

MEANSNO, CLOSED

U.S. Bankruptcy Court
Northern District of Illinois (Western Division)
Bankruptcy Petition #: 14-83578

Assigned to: Honorable Judge Thomas M. Lynch
Chapter 7
Voluntary
Asset

Date filed: 11/26/2014
Date terminated: 06/30/2017
Debtor discharged: 03/03/2015
341 meeting: 12/30/2014
Deadline for objecting to discharge: 03/02/2015

Debtor disposition: Standard Discharge

Debtor 1

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918
MCHENRY-IL
SSN / ITIN: xxx-xx-4001

represented by **David L. Stretch**

Law Office of David L. Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410
815-578-0055
Fax : 815-425-6000
Email: stretchlaw@gmail.com

Trustee

Joseph D Olsen

Joseph D. Olsen, Chapter 7 Trustee
Attorney at Law
5702 Elaine Drive, Suite 104
Rockford, IL 61108-2458
815-708-0234

represented by **Joseph D Olsen**

Attorney at Law
5702 Elaine Drive, Suite 104
Rockford, IL 61108-2458
815-708-0234
Email: jolsenlaw@comcast.net

Joseph D Olsen

Joseph D. Olsen, Chapter 7
Trustee
Attorney at Law
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Craig A Willette

Yalden Olsen & Willette
1318 E State Street
Rockford, IL 61104
815-965-8635
Fax : 815 965-4573
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U.S. Trustee

Patrick S Layng
Office of the U.S. Trustee, Region 11


780 Regent St.
Suite 304
Madison, WI 53715
608-264-5522

Filing Date	#	Select <u>all</u> / <u>clear</u>	Docket Text
11/26/2014	● <u>1</u> (50 pgs; 2 docs)	<input type="checkbox"/>	Chapter 7 Voluntary Petition Fee Amount \$335, Filed by David L. Stretch on behalf of Paul R Dulberg (Attachments: # <u>1</u> Signature Pages) (Stretch, David) (Entered: 11/26/2014)
11/26/2014	● <u>2</u> (8 pgs)	<input type="checkbox"/>	Chapter 7 Statement of Current Monthly Income and Means Test Calculation - Form 22A. Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 11/26/2014)
11/26/2014	● <u>3</u> (1 pg)	<input type="checkbox"/>	Incomplete PDF, Filer Refiled Statement of Social Security Number(s) Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) Modified on 12/1/2014 (Gossett, Valerie). (Entered: 11/26/2014) i
11/26/2014	● <u>4</u> (1 pg)	<input type="checkbox"/>	Certificate of Credit Counseling Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 11/26/2014) i
11/26/2014	● <u>5</u> (1 pg)	<input type="checkbox"/>	Statement of Social Security Number(s) Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 11/26/2014) i
11/26/2014	● <u>6</u> (2 pgs)	<input type="checkbox"/>	Attachment(s) Fee Agreement Filed by David L. Stretch on behalf of Paul R Dulberg (RE: <u>1</u> Voluntary Petition (Chapter 7)). (Stretch, David) (Entered: 11/26/2014) i
11/26/2014	7		Receipt of Voluntary Petition (Chapter 7)(14-83578) [misc,volp7a] (335.00) Filing Fee. Receipt number 27986848. Fee Amount \$ 335.00 (re:Doc# <u>1</u>) (U.S. Treasury) (Entered: 11/26/2014)
11/26/2014	● 8		Meeting of Creditors with 341(a) meeting to be held on 12/30/2014 at 10:00 AM at Stewart Square, 308 West State Street, Rm. 40, Rockford, Illinois 61101. Objections for Discharge due by 03/02/2015. (admin,) (Entered: 11/26/2014)
12/01/2014	● <u>9</u> (2 pgs)	<input type="checkbox"/>	Chapter 7 341 Meeting of Creditors . (Gossett, Valerie) (Entered: 12/01/2014)
12/01/2014	● 10		CORRECTIVE ENTRY Incomplete PDF, Filer Refiled (RE: <u>3</u> Statement of Social Security Number(s)). (Gossett, Valerie) (Entered: 12/01/2014)

12/01/2014	● <u>11</u> (3 pgs)	<input type="checkbox"/>	BNC Certificate of Notice - Meeting of Creditors. (RE: <u>9</u> Chapter 7 341 Meeting of Creditors). No. of Notices: 16. Notice Date 12/03/2014. (Admin.) (Entered: 12/03/2014)
01/08/2015	● <u>12</u> (2 pgs)	<input type="checkbox"/>	Debtor's Certification of Completion of Instructional Course Concerning Personal Financial Management Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 01/08/2015) i
01/08/2015	● <u>13</u> (4 pgs)	<input type="checkbox"/>	Amended Schedule(s) : B,. Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 01/08/2015) i
01/08/2015	● <u>14</u> (8 pgs)	<input type="checkbox"/>	Amended Statement of Financial Affairs Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 01/08/2015)
03/03/2015	● <u>15</u> (2 pgs)	<input type="checkbox"/>	Discharge Order Chapter 7 No Asset - Auto (Admin.) (Entered: 03/03/2015)
03/03/2015	● <u>16</u> (3 pgs)	<input type="checkbox"/>	BNC Certificate of Notice - Order of Discharge. (RE: <u>15</u> Discharge Order Chapter 7 No Asset - Auto). No. of Notices: 16. Notice Date 03/05/2015. (Admin.) (Entered: 03/05/2015)
05/20/2015	● <u>17</u> (7 pgs; 3 docs)	<input type="checkbox"/>	Notice of Motion and Application to Employ Megan Heeg and Ehrmann Gehlbach Badger Lee & Considine, LLC as Attorneys for Trustee Filed by Megan G Heeg Hearing scheduled for 5/27/2015 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Affidavit # <u>2</u> Proposed Order) (Heeg, Megan) (Entered: 05/20/2015) i
05/22/2015	● <u>18</u>		Initial Report of Assets - Trustee has found assets in this estate to be administered for the benefit of creditors, or believes there is a likelihood that such assets will be recovered within a reasonable period of time. The Trustee requests that notice be sent to creditors fixing time for filing claims. (Heeg, Megan) (Entered: 05/22/2015)
05/26/2015	● <u>19</u> (1 pg)	<input type="checkbox"/>	Notice Fixing Time For Filing . Proofs of Claims due by 8/26/2015. Government Proof of Claim due by 8/26/2015. (Gossett, Valerie) (Entered: 05/26/2015)
05/26/2015	● <u>21</u> (2 pgs)	<input type="checkbox"/>	BNC Certificate of Notice - Notice Fixing Time for Filing Claims (RE: <u>19</u> Notice Fixing Time For Filing). No. of Notices: 16. Notice Date 05/28/2015. (Admin.) (Entered: 05/28/2015)
05/27/2015	● <u>20</u> (1 pg)	<input type="checkbox"/>	Order Granting Application to Employ Megan G Heeg for Megan G Heeg (Related Doc # <u>17</u>). Signed on 5/27/2015. (Gossett, Valerie) (Entered: 05/27/2015) i

08/31/2016	● <u>22</u> (2 pgs)	<input type="checkbox"/>	Incorrect Event, Filer Notified to Refile Letter of Resignation and Appointment. Megan G Heeg resigned from the case and Trustee Joseph D Olsen appointed to the case. Filed by U.S. Trustee Patrick S Layng. (Jensen, Mary) Modified on 8/31/2016 (Weatherford, Mary). (Entered: 08/31/2016)
08/31/2016	● <u>23</u>		CORRECTIVE ENTRY Incorrect Event, Filer Notified to Refile (RE: <u>22</u> Resignation and Appointment of Trustee). (Weatherford, Mary) (Entered: 08/31/2016)
08/31/2016	● <u>24</u> (1 pg)	<input type="checkbox"/>	Letter of Resignation. Megan G Heeg resigned from the case. Filed by U.S. Trustee Patrick S Layng. (Jensen, Mary) (Entered: 08/31/2016)
08/31/2016	● <u>25</u> (1 pg)	<input type="checkbox"/>	Letter of Appointment. Trustee Joseph D Olsen appointed to the case. Filed by U.S. Trustee Patrick S Layng. (Jensen, Mary) (Entered: 08/31/2016)
09/06/2016	● <u>26</u> (9 pgs; 2 docs)	<input type="checkbox"/>	Notice of Motion and Motion to Approve Attorneys Fees and Costs as an Administrative Claim Filed by Megan G Heeg Hearing scheduled for 9/28/2016 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order) (Heeg, Megan) (Entered: 09/06/2016)
09/07/2016	● <u>27</u> (4 pgs)	<input type="checkbox"/>	Amended Notice of Motion Filed by Trustee Megan G Heeg (RE: <u>26</u> Motion to Approve). Hearing scheduled for 9/28/2016 at 01:30 PM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Heeg, Megan) (Entered: 09/07/2016) 
09/16/2016	● <u>28</u> (4 pgs)	<input type="checkbox"/>	Amended Schedules A / B, Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 09/16/2016)
09/16/2016	● <u>29</u> (1 pg)	<input type="checkbox"/>	Amended Schedules C, Filed by David L. Stretch on behalf of Paul R Dulberg. (Stretch, David) (Entered: 09/16/2016)
09/26/2016	● <u>30</u> (5 pgs; 2 docs)	<input type="checkbox"/>	Notice of Motion and Application to Employ Yalden, Olsen & Willette as attorneys for the Trustee Filed by Joseph D Olsen Hearing scheduled for 10/3/2016 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Rule 2014 Statement) (Olsen, Joseph) (Entered: 09/26/2016) 
09/27/2016	● <u>31</u> (1 pg)	<input type="checkbox"/>	Proposed Order - To Employ Attorneys Filed by Trustee Joseph D Olsen (RE: <u>30</u> Application to Employ). (Olsen, Joseph) (Entered: 09/27/2016)
09/28/2016	● <u>32</u> (1 pg)	<input type="checkbox"/>	Order Granting Motion to Approve (Related Doc # <u>26</u>). Signed on 9/28/2016. (Gossett, Valerie) (Entered: 09/29/2016)

10/03/2016	● <u>33</u> (1 pg)	<input type="checkbox"/>	Order Granting Application to Employ Joseph D Olsen for Joseph D Olsen, Craig A Willette for Joseph D Olsen (Related Doc # <u>30</u>). Signed on 10/3/2016. (Gossett, Valerie) (Entered: 10/03/2016) i
10/04/2016	● <u>34</u> (11 pgs; 3 docs)	<input type="checkbox"/>	Notice of Motion and Motion to Authorize the Trustee to Enter into a Binding Mediation Agreement Filed by Joseph D Olsen Hearing scheduled for 10/31/2016 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order # <u>2</u> Exhibit A) (Olsen, Joseph) (Entered: 10/04/2016)
10/04/2016	● <u>35</u> (9 pgs; 4 docs)	<input type="checkbox"/>	Notice of Motion and Application to Employ Baudin Law Group Ltd as Special Counsel Filed by Joseph D Olsen Hearing scheduled for 10/31/2016 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order # <u>2</u> Exhibit A # <u>3</u> Affidavit) (Olsen, Joseph) (Entered: 10/04/2016) i
10/06/2016	● <u>36</u> (7 pgs; 2 docs)	<input type="checkbox"/>	Notice of Motion and Motion to Approve Withdrawal of Counsel Filed by Megan G Heeg Hearing scheduled for 11/2/2016 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order) (Heeg, Megan) (Entered: 10/06/2016)
10/31/2016	● <u>37</u> (1 pg)	<input type="checkbox"/>	Order Granting Application to Employ Baudin Law Group, Ltd. (Related Doc # <u>35</u>). Signed on 10/31/2016. (Gossett, Valerie) (Entered: 10/31/2016) i
10/31/2016	● <u>38</u> (1 pg)	<input type="checkbox"/>	Order Granting Motion to Authorize (Related Doc # <u>34</u>). Signed on 10/31/2016. (Gossett, Valerie) (Entered: 10/31/2016)
11/02/2016	● <u>39</u> (1 pg)	<input type="checkbox"/>	Order Granting Motion to Approve (Related Doc # <u>36</u>). Signed on 11/2/2016. (Gossett, Valerie) (Entered: 11/03/2016)
01/03/2017	● <u>40</u> (8 pgs; 3 docs)	<input type="checkbox"/>	Notice of Motion and Motion to Authorize Trustee to compensate the Estate's Personal Injury Attorneys for attorney's fees and advanced costs; to pay certain medical and attorneys liens as well as the Debtor's Personal Injury Exemption and Notice of Binding Mediation Award Filed by Joseph D Olsen Hearing scheduled for 1/25/2017 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order # <u>2</u> Exhibit A) (Olsen, Joseph) (Entered: 01/03/2017)
01/19/2017	● <u>41</u> (1 pg)	<input type="checkbox"/>	Proposed Order - Approving Payments of the Personal Injury Proceeds Filed by Trustee Joseph D Olsen (RE: <u>40</u> Motion to Authorize). (Olsen, Joseph) (Entered: 01/19/2017)
01/25/2017	● <u>42</u> (1 pg)	<input type="checkbox"/>	Order Granting Motion to Authorize (Related Doc # <u>40</u>). Signed on 1/25/2017. (Gossett, Valerie) (Entered: 01/26/2017)

04/18/2017	● <u>43</u> (8 pgs)	<input type="checkbox"/>	Final Report Filed by U.S. Trustee Patrick S Layng. (Layng, Patrick) (Entered: 04/18/2017)
04/19/2017	● <u>44</u> (9 pgs; 2 docs)	<input type="checkbox"/>	Notice of Motion and Application for Compensation for Joseph D Olsen, Trustee Chapter 7, Fee: \$12428.68, Expenses: \$83.33. Filed by Trustee Joseph D Olsen Hearing scheduled for 5/15/2017 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order) (Olsen, Joseph) (Entered: 04/19/2017)
04/19/2017	● <u>45</u> (11 pgs; 2 docs)	<input type="checkbox"/>	Notice of Motion and Application for Compensation for Joseph D Olsen, Trustee's Attorney, Fee: \$2226.00, Expenses: \$0.00. Filed by Trustee Joseph D Olsen Hearing scheduled for 5/15/2017 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Attachments: # <u>1</u> Proposed Order) (Olsen, Joseph) (Entered: 04/19/2017)
04/19/2017	● <u>46</u> (5 pgs)	<input type="checkbox"/>	Notice of Trustee's Final Report and Applications for Compensation. Trustee will send notice Filed by Trustee Joseph D Olsen (RE: <u>43</u> Final Report - Asset, <u>44</u> Application for Compensation, <u>45</u> Application for Compensation). Hearing scheduled for 5/15/2017 at 09:30 AM at U.S. Court House, 327 South Church Street, Rm. 3100, Rockford, Illinois 61101. (Olsen, Joseph) (Entered: 04/19/2017)
04/19/2017	● <u>47</u> (2 pgs)	<input type="checkbox"/>	Certificate of Service Filed by Trustee Joseph D Olsen (RE: <u>43</u> Final Report - Asset). (Olsen, Joseph) (Entered: 04/19/2017)
05/15/2017	● <u>48</u> (1 pg)	<input type="checkbox"/>	Order Granting Application For Compensation (Related Doc # <u>44</u>). Joseph D Olsen, fees awarded: \$12428.68, expenses awarded: \$83.33, Granting Application For Compensation (Related Doc # <u>45</u>). Joseph D Olsen, fees awarded: \$2226.00, expenses awarded: \$0.00. Signed on 5/15/2017. (Gossett, Valerie) (Entered: 05/15/2017)
06/29/2017	● <u>49</u> (8 pgs)	<input type="checkbox"/>	Final Account and Application to Close Case and Discharge Trustee Filed by U.S. Trustee Patrick S Layng. (Layng, Patrick) (Entered: 06/29/2017)
06/30/2017	● <u>50</u>		Bankruptcy Case Closed and Trustee Discharged . (Gossett, Valerie) (Entered: 06/30/2017) 

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or

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UNITED STATES
BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

3245413 - MM

November 15, 2022
13:05:07

COPY
14-83578-TML7

Debtor.: PAUL R DULBERG

Trustee: Joseph Olsen

Qty....: 254 @ \$0.50

Amount.: \$127.00 CA

Total-> \$127.00

FROM: PAUL DULBERG

BI (Official Form 1)(04/13)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Dulberg, Paul R			Name of Joint Debtor (Spouse) (Last, First, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-4001			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)		
Street Address of Debtor (No. and Street, City, and State): 4606 Hayden Court McHenry, IL			Street Address of Joint Debtor (No. and Street, City, and State):		
ZIP Code 60051-7918			ZIP Code		
County of Residence or of the Principal Place of Business: McHenry			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):		
ZIP Code			ZIP Code		
Location of Principal Assets of Business Debtor (if different from street address above):					
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.				THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Dulberg, Paul R	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> /s/ David L. Stretch Signature of Attorney for Debtor(s) David L. Stretch 6228693 </div> <div style="text-align: right;"> November 26, 2014 (Date) </div> </div>		
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="margin-left: 100px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 100px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):
Dulberg, Paul R

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Paul R Dulberg

Signature of Debtor **Paul R Dulberg**

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 26, 2014

Date

Signature of Attorney*

X /s/ David L. Stretch

Signature of Attorney for Debtor(s)

David L. Stretch 6228693

Printed Name of Attorney for Debtor(s)

The Law Office of David L. Stretch

Firm Name

**5447 W. Bull Valley Road
McHenry, IL 60050-7410**

Address

Email: **stretchlaw@gmail.com**

815-578-0055 Fax: 815-425-6000

Telephone Number

November 26, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**

Debtor(s)

Case No.

Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Paul R Dulberg
Paul R Dulberg

Date: November 26, 2014

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**,
Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	140,000.00		
B - Personal Property	Yes	3	1,680.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		124,358.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		88,288.31	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			0.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,372.00
Total Number of Sheets of ALL Schedules		17			
Total Assets			141,680.00		
Total Liabilities				212,646.31	

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**,
Debtor

Case No. _____

Chapter **7**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	0.00
Average Expenses (from Schedule J, Line 22)	1,372.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		88,288.31
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		88,288.31

B6A (Official Form 6A) (12/07)

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Location: 4606 Hayden Court, McHenry IL 60051-7918	Fee Simple	-	140,000.00	124,358.00

Sub-Total > **140,000.00** (Total of this page)

Total > **140,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	30.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		McHenry Bank & Trust checking account xxxx-5528	-	300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	350.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **1,680.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet **1** of **2** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	0.00
(Total of this page)	
Total >	1,680.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-901	15,000.00	140,000.00
<u>Cash on Hand</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-1001(b)	30.00	30.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
McHenry Bank & Trust checking account xxxx-5528	735 ILCS 5/12-1001(b)	300.00	300.00
<u>Household Goods and Furnishings</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
<u>Wearing Apparel</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-1001(a)	350.00	350.00

Total: **16,680.00** **141,680.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H U S B A N D W I F E J O I N T O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No. xxxxx7987 ABN AMRO Mortgage Group	-	Opened 11/30/01 Last Active 8/14/14 Location: 4606 Hayden Court, McHenry IL 60051-7918					
		Value \$ 140,000.00				124,358.00	0.00
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)						124,358.00	0.00
Total (Report on Summary of Schedules)						124,358.00	0.00

0 continuation sheets attached

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Code debtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxA380 Alexian Brothers Medical Group PO Box 5588 Belfast, ME 04915-5500		-	Medical services				153.00
Account No. xxxxx # x8062 Associated Neurology SC 1900 Hollister Drive Suite 250 Libertyville, IL 60048-5249		-	Medical services - Attn: Dr. Levin				3,015.00
Account No. xxxx xxxxxx x6060 Bank of America PO Box 982235 El Paso, TX 79998		-	Opened 12/01/00 Last Active 7/02/14 Credit Card - Accelerated				6,660.24
Account No. xxxx xxxx xxxx 6628 Capital One Bank Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130		-	Opened 5/01/00 Last Active 7/01/14 Charge Account - Visa Business Card				10,043.35
Subtotal (Total of this page)							19,871.59

3 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			Medical services				
Dr. Frank W. Sek 4606 W. Elm Street McHenry, IL 60050		-					590.00
Account No. xxxxxx0185			Medical services				
Dynamic Hand Therapy & Rehab 498 S. US Highway 12 Suite C Fox Lake, IL 60020		-					30,190.00
Account No. x0330			Medical services				
Hand Surgery Associates, SC Dr. Sagerman / Dr. Biafora 515 W. Algonquin Road Arlington Heights, IL 60005		-					9,319.00
Account No. xxxxxx-xMRIG			Medical services				
McHenry Radiologists & Imaging PO Box 220 McHenry, IL 60051		-					50.00
Account No. xxx2454			Medical services				
MidAmerica Hand to Shoulder Clinic Dr. Talerico 75 Remittance Drive, Suite 6035 Chicago, IL 60675		-					390.00
Subtotal (Total of this page)							40,539.00

Sheet no. 1 of 3 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx3233 Moraine Emergency Physicians PO Box 8759 Philadelphia, PA 19101-8759		-	Medical services				1,346.00
Account No. xxxxx-x0323 Northern Illinois Medical Center 4201 Medical Center Drive McHenry, IL 60050		-	Medical services				1,323.75
Account No. xxxxx5382 Northwest Community Hospital 25709 Network Place Chicago, IL 60673		-	Medical services				6,366.00
Account No. xxxxx5382 Northwest Suburban Anesthesiologists 8163 Solutions Center Chicago, IL 60677-8001		-	Medical services				1,365.00
Account No. xxxxx-x59 00 Oak Trust Credit Union 1 South 450 Summit Avenue Oakbrook Terrace, IL 60181		-	Opened 3/01/97 Last Active 7/23/14 Credit Card				716.00
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							11,116.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx5065 Open Advanced MRI of Round Lake Medchex PO Box 502 Katonah, NY 10536		-	Medical services				3,390.00
Account No. Walgreens 3925 W. Elm Street McHenry, IL 60050		-	Medical services				48.68
Account No. Walmart Pharmacy 3801 Running Brook Farms Boulevard Johnsburg, IL 60051		-	Medical services				821.29
Account No. xxxx xxxx xxxx 3318 Worlds Foremost Bank NA 4800 NW 1st Street Suite 300 Lincoln, NE 68521		-	Opened 5/01/01 Last Active 6/19/14 Credit Card - Cabelas Visa				12,501.00
Account No. 							
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 16,760.97
Total (Report on Summary of Schedules)							88,288.31

In re **Paul R Dulberg**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

B6H (Official Form 6H) (12/07)

In re **Paul R Dulberg**

Debtor(s)

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight years immediately preceding the commencement of this case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Fill in this information to identify your case:

Debtor 1 Paul R Dulberg

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

Disabled

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ N/A

Debtor 1 **Paul R Dulberg**

Case number (if known)

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 0.00	\$ N/A

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: _____

5a.	\$ 0.00	\$ N/A
5b.	\$ 0.00	\$ N/A
5c.	\$ 0.00	\$ N/A
5d.	\$ 0.00	\$ N/A
5e.	\$ 0.00	\$ N/A
5f.	\$ 0.00	\$ N/A
5g.	\$ 0.00	\$ N/A
5h.	\$ 0.00	\$ N/A

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 0.00	\$ N/A
----	---------	--------

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ 0.00	\$ N/A
----	---------	--------

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 0.00	\$ N/A
-----	---------	--------

8b. Interest and dividends

8b.	\$ 0.00	\$ N/A
-----	---------	--------

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ 0.00	\$ N/A
-----	---------	--------

8d. Unemployment compensation

8d.	\$ 0.00	\$ N/A
-----	---------	--------

8e. Social Security

8e.	\$ 0.00	\$ N/A
-----	---------	--------

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f.	\$ 0.00	\$ N/A
-----	---------	--------

8g. Pension or retirement income

8g.	\$ 0.00	\$ N/A
-----	---------	--------

8h. Other monthly income. Specify: _____

8h.	\$ 0.00	\$ N/A
-----	---------	--------

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 0.00	\$ N/A
----	---------	--------

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 0.00	+	\$ N/A	=	\$ 0.00
-----	---------	---	--------	---	---------

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ 0.00

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 Paul R Dulberg

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 997.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 200.00

4b. \$ 75.00

4c. \$ 100.00

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Paul R Dulberg**

Case number (if known)

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	0.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	0.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	0.00
10. Personal care products and services	10. \$	0.00
11. Medical and dental expenses	11. \$	0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	0.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
16. \$		0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
17d. Other. Specify: _____	17d. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
18. \$		0.00
19. Other payments you make to support others who do not live with you.		
19. \$		0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other. Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		22. \$ 1,372.00
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	0.00
23b. Copy your monthly expenses from line 22 above.	23b. -\$	1,372.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.		23c. \$ -1,372.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**

Debtor(s)

Case No.

Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **19** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **November 26, 2014**

Signature **/s/ Paul R Dulberg**

Paul R Dulberg

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Paul R Dulberg**

Debtor(s)

Case No.

Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None ☒ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

B7 (Official Form 7) (04/13)

2

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	-------------------------	---------------------------------	--------------------------

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

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5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
The Law Office of David L. Stretch 5447 W. Bull Valley Road McHenry, IL 60050-7410	9/26/2014	\$1,868.00

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10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input type="checkbox"/> b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		
NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None



b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **November 26, 2014**

Signature **/s/ Paul R Dulberg**
Paul R Dulberg
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**

Debtor(s)

Case No.

