedures Order and (f) a cover letter;
- has not submitted any other Ballots for Class 14 that are inconsistent with the vote to accept or reject the Plan set forth in this Ballot, or if such other ballots were previously submitted, they have been iii. revoked or changed to reflect the vote of this Ballot; and
- understands that a vote to accept the Plan is a vote to accept certain cancellation, discharge, exculpation, expungement, injunction and release provisions contained in the Plan. iv.

Lue David Jackson
Name
Social Security or Federal Tax I.D. No. (optional)  Lul David Tackson
Signature
If by Authorized Agent, Name and Title
Name of Institution
9336 Pierson Detroit, MI 48228
Address
3/3-273-3/09 Talashana Number
Telephone Number
6-30-2014
Date Completed
Email address