

[Caption as in Form 16A, 16B, or 16D, as appropriate]

NOTICE OF APPEAL AND STATEMENT OF ELECTION

Part 1: Identify the appellant(s)

1. Name(s) of appellant(s): ERLINDA ARIBAS ANIEL
2. Position of appellant(s) in the adversary proceeding or bankruptcy case that is the subject of this appeal:

For appeals in an adversary proceeding.

☐ Plaintiff

☐ Defendant

☐ Other (describe) _____

For appeals in a bankruptcy case and not in an adversary proceeding.

☐ Debtor

☒ Creditor

☐ Trustee

☐ Other (describe) _____

Part 2: Identify the subject of this appeal

1. Describe the judgment, order, or decree appealed from: Order Denying Motion For Reconsideration
2. State the date on which the judgment, order, or decree was entered: 8/18/15

Part 3: Identify the other parties to the appeal

List the names of all parties to the judgment, order, or decree appealed from and the names, addresses, and telephone numbers of their attorneys (attach additional pages if necessary):

1. Party: Residential Attorney: Jorden Wishnew
CAPITALE MA #12-12020 Murison and Foster
Recap Borrower Claim Trust 250 West 55th Street
New York, NY 10019-9601
2. Party: Peter S. Kravitz Attorney: Peter S. Kravitz
Servitor Trust
230 Park Avenue 10th floor
New York, NY 10169

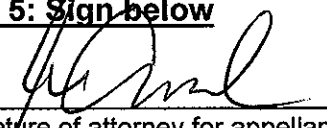


Part 4: Optional election to have appeal heard by District Court (applicable only in certain districts)

If a Bankruptcy Appellate Panel is available in this judicial district, the Bankruptcy Appellate Panel will hear this appeal unless, pursuant to 28 U.S.C. § 158(c)(1), a party elects to have the appeal heard by the United States District Court. If an appellant filing this notice wishes to have the appeal heard by the United States District Court, check below. Do not check the box if the appellant wishes the Bankruptcy Appellate Panel to hear the appeal.

☒ Appellant(s) elect to have the appeal heard by the United States District Court rather than by the Bankruptcy Appellate Panel.

Part 5: Sign below



Signature of attorney for appellant(s) (or appellant(s) if not represented by an attorney)

Date: 8/19/15

Name, address, and telephone number of attorney
(or appellant(s) if not represented by an attorney):

EDWINA ARIDAS ANIEL
75 Talon Creek Dr.
Hillsborough, CA 940
650-284-6417

Fee waiver notice: If appellant is a child support creditor or its representative and appellant has filed the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.