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: ABN AMRO Mortgage Group	Describe Property Securing Debt: Location: 4606 Hayden Court, McHenry IL 60051-7918
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Will continue to make payments.</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **November 26, 2014**

Signature **/s/ Paul R Dulberg**

Paul R Dulberg

Debtor

United States Bankruptcy Court
Northern District of Illinois

In re Paul R Dulberg

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,868.00</u>
Prior to the filing of this statement I have received	\$	<u>1,868.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: November 26, 2014

/s/ David L. Stretch

David L. Stretch 6228693
The Law Office of David L. Stretch
5447 W. Bull Valley Road
McHenry, IL 60050-7410
815-578-0055 Fax: 815-425-6000
stretchlaw@gmail.com

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Paul R Dulberg

Printed Name(s) of Debtor(s)

X **/s/ Paul R Dulberg**

Signature of Debtor

November 26, 2014

Date

Case No. (if known) _____

X _____

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re **Paul R Dulberg** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **23**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **November 26, 2014**

/s/ Paul R Dulberg
Paul R Dulberg
Signature of Debtor

ABN AMRO Mortgage Group

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

Bank of America
PO Box 982235
El Paso, TX 79998

Bank of America
PO Box 851001
Dallas, TX 75285-1001

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130

Capital One Bank (USA), N.A.
PO Box 6492
Carol Stream, IL 60197-6492

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050

Dynamic Hand Therapy & Rehab
498 S. US Highway 12
Suite C
Fox Lake, IL 60020

Hand Surgery Associates, SC
Dr. Sagerman / Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005

McHenry Radiologists & Imaging
PO Box 220
McHenry, IL 60051

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673

Northwest Suburban Anesthesiologists
8163 Solutions Center
Chicago, IL 60677-8001

Oak Trust Credit Union
1 South 450 Summit Avenue
Oakbrook Terrace, IL 60181

Oak Trust Credit Union
1811 W. Diehl Road
Suite 700
Naperville, IL 60563

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536

Walgreens
3925 W. Elm Street
McHenry, IL 60050

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051

Worlds Foremost Bank NA
4800 NW 1st Street
Suite 300
Lincoln, NE 68521

B1 (Official Form 1) (04/13)

Page 3

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Paul R Dulberg

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X *Paul R Dulberg*
Signature of Debtor **Paul R Dulberg**

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

November 26, 2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney*

X **/s/ David L. Stretch**

Signature of Attorney for Debtor(s)

David L. Stretch 6228693

Printed Name of Attorney for Debtor(s)

The Law Office of David L. Stretch

Firm Name

5447 W. Bull Valley Road

McHenry, IL 60050-7410

Address

Email: stretchlaw@gmail.com

815-578-0055 Fax: 815-425-6000

Telephone Number

November 26, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

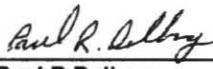
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 
Paul R Dulberg

Date: November 26, 2014

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Illinois

In re Paul R Dulberg

Debtor(s)

Case No.

Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date November 26, 2014

Signature


Paul R Dulberg

Debtor

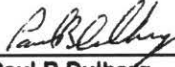
Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)
8

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date November 26, 2014

Signature



Paul R Dulberg
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

**United States Bankruptcy Court
Northern District of Illinois**

In re Paul R Dulberg

Debtor(s)

Case No.

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: ABN AMRO Mortgage Group	Describe Property Securing Debt: Location: 4606 Hayden Court, McHenry IL 60051-7918
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Will continue to make payments.</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

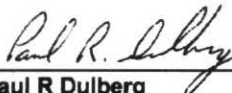
PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date November 26, 2014

Signature


Paul R Dulberg
Debtor

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Northern District of Illinois**

In re Paul R Dulberg

Debtor(s)

Case No.

Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Paul R Dulberg

Printed Name(s) of Debtor(s)

X

Paul R. Dulberg
Signature of Debtor

November 26, 2014

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Illinois**

In re Paul R Dulberg

Debtor(s)

Case No. _____


Chapter 7

VERIFICATION OF CREDITOR MATRIX

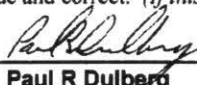
Number of Creditors: 23

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 26, 2014



Paul R Dulberg
Signature of Debtor

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	
Part VII. ADDITIONAL EXPENSE CLAIMS		
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	
	\$	
Part VIII. VERIFICATION		
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> Date: <u>November 26, 2014</u> Signature: <u></u> <div style="text-align: right; margin-right: 100px;"> Paul R Dulberg (Debtor) </div>	

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B22A (Official Form 22A) (Chapter 7) (04/13)

In re Paul R Dulberg
Debtor(s)
Case Number: _____
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
☒ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed;</p> <p>OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION																
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.															
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income												
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 0.00	\$												
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="width: 10%;">Debtor</th> <th style="width: 10%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a. Gross receipts	\$ 0.00	\$	b. Ordinary and necessary business expenses	\$ 0.00	\$	c. Business income	Subtract Line b from Line a		\$ 0.00	\$
	Debtor	Spouse														
a. Gross receipts	\$ 0.00	\$														
b. Ordinary and necessary business expenses	\$ 0.00	\$														
c. Business income	Subtract Line b from Line a															
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="width: 10%;">Debtor</th> <th style="width: 10%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a. Gross receipts	\$ 0.00	\$	b. Ordinary and necessary operating expenses	\$ 0.00	\$	c. Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$
	Debtor	Spouse														
a. Gross receipts	\$ 0.00	\$														
b. Ordinary and necessary operating expenses	\$ 0.00	\$														
c. Rent and other real property income	Subtract Line b from Line a															
6	Interest, dividends, and royalties.		\$ 0.00	\$												
7	Pension and retirement income.		\$ 0.00	\$												
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$ 0.00	\$												
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		\$ 0.00	\$												
	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$ 0.00</td> <td style="width: 30%;">Spouse \$</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$	\$ 0.00	\$									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$														
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		\$ 0.00	\$												
	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="width: 10%;">Debtor</th> <th style="width: 10%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>			Debtor	Spouse	a.	\$	\$	b.	\$	\$	\$ 0.00	\$			
	Debtor	Spouse														
a.	\$	\$														
b.	\$	\$														
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 0.00	\$												

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$	0.00
Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	0.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>IL</u> b. Enter debtor's household size: <u>1</u>	\$	47,469.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)																			
16	Enter the amount from Line 12.	\$																	
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.		\$																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;"></td> <td style="width: 40%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$						
a.		\$																	
b.		\$																	
c.		\$																	
d.		\$																	
	Total and enter on Line 17		\$																
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$																	
Part V. CALCULATION OF DEDUCTIONS FROM INCOME																			
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																			
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.		\$																
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.		\$																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Persons under 65 years of age</th> <th colspan="2" style="text-align: left;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 45%;">Allowance per person</td> <td style="width: 5%;">a2.</td> <td style="width: 45%;">Allowance per person</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>b2.</td> <td>Number of persons</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table>		Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	a2.	Allowance per person	b1.	Number of persons	b2.	Number of persons	c1.	Subtotal	c2.	Subtotal	
Persons under 65 years of age		Persons 65 years of age or older																	
a1.	Allowance per person	a2.	Allowance per person																
b1.	Number of persons	b2.	Number of persons																
c1.	Subtotal	c2.	Subtotal																
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.		\$																

B22A (Official Form 22A) (Chapter 7) (04/13)

4

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </tbody> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </tbody> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>		a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **05/01/2014** to **10/31/2014**.

Non-CMI - Social Security Act Income

Source of Income: **Social Security Disability Award**

Income by Month:

6 Months Ago:	<u>05/2014</u>	<u>\$0.00</u>
5 Months Ago:	<u>06/2014</u>	<u>\$0.00</u>
4 Months Ago:	<u>07/2014</u>	<u>\$30,000.00</u>
3 Months Ago:	<u>08/2014</u>	<u>\$0.00</u>
2 Months Ago:	<u>09/2014</u>	<u>\$0.00</u>
Last Month:	<u>10/2014</u>	<u>\$0.00</u>
	Average per month:	<u>\$5,000.00</u>

Certificate Number: 00555-ILN-CC-024402080



00555-ILN-CC-024402080

CERTIFICATE OF COUNSELING

I CERTIFY that on October 21, 2014, at 3:57 o'clock PM EDT, Paul R Dulberg received from Advisory Credit Management, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 21, 2014 By: /s/Patricio Ramos

Name: Patricio Ramos

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

**BANKRUPTCY ATTORNEY FEE CONTRACT BETWEEN CLIENT
AND THE LAW OFFICE OF DAVID L. STRETCH**

If you receive bankruptcy services from the Law Office of David L. Stretch ("law firm"), federal law requires the execution of a written Contract between the law firm and you. If you wish to retain the law firm for bankruptcy services, you must execute this contract.

Our office will file a bankruptcy proceeding with all the documents and materials required to be filed therewith for the fees and charges as set forth below. An attorney from this law firm will also meet with you at the first Section 341 Meeting of Creditors. The United States Bankruptcy Court will charge a filing fee as listed below.

Because bankruptcy proceedings are not identical and we are not able to tell in advance all of the services that you may need, we have listed additional possible fees below that may or may not apply to your bankruptcy proceeding. The law firm reserves the right to modify the fees listed below prior to the time you hire us. If you sign below, you are agreeing to do the following:

1. To completely and honestly fill out all of the forms given to you and provide truthful information in regard to all bankruptcy forms.
2. To provide all the documentation requested.
3. To promptly respond to any inquiries made by the law firm.
4. To pay all additional fees no later than 30 days after billing.

The required retainer for legal fees in this Chapter 7 bankruptcy proceeding is \$1,868.00. We accept cash, checks, or money orders. We do not accept the client's credit cards for payment. The down payment or retainer covers the following services:

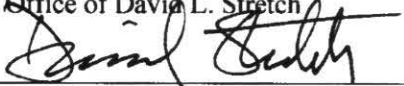
1. Preparation of the bankruptcy petition, schedules and basic services.
2. The court filing fee of \$335.00 (charged by the United States Bankruptcy Court), if not waived.
3. Attendance at the first Section 341 Meeting of Creditors.
4. Review and provide counsel with respect to Reaffirmation Agreements.
5. Communicate and correspond with the Bankruptcy Trustee regarding case administration.

6. Payment of a \$33.00 fee to CIN Legal Data Services for tri-merge consumer credit reports.

HOURLY FEES REQUIRING ADDITIONAL RETAINER BEFORE SERVICES:

1. \$250.00 Objection to Motion to Lift Automatic Stay
2. \$250.00 Objections to Discharge
3. \$250.00 Dispute over exemption or preferential transfer
4. \$250.00 Defense of Adversary Proceedings
5. \$250.00 Defense of Motion to Convert or Dismiss


Paul R. Dulberg, Client ✓

The Law Office of David L. Stretch
By: 
David L. Stretch
Attorney at Law

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 11/26/14.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

**Creditors — Do not file this notice in connection with any proof of claim you submit to the court.
See Reverse Side For Important Explanations**

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

Case Number: 14-83578
Office Code: 3

Social Security / Individual Taxpayer ID / Employer Tax ID / Other
nos:
xxx-xx-4001

Attorney for Debtor(s) (name and address):

David L. Stretch
Law Office of David L. Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410
Telephone number: 815-578-0055

Bankruptcy Trustee (name and address):

Megan G Heeg
Ehrmann Gehlbach Badger Lee & Considine
Pob 447- 215 E First St, Ste 100
Dixon, IL 61021
Telephone number: 815-288-4949

Meeting of Creditors:

Date: **December 30, 2014**

Time: **10:00 AM**

Location: **308 West State Street, Room 40, Rockford, IL 61101**

All debtors are required to attend and bring a picture ID and proof of their Social Security Number to the 341 meeting.

Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

Deadlines:

Papers must be *received* by the bankruptcy clerk's office by the following deadlines:

Deadline to Object to Debtor's Discharge or to Challenge Dischargeability of Certain Debts: 3/2/15

Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

Creditors May Not Take Certain Actions:

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

Creditor with a Foreign Address:

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office:

Western Division
327 South Church Street
Rockford, IL 61101
Telephone number: 1-866-222-8029

For the Court:

Clerk of the Bankruptcy Court:
Jeffrey P. Allsteadt

Hours Open: Monday – Friday 8:30 AM – 4:30 PM

Date: December 1, 2014

EXPLANATIONS

B9A (Official Form 9A) (12/12)

Filing of Chapter 7 Bankruptcy Case	A bankruptcy case under chapter 7 of the Bankruptcy Code (title 11, United States Code) has been filed in this court by or against the debtor(s) listed on the front side, and an order for relief has been entered.
Legal Advice	The staff of the bankruptcy clerk's office cannot give legal advice. Consult a lawyer to determine your rights in this case.
Creditors Generally May Not Take Certain Actions	Prohibited collection actions are listed in Bankruptcy Code §362. Common examples of prohibited actions include contacting the debtor by telephone, mail or otherwise to demand repayment; taking actions to collect money or obtain property from the debtor; repossessing the debtor's property; starting or continuing lawsuits or foreclosures; and garnishing or deducting from the debtor's wages. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay.
Presumption of Abuse	If the presumption of abuse arises, creditors may have the right to file a motion to dismiss the case under § 707(b) of the Bankruptcy Code. The debtor may rebut the presumption by showing special circumstances.
Meeting of Creditors	A meeting of creditors is scheduled for the date, time and location listed on the front side. <i>The debtor (both spouses in a joint case) must be present at the meeting to be questioned under oath by the trustee and by creditors.</i> Creditors are welcome to attend, but are not required to do so. The meeting may be continued and concluded at a later date specified in a notice filed with the court.
Do Not File a Proof of Claim at This Time	There does not appear to be any property available to the trustee to pay creditors. <i>You therefore should not file a proof of claim at this time.</i> If it later appears that assets are available to pay creditors, you will be sent another notice telling you that you may file a proof of claim, and telling you the deadline for filing your proof of claim. If this notice is mailed to a creditor at a foreign address, the creditor may file a motion requesting the court to extend the deadline. <i>Do not include this notice with any filing you make with the court.</i>
Discharge of Debts	The debtor is seeking a discharge of most debts, which may include your debt. A discharge means that you may never try to collect the debt from the debtor. If you believe that the debtor is not entitled to receive a discharge under Bankruptcy Code §727(a) or that a debt owed to you is not dischargeable under Bankruptcy Code §523(a)(2), (4), or (6), you must file a complaint — or a motion if you assert the discharge should be denied under § 727(a)(8) or (a)(9) — in the bankruptcy clerk's office by the "Deadline to Object to Debtor's Discharge or to Challenge the Dischargeability of Certain Debts" listed on the front of this form. The bankruptcy clerk's office must receive the complaint or motion and any required filing fee by that deadline.
Exempt Property	The debtor is permitted by law to keep certain property as exempt. Exempt property will not be sold and distributed to creditors. The debtor must file a list of all property claimed as exempt. You may inspect that list at the bankruptcy clerk's office. If you believe that an exemption claimed by the debtor is not authorized by law, you may file an objection to that exemption. The bankruptcy clerk's office must receive the objections by the "Deadline to Object to Exemptions" listed on the front side.
Bankruptcy Clerk's Office	Any paper that you file in this bankruptcy case should be filed at the bankruptcy clerk's office at the address listed on the front side. You may inspect all papers filed, including the list of the debtor's property and debts and the list of the property claimed as exempt, at the bankruptcy clerk's office.
Creditor with a Foreign Address	Consult a lawyer familiar with United States bankruptcy law if you have any questions regarding your rights in this case.
--- Refer to Other Side for Important Deadlines and Notices ---	

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

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Dixon, IL 61021
Telephone number: 815-288-4949

Meeting of Creditors:

Date: **December 30, 2014**

Time: **10:00 AM**

Location: **308 West State Street, Room 40, Rockford, IL 61101**

All debtors are required to attend and bring a picture ID and proof of their Social Security Number to the 341 meeting.

Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

Deadlines:

Papers must be *received* by the bankruptcy clerk's office by the following deadlines:

Deadline to Object to Debtor's Discharge or to Challenge Dischargeability of Certain Debts: 3/2/15

Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

Creditors May Not Take Certain Actions:

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

Creditor with a Foreign Address:

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office:

Western Division
327 South Church Street
Rockford, IL 61101
Telephone number: 1-866-222-8029

For the Court:

Clerk of the Bankruptcy Court:
Jeffrey P. Allsteadt

Hours Open: Monday – Friday 8:30 AM – 4:30 PM

Date: December 1, 2014

EXPLANATIONS

B9A (Official Form 9A) (12/12)

Filing of Chapter 7 Bankruptcy Case	A bankruptcy case under chapter 7 of the Bankruptcy Code (title 11, United States Code) has been filed in this court by or against the debtor(s) listed on the front side, and an order for relief has been entered.
Legal Advice	The staff of the bankruptcy clerk's office cannot give legal advice. Consult a lawyer to determine your rights in this case.
Creditors Generally May Not Take Certain Actions	Prohibited collection actions are listed in Bankruptcy Code §362. Common examples of prohibited actions include contacting the debtor by telephone, mail or otherwise to demand repayment; taking actions to collect money or obtain property from the debtor; repossessing the debtor's property; starting or continuing lawsuits or foreclosures; and garnishing or deducting from the debtor's wages. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay.
Presumption of Abuse	If the presumption of abuse arises, creditors may have the right to file a motion to dismiss the case under § 707(b) of the Bankruptcy Code. The debtor may rebut the presumption by showing special circumstances.
Meeting of Creditors	A meeting of creditors is scheduled for the date, time and location listed on the front side. <i>The debtor (both spouses in a joint case) must be present at the meeting to be questioned under oath by the trustee and by creditors.</i> Creditors are welcome to attend, but are not required to do so. The meeting may be continued and concluded at a later date specified in a notice filed with the court.
Do Not File a Proof of Claim at This Time	There does not appear to be any property available to the trustee to pay creditors. <i>You therefore should not file a proof of claim at this time.</i> If it later appears that assets are available to pay creditors, you will be sent another notice telling you that you may file a proof of claim, and telling you the deadline for filing your proof of claim. If this notice is mailed to a creditor at a foreign address, the creditor may file a motion requesting the court to extend the deadline. <i>Do not include this notice with any filing you make with the court.</i>
Discharge of Debts	The debtor is seeking a discharge of most debts, which may include your debt. A discharge means that you may never try to collect the debt from the debtor. If you believe that the debtor is not entitled to receive a discharge under Bankruptcy Code §727(a) or that a debt owed to you is not dischargeable under Bankruptcy Code §523(a)(2), (4), or (6), you must file a complaint — or a motion if you assert the discharge should be denied under § 727(a)(8) or (a)(9) — in the bankruptcy clerk's office by the "Deadline to Object to Debtor's Discharge or to Challenge the Dischargeability of Certain Debts" listed on the front of this form. The bankruptcy clerk's office must receive the complaint or motion and any required filing fee by that deadline.
Exempt Property	The debtor is permitted by law to keep certain property as exempt. Exempt property will not be sold and distributed to creditors. The debtor must file a list of all property claimed as exempt. You may inspect that list at the bankruptcy clerk's office. If you believe that an exemption claimed by the debtor is not authorized by law, you may file an objection to that exemption. The bankruptcy clerk's office must receive the objections by the "Deadline to Object to Exemptions" listed on the front side.
Bankruptcy Clerk's Office	Any paper that you file in this bankruptcy case should be filed at the bankruptcy clerk's office at the address listed on the front side. You may inspect all papers filed, including the list of the debtor's property and debts and the list of the property claimed as exempt, at the bankruptcy clerk's office.
Creditor with a Foreign Address	Consult a lawyer familiar with United States bankruptcy law if you have any questions regarding your rights in this case.
— Refer to Other Side for Important Deadlines and Notices —	

In re:
Paul R Dulberg
DebtorCase No. 14-83578-TML
Chapter 7**CERTIFICATE OF NOTICE**

District/off: 0752-3

User: vgossett
Form ID: b9aPage 1 of 1
Total Noticed: 23

Date Rcvd: Dec 01, 2014

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Dec 03, 2014.

db Paul R Dulberg, 4606 Hayden Court, McHenry, IL 60051-7918
 22679060 Alexian Brothers Medical Group, PO Box 5588, Belfast, ME 04915-5500
 22679061 Associated Neurology SC, 1900 Hollister Drive, Suite 250, Libertyville, IL 60048-5249
 22679064 Cabelas Visa Center, World's Foremost Bank, PO Box 82609, Lincoln, NE 68501-2609
 22679068 +Dynamic Hand Therapy & Rehab, 498 S. US Highway 12, Suite C, Fox Lake, IL 60020-1908
 22679069 +Hand Surgery Associates, SC, Dr. Sagerman / Dr. Biafora, 515 W. Algonquin Road, Arlington Heights, IL 60005-4405
 22679070 +McHenry Radiologists & Imaging, PO Box 220, McHenry, IL 60051-0220
 22679071 +MidAmerica Hand to Shoulder Clinic, Dr. Talerico, 75 Remittance Drive, Suite 6035, Chicago, IL 60675-6035
 22679073 +Northern Illinois Medical Center, 4201 Medical Center Drive, McHenry, IL 60050-8499
 22679074 +Northwest Community Hospital, 25709 Network Place, Chicago, IL 60673-1257
 22679075 Northwest Suburban Anesthesiologists, 8163 Solutions Center, Chicago, IL 60677-8001
 22679076 Oak Trust Credit Union, 1 South 450 Summit Avenue, Oakbrook Terrace, IL 60181
 22679078 +Open Advanced MRI of Round Lake, Medchex, PO Box 502, Katonah, NY 10536-0502
 22679079 +Walgreens, 3925 W. Elm Street, McHenry, IL 60050-4361
 22679080 +Walmart Pharmacy, 3801 Running Brook Farms Boulevard, Johnsbury, IL 60051-5425
 22679081 +Worlds Foremost Bank NA, 4800 NW 1st Street, Suite 300, Lincoln, NE 68521-4463

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

aty E-mail/Text: stretchlaw@gmail.com Dec 02 2014 01:34:12 David L. Stretch,
 Law Office of David L. Stretch, 5447 West Bull Valley Road, McHenry, IL 60050-7410
 tr +E-mail/Text: kathy@egblc.com Dec 02 2014 01:37:17 Megan G Heeg,
 Ehrmann Gehlbach Badger Lee & Considine, Pob 447- 215 E First St, Ste 100,
 Dixon, IL 61021-0447
 22679062 EDI: BANKAMER.COM Dec 02 2014 01:08:00 Bank of America, PO Box 982235,
 El Paso, TX 79998
 22679063 EDI: BANKAMER.COM Dec 02 2014 01:08:00 Bank of America, PO Box 851001,
 Dallas, TX 75285-1001
 22679065 +EDI: CAPITALONE.COM Dec 02 2014 01:08:00 Capital One Bank, Attn: General Correspondence,
 PO Box 30285, Salt Lake City, UT 84130-0285
 22679066 EDI: CAPITALONE.COM Dec 02 2014 01:08:00 Capital One Bank (USA), N.A., PO Box 6492,
 Carol Stream, IL 60197-6492
 22679077 +E-mail/Text: jdean@oaktrust.com Dec 02 2014 01:36:12 Oak Trust Credit Union,
 1811 W. Diehl Road, Suite 700, Naperville, IL 60563-6425

TOTAL: 7

***** BYPASSED RECIPIENTS (undeliverable, * duplicate) *****

22679059 ABN AMRO Mortgage Group
 22679067 ##+Dr. Frank W. Sek, 4606 W. Elm Street, McHenry, IL 60050-4015
 22679072 ##Moraine Emergency Physicians, PO Box 8759, Philadelphia, PA 19101-8759

TOTALS: 1, * 0, ## 2

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
 USPS regulations require that automation-compatible mail display the correct ZIP.

Addresses marked '##' were identified by the USPS National Change of Address system as undeliverable. Notices will no longer be delivered by the USPS to these addresses; therefore, they have been bypassed. The debtor's attorney or pro se debtor was advised that the specified notice was undeliverable.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Dec 03, 2014

Signature: /s/Joseph Speetjens**CM/ECF NOTICE OF ELECTRONIC FILING**

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on December 1, 2014 at the address(es) listed below:

David L. Stretch on behalf of Debtor Paul R Dulberg stretchlaw@gmail.com
 Megan G Heeg heeg@egblc.com, IL55@ecfcbis.com
 Patrick S Layng USTPRegion11.MD.ECF@usdoj.gov

TOTAL: 3

United States Bankruptcy Court
Northern District of Illinois

In re Paul R Dulberg

Debtor(s)

Case No. 14-83578

Chapter 7

**DEBTOR'S CERTIFICATION OF COMPLETION OF POSTPETITION INSTRUCTIONAL
COURSE CONCERNING PERSONAL FINANCIAL MANAGEMENT**

This form should not be filed if an approved provider of a postpetition instructional course concerning personal financial management has already notified the court of the debtor's completion of the course. Otherwise, every individual debtor in a chapter 7 or a chapter 13 case or in a chapter 11 case in which § 1141(d)(3) applies must file this certification. If a joint petition is filed and this certification is required, each spouse must complete and file a separate certification. Complete one of the following statements and file by the deadline stated below:

☒ I, Paul R Dulberg, the debtor in the above-styled case, hereby certify that on 1/8/2015, I completed an instructional course in personal financial management provided by Start Fresh Today Instructional, LLC, an approved personal financial management provider.

Certificate No. (if any): 03844-ILN-DE-024815011.

☐ I, _____, the debtor in the above-styled case, hereby certify that no personal financial management course is required because of [Check the appropriate box.]:

☐ Incapacity or disability, as defined in 11 U.S.C. § 109(h);

☐ Active military duty in a military combat zone; or

☐ Residence in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved instructional courses are not adequate at this time to serve the additional individuals who would otherwise be required to complete such courses.

Signature of Debtor: /s/ Paul R Dulberg
Paul R Dulberg

Date: January 8, 2015

Instructions: Use this form only to certify whether you completed a course in personal financial management and only if your course provider has not already notified the court of your completion of the course. (Fed. R. Bankr. P. 1007(b)(7).) Do NOT use this form to file the certificate given to you by your prepetition credit counseling provider and do NOT include with the petition when filing your case.

Filing Deadlines: In a chapter 7 case, file within 60 days of the first date set for the meeting of creditors under § 341 of the Bankruptcy Code. In a chapter 11 or 13 case, file no later than the last payment made by the debtor as required by the plan or the filing of a motion for a discharge under § 1141(d)(5)(B) or § 1328(b) of the Code. (See Fed. R. Bankr. P. 1007(c).)

Certificate Number: 03844-ILN-DE-024815011

Bankruptcy Case Number: 14-83578



03844-ILN-DE-024815011

CERTIFICATE OF DEBTOR EDUCATION

I CERTIFY that on January 8, 2015, at 2:58 o'clock PM EST, Paul R Dulberg completed a course on personal financial management given by internet by Start Fresh Today Instructional, LLC, a provider approved pursuant to 11 U.S.C. § 111 to provide an instructional course concerning personal financial management in the Northern District of Illinois.

Date: January 8, 2015 By: /s/Tatiana Robinson

Name: Tatiana Robinson

Title: Educator

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	30.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		McHenry Bank & Trust checking account xxxx-5528	-	300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	350.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **1,680.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet **1** of **3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Pending personal injury claim. Paul Dulberg, Plaintiff, v. David Gagnon, et al., Defendants. McHenry County, Illinois Case No. 12 LA 178 Estimate value of claim, \$55,000.00, subject to medical liens and attorney fee. Contact: Hans Mast, Attorney, Law Offices of Thomas J. Popovich, P. C., 3416 West Elm Street, McHenry, Illinois 60050, Telephone: 815-344-3797.	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total >	0.00
(Total of this page)	
Total >	1,680.00

(Report also on Summary of Schedules)

United States Bankruptcy Court
Northern District of Illinois

In re **Paul R Dulberg**

Debtor(s)

Case No. **14-83578**

Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS - AMENDED

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None ☒ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

B7 (Official Form 7) (04/13)

2

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	---	--------------------

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Paul Dulberg, Plaintiff, v. David Gagnon, et al., Defendants. Case No. 12 LA 178	Personal Injury	In the Circuit Court of the Twenty-Second Judicial Circuit McHenry County, IL	No discovery. No settlement response has been received from the defendants. No trial date has been set.

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	--	-----------------------------------

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
The Law Office of David L. Stretch 5447 W. Bull Valley Road McHenry, IL 60050-7410	9/26/2014	\$1,868.00

B7 (Official Form 7) (04/13)

4

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
---	---	----------------------------	--

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

B7 (Official Form 7) (04/13)

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15. Prior address of debtor

None



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

B7 (Official Form 7) (04/13)

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18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within **six years** immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None



b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

None



d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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B7 (Official Form 7) (04/13)

7

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---

21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---

22 . Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
------	---------	--------------------

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
------------------	-------	---------------------

23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

B7 (Official Form 7) (04/13)

8

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 8, 2015

Signature /s/ Paul R Dulberg
Paul R Dulberg
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B18 (Official Form 18) (12/07)

United States Bankruptcy Court

Northern District of Illinois

Case No. 14-83578

Chapter 7

In re: Debtor (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade,
and address):

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

Social Security / Individual Taxpayer ID No.:

xxx-xx-4001

Employer Tax ID / Other nos.:

DISCHARGE OF DEBTOR

It appearing that the debtor is entitled to a discharge, **IT IS ORDERED:** The debtor is
granted a discharge under section 727 of title 11, United States Code, (the Bankruptcy Code).

FOR THE COURT

Dated: March 3, 2015

Jeffrey P. Allsteadt, Clerk
United States Bankruptcy Court

SEE THE BACK OF THIS ORDER FOR IMPORTANT INFORMATION.

EXPLANATION OF BANKRUPTCY DISCHARGE IN A CHAPTER 7 CASE

This court order grants a discharge to the person named as the debtor. It is not a dismissal of the case and it does not determine how much money, if any, the trustee will pay to creditors.

Collection of Discharged Debts Prohibited

The discharge prohibits any attempt to collect from the debtor a debt that has been discharged. For example, a creditor is not permitted to contact a debtor by mail, phone, or otherwise, to file or continue a lawsuit, to attach wages or other property, or to take any other action to collect a discharged debt from the debtor. *[In a case involving community property:* There are also special rules that protect certain community property owned by the debtor's spouse, even if that spouse did not file a bankruptcy case.] A creditor who violates this order can be required to pay damages and attorney's fees to the debtor.

However, a creditor may have the right to enforce a valid lien, such as a mortgage or security interest, against the debtor's property after the bankruptcy, if that lien was not avoided or eliminated in the bankruptcy case. Also, a debtor may voluntarily pay any debt that has been discharged.

Debts That are Discharged

The chapter 7 discharge order eliminates a debtor's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different chapter of the Bankruptcy Code and converted to chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

Debts that are Not Discharged.

Some of the common types of debts which are not discharged in a chapter 7 bankruptcy case are:

- a. Debts for most taxes;
- b. Debts incurred to pay nondischargeable taxes (in a case filed on or after October 17, 2005);
- c. Debts that are domestic support obligations;
- d. Debts for most student loans;
- e. Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- f. Debts for personal injuries or death caused by the debtor's operation of a motor vehicle, vessel, or aircraft while intoxicated;
- g. Some debts which were not properly listed by the debtor;
- h. Debts that the bankruptcy court specifically has decided or will decide in this bankruptcy case are not discharged;
- i. Debts for which the debtor has given up the discharge protections by signing a reaffirmation agreement in compliance with the Bankruptcy Code requirements for reaffirmation of debts; and
- j. Debts owed to certain pension, profit sharing, stock bonus, other retirement plans, or to the Thrift Savings Plan for federal employees for certain types of loans from these plans (in a case filed on or after October 17, 2005).

This information is only a general summary of the bankruptcy discharge. There are exceptions to these general rules. Because the law is complicated, you may want to consult an attorney to determine the exact effect of the discharge in this case.

United States Bankruptcy Court

Northern District of Illinois

Case No. 14-83578

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- d. Debts for most student loans;
- e. Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- f. Debts for personal injuries or death caused by the debtor's operation of a motor vehicle, vessel, or aircraft while intoxicated;
- g. Some debts which were not properly listed by the debtor;
- h. Debts that the bankruptcy court specifically has decided or will decide in this bankruptcy case are not discharged;
- i. Debts for which the debtor has given up the discharge protections by signing a reaffirmation agreement in compliance with the Bankruptcy Code requirements for reaffirmation of debts; and
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Certificate of Notice Page 3 of 3

United States Bankruptcy Court
Northern District of IllinoisIn re:
Paul R Dulberg
DebtorCase No. 14-83578-TML
Chapter 7

CERTIFICATE OF NOTICE

District/off: 0752-3

User: admin
Form ID: b18Page 1 of 1
Total Noticed: 21

Date Rcvd: Mar 03, 2015

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Mar 05, 2015.

db Paul R Dulberg, 4606 Hayden Court, McHenry, IL 60051-7918
 22679060 Alexian Brothers Medical Group, PO Box 5588, Belfast, ME 04915-5500
 22679061 Associated Neurology SC, 1900 Hollister Drive, Suite 250, Libertyville, IL 60048-5249
 22679064 Cabelas Visa Center, World's Foremost Bank, PO Box 82609, Lincoln, NE 68501-2609
 22679068 +Dynamic Hand Therapy & Rehab, 498 S. US Highway 12, Suite C, Fox Lake, IL 60020-1908
 22679069 +Hand Surgery Associates, SC, Dr. Sagerman / Dr. Biafora, 515 W. Algonquin Road, Arlington Heights, IL 60005-4405
 22679070 +McHenry Radiologists & Imaging, PO Box 220, McHenry, IL 60051-0220
 22679071 +MidAmerica Hand to Shoulder Clinic, Dr. Talerico, 75 Remittance Drive, Suite 6035, Chicago, IL 60675-6035
 22679073 +Northern Illinois Medical Center, 4201 Medical Center Drive, McHenry, IL 60050-8499
 22679074 +Northwest Community Hospital, 25709 Network Place, Chicago, IL 60673-1257
 22679075 Northwest Suburban Anesthesiologists, 8163 Solutions Center, Chicago, IL 60677-8001
 22679076 Oak Trust Credit Union, 1 South 450 Summit Avenue, Oakbrook Terrace, IL 60181
 22679078 +Open Advanced MRI of Round Lake, Medchex, PO Box 502, Katonah, NY 10536-0502
 22679079 +Walgreens, 3925 W. Elm Street, McHenry, IL 60050-4361
 22679080 +Walmart Pharmacy, 3801 Running Brook Farms Boulevard, Johnsbury, IL 60051-5425
 22679081 +Worlds Foremost Bank NA, 4800 NW 1st Street, Suite 300, Lincoln, NE 68521-4463

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

22679062 EDI: BANKAMER.COM Mar 04 2015 01:23:00 Bank of America, PO Box 982235, El Paso, TX 79998
 22679063 EDI: BANKAMER.COM Mar 04 2015 01:23:00 Bank of America, PO Box 851001, Dallas, TX 75285-1001
 22679065 +EDI: CAPITALONE.COM Mar 04 2015 01:23:00 Capital One Bank, Attn: General Correspondence, PO Box 30285, Salt Lake City, UT 84130-0285
 22679066 EDI: CAPITALONE.COM Mar 04 2015 01:23:00 Capital One Bank (USA), N.A., PO Box 6492, Carol Stream, IL 60197-6492
 22679077 +E-mail/Text: jdean@oaktrust.com Mar 04 2015 01:46:46 Oak Trust Credit Union, 1811 W. Diehl Road, Suite 700, Naperville, IL 60563-6425

TOTAL: 5

***** BYPASSED RECIPIENTS (undeliverable, * duplicate) *****

22679059 ABN AMRO Mortgage Group
 22679067 ##+Dr. Frank W. Sek, 4606 W. Elm Street, McHenry, IL 60050-4015
 22679072 ##Moraine Emergency Physicians, PO Box 8759, Philadelphia, PA 19101-8759

TOTALS: 1, * 0, ## 2

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
 USPS regulations require that automation-compatible mail display the correct ZIP.

Addresses marked '##' were identified by the USPS National Change of Address system as undeliverable. Notices will no longer be delivered by the USPS to these addresses; therefore, they have been bypassed. The debtor's attorney or pro se debtor was advised that the specified notice was undeliverable.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Mar 05, 2015

Signature: /s/Joseph Speetjens

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on March 3, 2015 at the address(es) listed below:

David L. Stretch on behalf of Debtor Paul R Dulberg stretchlaw@gmail.com
 Megan G Heeg heeg@egblc.com, IL55@ecfcbis.com
 Patrick S Layng USTPRegion11.MD.ECF@usdoj.gov

TOTAL: 3

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
)
Debtor.) Judge Thomas M. Lynch

NOTICE OF MOTION TO EMPLOY ATTORNEYS FOR THE TRUSTEE

Megan G. Heeg has filed papers with the Court to employ Megan G. Heeg and the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC as attorneys for the trustee. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Ehrmann Gehlbach Badger Lee & Considine, LLC during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the Court to grant the Motion and want the Court to consider your views on said Motion, then you or your attorney must:

1. File a written response to the above Motion on or before the date set for the hearing on the Motion at the United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101; OR,
2. Attend the hearing scheduled to be held on May 27, 2015, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.


If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to: Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

If you file a response, attend the hearing on the Motion, scheduled to be held on May 27, 2015, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the Motion and grant the same.

Dated: May 20, 2015

/s/ Megan G. Heeg 
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

STATE OF ILLINOIS)
) SS. **PROOF OF SERVICE**
COUNTY OF LEE)

The undersigned, being first duly sworn on oath, deposes and says that she served the within document upon:

Paul R. Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

VIA ECF Filing
Carole Ryczek, Esq.
United States Trustee's Office
780 Regent Street
Suite 304
Madison, WI 53715

VIA ECF Filing
David L. Stretch, Esq.
Law Office of David L. Stretch
5447 W. Bull Valley Road
McHenry, IL 60050-7410

by placing a true and correct copy of said document in an envelope, each addressed as is shown above. (Except for the documents to the U.S. Trustee's office and Debtors' attorney, which should have been served electronically by the Bankruptcy Court).

That she sealed said envelopes and placed sufficient U.S. postage on each; that she deposited said envelopes so sealed and stamped in the United States Mail at Dixon, Illinois, at or about the hour of 5:00 o'clock P.M. on the 20th day of May, 2015.

/s/ Katherine M. Elliott

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

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UNITED STATE BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
Debtor.) Judge Thomas M. Lynch

MOTION TO EMPLOY ATTORNEYS FOR THE TRUSTEE

NOW COMES Megan G. Heeg, Trustee, and for her Motion to Employ Attorneys pursuant to Section 327 of the United States Bankruptcy Code, states as follows:


1. Movant is the duly qualified and acting Trustee in this case.
2. To perform her duties as Trustee, Movant requires the services of attorneys for the following purposes:
 - a. To advise and consult with Movant concerning questions arising in the conduct of the administration of the estate and concerning Movant's rights and remedies with regard to Debtors' interest in any estate assets and the claims of secured, preferred and unsecured creditors and other parties in interest;
 - b. To appear for, prosecute, defend and represent Movant's interest in suits arising in, or related to this case;
 - c. To assist in the preparation of such pleadings, motions, notices and orders as are required for the orderly administration of this estate; and
 - d. To take such legal action as is necessary to collect the assets of the Estate.
3. For the foregoing and all other necessary and proper purposes, Movant petitions the Court for authorization to employ generally the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC as attorneys to represent the Trustee.
4. Because the firm practices in bankruptcy matters and because of its experience in these fields, Movant believes that the firm is qualified to render the foregoing services.
5. That Ehrmann Gehlbach Badger Lee & Considine, LLC has no connections with

the Debtor, creditors, or any party in interest, respective attorneys and accountants, the U.S. Trustee, or any person employed in the office of the U.S. Trustee, except as follows:

- A. The trustee, Megan G. Heeg, is an attorney in the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC;
- B. Megan G. Heeg is a member of the panel of interim trustees which service cases filed in the Northern District of Illinois, Western Division.

6. Movant is informed that the normal hourly rates of said law firm is \$275.00 per hour for Megan G. Heeg. It is contemplated that the firm will seek compensation based on its normal and usual hourly billing rates, subject to approval by the Court.

WHEREFORE, Movant prays that she be authorized to employ the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC generally, and Megan G. Heeg, in particular, as her attorneys, to render services in the areas described above with compensation to be paid as an administrative expense in such amounts as the Court may hereinafter determine and allow.

/s/ Megan G. Heeg 
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
Debtor.) Judge Thomas M. Lynch

AFFIDAVIT

Megan G. Heeg, being first duly sworn, does hereby state under oath as follows:

1. I am an attorney duly admitted to practice in the State of Illinois.
2. I am an associate with the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC and maintain an office at 215 E. First Street, Dixon, IL 61021.
3. To the best of my knowledge, neither I nor the firm have any connection with the Debtor, creditors, or any party in interest, their respective attorneys and accountants, the U.S. Trustee, or any person employed in the office of the U.S. Trustee, except as follows:
 - A. The trustee, Megan G. Heeg, is an attorney with the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC;
 - B. That Megan G. Heeg is a member of the panel of interim trustees which service cases filed in the Northern District of Illinois, Western Division.

FURTHER AFFIANT SAYETH NOT.

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

BY: /s/ Megan G. Heeg
Attorney Megan G. Heeg

Prepared by:
Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:	)	BK No.: 14-83578
PAUL R. DULBERG)	
)	
	)	Chapter: 7
	)	Honorable Thomas M. Lynch
)	
Debtor(s))	

ORDER TO EMPLOY ATTORNEYS FOR THE TRUSTEE

THIS MATTER coming on to be heard on the 27th day of May, 2015, on the Trustee's Motion to Employ Attorneys for the Trustee pursuant to Section 327 of the United States Bankruptcy Code, and the Court being fully advised in the premises;

IT IS HEREBY ORDERED, ADJUDGED AND DECREED, that the Trustee is authorized to employ the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC as attorneys in the above-entitled cause.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

Form NTCFTFC7

United States Bankruptcy Court

Northern District of Illinois

Western Division

327 South Church Street

Rockford, IL 61101

In Re:

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918
SSN: xxx-xx-4001 EIN: N.A.

Case No. : 14-83578
Chapter : 7
Judge : Thomas M. Lynch

Debtor's Attorney:
David L. Stretch
Law Office of David L. Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410

815-578-0055

Trustee:
Megan G Heeg
Ehrmann Gehlbach Badger Lee & Considine
Pob 447- 215 E First St, Ste 100
Dixon, IL 61021

815-288-4949

NOTICE FIXING TIME FOR FILING CLAIMS

To the Debtor(s), Creditors, and other Parties in Interest:

A petition under Chapter 7 of the U.S. Bankruptcy Code has been filed by (or against) the above-named debtor(s) on **November 26, 2014**.

1. **August 26, 2015** is fixed as the last day for the filing of claims by creditors other than governmental units.

2. **August 26, 2015** is fixed as the last day for the filing of claims by governmental units.

In order to have a claim allowed and share in any distribution from the estate, a creditor must file a claim, whether or not the creditor was included in the schedules filed by the debtor(s). Claims which are not filed on or before the date fixed as the last day for the filing of claims as specified in #1 and #2 above, will not be timely, except as otherwise provided by law.

Attorneys must file this claim electronically via the CM/ECF system. Non-Attorneys may file in person or by mail at the Clerk of the Bankruptcy Court's address shown at the top of the form. A Proof of Claim form ("Official Form B 10") can be obtained at the United States Courts Web site: (<http://www.uscourts.gov/FormsAndFees/Forms/BankruptcyForms.aspx>) or at any bankruptcy clerks office.

For the Court,

Dated: May 26, 2015

Jeffrey P. Allsteadt, Clerk
United States Bankruptcy Court

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Western Division

In Re:

PAUL R. DULBERG

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

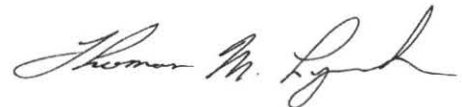
Debtor(s)

ORDER TO EMPLOY ATTORNEYS FOR THE TRUSTEE

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IT IS HEREBY ORDERED, ADJUDGED AND DECREED, that the Trustee is authorized to employ the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC as attorneys in the above-entitled cause.

Enter:



Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: May 27, 2015

Prepared by:

Megan G. Heeg

Ehrmann Gehlbach Badger Lee & Considine, LLC

215 E. First Street, Suite 100

P.O. Box 447

Dixon, IL 61021

(815) 288-4949

(815) 288-3068 (FAX)

heeg@egblc.com

Form NTCFTFC7

United States Bankruptcy Court

Northern District of Illinois

Western Division

327 South Church Street

Rockford, IL 61101

In Re:

Paul R Dulberg

4606 Hayden Court

McHenry, IL 60051-7918

SSN: xxx-xx-4001 EIN: N.A.

Case No. : 14-83578

Chapter : 7

Judge : Thomas M. Lynch

Debtor's Attorney:

David L. Stretch

Law Office of David L. Stretch

5447 West Bull Valley Road

McHenry, IL 60050-7410

815-578-0055

Trustee:

Megan G Heeg

Ehrmann Gehlbach Badger Lee & Considine

Pob 447- 215 E First St, Ste 100

Dixon, IL 61021

815-288-4949

NOTICE FIXING TIME FOR FILING CLAIMS

To the Debtor(s), Creditors, and other Parties in Interest:

A petition under Chapter 7 of the U.S. Bankruptcy Code has been filed by (or against) the above-named debtor(s) on **November 26, 2014**.

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Attorneys must file this claim electronically via the CM/ECF system. Non-Attorneys may file in person or by mail at the Clerk of the Bankruptcy Court's address shown at the top of the form. A Proof of Claim form ("Official Form B 10") can be obtained at the United States Courts Web site: (<http://www.uscourts.gov/FormsAndFees/Forms/BankruptcyForms.aspx>) or at any bankruptcy clerks office.

For the Court,

Dated: May 26, 2015

Jeffrey P. Allsteadt, Clerk

United States Bankruptcy Court

In re:
Paul R Dulberg
DebtorCase No. 14-83578-TML
Chapter 7**CERTIFICATE OF NOTICE**

District/off: 0752-3

User: vgossett
Form ID: ntcftfc7Page 1 of 1
Total Noticed: 21

Date Rcvd: May 26, 2015

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on May 28, 2015.

db Paul R Dulberg, 4606 Hayden Court, McHenry, IL 60051-7918
 22679060 Alexian Brothers Medical Group, PO Box 5588, Belfast, ME 04915-5500
 22679061 Associated Neurology SC, 1900 Hollister Drive, Suite 250, Libertyville, IL 60048-5249
 22679064 Cabelas Visa Center, World's Foremost Bank, PO Box 82609, Lincoln, NE 68501-2609
 22679068 +Dynamic Hand Therapy & Rehab, 498 S. US Highway 12, Suite C, Fox Lake, IL 60020-1908
 22679069 +Hand Surgery Associates, SC, Dr. Sagerman / Dr. Biafora, 515 W. Algonquin Road, Arlington Heights, IL 60005-4405
 22679070 +McHenry Radiologists & Imaging, PO Box 220, McHenry, IL 60051-0220
 22679071 +MidAmerica Hand to Shoulder Clinic, Dr. Talerico, 75 Remittance Drive, Suite 6035, Chicago, IL 60675-6035
 22679073 +Northern Illinois Medical Center, 4201 Medical Center Drive, McHenry, IL 60050-8499
 22679074 +Northwest Community Hospital, 25709 Network Place, Chicago, IL 60673-1257
 22679075 Northwest Suburban Anesthesiologists, 8163 Solutions Center, Chicago, IL 60677-8001
 22679076 Oak Trust Credit Union, 1 South 450 Summit Avenue, Oakbrook Terrace, IL 60181
 22679078 +Open Advanced MRI of Round Lake, Medchex, PO Box 502, Katonah, NY 10536-0502
 22679079 +Walgreens, 3925 W. Elm Street, McHenry, IL 60050-4361
 22679080 +Walmart Pharmacy, 3801 Running Brook Farms Boulevard, Johnsburg, IL 60051-5425
 22679081 +Worlds Foremost Bank NA, 4800 NW 1st Street, Suite 300, Lincoln, NE 68521-4463

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

22679062 EDI: BANKAMER.COM May 27 2015 00:43:00 Bank of America, PO Box 982235, El Paso, TX 79998
 22679063 EDI: BANKAMER.COM May 27 2015 00:43:00 Bank of America, PO Box 851001, Dallas, TX 75285-1001
 22679065 +EDI: CAPITALONE.COM May 27 2015 00:43:00 Capital One Bank, Attn: General Correspondence, PO Box 30285, Salt Lake City, UT 84130-0285
 22679066 EDI: CAPITALONE.COM May 27 2015 00:43:00 Capital One Bank (USA), N.A., PO Box 6492, Carol Stream, IL 60197-6492
 22679077 +E-mail/Text: jdean@oaktrust.com May 27 2015 01:15:00 Oak Trust Credit Union, 1811 W. Diehl Road, Suite 700, Naperville, IL 60563-6425

TOTAL: 5

***** BYPASSED RECIPIENTS (undeliverable, * duplicate) *****

22679059 ABN AMRO Mortgage Group
 22679067 ##+Dr. Frank W. Sek, 4606 W. Elm Street, McHenry, IL 60050-4015
 22679072 ##Moraine Emergency Physicians, PO Box 8759, Philadelphia, PA 19101-8759

TOTALS: 1, * 0, ## 2

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
 USPS regulations require that automation-compatible mail display the correct ZIP.

Addresses marked '##' were identified by the USPS National Change of Address system as undeliverable. Notices will no longer be delivered by the USPS to these addresses; therefore, they have been bypassed. The debtor's attorney or pro se debtor was advised that the specified notice was undeliverable.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: May 28, 2015

Signature: /s/Joseph Speetjens**CM/ECF NOTICE OF ELECTRONIC FILING**

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on May 26, 2015 at the address(es) listed below:

David L. Stretch on behalf of Debtor Paul R Dulberg stretchlaw@gmail.com
 Megan G Heeg heeg@egblc.com, IL55@ecfcbis.com
 Megan G Heeg on behalf of Trustee Megan G Heeg heeg@egblc.com, IL55@ecfcbis.com
 Patrick S Layng USTPRegion11.MD.ECF@usdoj.gov

TOTAL: 4

B 10 (Official Form 10) (12/12)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois		PROOF OF CLAIM
Name of Debtor: PAUL R DULBERG	Case Number: 14-83578	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): WORLD'S FOREMOST BANK - CABELA'S CLUB VISA		
Name and address where notices should be sent: WORLD'S FOREMOST BANK - CABELA'S CLUB VISA PO BOX 82609 LINCOLN, NE 68501-2609 Telephone number: (402) 323-4371 email: jessica.shockey@cabelas.com		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>12,892.13</u> 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. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>MONEY LOANED</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 3 3 1 8	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,600* 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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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 applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<i>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B 10 (Official Form 10) (12/12)

2

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT 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.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Jessica Shockey

Title: Bankruptcy Clerk

Company: World's Foremost Bank - Cabela's Club Visa

Address and telephone number (if different from notice address above): _____

/s/ Jessica Shockey

08/07/2015

(Signature)

(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Cabela's CLUB		SILVER	
Account Ending In 3318			
Previous Balance	=	\$12,687.67	
Payments/Credits	-	\$0.00	
Purchases/Cash Advances +		\$0.00	
Interest Charges/Fees	+	\$204.46	
New Balance		\$12,892.13	
Purchases This Year: \$150.51			
Revolving Credit Limit:		\$12,300.00	
Available Credit:		\$0	
Days in Billing Cycle:		32	
Statement Date:		10/28/2014	
Cabela's CLUB Points			
(Points shown in dollars)			
Previous Points Balance	=	\$0.00	
Points Earned at Cabela's	+	\$0.00	
Points Earned at Cenex	+	\$0.00	
Points Earned Elsewhere	+	\$0.00	
Other Points Added	+	\$0.00	
Points Redeemed	-	\$0.00	
CLUB Points Available		\$0.00	
Payment Information			
New Balance		\$12,892.13	
Amount Over Credit Limit		\$592.13	
Amount Past Due		\$1,178.00	
Minimum Payment Due*		\$1,436.00	
Payment Due Date		11/22/2014	
*Minimum Payment Due does not include any promotional balance or amount in dispute.			
Late Payment Warning:			
If your Minimum Payment Due is not received by the Payment Due Date, you may have to pay a late fee of up to \$35.			

MORE POINTS MEANS

MORE POINTS

There is no limit to how many Cabela's CLUB Points you can earn and points never expire for accounts in good standing.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges on your card & each month you pay:	You will pay off the balance shown on this statement in about:	And you will end up paying an estimated total of:
Only the minimum payment	25 years	\$30,013.00
\$448.00	3 years	\$16,122.00 (Savings = \$13,891.00)

If you would like information about credit counseling services, go to www.justice.gov/ust/ao/bapcpa/ccde/cc_approved.htm or call toll-free 1-855-895-1118.

YOUR ACCOUNT IS SERIOUSLY DELINQUENT AND MAY BE
TURNED OVER TO A COLLECTION AGENCY. CALL
877-338-6191 TO MAKE A PAYMENT.

See next page for your list of payments/credits and purchases/cash advances.

5518 K9H 001 7 19 141028 0 EX PAGE 1 of 3 10 4475 0000 SCN3 01AK5518



Change of address?

☐ Check here and complete the reverse side.

*Cabela's CLUB Points cannot be used for payment.

*Please use black or blue ink and return this portion with your payment.

*Make Checks Payable to:

Cabela's CLUB Visa
PO BOX 82519
Lincoln NE 68501-2519

PAYMENT METHODS



cabelasclubvisa.com



Retail



Mail



1-888-402-7830

Account Ending In:	3318
Amount Past Due:	\$1,178.00
Amount Over Credit Limit:	\$592.13
Minimum Payment Due:	\$1,436.00
Payment Due Date:	11/22/2014
New Balance:	\$12,892.13

AMOUNT ENCLOSED:

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY IL 60051-7918

000001000461694200143600012892133

DISCLOSURES

How interest is computed: We calculate the Interest Charge on your Account by multiplying the Average Daily Balance (including new transactions) by the Daily Periodic Rate. Then, we multiply that result by the number of days in the billing cycle. We do this separately for each type of balance: Cabela's Purchases (i.e., those made at Cabela's stores, Cabela's catalogs, or online at www.cabelas.com), Purchases other than Cabela's Purchases ("Other Purchases"), Balance Transfers, Cash Advances, and promotional balances. To determine the total Interest Charge for the billing cycle, we add up all the Interest Charges for each type of balance.

Average Daily Balance and Daily Periodic Rate: The Balance Subject to Interest Rate shown in the Interest Charge Calculation table is your Average Daily Balance during the billing cycle for each type of balance. To calculate an Average Daily Balance, for each day of the billing cycle we take (1) your beginning balance; (2) add any new transactions, Interest Charges, Fees and other charges (as applicable); and (3) subtract any payments or other credits to get that day's Daily Balance. The Daily Balance is considered to be \$0.00 for any day on which the Account has a credit balance. We add all your Daily Balances and divide the total by the number of days in the billing cycle to get the Average Daily Balance. To calculate a Daily Periodic Rate, we divide the annual percentage rate by 365.

Grace Period: Purchases, Balance Transfers, and Cash Advances will be charged to your Account as of the transaction date. If you pay the New Balance shown on your statement in full on or before the Payment Due Date shown on your statement, we will not impose Interest Charges on Purchases which accrue from the Statement Date to the date we receive your payment. We will not impose Interest Charges on new Purchases, or any portion of a new Purchase, paid by the Payment Due Date on your current statement, if you paid the entire New Balance on your previous statement by the Payment Due Date on that statement. However, Interest Charges will begin to accrue on Balance Transfers and Cash Advances as of the transaction date and will continue to accrue until Balance Transfers and Cash Advances are paid in full.

The closing date of your billing cycle is the Statement Date listed on the front page.

CLUB POINTS SUMMARY

For each \$1 spent on Cabela's Purchases, CLUB Classic cardholders earn 2 points, CLUB Silver cardholders earn 3 points, and CLUB Black cardholders earn 5 points. Additionally, all cardholders, regardless of card type, will earn 2 points for each \$1 spent at participating Cenex® locations, and 1 point for each \$1 spent on Other Purchases. You do not earn points on Cash Advances, Balance Transfers, Interest Charges or Fees. Points are calculated separately each billing cycle by purchase type (Cabela's Purchases, purchases at participating Cenex locations, Other Purchases) using the total amount of new purchases, minus refunds and returns. If any calculation results in a fractional point, it will be rounded down to the nearest whole point. One hundred (100) Cabela's CLUB Points equates to \$1 toward purchases at Cabela's.

Points earned are not available for redemption until they are posted on your billing statement. Point redemptions and adjustments made on or near the end of your billing cycle may delay the availability of points shown on your statement. Points are deducted for returns. For returns of Cabela's Purchases, points are deducted at your current CLUB Classic, CLUB Silver or CLUB Black point accrual rate for Cabela's Purchases. If you are upgraded to CLUB Silver or CLUB Black, and return a Cabela's Purchase made prior to the upgrade, this will result in a greater deduction of points than the amount of points earned on the purchase. See your Cardholder Agreement for additional details and restrictions. Capitalized terms are defined in your Cardholder Agreement.

PAYMENTS

Payments may be made by mail, online at cabelasclubvisa.com, at a Cabela's U.S. store or by phone. Payments made by mail, phone or online will be credited as of the date of receipt if received by 5 p.m. CST. Payments made at stores will be credited as of the date of receipt if received by 5 p.m. local time of store location. Payments received after 5 p.m. CST (or 5 p.m. local time for payments at stores), will be credited the next day. Payments must be made in U.S. dollars. You may not make payments with Cabela's gift cards, Cabela's CLUB Points or funds from your Account or any other account with us. Payments sent through the mail must be mailed using the envelope and payment coupon enclosed with your statement. Do not send cash payments through the mail. If your payment does not meet the above instructions, crediting may be delayed and you may incur late fees and additional interest charges. Any payment less than the total amount outstanding does not relieve you of your obligation to pay the remaining amount due on the Account unless we have given our specific, prior written approval.

We process most checks electronically. When you pay by check, you authorize us to process your payment as an electronic debit to the checking account on which the check was written. If we do, funds may be withdrawn from your checking account as soon as the same day we receive your check, and you will not receive the check back from your financial institution.

NOTICE OF INFORMATION SHARING WITH CREDIT BUREAUS

We may report information about your Account to credit bureaus. Late payments, missed payments, or other Defaults on your Account, as well as your Account balance, may be reflected in your credit report and the credit reports of joint cardholders, co-signers, and/or authorized users on the Account.

BILLING ERROR ADDRESS

If you think there is an error on your statement, write us at: World's Foremost Bank, PO Box 82608, Lincoln, NE 68501. In your letter, give us the following information: your name and account number, the dollar amount of the suspected error, and a description of problem and why you believe it is a mistake.

FOR ACCOUNT INFORMATION OR TO MAKE A PAYMENT:



Visit our website
www.cabelasclubvisa.com



By Phone
1-888-402-7830



By Mail
Cabela's CLUB Visa
P.O. Box 82519
Lincoln, NE 68501-2519



For Email Inquiries:
VisaCustomerService@cabelas.com



Retail

Please note changes to your contact information below or call Customer Care at 1.888.402.7830.

Address

City / State / Zip

*Primary Phone

**Email Address

* You agree that WFB, its affiliates and agents ("Covered Parties") has express consent to contact you at any telephone number you provide to WFB, or from which you call or may be called by WFB (including but not limited to telephone numbers publicly associated with you), and you further agree that such contacts are not unsolicited. You additionally agree that the Covered Parties may contact you at those number(s) via text message, automatic dialer calls, live operator and/or pre-recorded/artificial voice messages. You agree to be contacted by the Covered Parties via all of these methods whether or not the phone number is a home phone or work phone, or whether it connects to any type of mobile/wireless device, and also regardless of whether you will be charged by your telecommunications service provider for receipt of the calls/messages at those phone number(s).

** By providing your email address, you consent to the receipt of email messages. Your email address may be released to Cabela's so that you may receive email newsletters, special offers or order information.

Date	Fees	Amount	Date	Interest Charged	Amount
10/24/2014	LATE FEE	\$35.00	10/28/2014	Interest Charged on Cabelas Purchases	\$0.00
	TOTAL FEES FOR THIS PERIOD	\$35.00	10/28/2014	Interest Charged on Other Purchases	\$169.46
			10/28/2014	Interest Charged on Cash Advances	\$0.00
				TOTAL INTEREST FOR THIS PERIOD	\$169.46

2014 Totals Year-to-Date			
Total Fees Charged in 2014	\$200.00	Total Interest Charged in 2014	\$1,560.67

Interest Charge Calculation					
Type of Balance	Annual Percentage Rate (APR)*	Balance Subject to Interest Rate	Interest Charge	Promotional Expiration Date	Balance Remaining
Cabela's Purchases	9.99%	\$0.00	\$0.00	NA	\$0.00
Other Purchases	15.14% (Variable)	\$12,769.56	\$169.46	NA	\$12,892.13
Cash Advances	25.14% (Variable)	\$0.00	\$0.00	NA	\$0.00

*Unless otherwise indicated, the Annual Percentage Rate is Non-Variable

2% POINTS BACK on Cabela's purchases

1% OTHER PURCHASES

\$0 ANNUAL SPEND REQUIREMENT

3% POINTS BACK on Cabela's purchases

1% OTHER PURCHASES

\$10,000 ANNUAL SPEND REQUIREMENT

5% POINTS BACK on Cabela's purchases

1% OTHER PURCHASES

\$25,000 ANNUAL SPEND REQUIREMENT

In addition to the spend requirements, eligibility for CLUB Silver and Black status is subject to credit history. For more information visit www.cabelas.com/clubprograms

World's Foremost Bank – Cabela's Club Visa
PO Box 82609
Lincoln, NE 68501-2609

Statement Pursuant to FRBP Rule 3001

CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, ROCKFORD

3001 (3)(A) (i) Not Applicable
(ii) WFB
(iii) 4/10/2014
(iv) 6/19/2014
(v) 11/7/2014

Official Form 10 Attachment: Itemization of Interest and Charges

Bankruptcy Case # 14-83578
PAUL R DULBERG

The following table shows all activity on the card since there has been revolving debt;

	Principal	Interest	Fees	Payments	
2014	\$ 150.51	\$ 1,560.67	\$ 200.00	\$ (1,300.00)	
2013	\$ 12,471.61	\$ 1,079.45	\$ -	\$ (1,970.00)	
2012	\$ 3,107.16	\$ 94.69	\$ 60.00	\$ (2,561.96)	
					Claim Total:
Totals	\$ 15,729.28	\$ 2,734.81	\$ 260.00	\$ (5,831.96)	\$ 12,892.13

Therefore, the amount of the claim in this case is \$12892.13.

Let me know if you have any questions regarding this information.

Sincerely,

Jessica Shockey, Bankruptcy Clerk
World's Foremost Bank – Cabela's Club Visa
Phone: (402) 323-4371

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

Debtor(s)

§

**NOTICE OF TRUSTEE'S FINAL REPORT AND
APPLICATIONS FOR COMPENSATION
AND DEADLINE TO OBJECT (NFR)**

Pursuant to Fed. R. Bankr. P.2002(a)(6) and 2002(f)(8), please take notice that JOSEPH D. OLSEN, trustee of the above styled estate, has filed a Final Report and the trustee and the trustee's professionals have filed final fee applications, which are summarized in the attached Summary of Trustee's Final Report and Applications for Compensation.

The complete Final Report and all applications for compensation are available for inspection at the Office of the Clerk, at the following address:

327 South Church Street, Room #1100
Rockford, IL 61101

Any person wishing to object to any fee application that has not already been approved or to the Final Report, must file a written objection within 21 days from the mailing of this notice, serve a copy of the objections upon the trustee, any party whose application is being challenged and the United States Trustee. A hearing on the fee applications and any objection to the Final Report will be held at 09:30 on 05/15/2017 in Courtroom 3100, United States Courthouse, 327 South Court Street, #3100 Rockford, IL 61101.

If no objections are filed, upon entry of an order on the fee applications, the trustee may pay dividends pursuant to FRBP 3009 without further order of the Court.

Dated : 04/19/2017

By: /s/JOSEPH D. OLSEN

Trustee

JOSEPH D. OLSEN
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228
(815) 965-8635
JOlsenlaw@comcast.net

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

Debtor(s)

§

SUMMARY OF TRUSTEE'S FINAL REPORT
AND APPLICATIONS FOR COMPENSATION

The Final Report shows receipts of \$ 301,000.00
and approved disbursements of \$ 145,101.91
leaving a balance on hand of ^L \$ 155,898.09

Balance on hand: \$ 155,898.09

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None					

Total to be paid to secured creditors: \$ 0.00

Remaining balance: \$ 155,898.09

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee, Fees - JOSEPH D. OLSEN	12,428.68	0.00	12,428.68
Trustee, Expenses - JOSEPH D. OLSEN	83.33	0.00	83.33
Attorney for Trustee, Fees - Joseph D Olsen	2,226.00	0.00	2,226.00

Total to be paid for chapter 7 administration expenses: \$ 14,738.01

Remaining balance: \$ 141,160.08

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. § 326(a) on account of the disbursement of the additional interest.

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
None			

Total to be paid for prior chapter administrative expenses: \$ 0.00

Remaining balance: \$ 141,160.08

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$1,231.10 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
4	Ehrmann Gehlbach Badger Lee & Considine LLC	1,231.10	0.00	1,231.10

Total to be paid for priority claims: \$ 1,231.10

Remaining balance: \$ 139,928.98

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 13,399.46 have been allowed and will be paid *pro rata* only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	Oak Trust Credit Union	507.33	0.00	507.33
3	WORLD'S FOREMOST BANK	12,892.13	0.00	12,892.13

Total to be paid for timely general unsecured claims: \$ 13,399.46

Remaining balance: \$ 126,529.52

Tardily filed claims of general (unsecured) creditors totaling \$ 23,978.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
5	Dynamic Hand Therapy & Rehab	23,978.00	0.00	23,978.00

Total to be paid for tardy general unsecured claims: \$ 23,978.00

Remaining balance: \$ 102,551.52

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None				

Total to be paid for subordinated claims: \$ 0.00

Remaining balance: \$ 102,551.52

To the extent funds remain after payment in full of all allowed claims, interest will be paid at the legal rate of 0.1% pursuant to 11 U.S.C. § 726(a)(5). Funds available for interest are \$125.12. The amounts proposed for payment to each claimant, listed above, shall be increased to include the applicable interest.

The amount of surplus returned to the debtor after payment of all claims and interest is \$ 102,426.40.

Prepared By: /s/JOSEPH D. OLSEN

Trustee

JOSEPH D. OLSEN
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228
(815) 965-8635
JOlsenlaw@comcast.net

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

In re:

PAUL R. DULBERG,

Debtor.

)
)
)
)
)

Case No. 14-83578

NOTIFICATION OF APPOINTMENT OF TRUSTEE

PLEASE TAKE NOTICE that the United States Trustee, Patrick S. Layng, hereby appoints **JOSEPH D. OLSEN** to serve as trustee in the above entitled case.

Dated this 31st day of August, 2016.

PATRICK S. LAYNG
United States Trustee

BY: /s/ Mary R. Jensen
MARY R. JENSEN
Assistant United States Trustee

Office of the U.S. Trustee
780 Regent St.
Suite 304
Madison, WI 53715
(608) 264-5522, ext. 13

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
)
Debtor.) Judge Thomas M. Lynch

**NOTICE OF MOTION TO APPROVE ATTORNEYS FEES AND
COSTS AS AN ADMINISTRATIVE CLAIM**

Megan G. Heeg has filed papers with the Court regarding her motion to approve attorney fees (of \$1,155.00) and costs (of \$76.10) as an administrative claim of the Bankruptcy Estate pursuant to 11 U.S.C. 330. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Ehrmann Gehlbach Badger Lee & Considine, LLC during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the Court to grant the Motion and want the Court to consider your views on said Motion, then you or your attorney must:

1. File a written response to the above Motion on or before the date set for the hearing on the Motion at the United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101; OR,
2. Attend the hearing scheduled to be held on September 28, 2016, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.


If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to: Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

If you file a response, attend the hearing on the Motion, scheduled to be held on September 28, 2016, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the Motion and grant the same.

Dated: September 6, 2016

/s/ Megan G. Heeg 
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

STATE OF ILLINOIS)
) SS. **PROOF OF SERVICE**
COUNTY OF LEE)

The undersigned, being first duly sworn on oath, deposes and says that she served the within document upon the parties on the attached matrix, by placing a true and correct copy of said document in an envelope, each addressed as is shown above. (Except for the documents to the U.S. Trustee's office and Debtor's attorney, which should have been served electronically by the Bankruptcy Court).

That she sealed said envelopes and placed sufficient U.S. postage on each; that she deposited said envelopes so sealed and stamped in the United States Mail at Dixon, Illinois, at or about the hour of 5:00 o'clock P.M. on the 6th day of September, 2016.

/s/ Katherine M. Elliott

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

Printed: 09/06/16 10:15 AM

Creditor Mailing Matrix

Page: 1

Case No.: 14-83578

Name	Address	City	State	Zip
ABN AMRO Mortgage Group				
Alexian Brothers Medical Group	PO Box 5588	Belfast	ME	04915-5500
Associated Neurology SC	1900 Hollister Drive Suite 250	Libertyville	IL	60048-5249
Bank of America	PO Box 851001	Dallas	TX	75285-1001
BANK OF AMERICA	PO BOX 982238	EL PASO	TX	79998-2238
Bank of America	PO Box 982235	El Paso	TX	79998
Cabelas Visa Center	World's Foremost Bank PO Box 82609	Lincoln	NE	68501-2609
Capital One Bank	Attn: General Correspondence PO Box 30285	Salt Lake City	UT	84130-0285
Capital One Bank (USA), N.A.	PO Box 6492	Carol Stream	IL	60197-6492
Capital One Bank (USA), N.A.	PO Box 71083	Charlotte	NC	28272-1083
David L. Stretch	Law Office of David L. Stretch 5447 West Bull Valley Road	McHenry	IL	60050-7410
Dr. Frank W. Sek	4606 W. Elm Street	McHenry	IL	60050-4015
Dynamic Hand Therapy & Rehab	498 S. US Highway 12 Suite C	Fox Lake	IL	60020-1908
Hand Surgery Associates, SC	Dr. Sagerman / Dr. Biafora 515 W. Algonquin Road	Arlington Heights	IL	60005-4405
Joseph D Olsen	Yalden Olsen & Willette 1318 E State Street	Rockford	IL	61104-2228
McHenry Radiologists & Imaging	PO Box 220	McHenry	IL	60051-0220
MidAmerica Hand to Shoulder Clinic	Dr. Talerico 75 Remittance Drive, Suite 6035	Chicago	IL	60675-6035
Moraine Emergency Physicians	PO Box 8759	Philadelphia	PA	19101-8759
Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	IL	60050-8499
Northwest Community Hospital	25709 Network Place	Chicago	IL	60673-1257
Northwest Suburban Anesthesiologis	8163 Solutions Center	Chicago	IL	60677-8001
Oak Trust Credit Union	1 South 450 Summit Avenue	Oakbrook Terrace	IL	60181
OAK TRUST CREDIT UNION	12251 S ROUTE 59	PLAINFIELD	IL	60585-9189
Oak Trust Credit Union	444 N Eola Rd, Suite 101	Aurora	IL	60502-9620
Oak Trust Credit Union	1811 W. Diehl Road Suite 700	Naperville	IL	60563
Open Advanced MRI of Round Lake	Medchex PO Box 502	Katonah	NY	10536-0502
Patrick S Layng	Office of the U.S. Trustee, Region 11 780 Regent St.	Madison	WI	53715-2635
Paul R Dulberg	4606 Hayden Court	McHenry	IL	60051-7918
U.S. Bankruptcy Court	Western Division	Rockford	IL	61101-1320

Printed: 09/06/16 10:15 AM

Creditor Mailing Matrix

Page: 2

Case No.: 14-83578

Name	Address	City	State	Zip
	327 South Church Street			
Walgreens	3925 W. Elm Street	McHenry	IL	60050-4361
Walmart Pharmacy	3801 Running Brook Farms Boulevard	Johnsburg	IL	60051-5425
WORLD'S FOREMOST BANK	CABELA'S CLUB VISA PO BOX 82609	LINCOLN	NE	68501-2609
Worlds Foremost Bank NA	4800 NW 1st Street Suite 300	Lincoln	NE	68521-4463

Total: 33

UNITED STATE BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
Debtor.) Judge Thomas M. Lynch

**MOTION TO APPROVE ATTORNEYS FEES AND COSTS
AS AN ADMINISTRATIVE CLAIM**

NOW COMES Ehrmann Gehlbach Badger Lee & Considine, LLC, by Megan G. Heeg, counsel for the Bankruptcy Estate, and for its Motion to Approve Attorney Fees and Costs as an Administrative Claim, states as follows:

1. This Motion is filed pursuant to 11 U.S.C. §330 and Federal Bankruptcy Rule 2016.
2. Previously, Megan G. Heeg, had been the Chapter 7 case Trustee of the above-referenced case, but this case was recently assigned to a new trustee.
3. The employment of the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC was approved by the Court on May 27, 2015.
4. The only asset to be administered by the Estate is the Debtor's pre-bankruptcy cause of action entitled, *Paul Dulberg v. David Gagnon, Bill McGuire, and Caroline McGuire*, Case No. 12 LA 00178, pending in the 22nd Judicial Circuit, McHenry County, Illinois.
5. Since employment, the law firm has concentrated its efforts of preserving the Estate's interest in the pending litigation and, if beneficial to the Estate, retaining special counsel to represent the Estate in the pending litigation.
6. In addition, the Estate has also concentrated its efforts in researching the perfection of potential lien rights in the pending litigation.
7. Since Debtor filed his voluntary petition and up through the current date, the

Debtor has been represented by three separate lawyers and law firms, with each of the prior two law firms withdrawing from the case for reasons beyond the Bankruptcy Estate's control.

8. The time period covered by this application is from November 26, 2014 through September 28, 2016.

9. The hourly rate and the total requested is as shown on the itemized invoice attached hereto as Exhibit A.

10. Wherefore, movant prays that this court enter an order approving the work performed by the movant and her firm in previously representing the Bankruptcy Estate, in that amount of \$1,231.10, and that this amount be deemed an administrative claim under Sections 503(b) and 330 of the Bankruptcy Code.

WHEREFORE, movant requests this Court to approve the attorney fees and costs incurred by her law firm in the amounts listed above, and that the fees and costs been deemed an administrative expense of the Estate, and that this Court grant to movant such other and further relief as it deems just and proper.

/s/ Megan G. Heeg
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

EHRMANN GEHLBACH BADGER LEE & CONSIDINE, LLC

215 East First Street, Suite 100
P.O. Box 447
Dixon, Illinois 61021

Ph:815-288-4949

Fax:815-288-3068

Paul R. Dulberg
c/o Joseph Olsen, Esq.
1318 E. State Street
Rockford, IL 61111

Sep 06, 2016

File #: 150343
Inv #: Sample
As of: Sep 28/16

RE: Bankruptcy Asset Case

DATE	DESCRIPTION	HOURS	AMOUNT
May-19-15	Draft Motion to Employ law firm, Affidavit, Notice and proposed Order	0.60	165.00
May-21-15	Draft proposed Affidavit of Disinterest of Special Counsel	0.40	110.00
	Letter to Attorney Balke re: affidavit of disinterest and bankruptcy estate needs	0.30	82.50
	Email to Attorney Balke re: lien claim issues and short-term handling.	0.30	82.50
May-27-15	Court appearance Motion to Employ (discounted)	0.70	192.50
May-21-16	Research: lien perfection requirements	0.80	220.00
Sep-06-16	Draft Motion to Approve Attorney Fees and Costs	0.50	137.50
Sep-28-16	Court appearance on Motion for Approval of Fees (estimated)	0.60	165.00
	Totals	4.20	\$1,155.00

Costs

Copies (copy file for Trustee Olsen) 190x.20	38.00
Copies (Mt. to Approve 120x.20)	24.00
Postage (Mt. to Approve 30 x .47)	14.10

Totals	<hr/> \$76.10
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Total Fees	<hr/> \$1,231.10
-------------------	-------------------------

Previous Balance	\$0.00
------------------	--------

Previous Payments	\$0.00
-------------------	--------

Balance Due Now	<hr/> \$1,231.10
------------------------	-------------------------

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:)	BK No.: 14-83578
PAUL R. DULBERG)	
)	
)	Chapter: 7
)	Honorable Thomas M. Lynch
)	
Debtor(s))	

**ORDER TO APPROVE ATTORNEYS FEES AND COSTS
AS AN ADMINISTRATIVE CLAIM**

This Cause coming on for hearing on the 28th day of September, 2016, on the Motion to Approve Attorney Fees and Costs as an administrative claim, all interested parties having notice and the Court being advised in the premises,

IT IS HEREBY ORDERED:

The Motion to approve attorney fees and costs as an administrative claim is granted, and Ehrmann Gehlbach Badger Lee & Considine, LLC's request for compensation and expenses are allowed as an administrative claim under 11 U.S.C. 503 and 330 in the amount of \$1,155.00 plus costs of \$76.10.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:)	BK No.: 14-83578
PAUL R. DULBERG)	
)	
)	Chapter: 7
)	Honorable Thomas M. Lynch
)	
Debtor(s))	

**ORDER TO APPROVE ATTORNEYS FEES AND COSTS
AS AN ADMINISTRATIVE CLAIM**

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IT IS HEREBY ORDERED:

The Motion to approve attorney fees and costs as an administrative claim is granted, and Ehrmann Gehlbach Badger Lee & Considine, LLC's request for compensation and expenses are allowed as an administrative claim under 11 U.S.C. 503 and 330 in the amount of \$1,155.00 plus costs of \$76.10.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

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P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
)
Debtor.) Judge Thomas M. Lynch

**AMENDED NOTICE OF MOTION TO APPROVE ATTORNEYS FEES AND
COSTS AS AN ADMINISTRATIVE CLAIM**

Megan G. Heeg has filed papers with the Court regarding her motion to approve attorney fees (of \$1,155.00) and costs (of \$76.10) as an administrative claim of the Bankruptcy Estate pursuant to 11 U.S.C. 330. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Ehrmann Gehlbach Badger Lee & Considine, LLC during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the Court to grant the Motion and want the Court to consider your views on said Motion, then you or your attorney must:

1. File a written response to the above Motion on or before the date set for the hearing on the Motion at the United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101; OR,
2. Attend the hearing scheduled to be held on September 28, 2016, at 1:30 p.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to: Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

If you file a response, attend the hearing on the Motion, scheduled to be held on September 28, 2016, at 1:30 p.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the Motion and grant the same.

Dated: September 7, 2016

/s/ Megan G. Heeg
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

STATE OF ILLINOIS)
) SS. **PROOF OF SERVICE**
COUNTY OF LEE)

The undersigned, being first duly sworn on oath, deposes and says that she served the within document upon the parties on the attached matrix, by placing a true and correct copy of said document in an envelope, each addressed as is shown above. (Except for the documents to the U.S. Trustee's office and Debtor's attorney, which should have been served electronically by the Bankruptcy Court).

That she sealed said envelopes and placed sufficient U.S. postage on each; that she deposited said envelopes so sealed and stamped in the United States Mail at Dixon, Illinois, at or about the hour of 5:00 o'clock P.M. on the 7th day of September, 2016.

/s/ Katherine M. Elliott

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

Printed: 09/07/16 09:58 AM

Creditor Mailing Matrix

Page: 1

Case No.: 14-83578

Name	Address	City	State	Zip
ABN AMRO Mortgage Group				
Alexian Brothers Medical Group	PO Box 5588	Belfast	ME	04915-5500
Associated Neurology SC	1900 Hollister Drive Suite 250	Libertyville	IL	60048-5249
Bank of America	PO Box 851001	Dallas	TX	75285-1001
BANK OF AMERICA	PO BOX 982238	EL PASO	TX	79998-2238
Bank of America	PO Box 982235	El Paso	TX	79998
Cabelas Visa Center	World's Foremost Bank PO Box 82609	Lincoln	NE	68501-2609
Capital One Bank	Attn: General Correspondence PO Box 30285	Salt Lake City	UT	84130-0285
Capital One Bank (USA), N.A.	PO Box 6492	Carol Stream	IL	60197-6492
Capital One Bank (USA), N.A.	PO Box 71083	Charlotte	NC	28272-1083
David L. Stretch	Law Office of David L. Stretch 5447 West Bull Valley Road	McHenry	IL	60050-7410
Dr. Frank W. Sek	4606 W. Elm Street	McHenry	IL	60050-4015
Dynamic Hand Therapy & Rehab	498 S. US Highway 12 Suite C	Fox Lake	IL	60020-1908
Hand Surgery Associates, SC	Dr. Sagerman / Dr. Biafora 515 W. Algonquin Road	Arlington Heights	IL	60005-4405
Joseph D Olsen	Yalden Olsen & Willette 1318 E State Street	Rockford	IL	61104-2228
McHenry Radiologists & Imaging	PO Box 220	McHenry	IL	60051-0220
MidAmerica Hand to Shoulder Clinic	Dr. Talerico 75 Remittance Drive, Suite 6035	Chicago	IL	60675-6035
Moraine Emergency Physicians	PO Box 8759	Philadelphia	PA	19101-8759
Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	IL	60050-8499
Northwest Community Hospital	25709 Network Place	Chicago	IL	60673-1257
Northwest Suburban Anesthesiologists	8163 Solutions Center	Chicago	IL	60677-8001
Oak Trust Credit Union	1 South 450 Summit Avenue	Oakbrook Terrace	IL	60181
OAK TRUST CREDIT UNION	12251 S ROUTE 59	PLAINFIELD	IL	60585-9189
Oak Trust Credit Union	444 N Eola Rd, Suite 101	Aurora	IL	60502-9620
Oak Trust Credit Union	1811 W. Diehl Road Suite 700	Naperville	IL	60563
Open Advanced MRI of Round Lake	Medchex PO Box 502	Katonah	NY	10536-0502
Patrick S Layng	Office of the U.S. Trustee, Region 11 780 Regent St.	Madison	WI	53715-2635
Paul R Dulberg	4606 Hayden Court	McHenry	IL	60051-7918
U.S. Bankruptcy Court	Western Division	Rockford	IL	61101-1320

Printed: 09/07/16 09:58 AM

Creditor Mailing Matrix

Page: 2

Case No.: 14-83578

Name	Address	City	State	Zip
	327 South Church Street			
Walgreens	3925 W. Elm Street	McHenry	IL	60050-4361
Walmart Pharmacy	3801 Running Brook Farms Boulevard	Johnsburg	IL	60051-5425
WORLD'S FOREMOST BANK	CABELA'S CLUB VISA PO BOX 82609	LINCOLN	NE	68501-2609
Worlds Foremost Bank NA	4800 NW 1st Street Suite 300	Lincoln	NE	68521-4463

Total: 33

In re **Paul R Dulberg**Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	30.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		McHenry Bank & Trust checking account xxxx-5528	-	300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Location: 4606 Hayden Court, McHenry IL 60051-7918	-	350.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **1,680.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet **1** of **3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Pending personal injury claim. Paul Dulberg, Plaintiff, v. David Gagnon, et al., Defendants. McHenry County, Illinois Case No. 12 LA 178 Estimate value of claim, \$55,000.00, subject to medical liens and attorney fee. Contact: Hans Mast, Attorney, Law Offices of Thomas J. Popovich, P. C., 3416 West Elm Street, McHenry, Illinois 60050, Telephone: 815-344-3797.	-	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE B - PERSONAL PROPERTY - AMENDED

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **1,680.00**

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re **Paul R Dulberg**

Case No. **14-83578**

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT - AMENDED

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Real Property</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-901	15,000.00	140,000.00
<u>Cash on Hand</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-1001(b)	30.00	30.00
<u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u>			
McHenry Bank & Trust checking account xxxx-5528	735 ILCS 5/12-1001(b)	300.00	300.00
<u>Household Goods and Furnishings</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
<u>Wearing Apparel</u>			
Location: 4606 Hayden Court, McHenry IL 60051-7918	735 ILCS 5/12-1001(a)	350.00	350.00
<u>Other Contingent and Unliquidated Claims of Every Nature</u>			
Pending personal injury claim. Paul Dulberg, Plaintiff, v. David Gagnon, et al., Defendants. McHenry County, Illinois Case No. 12 LA 178 Estimate value of claim, \$55,000.00, subject to medical liens and attorney fee. Contact: Hans Mast, Attorney, Law Offices of Thomas J. Popovich, P. C., 3416 West Elm Street, McHenry, Illinois 60050, Telephone: 815-344-3797.	735 ILCS 5/12-1001(h)(4)	15,000.00	Unknown

Total: **31,680.00** **141,680.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
DULBERG, PAUL)
Debtor.) CASE NO. 14-83578
JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

Notified via Electronic filing: Attorney David Stretch and U.S. Trustee's Office,

Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his **Motion to Employ Yalden, Olsen & Willette as attorneys for the Trustee**. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 3rd day of October, 2016 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104

CERTIFICATE OF SERVICE

I, the undersigned, certify that on September 26, 2016 I caused the aforesaid to be served upon all persons to whom it is directed (see attached Service List) by United States Mail by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

s/s Marti Maravich

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
DULBERG, PAUL)
Debtor(s)) CASE NO. 14-83578
JUDGE: THOMAS M. LYNCH

MOTION TO EMPLOY ATTORNEYS FOR THE TRUSTEE

NOW COMES of JOSEPH D. OLSEN, Trustee, and for his Motion to Employ Attorneys pursuant to 11 U.S.C. Section 327, states as follows:

1. Movant is the duly qualified and acting Trustee in this case.
2. To perform his duties as Trustee, Movant requires the services of attorneys for the following purposes:
 - (a) To advise and consult with Movant concerning questions arising in the conduct of the administration of the estate and concerning Movant's rights and remedies with regard to the estate's assets and the claims of secured, preferred and unsecured creditors and other parties in interest;
 - (b) To appear for, prosecute, defend and represent Movant's interest in suits arising in, or related to this case;
 - (c) To assist in the preparation of such pleadings, motions, notices and orders as are required for the orderly administration of this estate.
 - (d) Other: Administer a personal injury cause of action.
3. For the foregoing and all other necessary and proper purposes, Movant desires to retain generally, the law firm of Yalden, Olsen & Willette as counsel for the Trustee.

4. Because the firm specializes in bankruptcy matters and because of its experience in these fields, Movant believes that the firm is well qualified to render the foregoing services.

5. That YALDEN, OLSEN & WILLETTE has no connections with the Debtor, creditors, or any party in interest, their respective attorneys and accountants, the U.S. Trustee, or any person employed in the office of the U.S. Trustee, except as follows:

The interim trustee Joseph D. Olsen is a partner in the law firm of Yalden, Olsen & Willette.

6. Movant is informed that the normal hourly rates of said law firm range from \$240.00 to \$280.00. It is contemplated that said attorneys will seek compensation based upon normal and usual hourly billing rates.

WHEREFORE, Movant prays that he be authorized to employ the law firm of Yalden, Olsen & Willette generally and Joseph D. Olsen and Craig Willette in particular, as his attorneys, to render services in the areas described above with compensation to be paid as an administrative expense in such amounts as this Court may hereinafter determine and allow.

JOSEPH D. OLSEN, Trustee

By: Yalden, Olsen & Willette, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
YALDEN, OLSEN & WILLETTE
1318 East State Street
Rockford, IL 61104
(815) 965-8635

U.S. Bankruptcy Court
Western Division
327 South Church Street
Rockford, IL 61101-1320

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One Bank (USA), N.A.
PO Box 6492
Carol Stream, IL 60197-6492

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050-4015

Dynamic Hand Therapy & Rehab
498 S. US Highway 12
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Fox Lake, IL 60020-1908

Hand Surgery Associates, SC
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MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675-6035

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Oak Trust Credit Union
1 South 450 Summit Avenue
Oakbrook Terrace, IL 60181

OAK TRUST CREDIT UNION
12251 S ROUTE 59
PLAINFIELD, IL 60585-9189

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536-0502

WORLD'S FOREMOST BANK
CABELA'S CLUB VISA
PO BOX 82609
LINCOLN, NE 68501-2609

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051-5425

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
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DULBERG, PAUL) CASE NO. 14-83578
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Debtor.) JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

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Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his **Motion to Employ Yalden, Olsen & Willette as attorneys for the Trustee**. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 3rd day of October, 2016 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104

CERTIFICATE OF SERVICE

I, the undersigned, certify that on September 26, 2016 I caused the aforesaid to be served upon all persons to whom it is directed (see attached Service List) by United States Mail by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

s/s Marti Maravich

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
DULBERG, PAUL)
Debtor(s)) CASE NO. 14-83578
)
) JUDGE: THOMAS M. LYNCH

MOTION TO EMPLOY ATTORNEYS FOR THE TRUSTEE

NOW COMES of JOSEPH D. OLSEN, Trustee, and for his Motion to Employ Attorneys pursuant to 11 U.S.C. Section 327, states as follows:

1. Movant is the duly qualified and acting Trustee in this case.
2. To perform his duties as Trustee, Movant requires the services of attorneys for the following purposes:
 - (a) To advise and consult with Movant concerning questions arising in the conduct of the administration of the estate and concerning Movant's rights and remedies with regard to the estate's assets and the claims of secured, preferred and unsecured creditors and other parties in interest;
 - (b) To appear for, prosecute, defend and represent Movant's interest in suits arising in, or related to this case;
 - (c) To assist in the preparation of such pleadings, motions, notices and orders as are required for the orderly administration of this estate.
 - (d) Other: Administer a personal injury cause of action.
3. For the foregoing and all other necessary and proper purposes, Movant desires to retain generally, the law firm of Yalden, Olsen & Willette as counsel for the Trustee.

4. Because the firm specializes in bankruptcy matters and because of its experience in these fields, Movant believes that the firm is well qualified to render the foregoing services.

5. That YALDEN, OLSEN & WILLETTE has no connections with the Debtor, creditors, or any party in interest, their respective attorneys and accountants, the U.S. Trustee, or any person employed in the office of the U.S. Trustee, except as follows:

The interim trustee Joseph D. Olsen is a partner in the law firm of Yalden, Olsen & Willette.

6. Movant is informed that the normal hourly rates of said law firm range from \$240.00 to \$280.00. It is contemplated that said attorneys will seek compensation based upon normal and usual hourly billing rates.

WHEREFORE, Movant prays that he be authorized to employ the law firm of Yalden, Olsen & Willette generally and Joseph D. Olsen and Craig Willette in particular, as his attorneys, to render services in the areas described above with compensation to be paid as an administrative expense in such amounts as this Court may hereinafter determine and allow.

JOSEPH D. OLSEN, Trustee

By: Yalden, Olsen & Willette, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
YALDEN, OLSEN & WILLETTE
1318 East State Street
Rockford, IL 61104
(815) 965-8635

U.S. Bankruptcy Court
Western Division
327 South Church Street
Rockford, IL 61101-1320

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

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Salt Lake City, UT 84130-0285

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PO Box 6492
Carol Stream, IL 60197-6492

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Charlotte, NC 28272-1083

Dr. Frank W. Sek
4606 W. Elm Street
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Dynamic Hand Therapy & Rehab
498 S. US Highway 12
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Fox Lake, IL 60020-1908

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Dr. Sagerman / Dr. Biafora
515 W. Algonquin Road
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McHenry, IL 60051-0220

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675-6035

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8499

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673-1257

Northwest Suburban Anesthesiologists
8163 Solutions Center
Chicago, IL 60677-8001

Oak Trust Credit Union
1 South 450 Summit Avenue
Oakbrook Terrace, IL 60181

OAK TRUST CREDIT UNION
12251 S ROUTE 59
PLAINFIELD, IL 60585-9189

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536-0502

WORLD'S FOREMOST BANK
CABELA'S CLUB VISA
PO BOX 82609
LINCOLN, NE 68501-2609

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051-5425

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
DULBERG, PAUL)
Debtor.) CASE NO. 14-83578
JUDGE: THOMAS M. LYNCH

RULE 2014 STATEMENT

JOSEPH D. OLSEN, after being first sworn on his oath, says and deposes:

1. I am Joseph D. Olsen, an attorney duly admitted to practice in the State of Illinois;
2. I maintain an office at 1318 East State St., Rockford, IL 61104;
3. To the best of my knowledge, I have no connection with the Debtor, creditors, any other party in interest, their respective attorneys and accountants, the United States Trustee, or any person employed in the office of the United States Trustee, except as follows: The interim trustee Joseph D. Olsen is a partner in the law firm of Yalden, Olsen & Willette.

Further affiant sayeth not.

EXECUTED THIS 26th DAY OF SEPTEMBER, 2016.

Subscribed and sworn to before me
this 26th day of September 2016

Colleen M. Lemek
Notary Public

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104



YALDEN, OLSEN & WILLETTE

By: *[Signature]*
Joseph D. Olsen

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
DULBERG, PAUL)
Debtor.) CASE NO. 14-83578
JUDGE: THOMAS M. LYNCH

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Subscribed and sworn to before me
this 26th day of September 2016


Notary Public

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104



YALDEN, OLSEN & WILLETTE

By: 
Joseph D. Olsen

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL DULBERG

Debtor(s)

)
)
)
)
)
)
)

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

ORDER TO EMPLOY ATTORNEYS

The Court having considered the motion of the Trustee to employ attorneys and it appearing that YALDEN, OLSEN & WILLETTE are disinterested persons, and that the employment of YALDEN, OLSEN & WILLETTE generally, by the Trustee, is in the best interest of this estate;

IT IS HEREBY ORDERED that JOSEPH D. OLSEN, Trustee herein, is authorized to employ YALDEN, OLSEN & WILLETTE generally and Joseph D. Olsen and Craig A. Willette in particular, as attorneys for the Trustee and the estate, with compensation to be paid in such amounts as may be allowed by the Court upon proper application therefore.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

In Re:
PAUL R. DULBERG

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

Debtor(s)

ORDER TO APPROVE ATTORNEYS FEES AND COSTS AS AN ADMINISTRATIVE CLAIM

This Cause coming on for hearing on the 28th day of September, 2016, on the Motion to Approve Attorney Fees and Costs as an administrative claim, all interested parties having notice and the Court being advised in the premises,

IT IS HEREBY ORDERED:

The Motion to approve attorney fees and costs as an administrative claim is granted, and Ehrmann Gehlbach Badger Lee & Considine, LLC's request for compensation and expenses are allowed as an administrative claim under 11 U.S.C. 503 and 330 in the amount of \$1,155.00 plus costs of \$76.10.

Enter:

Thomas M. Lytle

Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: September 28, 2016

Prepared by:

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

Document Page 1 of 1
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL R. DULBERG

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

Debtor(s)

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Enter:

Thomas M. Lynd

Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: September 28, 2016

Prepared by:

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215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
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heeg@egblc.com

Debtor(s)

ORDER TO EMPLOY ATTORNEYS

The Court having considered the motion of the Trustee to employ attorneys and it appearing that YALDEN, OLSEN & WILLETTE are disinterested persons, and that the employment of YALDEN, OLSEN & WILLETTE generally, by the Trustee, is in the best interest of this estate;

IT IS HEREBY ORDERED that JOSEPH D. OLSEN, Trustee herein, is authorized to employ YALDEN, OLSEN & WILLETTE generally and Joseph D. Olsen and Craig A. Willette in particular, as attorneys for the Trustee and the estate, with compensation to be paid in such amounts as may be allowed by the Court upon proper application therefore.

Enter:

Thomas M. Lynch

Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: October 03, 2016

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
PAUL DULBERG) Case Number: 14-83578
)
Debtor.) JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

Notified via Electronic filing: Attorney David Stretch and U.S. Trustee's Office,

Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his Motion for Authority to Enter into a "Binding Mediation Agreement" in accordance with the "Binding Mediation Agreement" which is attached hereto and made a part hereof as Exhibit A.

A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 31st day of October, 2016 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church St., Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104

CERTIFICATE OF SERVICE

I, the undersigned, certify that on October 4, 2016 I caused the aforesaid to be served upon all persons to whom it is directed (see attached Service List) by United States Mail by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

s/s Marti Maravich

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
) Case Number: 14-83578
PAUL DULBERG)
Debtor.) JUDGE: THOMAS M. LYNCH

**MOTION FOR AUTHORITY TO ENTER INTO A
“BINDING MEDIATION AGREEMENT”.**

NOW COMES the Trustee, Joseph D. Olsen, by his attorneys, Yalden, Olsen & Willette, pursuant to Bankruptcy Rule 9019, and for his Motion for Authority to Enter into a “Binding Mediation Agreement”, states as follows:

1. That the Debtor, Paul Dulberg, filed his Voluntary Petition for Relief pursuant to Chapter 7 of Title 11 on November 26, 2014;

2. That Joseph D. Olsen is the duly appointed and qualified acting case Trustee of the above captioned Estate;

3. That on the date of the petition the Debtor, Paul Dulberg, had a certain claim against David Gagnon, et al for certain personal injuries suffered in a chainsaw injury. This certain personal injury case is pending in the circuit court of the 22nd Judicial Circuit, McHenry County, Illinois in cause number 12LA178.

4. Heretofore the Trustee has hired as his Special Counsel, the Baudin Law Group, Ltd. to prosecute the Bankruptcy Estate’s claim in this matter. After discussions with Randy Baudin, the lead attorney on the file, Mr. Baudin has recommended participation in the “Binding Mediation Agreement”, a copy of which agreement is attached hereto and made a part hereof as Exhibit A. There can be no guarantee of the amount of the award that is eventually provided under the “Binding Mediation Agreement” but it has a floor of no less than \$50,000.00 and a ceiling of no greater than \$300,000.00.

The Trustee, in consultation with his special counsel, believes the “Binding Mediation Agreement” would be in the best interest of the Estate.

- 2 -

WHEREFORE, the Trustee requests authority to enter into the afore-described "Binding Mediation Agreement" and to execute any document necessary or appropriate to process the Debtor's claims through that binding mediation process.

JOSEPH D. OLSEN, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Prepared by:
Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
(815) 965-8635

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Oak Trust Credit Union
444 N Eola Rd, Suite 101
Aurora, IL 60502-9620

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

David L. Stretch
Law Office of David L. Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410

Bank of America
PO Box 851001
Dallas, TX 75285-1001

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

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PO BOX 82609
LINCOLN, NE 68501-2609

Worlds Foremost Bank NA
4800 NW 1st Street
Suite 300
Lincoln, NE 68521-4463

Attorney W. Randal Baudin, II
Baudin Law Group, Ltd.
2100 N. Huntington Dr Suite C
Algonquin, IL 60102



**Binding Mediation Agreement
ADR Systems File # 33391BMAG**

Revised for Special Billing

I. Parties

A. Paul Dulberg, by attorneys, Kelly N. Baudin and Randall Baudin, II

B. David Gagnon, by attorney, Shoshan Reddington

SPECIAL BILLING – Section V.B.5 – Defendant agrees to pay up to \$3,500.00 of Plaintiff's Binding Mediation Costs.

II. Date, Time and Location of the Binding Mediation

Date: Thursday, December 8, 2016

Time: 1:30 P.M.

Location: ADR Systems of America, LLC
20 North Clark Street
Floor 29
Chicago, IL 60602
Contact: Alex Goodrich
312-960-2267

III. Rules Governing the Mediation

Each party ("Party") to this agreement ("Agreement") hereby agrees to submit the above dispute for binding mediation ("Mediation") to ADR Systems of America, L.L.C., ("ADR Systems") in accordance with the following terms:

A. Powers of the Mediator

1. The Parties agree that The Honorable James P. Etchingham (Ret.) shall serve as the sole Mediator in this matter (the "Mediator").
2. The Mediator shall have the power to determine the admissibility of evidence and to rule upon the law and the facts of the dispute pursuant to Section III(D)(1). The Mediator shall also have the power to rule on objections to evidence which arise during the hearing.
3. The Mediator is authorized to hold joint and separate caucuses with the Parties and to make oral and written recommendations for settlement purposes.
4. **The Parties agree that the Mediator shall decide all issues concerning liability and damages arising from the dispute if this matter cannot be settled, unless any of the above is waived. Any other issues to be decided must be agreed upon by the Parties, and included in this contract.**
5. Any failure to object to compliance with these Rules shall be deemed a waiver of such objection.

B. Amendments to the Agreement

1. No Party shall amend the Agreement at any time without the consent and approval of such changes by the opposing Party, and ADR Systems of America.
2. When changes or amendments to the Agreement are being requested, the Parties shall inform the ADR Systems case manager by telephone. The agreed proposal must also be submitted to the ADR Systems case manager in writing, by fax or email, if necessary, and the contract changes **MUST** be made by ADR Systems. No changes made outside these guidelines will be accepted. Furthermore, if the amended contract made by ADR Systems is not signed by both Parties, the Agreement shall be enforced in its original form, without changes.

C. Pre-Hearing Submission

1. Mediation statements are permitted provided that the statement is shared among the other parties. The Mediation Statement may include: statement of facts, including a description of the injury and a list of special damages and expenses incurred and expected to be incurred; and a theory of liability and damages and authorities in support thereof.

D. Evidentiary Rules

1. The Parties agree that the following documents are allowed into evidence, without foundation or other proof, provided that said items are served upon the Mediator and the opposing Party at least **17 (seventeen)** days prior to the hearing date:
 - a. Medical records and medical bills for medical services;
 - b. Bills for drugs and medical appliances (for example, prostheses);
 - c. Property repair bills or estimates;
 - d. Reports of lost time from employment, and / or lost compensation or wages;
 - e. The written statement of any expert witness, the deposition of a witness, the statement of a witness, to which the witness would be allowed to express if testifying in person, if the statement is made by affidavit sworn to under oath or by certification as provided in section 1-109 of the Illinois Code of Civil Procedure;
 - f. Photographs;
 - g. Police reports;
 - h. Any other document not specifically covered by any of the foregoing provisions that a Party believes in good faith should be considered by the Mediator; and
 - i. Each Party may introduce any other evidence, including but not limited to documents or exhibits, in accordance with the rules of evidence of the State of Illinois.
2. The Parties agree that they will not disclose any and all dollar figures relating to the high/low agreement; last offer and last demand; policy limits; and /or set-offs orally or in written form, to the Mediator at any time before or during the conference, or while under advisement, prior to the Mediator's final decision.

- a. Violation of this rule set forth in (D)(2) shall constitute a material breach of this Agreement. The non-disclosing Party must formally object to the Mediator upon learning of the breach, or the breach will be considered waived. The non-disclosing Party shall then have the option to continue the Mediation from the point of objection to its completion; or to terminate the Mediation at the point of objection as null and void. The ADR Systems case manager must be made aware of this breach at the time of the objection, so the objection is addressed in accordance with the Agreement; and
 - b. If the Mediation is terminated as null and void, all costs of the Mediation will be charged entirely to the disclosing Party. A new Mediation shall then take place with a new Mediator on a new date. If the Mediation is not terminated, the costs of the Mediation shall remain the responsibility of each Party or in accordance with the Agreement.
3. The Parties agree If a Party has an objection to the evidence or material submitted by any other Party pursuant to Paragraph (D)(1), notice of the objection shall be given to the ADR Systems case manager and opposing counsel by telephone and in writing at least seven days prior to the Mediation. If resolution cannot be obtained, the case manager will forward the objection to the Mediator to be ruled upon before or at the Mediation. The case manager will notify each of the Parties of the objection. The objection may result in a postponement of the proceedings. **If the objection is because of new material being disclosed with the submission for the first time (for example, new or additional reports, additional medical/wage loss claims, etc.) then the disclosing party shall be charged for the total cost associated with the continuance.**
 4. The Parties agree that any Party desiring to introduce any of the Items described in Paragraph (D)(1) without foundation or other proof, must deliver said Items to the Mediator and to the other Parties no later than **Monday, November 21, 2016.**
 5. The Items are considered delivered as of the date that one of the following events occur:
 - a. If mailed, by the date of the postmark;
 - b. If delivered by a courier or a messenger, the date the Item is received by the courier or messenger; and
 - c. The date transmitted by facsimile or email.
 6. The Parties agree to deliver any of the Items described in Paragraph (C)(1) and (D)(1) to the following addresses:

If emailing Submissions, please send to submissions@adrsystems.com, however, please do not send anything over 50 pages, including exhibits.

The Honorable James P. Etchingham, (Ret.) (Mediator)
C/O ADR SYSTEMS
20 North Clark Street
Floor 29
Chicago, IL 60602

Kelly N. Baudin, Esq. / Randall Baudin, II, Esq. (Plaintiff Attorneys)
BAUDIN LAW GROUP
304 McHenry Avenue
Crystal Lake, IL 60039



Shoshan Reddington, Esq. (Defense Attorney)
LAW OFFICES OF STEVEN LIHOSIT
200 N. La Salle Street
Suite 2550
Chicago, IL 60601

E. Conference Procedure

1. The Parties may present opening statements but there will be no live testimony.
2. The Parties will attempt to reach a voluntary settlement through negotiation with the assistance of the Mediator.
3. If the Parties cannot voluntarily reach a settlement, the Mediator will advise the Parties that settlement cannot be reached. The Mediator will then take the matter under advisement and render an award that will be binding to all Parties, (the "Award"), subject to the terms of any high/low agreement that the Parties may have as described below in Paragraph (F)(1).

F. Award Limits

1. The Parties may agree prior to the Mediation that a minimum and maximum amount will serve as parameters for the Award (sometimes referred to as a "high/low agreement"), such that the actual amount that must be paid to the plaintiff or claimant shall not exceed a certain amount (the "high" or "maximum award") and shall not be less than a certain amount (the "low" or "minimum award").
 - a. If liability is disputed and comparative fault or negligence is asserted as an affirmative defense, the Mediator shall make a finding regarding comparative fault or negligence, if any. In the event that there is a finding of comparative fault or negligence of the plaintiff that is greater than 50% (fifty percent), the plaintiff shall receive the negotiated minimum award. In the event that there is a finding of comparative fault or negligence of 50% (fifty percent) or less against the plaintiff, then any damages awarded in favor of the plaintiff shall be reduced by the amount of the plaintiff's comparative fault or negligence, but shall be no less than the minimum parameter or more than the maximum parameter.
 - b. All award minimum and maximum parameters are subject to applicable set-offs if any, as governed by policy provisions if not specified in the Agreement.

The Parties agree that for this Mediation the minimum award to Paul Dulberg will be **\$50,000.00**. Also, the maximum award to Paul Dulberg will be **\$300,000.00**. These amounts reflect the minimum and maximum amounts of money that David Gagnon shall be liable to pay to Paul Dulberg.

IV. Effect of this Agreement

- A. After the commencement of the Mediation, no Party shall be permitted to cancel this Agreement or the Mediation and the Mediator shall render a decision that shall be in accordance with the terms set forth in this Agreement. When the Award is rendered, the Mediation is resolved, and any Award arising from this Mediation shall operate as a bar and complete defense to any action or proceeding in any court or tribunal that may arise from the same incident upon which the Mediation is based.

- B. The Parties further agree that any pending litigation will be dismissed, with prejudice, as to those Parties participating in this Mediation upon the conclusion thereof. Any and all liens, including contractual rights of subrogation owed are subject to existing Illinois law. By agreement of the Parties, the Mediator's Award will be final and binding and not subject to appeal or motion for reconsideration by any Party.

V. Mediation Costs

A. ADR Systems Fee Schedule

1. A deposit is required for the Administrative Fee, Mediator's estimated review, session, and follow-up time ("Mediation Costs"). Binding-Mediations are billed at a four hour per day minimum. **The required deposit amount is \$2,590.00 from Party B and is due by November 21, 2016.** Any unused portion of the deposit will be refunded based on the four hour minimum. If the Mediator's review, session and follow-up time go over the estimated amount, each Party will be invoiced for the additional time.
2. Mediation Costs are usually divided equally among all Parties, unless otherwise agreed upon by the Parties. **ADR Systems must be notified of special fee arrangements.**
3. All deposits are due two weeks prior to the session. ADR Systems reserves the right to cancel a session if deposits are not received from all Parties two weeks prior to the session.
4. ADR Systems requires **14-day notice in writing or via electronic transmission** of cancellation or continuance. For Binding-Mediations **cancelled or continued** within 14 days of the session, the Party causing the cancellation will be billed for the Mediation Costs of all the Parties involved, which includes the four hour per day minimum, additional review time, and any other expenses incurred ("cancellation fees"). If the cancellation is by agreement of all Parties, or if the case has settled, the cancellation fees will be split equally among all Parties, unless ADR Systems is instructed otherwise. The cancellation fees may be waived if the Mediator's lost time can be filled by another matter.

Administrative Fee	\$390.00 (Non-refundable)
Mediator's Review Time	\$450.00 per hour
Session Time	\$450.00 per hour
Mediator's Decision Writing Time	\$450.00 per hour
Mediator's Travel Time (if any)	\$75.00 per hour

B. Responsibility for Payment

****Special Billing**

1. Each Party and its counsel (including that counsel's firm) shall be jointly and severally responsible for the payment of that Party's allocated share of the Mediation Costs as set forth above.
2. All expenses and disbursements made by ADR Systems in connection with the Mediation, including, but not limited to, outside room rental fee, meals, express mail and messenger charges, and any other charges associated with the Mediation, will be billed equally to the Parties at the time of the invoice.

3. In the event that a Party and/or its counsel fails to pay ADR Systems in accordance with the terms of this Agreement, then that Party and/or its counsel shall be responsible for all costs, including attorney's fees, incurred by ADR Systems in connection with the collection of any amount due and owing. Payment of additional costs incurred by ADR Systems in connection with the collection of any amount due and owing shall be made within 15 days of invoice.
4. In the event ADR Systems' session rooms are completely booked on your selected session date, ADR Systems will attempt to find another complimentary venue for your session. If ADR Systems cannot find a complimentary venue or the parties cannot agree on the complimentary venue, ADR Systems reserves the right to schedule your case in a location that may involve a facilities charge. The facilities charge will be split equally among the parties unless ADR Systems is instructed otherwise.
5. ****Defendant agrees to pay up to \$3,500.00 of Plaintiff's Binding Mediation Costs.**

VI. Acknowledgment of Agreement

- A. By signing this Agreement, I acknowledge that I have read and agree to all the provisions as set forth above.
- B. Each Party is responsible for only his/her own signature where indicated and will submit this signed Agreement to ADR Systems within 10 days of receipt of the Agreement. Counsel may sign on behalf of the Party.

By: _____
Paul Dulberg / Plaintiff Date

By: _____
Kelly N. Baudin / Attorney for the Plaintiff Date

By: _____
Randall Baudin, II / Attorney for the Plaintiff Date

By: _____
Shoshan Reddington / Attorney for the Defendant Date

ADR Systems File # 33391BMAG
ADR Systems Tax I.D. # 36-3977108
Date of Hearing: Thursday, December 8, 2016



UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL DULBERG

Debtor(s)

)
)
)
)
)
)
)

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

ORDER

THIS CAUSE coming on to be heard on this 31st day of October, 2016 upon the Trustee's Motion for Authority to Enter into a "Binding Mediation Agreement", the Court after considering the Motion, the statements of counsel, pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED that Joseph D. Olsen, Trustee herein, is authorized to enter into a "Binding Mediation Agreement" as described in the Trustee's Motion, and the Trustee may execute such documents as are necessary to accomplish the matters set forth herein.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
)
DULBERG, PAUL) CASE NO. 14-83578
)
Debtor.) JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

Notified via Electronic filing: Attorney David Stretch and U.S. Trustee's Office,

Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his **Motion to Employ Special Counsel, Baudin Law Group, Ltd, as attorneys for the Trustee to pursue a personal injury cause of action.** A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 31st day of October, 2016 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104

CERTIFICATE OF SERVICE

I, the undersigned, certify that on October 4, 2016 I caused the aforesaid to be served upon all persons to whom it is directed (see attached Service List) by United States Mail by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

s/s Marti Maravich

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
)
PAUL DULBERG,) CASE NO. 14-83578
)
)
Debtors.) JUDGE: THOMAS M. LYNCH

MOTION TO EMPLOY SPECIAL COUNSEL

NOW COMES Joseph D. Olsen, Trustee, by his attorneys, Yalden, Olsen & Willette, and for his Motion to Employ Special Counsel, hereby states as follows:

1. JOSEPH D. OLSEN is the duly qualified, appointed, and acting Trustee in the above-captioned case.

2. To perform his duties as Trustee, your movant requires the services of an attorney for the following purposes:

A. To appear for and prosecute the Estate's interest regarding a personal injury cause of action;

B. To assist in the preparation of such pleadings, motions, notices, and orders which are required;

3. For the foregoing and all other necessary and proper purposes, movant desires to retain the law office of Baudin Law Group, Ltd., as counsel for the Trustee.

4. Movant feels that the law office is well qualified to render the foregoing services.

5. The law office of Baudin Law Group, Ltd. has no connections with the Debtor(s), creditors, or any party in interest, their respective attorneys and accountants, the U.S. Trustee, or any person employed in the office of the U.S. Trustee as defined in 11 U.S.C. Section 101(14), except as follows:

Post petition the Debtor entered into a contingent fee agreement with Baudin & Baudin (the predecessor law group to the Baudin Law Group, Ltd.) whereby the Debtor paid \$3,333.33 as a nonrefundable retainer (to the offset against any future recovery) and agreed to pay Baudin & Baudin 33 1/3% as a contingency fee if the matter settled prior to trial and 40% if the matter proceeds to trial.

- 2 -

6. The attorneys requests that they be compensated in accordance with Baudin Law Group, Ltd. fee agreement which is attached hereto and made a part hereof as "Exhibit A."

WHEREFORE, JOSEPH D. OLSEN, Trustee, prays that he be authorized to employ the law office of Baudin Law Group, Ltd., as his attorneys to render services in the areas described above and compensation be paid as an administrative expense and in such amounts as this Court may hereinafter determine and allow.

JOSEPH D. OLSEN, Trustee

By: YALDEN, OLSEN & WILLETTE, his Attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
YALDEN, OLSEN & WILLETTE
1318 East State Street
Rockford, IL 61104
(815) 965-8635
Fax (815) 965-4573

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

Hand Surgery Associates, SC
Dr. Sagerman / Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005-4405

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759

Northwest Suburban Anesthesiologists
8163 Solutions Center
Chicago, IL 60677-8001

Oak Trust Credit Union
444 N Eola Rd, Suite 101
Aurora, IL 60502-9620

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

David L. Stretch
Law Office of David L. Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410

Bank of America
PO Box 851001
Dallas, TX 75285-1001

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050-4015

McHenry Radiologists & Imaging
PO Box 220
McHenry, IL 60051-0220

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8499

Oak Trust Credit Union
1 South 450 Summit Avenue
Oakbrook Terrace, IL 60181

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536-0502

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051-5425

Paul R. Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

BANK OF AMERICA
PO BOX 982238
EL PASO TX 79998-2238

Capital One Bank (USA), N.A.
PO Box 6492
Carol Stream, IL 60197-6492

Dynamic Hand Therapy & Rehab
498 S. US Highway 12
Suite C
Fox Lake, IL 60020-1908

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675-6035

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673-1257

(p)OAK TRUST CREDIT UNION
12251 S ROUTE 59
PLAINFIELD IL 60585-9189

WORLD'S FOREMOST BANK
CABELA'S CLUB VISA
PO BOX 82609
LINCOLN, NE 68501-2609

Worlds Foremost Bank NA
4800 NW 1st Street
Suite 300
Lincoln, NE 68521-4463

Attorney W. Randal Baudin, II
Baudin Law Group, Ltd.
2100 N. Huntington Dr Suite C
Algonquin, IL 60102

FEE AGREEMENT

I, Paul Dulberg, hereby agree to retain and employ BAUDIN & BAUDIN, an association of attorneys, to prosecute and/or settle all suits and claims for damages, which may include personal injuries and property damage, against responsible parties, including their insurance companies and my insurance companies, or any other responsible insurance companies, arising out of events which occurred on or about the 28th day of June, 2011, at or near 1016 W. Elder Avenue, McHenry, Illinois.

I agree to pay BAUDIN & BAUDIN as compensation for services (1) a non-refundable retainer fee of \$3,333.33; AND (2) a sum of money equal to one-third (1/3) of the gross amount realized from this claim by settlement prior to trial of this matter, OR, if this matter proceeds to trial, which is defined as any time after the final pre-trial conference with the Court has concluded, I agree to pay BAUDIN & BAUDIN as compensation for its services a sum of money equal to forty percent (40%) of the gross amount realized from such action. Should this matter conclude by way of settlement, negotiations, trial, arbitration or judgment in my favor, BAUDIN & BAUDIN agrees to reduce its percentage fee by an amount of \$3,333.33 as an offset for the non-refundable retainer fee; however, in no event will the \$3,333.33 be refunded to me once this agreement has been executed.

I realize, understand and agree that all expenses and costs related to my claim, such as medical expenses for my/our care and treatment and related costs such as costs for obtaining medical records and bills, as well as court costs, including filing fees, costs of depositions, costs of experts, etc. are my obligation and responsibility and shall be paid as those bills become due from time to time.

It is further agreed and understood that there will be no further charges for legal services over and above the \$3,333.33 non-refundable retainer fee by BAUDIN & BAUDIN (with the exception of the aforesaid expenses and costs referred to in paragraph 3) unless recovery is made in this claim, and that no settlement will be made without the consent of the claimant(s).

I hereby authorize and direct that BAUDIN & BAUDIN is authorized to endorse and deposit any proceeds received in regard to the aforesaid claim herein, and to disburse those funds for purposes of client payments, resolution of liens, reimbursement of costs advanced, and attorney's fees.

This cause was not solicited either directly or indirectly from me/us by anyone. This agreement is being executed with duplicate originals.

Signed this 22nd day of September, 2015, and copy received by claimant(s) or claimant(s)'s representative.

Claimant

Paul Dulberg

Claimant

~~BAUDIN & BAUDIN~~

~~2100 N. Huntington Drive, Suite C
Algonquin, IL 60102~~

~~847.658.5295 FAX: 847.658.5015~~

Revised 9/2015

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
DULBERG, PAUL)
Debtors.) CASE NO. 14-83578
)
) JUDGE: THOMAS M. LYNCH

**AFFIDAVIT OF W. RANDAL BAUDIN, II PURSUANT TO RULES 2014(a),
2016(b) AND 5002 TO EMPLOY BAUDIN LAW GROUP, LTD.
AS SPECIAL COUNSEL FOR THE TRUSTEE**

STATE OF ILLINOIS)
) ss
COUNTY OF McHENRY)

Personally appeared before the undersigned officer, duly authorized to administer oaths, W. Randal Baudin, II, and after being duly sworn, states as follows:

1. I am a member of the law firm of Baudin Law Group, Ltd. located at 304 South McHenry Avenue, Crystal Lake, IL 60014 and in that capacity I have personal knowledge of, and authority to speak on behalf of the firm of Baudin Law Group, Ltd., with respect to the matters set forth herein. This Affidavit is offered in support of the Application of the Trustee for Authorization to Employ Baudin Law Group, Ltd. as special counsel for the Trustee. The matters set forth herein are true and correct to the best of my knowledge, information and belief.

2. Baudin Law Group, Ltd. has no partners, associates or other professional employees who are related to any judge of the United States Bankruptcy Court for the Northern District of Illinois.

3. Neither the firm of Baudin Law Group, Ltd. nor I have agreed to share any compensation or reimbursement awarded in this case with any persons other than partners and associates of the firm of Baudin Law Group, Ltd..

4. Baudin Law Group, Ltd. shall be compensated for their services on a contingent fee basis pursuant to terms of the attached agreement.

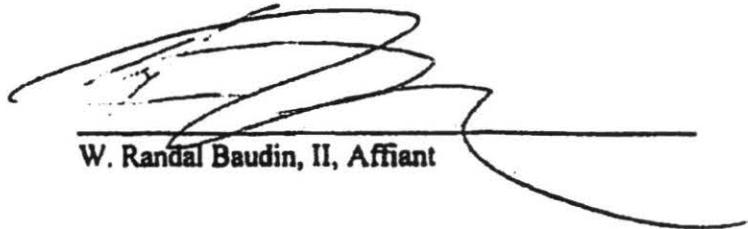
5. To the best of my knowledge, information and belief, Baudin Law Group, Ltd. does not hold or represent a party that holds an interest adverse to the Trustee nor does it have any connection with the Debtor's creditors, or any party in interest or their respective attorneys and accountants with respect to the matters for which Baudin Law Group, Ltd. is to be employed, is disinterested as that term is used in 11 U.S.C. § 101(14), and has no connections with the United States Trustee or any person employed in the Trustee's office, except that said firm has represented the Debtors prepetition with respect to the subject personal injury claim.

6. I understand and agree that:

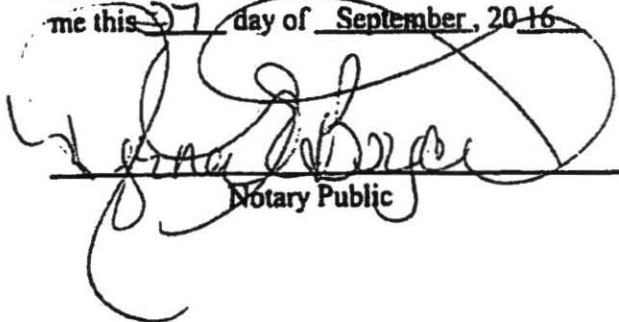
- A. My Firm and I are obligated to keep the Trustee fully informed as to all aspects of this matter, as the Bankruptcy Estate is my client until such time as the claim in question is abandoned by the Trustee, as shown by a written notice of such abandonment.
- B. All proceeds of any settlement or recovery must be paid to the Trustee in the first instance, and none may be disbursed without approval in writing of the Trustee or an Order of the Bankruptcy Court.
- C. If this application for appointment is approved, any fees or reimbursement of costs from the proceeds of any recoveries will be paid by the Trustee only after approval of the Bankruptcy Court.
- D. No settlements may be entered into or become binding without the approval of the Bankruptcy Court and the Trustee, after notice to the Trustee, creditors and parties in interest.
- E. All issues as to attorneys fees, Debtor's exemptions, the distribution of any recovery between the Debtor and the Trustee or creditors, or any other issue which may come to be in dispute between the Debtor and the Trustee or creditors are subject to the jurisdiction of the Bankruptcy Court. Neither I nor any other attorney or associate of the Firm will undertake to advise or represent the Debtor as to any such matters or issues. Instead, the Firm will undertake to obtain the best possible result on the claim, and will leave to others any advice or representation as to such issues.
- F. The Firm is not authorized to grant any "physician's lien" upon, offer to protect payment of any claim for medical or other services out of, or otherwise pledge or encumber in any way any part of any recovery without separate Order of this Court, which may or may not be granted.
- G. Authorization to hire experts. As part of this representation, I will need to hire experts to advise and assist in the conduct of this litigation, specifically medical experts, liability or forensic experts, vocational or economic experts, or other experts on issues of liability or damages. In this regard, I agree that:
 - i. My Firm or I will pay or advance any fees or cost retainers required by such experts with the understanding that such payment or advance will be included as a cost in any subsequent fee application my Firm or I make to this Court; and
 - ii. Before entering into any such retention or paying any initial fees or costs, I will consult with the Trustee, provide the Trustee any

information requested including estimates of total costs and fees, provide a copy of any fee agreements, and obtain the Trustee's advance written approval to the proposed terms of retention.

- iii. I will see that copies of any bills submitted by such experts are submitted to the Trustee when I receive them and a reasonable time before I or my Firm pays them, and are approved in advance, by the Trustee, in writing.
- iv. Such fees or expenses of such experts are subject to reimbursement only by the Bankruptcy Estate, upon approval of this Court, to be paid as an administrative expense in this Bankruptcy case pursuant to 11 U.S.C. § 726, out of proceeds of any settlement or recovery in the litigation my Firm and I will be handling.


W. Randal Baudin, II, Affiant

Subscribed and sworn to before
me this 27 day of September, 2016


Notary Public



UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL DULBERG

Debtor(s)

)
)
)
)
)
)
)

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

ORDER TO EMPLOY SPECIAL COUNSEL

THIS CAUSE coming on to be heard on this 31st day of October, 2016 upon the Trustee's Motion to employ the law office of Baudin Law Group, Ltd. as attorneys for the estate, the Court after considering the Motion, the statements of counsel, pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED that Joseph D. Olsen, Trustee herein, is authorized to employ the Baudin Law Group, Ltd. to represent the estate in regards to the Debtor's personal injury claim, more fully described in the Trustee's Motion, and that the Trustee is allowed to adopt the contingency contract between Debtor, Paul Dulberg and Baudin Law Group, Ltd. as described in the Trustee's Motion, and the Trustee may execute such documents as are necessary to accomplish the matters set forth herein.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)
)
PAUL R. DULBERG) No. 14-83578
)
)
Debtor.) Judge Thomas M. Lynch

NOTICE OF MOTION TO WITHDRAW AS COUNSEL

Megan G. Heeg, on behalf of the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC, has filed papers with the Court regarding a motion to withdraw as counsel for the Bankruptcy Estate. A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Ehrmann Gehlbach Badger Lee & Considine, LLC during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the Court to grant the Motion and want the Court to consider your views on said Motion, then you or your attorney must:

1. File a written response to the above Motion on or before the date set for the hearing on the Motion at the United States Bankruptcy Court, 327 South Church Street, Rockford, IL 61101; OR,
2. Attend the hearing scheduled to be held on November 2, 2016, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to: Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

If you file a response, attend the hearing on the Motion, scheduled to be held on November 2, 2016, at 9:30 a.m. at the United States Bankruptcy Court, Courtroom 3100, 327 South Church Street, Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the Motion and grant the same.

Dated: October 6, 2016

/s/ Megan G. Heeg
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

STATE OF ILLINOIS)
) SS. **PROOF OF SERVICE**
COUNTY OF LEE)

The undersigned, being first duly sworn on oath, deposes and says that she served the within document upon the parties on the attached matrix, by placing a true and correct copy of said document in an envelope, each addressed as is shown above. (Except for the documents to the U.S. Trustee's office and Debtor's attorney, which should have been served electronically by the Bankruptcy Court).

That she sealed said envelopes and placed sufficient U.S. postage on each; that she deposited said envelopes so sealed and stamped in the United States Mail at Dixon, Illinois, at or about the hour of 5:00 o'clock P.M. on the 6th day of October, 2016.

/s/ Katherine M. Elliott

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

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Creditor Mailing Matrix

Page: 1

Case No.: 14-83578

Name	Address	City	State	Zip
ABN AMRO Mortgage Group				
Alexian Brothers Medical Group	PO Box 5588	Belfast	ME	04915-5500
Associated Neurology SC	1900 Hollister Drive Suite 250	Libertyville	IL	60048-5249
Bank of America	PO Box 851001	Dallas	TX	75285-1001
BANK OF AMERICA	PO BOX 982238	EL PASO	TX	79998-2238
Bank of America	PO Box 982235	El Paso	TX	79998
Cabelas Visa Center	World's Foremost Bank PO Box 82609	Lincoln	NE	68501-2609
Capital One Bank	Attn: General Correspondence PO Box 30285	Salt Lake City	UT	84130-0285
Capital One Bank (USA), N.A.	PO Box 6492	Carol Stream	IL	60197-6492
Capital One Bank (USA), N.A.	PO Box 71083	Charlotte	NC	28272-1083
David L. Stretch	Law Office of David L. Stretch 5447 West Bull Valley Road	McHenry	IL	60050-7410
Dr. Frank W. Sek	4606 W. Elm Street	McHenry	IL	60050-4015
Dynamic Hand Therapy & Rehab	498 S. US Highway 12 Suite C	Fox Lake	IL	60020-1908
Hand Surgery Associates, SC	Dr. Sagerman / Dr. Biafora 515 W. Algonquin Road	Arlington Heights	IL	60005-4405
Joseph D Olsen	Yalden Olsen & Willette 1318 E State Street	Rockford	IL	61104-2228
McHenry Radiologists & Imaging	PO Box 220	McHenry	IL	60051-0220
MidAmerica Hand to Shoulder Clinic	Dr. Talerico 75 Remittance Drive, Suite 6035	Chicago	IL	60675-6035
Moraine Emergency Physicians	PO Box 8759	Philadelphia	PA	19101-8759
Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	IL	60050-8499
Northwest Community Hospital	25709 Network Place	Chicago	IL	60673-1257
Northwest Suburban Anesthesiologists	8163 Solutions Center	Chicago	IL	60677-8001
Oak Trust Credit Union	1 South 450 Summit Avenue	Oakbrook Terrace	IL	60181
OAK TRUST CREDIT UNION	12251 S ROUTE 59	PLAINFIELD	IL	60585-9189
Oak Trust Credit Union	444 N Eola Rd, Suite 101	Aurora	IL	60502-9620
Oak Trust Credit Union	1811 W. Diehl Road Suite 700	Naperville	IL	60563
Open Advanced MRI of Round Lake	Medchex PO Box 502	Katonah	NY	10536-0502
Patrick S Layng	Office of the U.S. Trustee, Region 11 780 Regent St.	Madison	WI	53715-2635
Paul R Dulberg	4606 Hayden Court	McHenry	IL	60051-7918
U.S. Bankruptcy Court	Western Division	Rockford	IL	61101-1320

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Creditor Mailing Matrix

Page: 2

Case No.: 14-83578

Name	Address	City	State	Zip
	327 South Church Street			
Walgreens	3925 W. Elm Street	McHenry	IL	60050-4361
Walmart Pharmacy	3801 Running Brook Farms Boulevard	Johnsburg	IL	60051-5425
WORLD'S FOREMOST BANK	CABELA'S CLUB VISA PO BOX 82609	LINCOLN	NE	68501-2609
Worlds Foremost Bank NA	4800 NW 1st Street Suite 300	Lincoln	NE	68521-4463

Total: 33

UNITED STATE BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:)	
)	
PAUL R. DULBERG	)	No. 14-83578
)	
Debtor.	)	Judge Thomas M. Lynch

MOTION TO WITHDRAW AS COUNSEL

NOW COMES Ehrmann Gehlbach Badger Lee & Considine, LLC, by Megan G. Heeg, and for its Motion to Withdraw as Counsel for the Paul Dulberg Bankruptcy Estate, states as follows:

1. This Motion is filed pursuant to local Bankruptcy Rule 2091-1.
2. Previously, Megan G. Heeg, had been appointed the Chapter 7 case Trustee of the above-referenced case.
3. On May 27, 2015, this Court approved the Trustee's motion to employ the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC to represent the Estate.
4. Megan G. Heeg is retiring at the end of the year, and therefore, on August 31, 2016, Megan G. Heeg filed her Notice of Resignation and thereafter, the United States Trustee appointed Joseph D. Olsen to serve as Trustee of the Paul R. Dulberg Estate.
5. Recently, this Court approved Trustee Olsen's Motion to employ himself and his firm to represent the Estate.
6. For the reasons stated above, Ehrmann Gehlbach Badger Lee & Considine, LLC, files this Motion to Withdraw as Counsel, and asks that this Court enter an order, granting this motion to withdrawal as counsel.

WHEREFORE, Ehrmann Gehlbach Badger Lee & Considine, LLC, by its attorney, Megan G. Heeg, asks that this Court grant this Motion to Withdraw as Counsel, and that this Court

grant to movant such other and further relief as it deems just and proper.

/ Megan G. Heeg
Attorney Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street
P.O. Box 447
Dixon, IL 61021

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:	)	BK No.: 14-83578
PAUL R. DULBERG)	
)	
	)	Chapter: 7
	)	Honorable Thomas M. Lynch
)	
Debtor(s))	

ORDER TO APPROVE MOTION TO WITHDRAW AS COUNSEL

This cause coming on to be heard on the 2nd day of November, 2016, on the Motion to Withdraw filed by the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC., by its attorney Megan G. Heeg, all parties in interest having notice and the Court being advised in the premises,

IT IS HEREBY ORDERED:

The Motion to Withdraw is granted and the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC, and, in particular, Megan G. Heeg, are deemed withdrawn as counsel for the Bankruptcy Estate.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Megan G. Heeg
Ehrmann Gehlbach Badger Lee & Considine, LLC
215 E. First Street, Suite 100
P.O. Box 447
Dixon, IL 61021
(815) 288-4949
(815) 288-3068 (FAX)
heeg@egblc.com

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Western Division

In Re:

PAUL DULBERG

Debtor(s)

)
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BK No.: 14-83578

Chapter: 7


Honorable Thomas M. Lynch

ORDER TO EMPLOY SPECIAL COUNSEL

THIS CAUSE coming on to be heard on this 31st day of October, 2016 upon the Trustee's Motion to employ the law office of Baudin Law Group, Ltd. as attorneys for the estate, the Court after considering the Motion, the statements of counsel, pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED that Joseph D. Olsen, Trustee herein, is authorized to employ the Baudin Law Group, Ltd. to represent the estate in regards to the Debtor's personal injury claim, more fully described in the Trustee's Motion, and that the Trustee is allowed to adopt the contingency contract between Debtor, Paul Dulberg and Baudin Law Group, Ltd. as described in the Trustee's Motion, and the Trustee may execute such documents as are necessary to accomplish the matters set forth herein.

Enter:



Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: October 31, 2016

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Western Division

In Re:

PAUL DULBERG

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

Debtor(s)

ORDER

THIS CAUSE coming on to be heard on this 31st day of October, 2016 upon the Trustee's Motion for Authority to Enter into a "Binding Mediation Agreement", the Court after considering the Motion, the statements of counsel, pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED that Joseph D. Olsen, Trustee herein, is authorized to enter into a "Binding Mediation Agreement" as described in the Trustee's Motion, and the Trustee may execute such documents as are necessary to accomplish the matters set forth herein.

Enter:



Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: October 31, 2016

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Western Division

In Re:

PAUL R. DULBERG

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

Debtor(s)

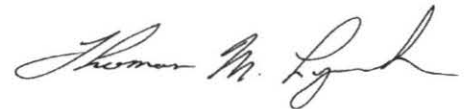
ORDER TO APPROVE MOTION TO WITHDRAW AS COUNSEL

This cause coming on to be heard on the 2nd day of November, 2016, on the Motion to Withdraw filed by the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC., by its attorney Megan G. Heeg, all parties in interest having notice and the Court being advised in the premises,

IT IS HEREBY ORDERED:

The Motion to Withdraw is granted and the law firm of Ehrmann Gehlbach Badger Lee & Considine, LLC, and, in particular, Megan G. Heeg, are deemed withdrawn as counsel for the Bankruptcy Estate.

Enter:



Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: November 02, 2016

Prepared by:

Megan G. Heeg

Ehrmann Gehlbach Badger Lee & Considine, LLC

215 E. First Street, Suite 100

P.O. Box 447

Dixon, IL 61021

(815) 288-4949

(815) 288-3068 (FAX)

heeg@egblc.com

Fill in this information to identify the case:

Debtor 1 Paul R Dulberg

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 14-83578

FILED

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

DEC 16 2016

JEFFREY P. ALLSTEADT, CLERK
DEPUTY CLERK - VG

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>Dynamic Hand Therapy & Rehabilitation</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>Dynamic Hand Therapy & Rehabilitation</u> Name <u>498 S. Route 12, Suite C</u> Number Street <u>Fox Lake</u> <u>IL</u> <u>60020</u> City State ZIP Code Contact phone <u>847-587-3301</u> Contact email <u>colleen.vandergriff@usphclinic.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 _____ 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: 0 1 8 5

7. How much is the claim? \$ 23,978.00 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.
physical therapy services performed

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:

☐ 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.

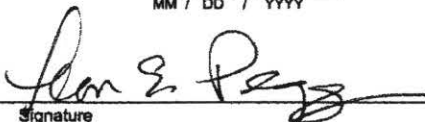
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 12/15/2016
MM / DD / YYYY


Signature

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

Name	Leon	E.	Pegg
	First name	Middle name	Last name
Title	Associate Counsel		
Company	U.S. Physical Therapy, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1300 West Sam Houston Pkwy., Suite 300		
	Number	Street	
	Houston	TX	77042
	City	State	ZIP Code
Contact phone	713-297-6386		Email
			lpegg@usph.com



dynamic
HAND THERAPY
and Rehabilitation

MAKE CHECKS PAYABLE TO:

Dynamic Hand Therapy - Fox Lake
498 South Route 12 Suite C
Fox Lake, IL 600201908
(847) 587-3301

Paul Dulberg
4606 Hayden Court
Mchenry, IL. 60050

STATEMENT

STATEMENT PERIOD	BALANCE DUE
10-02-14	

NOTE: THIS IS A LINE ITEM STATEMENT AND WILL
SHOW ALL ACTIVITY FOR EACH DATE OF SERVICE IN
THIS STATEMENT PERIOD

Account# 0185

Re: Paul Dulberg

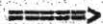
Account# 0185

Payment Due: 23978.00

Due Date:

PATIENT MESSAGE:

The balance on account is patient
responsibility. Please contact office
for payment options. Balance now due.
call our office with questions



Make Checks Payable to: Dynamic Hand Therapy - Fox Lake

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
12-08-11		187.00	0.00	0.00	0.00		0.00	187.00	187.00
Payment	PCC CREDIT CARD		-70.00				-70.00		-70.00
0121		187.00	0.00	-70.00	0.00		0.00	187.00	187.00
12-08-11		172.00	0.00	0.00	0.00		0.00	172.00	172.00
12-08-11		75.00	0.00	0.00	0.00		0.00	75.00	75.00
12-08-11		59.00	0.00	0.00	0.00		0.00	59.00	59.00
12-08-11		54.00	0.00	0.00	0.00		0.00	54.00	54.00
0121		360.00	0.00	0.00	0.00		0.00	360.00	360.00
12-12-11		86.00	0.00	0.00	0.00		0.00	86.00	86.00
12-12-11		75.00	0.00	0.00	0.00		0.00	75.00	75.00
12-12-11		59.00	0.00	0.00	0.00		0.00	59.00	59.00

COMMENTS

PAID BY ACCOUNT BALANCE
INSURANCE PAYMENT
PAYMENT BY ACCOUNT

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
12-12-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		274.00	0.00	0.00	0.00	0.00	274.00	274.00			
12-14-11	[REDACTED]	86.00	0.00	0.00	0.00	0.00	86.00	86.00			
12-14-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-14-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-14-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
12-14-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		328.00	0.00	0.00	0.00	0.00	328.00	328.00			
12-15-11	[REDACTED]	86.00	0.00	0.00	0.00	0.00	86.00	86.00			
12-15-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-15-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-15-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		274.00	0.00	0.00	0.00	0.00	274.00	274.00			
12-18-11	[REDACTED]	172.00	0.00	0.00	0.00	0.00	172.00	172.00			
12-18-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-18-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-18-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		360.00	0.00	0.00	0.00	0.00	360.00	360.00			
12-20-11	[REDACTED]	172.00	0.00	0.00	0.00	0.00	172.00	172.00			
12-20-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-20-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-20-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		360.00	0.00	0.00	0.00	0.00	360.00	360.00			
12-23-11	[REDACTED]	172.00	0.00	0.00	0.00	0.00	172.00	172.00			
12-23-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-23-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-23-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		360.00	0.00	0.00	0.00	0.00	360.00	360.00			
12-27-11	[REDACTED]	172.00	0.00	0.00	0.00	0.00	172.00	172.00			
12-27-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-27-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-27-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		360.00	0.00	0.00	0.00	0.00	360.00	360.00			
12-29-11	[REDACTED]	86.00	0.00	0.00	0.00	0.00	86.00	86.00			
12-29-11	[REDACTED]	75.00	0.00	0.00	0.00	0.00	75.00	75.00			
12-29-11	[REDACTED]	59.00	0.00	0.00	0.00	0.00	59.00	59.00			
12-29-11	[REDACTED]	54.00	0.00	0.00	0.00	0.00	54.00	54.00			
Total		274.00	0.00	0.00	0.00	0.00	274.00	274.00			

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
01-03-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
01-03-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
01-03-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
Total		220.00	0.00	0.00	0.00	0.00		220.00		220.00	
01-05-12		258.00	0.00	0.00	0.00	0.00		258.00		258.00	
01-05-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
Total		317.00	0.00	0.00	0.00	0.00		317.00		317.00	
01-09-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
01-09-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
01-09-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
01-09-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		360.00	0.00	0.00	0.00	0.00		360.00		360.00	
01-11-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
01-11-12		150.00	0.00	0.00	0.00	0.00		150.00		150.00	
01-11-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
01-11-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
01-11-12		172.00	0.00	0.00	172.00	0.00		0.00		0.00	
01-11-12		150.00	0.00	0.00	150.00	0.00		0.00		0.00	
01-11-12		59.00	0.00	0.00	59.00	0.00		0.00		0.00	
01-11-12		54.00	0.00	0.00	54.00	0.00		0.00		0.00	
Total		870.00	0.00	0.00	435.00	0.00		435.00		435.00	
01-16-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
01-16-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
01-16-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
01-16-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		360.00	0.00	0.00	0.00	0.00		360.00		360.00	
01-18-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
01-18-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
01-18-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
01-18-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
01-23-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
01-23-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
01-23-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
01-23-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		360.00	0.00	0.00	0.00	0.00		360.00		360.00	
01-25-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
01-25-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	

Date		Amount				Total		Total
01-25-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-25-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total		380.00	0.00	0.00	0.00	0.00	380.00	380.00
01-30-12		86.00	0.00	0.00	0.00	0.00	86.00	86.00
01-30-12		75.00	0.00	0.00	0.00	0.00	75.00	75.00
01-30-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
01-30-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total		274.00	0.00	0.00	0.00	0.00	274.00	274.00
02-01-12		86.00	0.00	0.00	0.00	0.00	86.00	86.00
02-01-12		75.00	0.00	0.00	0.00	0.00	75.00	75.00
02-01-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
02-01-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total		274.00	0.00	0.00	0.00	0.00	274.00	274.00
02-06-12		258.00	0.00	0.00	0.00	0.00	258.00	258.00
02-06-12		87.00	0.00	0.00	0.00	0.00	87.00	87.00
Total		345.00	0.00	0.00	0.00	0.00	345.00	345.00
04-03-12		187.00	0.00	0.00	0.00	0.00	187.00	187.00
04-03-12		86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-03-12		75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-03-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
Total		407.00	0.00	0.00	0.00	0.00	407.00	407.00
04-05-12		172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-05-12		150.00	0.00	0.00	0.00	0.00	150.00	150.00
04-05-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-05-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total		435.00	0.00	0.00	0.00	0.00	435.00	435.00
04-10-12		172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-10-12		75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-10-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total		301.00	0.00	0.00	0.00	0.00	301.00	301.00
04-12-12		172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-12-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-12-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total		285.00	0.00	0.00	0.00	0.00	285.00	285.00
04-16-12		172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-16-12		75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-16-12		59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-16-12		54.00	0.00	0.00	0.00	0.00	54.00	54.00

Total				360.00	0.00	0.00	0.00	0.00	360.00	360.00
04-18-12				86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-18-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-18-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-18-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				274.00	0.00	0.00	0.00	0.00	274.00	274.00
04-26-12				172.00	0.00	0.00	0.00	0.00	172.00	172.00
04-26-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-26-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-26-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				360.00	0.00	0.00	0.00	0.00	360.00	360.00
04-27-12				86.00	0.00	0.00	0.00	0.00	86.00	86.00
04-27-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
04-27-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
04-27-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				274.00	0.00	0.00	0.00	0.00	274.00	274.00
05-02-12				172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-02-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-02-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-02-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				360.00	0.00	0.00	0.00	0.00	360.00	360.00
05-04-12				86.00	0.00	0.00	0.00	0.00	86.00	86.00
05-04-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-04-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-04-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				274.00	0.00	0.00	0.00	0.00	274.00	274.00
05-07-12				172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-07-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-07-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-07-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				360.00	0.00	0.00	0.00	0.00	360.00	360.00
05-10-12				258.00	0.00	0.00	0.00	0.00	258.00	258.00
05-10-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00
Total				312.00	0.00	0.00	0.00	0.00	312.00	312.00
05-15-12				172.00	0.00	0.00	0.00	0.00	172.00	172.00
05-15-12				75.00	0.00	0.00	0.00	0.00	75.00	75.00
05-15-12				59.00	0.00	0.00	0.00	0.00	59.00	59.00
05-15-12				54.00	0.00	0.00	0.00	0.00	54.00	54.00

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
TOTAL		380.00	0.00	0.00	0.00	0.00		380.00			380.00
05-17-12		59.00	0.00	0.00	0.00	0.00		59.00			59.00
05-17-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		113.00	0.00	0.00	0.00	0.00		113.00			113.00
05-24-12		86.00	0.00	0.00	0.00	0.00		86.00			86.00
05-24-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00
05-24-12		59.00	0.00	0.00	0.00	0.00		59.00			59.00
05-24-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		274.00	0.00	0.00	0.00	0.00		274.00			274.00
05-25-12		86.00	0.00	0.00	0.00	0.00		86.00			86.00
05-25-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00
05-25-12		59.00	0.00	0.00	0.00	0.00		59.00			59.00
05-25-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		274.00	0.00	0.00	0.00	0.00		274.00			274.00
05-31-12		86.00	0.00	0.00	0.00	0.00		86.00			86.00
05-31-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00
05-31-12		59.00	0.00	0.00	0.00	0.00		59.00			59.00
05-31-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		274.00	0.00	0.00	0.00	0.00		274.00			274.00
06-04-12		172.00	0.00	0.00	0.00	0.00		172.00			172.00
06-04-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00
06-04-12		59.00	0.00	0.00	0.00	0.00		59.00			59.00
06-04-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		360.00	0.00	0.00	0.00	0.00		360.00			360.00
07-18-12		187.00	0.00	0.00	0.00	0.00		187.00			187.00
07-18-12		86.00	0.00	0.00	0.00	0.00		86.00			86.00
07-18-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		327.00	0.00	0.00	0.00	0.00		327.00			327.00
07-19-12		172.00	0.00	0.00	0.00	0.00		172.00			172.00
07-19-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00
07-19-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		301.00	0.00	0.00	0.00	0.00		301.00			301.00
07-23-12		172.00	0.00	0.00	0.00	0.00		172.00			172.00
07-23-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00
07-23-12		54.00	0.00	0.00	0.00	0.00		54.00			54.00
TOTAL		301.00	0.00	0.00	0.00	0.00		301.00			301.00
07-26-12		86.00	0.00	0.00	0.00	0.00		86.00			86.00
07-26-12		75.00	0.00	0.00	0.00	0.00		75.00			75.00

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
07-26-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
07-26-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
07-26-12		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
07-30-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
07-30-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
07-30-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		301.00	0.00	0.00	0.00	0.00		301.00		301.00	
08-02-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
08-02-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
08-02-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
Total		220.00	0.00	0.00	0.00	0.00		220.00		220.00	
08-06-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
08-06-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
08-06-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
08-06-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
08-08-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
08-08-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
08-08-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
08-08-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
08-16-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
08-16-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
08-16-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
08-16-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
08-20-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
08-20-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
Total		247.00	0.00	0.00	0.00	0.00		247.00		247.00	
08-23-12		344.00	0.00	0.00	0.00	0.00		344.00		344.00	
Total		344.00	0.00	0.00	0.00	0.00		344.00		344.00	
08-26-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
08-28-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
08-28-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
08-28-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
08-30-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
08-30-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
08-30-12		64.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		215.00	0.00	0.00	0.00	0.00		215.00		215.00	
09-11-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
09-11-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-11-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		301.00	0.00	0.00	0.00	0.00		301.00		301.00	
09-13-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
09-13-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-13-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
09-13-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
09-18-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
09-18-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-18-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
09-18-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
09-20-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
09-20-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-20-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
Total		306.00	0.00	0.00	0.00	0.00		306.00		306.00	
09-21-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
09-21-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-21-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
09-21-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
09-25-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
09-25-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-25-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
09-25-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
09-27-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
09-27-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-27-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
09-27-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
09-28-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
09-28-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
09-28-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
09-28-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
10-02-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
10-02-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-02-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
10-02-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
10-04-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
10-04-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-04-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
10-04-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
10-05-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
10-05-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-05-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
Total		306.00	0.00	0.00	0.00	0.00		306.00		306.00	
10-09-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
10-09-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-09-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
10-09-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		360.00	0.00	0.00	0.00	0.00		360.00		360.00	
10-11-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
10-11-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-11-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
10-11-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
10-12-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
10-12-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-12-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
10-12-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
10-16-12		86.00	0.00	0.00	0.00	0.00		86.00		86.00	
10-16-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	
10-16-12		54.00	0.00	0.00	0.00	0.00		54.00		54.00	
10-16-12		59.00	0.00	0.00	0.00	0.00		59.00		59.00	
Total		274.00	0.00	0.00	0.00	0.00		274.00		274.00	
10-18-12		172.00	0.00	0.00	0.00	0.00		172.00		172.00	
10-18-12		75.00	0.00	0.00	0.00	0.00		75.00		75.00	

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
10-18-12		59.00	0.00	0.00	0.00			0.00	59.00		59.00
Total		305.00	0.00	0.00	0.00			0.00	305.00		305.00
10-19-12		344.00	0.00	0.00	0.00			0.00	344.00		344.00
10-19-12		75.00	0.00	0.00	0.00			0.00	75.00		75.00
10-19-12		59.00	0.00	0.00	0.00			0.00	59.00		59.00
Total		478.00	0.00	0.00	0.00			0.00	478.00		478.00
12-12-12		187.00	0.00	0.00	-117.00			0.00	187.00		187.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00
12-12-12		14.00	0.00	0.00	0.00			0.00	14.00		14.00
Payment	PCC CREDIT CARD			-14.00					-14.00		-14.00
Total		201.00	0.00	-84.00	-117.00			0.00	0.00		0.00
12-21-12		86.00	0.00	0.00	-16.00			0.00	86.00		86.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00
12-21-12		75.00	0.00	0.00	-75.00			0.00	75.00		75.00
12-21-12		59.00	0.00	0.00	-59.00			0.00	59.00		59.00
12-21-12		54.00	0.00	0.00	-54.00			0.00	54.00		54.00
Total		274.00	0.00	-70.00	-20.00			0.00	0.00		0.00
12-28-12		150.00	0.00	0.00	-80.00			0.00	150.00		150.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00
12-28-12		59.00	0.00	0.00	-59.00			0.00	59.00		59.00
12-28-12		54.00	0.00	0.00	-54.00			0.00	54.00		54.00
Total		263.00	0.00	-70.00	-13.00			0.00	0.00		0.00
12-31-12		75.00	0.00	0.00	-6.00			0.00	75.00		75.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00
12-31-12		59.00	0.00	0.00	-59.00			0.00	59.00		59.00
Total		134.00	0.00	-70.00	-24.00			0.00	0.00		0.00
01-04-13		150.00	0.00	0.00	-80.00			0.00	150.00		150.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00
01-04-13		86.00	0.00	0.00	-86.00			0.00	86.00		86.00
01-04-13		59.00	0.00	0.00	-59.00			0.00	59.00		59.00
Total		295.00	0.00	-70.00	-24.00			0.00	0.00		0.00
01-11-13		150.00	0.00	0.00	-80.00			0.00	150.00		150.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00
01-11-13		86.00	0.00	0.00	-86.00			0.00	86.00		86.00
01-11-13		59.00	0.00	0.00	-59.00			0.00	59.00		59.00
Total		295.00	0.00	-70.00	-24.00			0.00	0.00		0.00
01-30-13		258.00	0.00	0.00	188.00			0.00	258.00		258.00
Payment	PCC CREDIT CARD			-70.00					-70.00		-70.00

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
01-30-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
01-30-13		49.00	0.00	0.00	-49.00		0.00	49.00	49.00
Total		568.00	0.00	70.00	298.00		0.00	0.00	0.00
02-05-13		445.00	0.00	0.00	-375.00		0.00	445.00	445.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
Total		445.00	0.00	70.00	-375.00		0.00	0.00	0.00
02-08-13		86.00	0.00	0.00	-16.00		0.00	86.00	86.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
02-08-13		75.00	0.00	0.00	-75.00		0.00	75.00	75.00
02-08-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
Total		220.00	0.00	70.00	-150.00		0.00	0.00	0.00
02-14-13		86.00	0.00	0.00	-16.00		0.00	86.00	86.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
02-14-13		75.00	0.00	0.00	-75.00		0.00	75.00	75.00
02-14-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
Total		220.00	0.00	70.00	-150.00		0.00	0.00	0.00
02-15-13		86.00	0.00	0.00	-16.00		0.00	86.00	86.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
02-15-13		75.00	0.00	0.00	-75.00		0.00	75.00	75.00
02-15-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
Total		220.00	0.00	70.00	-150.00		0.00	0.00	0.00
02-19-13		86.00	0.00	0.00	-16.00		0.00	86.00	86.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
02-19-13		75.00	0.00	0.00	-75.00		0.00	75.00	75.00
02-19-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
Total		220.00	0.00	70.00	-150.00		0.00	0.00	0.00
02-25-13		172.00	0.00	0.00	-102.00		0.00	172.00	172.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
02-25-13		75.00	0.00	0.00	-75.00		0.00	75.00	75.00
02-25-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
Total		306.00	0.00	70.00	-236.00		0.00	0.00	0.00
02-28-13		172.00	0.00	0.00	-102.00		0.00	172.00	172.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00
02-28-13		75.00	0.00	0.00	-75.00		0.00	75.00	75.00
02-28-13		59.00	0.00	0.00	-59.00		0.00	59.00	59.00
Total		306.00	0.00	70.00	-236.00		0.00	0.00	0.00
03-07-13		86.00	0.00	0.00	-16.00		0.00	86.00	86.00
Payment	PCC CREDIT CARD			-70.00				-70.00	-70.00

DATE				AMOUNT				TOTAL			
03-07-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
03-07-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				220.00	0.00	0.00	220.00	0.00	0.00	0.00	
03-08-13				86.00	0.00	0.00	86.00	0.00	86.00	86.00	
Payment	PCC	CREDIT CARD				-70.00			-70.00	-70.00	
03-08-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
03-08-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				220.00	0.00	0.00	220.00	0.00	0.00	0.00	
03-12-13				150.00	0.00	0.00	150.00	0.00	150.00	150.00	
Payment	PCC	CREDIT CARD				-70.00			-70.00	-70.00	
03-12-13				86.00	0.00	0.00	86.00	0.00	86.00	86.00	
03-12-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				295.00	0.00	0.00	295.00	0.00	0.00	0.00	
03-14-13				172.00	0.00	0.00	172.00	0.00	172.00	172.00	
Payment	PCC	CREDIT CARD				-70.00			-70.00	-70.00	
03-14-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
03-14-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				306.00	0.00	0.00	306.00	0.00	0.00	0.00	
03-19-13				86.00	0.00	0.00	86.00	0.00	86.00	86.00	
Payment	PCC	CREDIT CARD				-70.00			-70.00	-70.00	
03-19-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
03-19-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				220.00	0.00	0.00	220.00	0.00	0.00	0.00	
03-22-13				172.00	0.00	0.00	172.00	0.00	172.00	172.00	
Payment	PCC	CREDIT CARD				-70.00			-70.00	-70.00	
03-22-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
03-22-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				306.00	0.00	0.00	306.00	0.00	0.00	0.00	
03-29-13				258.00	0.00	0.00	258.00	0.00	258.00	258.00	
03-29-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				317.00	0.00	0.00	317.00	0.00	317.00	317.00	
04-22-13				172.00	0.00	0.00	172.00	0.00	172.00	172.00	
04-22-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
04-22-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	
Total				306.00	0.00	0.00	306.00	0.00	306.00	306.00	
07-23-13				187.00	0.00	0.00	187.00	0.00	187.00	187.00	
07-23-13				75.00	0.00	0.00	75.00	0.00	75.00	75.00	
07-23-13				59.00	0.00	0.00	59.00	0.00	59.00	59.00	

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE	DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
Total		32.00	0.00	0.00	0.00	0.00	32.00	32.00			
07-29-13		150.00	0.00	0.00	0.00	0.00	150.00	150.00			
07-29-13		86.00	0.00	0.00	0.00	0.00	86.00	86.00			
07-29-13		59.00	0.00	0.00	0.00	0.00	59.00	59.00			
Total		295.00	0.00	0.00	0.00	0.00	295.00	295.00			
08-01-13		59.00	0.00	0.00	0.00	0.00	59.00	59.00			
08-01-13		75.00	0.00	0.00	0.00	0.00	75.00	75.00			
08-01-13		86.00	0.00	0.00	0.00	0.00	86.00	86.00			
Total		220.00	0.00	0.00	0.00	0.00	220.00	220.00			
08-05-13		150.00	0.00	0.00	0.00	0.00	150.00	150.00			
08-05-13		86.00	0.00	0.00	0.00	0.00	86.00	86.00			
08-05-13		59.00	0.00	0.00	0.00	0.00	59.00	59.00			
Total		295.00	0.00	0.00	0.00	0.00	295.00	295.00			
08-09-13		172.00	0.00	0.00	0.00	0.00	172.00	172.00			
08-09-13		75.00	0.00	0.00	0.00	0.00	75.00	75.00			
08-09-13		59.00	0.00	0.00	0.00	0.00	59.00	59.00			
Total		306.00	0.00	0.00	0.00	0.00	306.00	306.00			
08-16-13		150.00	0.00	0.00	0.00	0.00	150.00	150.00			
08-16-13		86.00	0.00	0.00	0.00	0.00	86.00	86.00			
08-16-13		59.00	0.00	0.00	0.00	0.00	59.00	59.00			
Total		295.00	0.00	0.00	0.00	0.00	295.00	295.00			
08-19-13		86.00	0.00	0.00	0.00	0.00	86.00	86.00			
08-19-13		75.00	0.00	0.00	0.00	0.00	75.00	75.00			
08-19-13		59.00	0.00	0.00	0.00	0.00	59.00	59.00			
Total		220.00	0.00	0.00	0.00	0.00	220.00	220.00			
08-22-13		258.00	0.00	0.00	0.00	0.00	258.00	258.00			
08-22-13		75.00	0.00	0.00	0.00	0.00	75.00	75.00			
Total		333.00	0.00	0.00	0.00	0.00	333.00	333.00			
10-02-13		445.00	0.00	0.00	375.00	0.00	445.00	445.00			
Total		70.00	0.00	0.00	375.00	0.00	70.00	70.00			

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
)
PAUL DULBERG,) Case Number: 14-83578
)
Debtor.) JUDGE THOMAS M. LYNCH

NOTICE TO CREDITORS AND OTHER PARTIES IN INTEREST

Notified via Electronic filing: Attorney David Leibowitz
Office of the U.S. Trustee

Notified via U.S. Postal Service: See attached service list.

Joseph D. Olsen, Trustee has filed papers with the Court regarding his Notice of Binding Mediation Award and Motion to Compensate the Estate's Personal Injury Attorneys for attorney's fees of \$117,000.00 and Advanced Costs of \$84.63 and for Authority to Pay Certain Medical and Attorneys Liens on the Proceeds as well as the Debtor's Personal Injury Exemption of \$15,000.00.

A copy of said Motion referred to herein is available for inspection at the offices of the Clerk of the U.S. Bankruptcy Court or at the offices of Yalden, Olsen & Willette, during usual business hours.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you want the Court to consider your views on the Motion, then you or your attorney must:

Attend the hearing on scheduled to be held on the 25th day of January 2017 at 9:30 am in courtroom 3100, United States Bankruptcy Court, 327 South Church St., Rockford, IL 61101.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief.

Joseph D. Olsen, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635

CERTIFICATE OF SERVICE

I, the undersigned, certify that on January 3rd, 2017 I caused the aforesaid to be served upon all persons to whom it is directed via electronic communication as indicated above and by United States Mail as indicated on the attached service list, by depositing the same in the United States Mail at Rockford, Illinois, at or about the hour of 5:00 p.m.

/s/ Marti Maravich

UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:) CHAPTER 7
)
PAUL DULBERG,) Case Number: 14-83578
)
Debtor.) JUDGE THOMAS M. LYNCH

NOTICE OF BINDING MEDIATION AWARD AND MOTION TO COMPENSATE THE ESTATE'S PERSONAL INJURY ATTORNEYS FOR ATTORNEY'S FEES OF \$117,000.00 AND ADVANCED COSTS OF \$84.63 AND FOR AUTHORITY TO PAY CERTAIN MEDICAL AND ATTORNEYS LIENS ON THE PROCEEDS AS WELL AS THE DEBTOR'S PERSONAL INJURY EXEMPTION OF \$15,000.00.

NOW COMES the Trustee, Joseph D. Olsen, by his attorneys, Yalden, Olsen & Willette and for his Notice of a Binding Mediation Award and Motion to Compensate the Estate's Personal Injury Attorneys Fees of \$117,000.00 and Advanced Costs of \$84.63 and for Authority to Pay Certain Medical and Attorneys Liens on the Proceeds as Well as the Debtor's Personal Injury Exemption of \$15,000.00 hereby states as follows:

1. That the Debtor, Paul Dulberg, filed his Voluntary Petition for Relief pursuant to Chapter 7 of Title 11 November 26, 2014;
2. That Joseph D. Olsen is the Successor Trustee of the above captioned estate;
3. That on the date of the petition the Debtor, Paul Dulberg, had a certain personal injury cause of action pending against David Dagnon in the Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois in Cause #12 LA 178;
4. That on or about October 31, 2016 this Court authorized the Trustee to enter into a Binding Mediation Agreement which contained a "low/high" component. In essence this mediation award, no matter what it was, could be no lower than \$50,000.00 and no higher than \$300,000.00;
5. That the award of the mediator was in excess of \$300,000.00 and accordingly under the Binding Mediation Agreement the Plaintiff's award was capped at \$300,000.00;

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6. That on or about October 31, 2016 this court authorized the employment of Baudin Law Group, Ltd as attorneys for the Trustee to pursue the aforescribed personal injury cause of action. The engagement agreement with the Baudin Law Group, Ltd provided for a contingency fee of 40% of the amount recovered (Baudin Law Group recovered \$1,000.00 on a Med Pay Policy in addition to medication award.) less the retainer paid (\$3,333.33) and reimbursement for advanced costs;

7. That the Trustee proposes to pay to the Baudin Law Group, Ltd the sum of \$117,000.00 (the contingency fee of 40% of \$300,000.00 plus the contingency fee os 1/3 on the Med Pay Policy of \$1,000.00; is \$120,333.33 minus the aforescribed retainer) and its advanced costs of \$84.63 all is more particularly more set forth in the Trustee's Exhibit "A" which is attached hereto and made a part thereof;

8.(i) Further the Trustee proposes to pay certain medical and other liens on the proceeds of the personal injury exemption as follows:

MedChex/Open Advanced MRI of Round Lake	\$3,390.00
Dr. Karen Levin	\$2,420.00
Hand Surgery Associates S.C.	\$9,189.00
Northwest Community Hospital	\$6,366.00
Powers & Moon/Northern Illinois Medical Center	\$1,323.75
Total Liens:	\$22,688.75

(ii) And the Debtor's previous personal injury attorneys have a claims for advanced costs in pursuing the

personal injury settlement as follows:

The Law Offices of Thomas J Popovich, P.C.	\$1,539.32
Brad J Balke, P.C.	\$1,539.32
Total costs:	\$3,078.64

(iii) And the invoice (1/2) of the Mediator \$1,938.00

9. Further the Trustee proposes to pay the Debtor herein, Paul Dulberg, his personal injury exemption in the amount of \$15,000.00.

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WHEREFORE, the Trustee, Joseph D. Olsen, requests:

A. This Court to authorize the payments to the Trustee's special counsel, Baudin Law Group, Ltd, the sum of \$117,084.63 as in for the contingency fees and advanced costs;

B. This Court to authorize the payments of the other lien claimants of the personal injury proceeds as aforescribed;

C. This Court authorize the payment of ½ the Mediator charges;

D. This Court to authorize the payment of \$15,000.00 to the Debtor as in for his personal injury exemption;

E. To authorize the Trustee to execute any documents necessary to effectuate the afore-described transactions;

JOSEPH D. OLSEN, Trustee

By: YALDEN, OLSEN & WILLETTE, his attorneys

By: s/s Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104-2228
815-965-8635
jolsenlaw@comcast.net

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

Hand Surgery Associates, SC
Dr. Sagerman / Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005-4405

Moraine Emergency Physicians
4102 Medical Center Drive
McHenry, IL 60050

Northwest Suburban Anesthesiologists
8163 Solutions Center
Chicago, IL 60677-8001

Oak Trust Credit Union
444 N Eola Rd, Suite 101
Aurora, IL 60502-9620

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

David L. Stretch
Law Office of David L. Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410

Bank of America
PO Box 851001
Dallas, TX 75285-1001

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050-4015

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675-6035

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8499

Oak Trust Credit Union
12251 S Route 59
Plainfield, IL 60585-9189

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536-0502

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051-5425

Paul R. Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

BANK OF AMERICA
PO BOX 982238
EL PASO TX 79998-2238

Capital One Bank (USA), N.A.
PO Box 6492
Carol Stream, IL 60197-6492

Dynamic Hand Therapy & Rehab
498 S. US Highway 12
Suite C
Fox Lake, IL 60020-1908

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673-1257

WORLD'S FOREMOST BANK
CABELA'S CLUB VISA
PO BOX 82609
LINCOLN, NE 68501-2609

Worlds Foremost Bank NA
4800 NW 1st Street
Suite 300
Lincoln, NE 68521-4463

Attorney W. Randal Baudin, II
Baudin Law Group, Ltd.
2100 N. Huntington Dr Suite C
Algonquin, IL 60102

Paul Dulberg
DOI: 6/28/11
DOB: 03/19/70

LIENS	AMOUNT
MedChex/Open Advanced MRI of Round Lake	\$ 3,390.00
M. Shamash/D. Verenski/U.S. Physical Therapy	N/A
Dr. Karen Levin	\$ 2,420.00
Hand Surgery Associates, S.C.	\$ 9,189.00
Northwest Community Hospital	\$ 6,366.00
Powers & Moon/Northern IL Med Ctr	\$ 1,323.75
TOTAL LIENS:	\$ 22,688.75

OTHER COSTS/FEES	
Baudin & Baudin- Attorney's Fees (40% less retainer)	\$117,000.00
Baudin & Baudin- Costs	\$ 84.63
The Law Offices of Thomas J. Popovich, P.C.- Costs	\$ 1,539.32
Brad J. Balke, P.C.- Costs	\$ 1,539.32
TOTAL COSTS/FEES:	\$120,163.27



Revised Invoice

Date: December 15, 2016

Invoice #: 33391.00-A

Kelly N. Baudin
Baudin Law Group
304 McHenry Avenue
Crystal Lake, IL 60039

Binding-Mediation held on December 8, 2016
Hon. James P. Etchingham, (Ret.) presiding
Case: Paul Dulberg v. David Gagnon

Description	Amount	Credits	Balance
Administrative fees	\$390.00		
Neutral's review time 9.5 hrs @ \$450/hr	\$4275.00		
Session time 4 hrs @ \$450/hr	\$1800.00		
Neutral's decision time 2 hrs @ \$450/hr	\$900.00		
Messenger fee	\$11.00		
Total mediation costs			\$7376.00
Defendant to pay \$3500.00 of total mediation costs		-\$3500.00	
Amount to be split by parties			\$3876.00
Your portion (50% of \$3876.00)	\$1938.00		
Deposit paid		-\$0.00	
Total amount due by 12/30/2016			\$1938.00

Please make check payable to ADR Systems and include the invoice # on your check.
ADR Systems Tax ID # 36-3977108

Thank You!

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL DULBERG

Debtor(s)

)
)
)
)
)
)
)

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

ORDER APPROVING PAYMENTS OF THE PERSONAL INJURY PROCEEDS

THIS CAUSE coming to be heard on this 25th day of January, 2017, on the Trustee's Motion to Compensate the Estate's Personal Injury Attorneys for attorney's fees of \$117,000.00 and Advanced Costs of \$84.63 and for Authority to Pay Certain Medical and Attorneys Liens on the Proceeds as well as the Debtor's Personal Injury Exemption of \$15,000.00 the Court after considering the Motion, the statements of counsel, the pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED:

1. That the Trustee be and same is authorized to distribute the payments to the Trustee's special counsel, Baudin Law Group, Ltd, the sum of \$117,084.63 as in for the contingency fees and advanced costs;
2. That the Trustee be and same is authorized to distribute the payments of the other lien claimants of the personal injury proceeds as follows:

a). MedChex/Open Advanced MRI	\$1,700.00
b). Dr. Karen Levin	to be determined
c). Hand Surgery Associates S.C.	\$4,600.00
d). Northwest Community Hospital	\$0.00
e). Power St Moon/N.IL. Medical Center	\$0.00
3. That the Trustee is authorized to pay 1/2 the mediation invoice, \$1,938.00 to the ADR Systems;
4. That the Trustee be and same is authorized to distribute the payment of \$15,000.00 to the Debtor as in for his personal injury exemption;
5. That the Trustee is hereby authorized to execute any documents necessary to effectuate the aforescribed transactions.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
1318 East State Street
Rockford, IL 61104

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL DULBERG

Debtor(s)

)
)
)
)
)
)
)

BK No.: 14-83578

Chapter: 7

Honorable Thomas M. Lynch

ORDER APPROVING PAYMENTS OF THE PERSONAL INJURY PROCEEDS

THIS CAUSE coming to be heard on this 25th day of January, 2017, on the Trustee's Motion to Compensate the Estate's Personal Injury Attorneys for attorney's fees of \$117,000.00 and Advanced Costs of \$84.63 and for Authority to Pay Certain Medical and Attorneys Liens on the Proceeds as well as the Debtor's Personal Injury Exemption of \$15,000.00 the Court after considering the Motion, the statements of counsel, the pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED:

1. That the Trustee be and same is authorized to distribute the payments to the Trustee's special counsel, Baudin Law Group, Ltd, the sum of \$117,084.63 as in for the contingency fees and advanced costs;
2. That the Trustee be and same is authorized to distribute the payments of the other lien claimants of the personal injury proceeds as follows:

a). MedChex/Open Advanced MRI	\$1,700.00
b). Dr. Karen Levin	to be determined
c). Hand Surgery Associates S.C.	\$4,600.00
d). Northwest Community Hospital	\$0.00
e). Power St Moon/N.IL. Medical Center	\$0.00
3. That the Trustee is authorized to pay 1/2 the mediation invoice, \$1,938.00 to the ADR Systems;
4. That the Trustee be and same is authorized to distribute the payment of \$15,000.00 to the Debtor as in for his personal injury exemption;
5. That the Trustee is hereby authorized to execute any documents necessary to effectuate the aforescribed transactions.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
1318 East State Street
Rockford, IL 61104

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:
PAUL DULBERG

Debtor(s)

) BK No.: 14-83578
)
)
) Chapter: 7
) Honorable Thomas M. Lynch
)
) SELECT IF OUTLYING AREA
)

ORDER APPROVING PAYMENTS OF THE PERSONAL INJURY PROCEEDS

THIS CAUSE coming to be heard on this 25th day of January, 2017, on the Trustee's Motion to Compensate the Estate's Personal Injury Attorneys for attorney's fees of \$117,000.00 and Advanced Costs of \$84.63 and for Authority to Pay Certain Medical and Attorneys Liens on the Proceeds as well as the Debtor's Personal Injury Exemption of \$15,000.00 the Court after considering the Motion, the statements of counsel, the pleadings on file and being fully advised in the premises:

IT IS HEREBY ORDERED:

1. That the Trustee be and same is authorized to distribute the payments to the Trustee's special counsel, Baudin Law Group, Ltd, the sum of \$117,084.63 as in for the contingency fees and advanced costs;

2. That the Trustee be and same is authorized to distribute the payments of the other lien claimants of the personal injury proceeds as follows:

a). MedChex/Open Advanced MRI \$1,700.00
b). Dr. Karen Levin ~~to be determined~~ \$1,200.00
c). Hand Surgery Associates S.C. \$4,600.00
d). Northwest Community Hospital \$0.00
e). Power St Moon/N.IL. Medical Center \$0.00

3. That the Trustee is authorized to pay 1/2 the mediation invoice, \$1,938.00 to the ADR Systems;

4. That the Trustee be and same is authorized to distribute the payment of \$15,000.00 to the Debtor as in for his personal injury exemption;

5. That the Trustee is hereby authorized to execute any documents necessary to effectuate the aforescribed transactions.

2.5) LAW OFFICE OF THOMAS POPOVICH, P.C. \$1539.32
Enter: \$1539.32
g) BRAD BALKE, P.C.

Dated:

JAN 25 2017

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
1318 East State Street
Rockford, IL 61104

Document Page 1 of 8
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

§

Debtor(s)

TRUSTEE'S FINAL REPORT (TFR)

The undersigned trustee hereby makes this Final Report and states as follows:

1. A petition under Chapter 7 of the United States Bankruptcy Code was filed on November 26, 2014. The undersigned trustee was appointed on August 31, 2016.

2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.

3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as **Exhibit A**.

4. The trustee realized the gross receipts of \$ 301,000.00

Funds were disbursed in the following amounts:

Payments made under an interim distribution	<u>0.00</u>
Administrative expenses	<u>129,601.27</u>
Bank service fees	<u>500.64</u>
Other payments to creditors	<u>0.00</u>
Non-estate funds paid to 3rd Parties	<u>0.00</u>
Exemptions paid to the debtor	<u>15,000.00</u>
Other payments to the debtor	<u>0.00</u>
Leaving a balance on hand of ¹	<u>\$ 155,898.09</u>

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. § 326(a) on account of the disbursement of the additional interest.

6. The deadline for filing non-governmental claims in this case was 08/26/2015 and the deadline for filing governmental claims was 05/25/2015. All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.

7. The Trustee's proposed distribution is attached as **Exhibit D**.

8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$12,428.68. To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$0.00 as interim compensation and now requests the sum of \$12,428.68, for a total compensation of \$12,428.68.² In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$0.00 and now requests reimbursement for expenses of \$83.33, for total expenses of \$83.33.²

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: 04/18/2017 By: /s/JOSEPH D. OLSEN

Trustee, Bar No.:

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

² If the estate is administratively insolvent, the dollar amounts reflected in this paragraph may be higher than the amounts listed in the Trustee's Proposed Distribution (Exhibit D)

Form 1

Individual Estate Property Record and Report

Asset Cases

Case Number: 14-83578

Trustee: (330400) JOSEPH D. OLSEN

Case Name: DULBERG, PAUL R

Filed (f) or Converted (c): 11/26/14 (f)

§341(a) Meeting Date: 12/30/14

Period Ending: 04/18/17

Claims Bar Date: 08/26/15

1	2	3	4	5	6
Asset Description (Scheduled And Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	Property <u>Abandoned</u> OA=\$554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA) Gross Value of Remaining Assets
Ref. #					
1	RESIDENCE, BUILDING, LAND, OR OTHER REAL ESTATE	140,000.00	0.00	0.00	FA
2	CASH ON HAND	30.00	0.00	0.00	FA
3	McHenry Bank & Trust checking account xxxx-5528	300.00	0.00	0.00	FA
4	HOUSEHOLD GOODS AND FURNISHINGS	1,000.00	0.00	0.00	FA
5	WEARING APPAREL AND JEWELRY	350.00	0.00	0.00	FA
6	Personal Injury Case (u)	Unknown	50,000.00	301,000.00	FA
6	Assets Totals (Excluding unknown values)	\$141,680.00	\$50,000.00	\$301,000.00	\$0.00

Major Activities Affecting Case Closing:

The undersigned was appointed successor Trustee on August 31, 2016. During the reporting period the Trustee engaged outside counsel to pursue a personal injury action, entered into binding mediation and received a result of the mediation for approximately \$300,000.00. The Trustee still needs to notify the court of that decision, compensate the professionals and take care of the exemptions and medical liens on the file and will be done shortly. Hasn't been filed with the court but has been prepared. After those checks clear the Trustee will file his final report. That is anticipated to be done on or before March 31, 2017.

Initial Projected Date Of Final Report (TFR): March 31, 2017

Current Projected Date Of Final Report (TFR): March 31, 2017

Form 2

Cash Receipts And Disbursements Record

Case Number: 14-83578
Case Name: DULBERG, PAUL R

Taxpayer ID #: *-***0431
Period Ending: 04/18/17

Trustee: JOSEPH D. OLSEN (330400)
Bank Name: Rabobank, N.A.
Account: *****8666 - Checking Account
Blanket Bond: \$1,500,000.00 (per case limit)
Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	T-Code	5 Receipts \$	6 Disbursements \$	7 Checking Account Balance
01/09/17	(6)	Allstate Insurance	personal injury proceeds	1242-000	1,000.00		1,000.00
01/09/17	(6)	Allstate Insurance	personal injury proceeds	1242-000	300,000.00		301,000.00
01/25/17	101	Baudin Law Group Ltd	disbursement per court order 01/25/2017	3220-610		117,084.63	183,915.37
01/25/17	102	MedChex	disbursement per court order 01/25/2017 Stopped on 03/01/17	3991-005		1,700.00	182,215.37
01/25/17	103	Hand Surgery Associates	Disbursement per court order 01/25/2017	3991-000		4,600.00	177,615.37
01/25/17	104	ADR Systems	Disbursement per court order 01/25/2017	3991-000		1,938.00	175,677.37
01/25/17	105	Paul R Dulberg	Disbursement per court order 01/25/2017	8100-002		15,000.00	160,677.37
01/30/17	106	The Law Offices of Thomas J Popovich	Disbursement per court order 01/25/2017	3220-610		1,539.32	159,138.05
01/30/17	107	Brad J. Balke P.C.	Disbursement per court order 01/25/2017	3220-610		1,539.32	157,598.73
01/30/17	108	Dr. Karen Levin	Disbursement per court order 01/25/2017	3220-610		1,200.00	156,398.73
01/31/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		280.60	156,118.13
02/28/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		220.04	155,898.09
03/01/17	102	MedChex	disbursement per court order 01/25/2017 Stopped: check issued on 01/25/17	3991-005		-1,700.00	157,598.09
03/06/17	109	MedChex	distribution per court order 01/25/2017	3991-000		1,700.00	155,898.09

ACCOUNT TOTALS	301,000.00	145,101.91	\$155,898.09
Less: Bank Transfers	0.00	0.00	
Subtotal	301,000.00	145,101.91	
Less: Payments to Debtors		15,000.00	
NET Receipts / Disbursements	\$301,000.00	\$130,101.91	

Net Receipts :	301,000.00
Less Payments to Debtor :	15,000.00
Net Estate :	\$286,000.00

TOTAL - ALL ACCOUNTS	Net Receipts	Net Disbursements	Account Balances
Checking # *****8666	301,000.00	130,101.91	155,898.09
	\$301,000.00	\$130,101.91	\$155,898.09

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Page: 1

Exhibit "C" - Analysis of Claims Register

Case: 14-83578 DULBERG, PAUL R

Case Balance:		\$155,898.09	Total Proposed Payment:		\$155,898.09	Remaining Balance:		\$0.00
Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
	JOSEPH D. OLSEN	Admin Ch. 7	83.33	83.33	0.00	83.33	83.33	155,814.76
	<2200-00 Trustee Expenses>							
	JOSEPH D. OLSEN	Admin Ch. 7	12,428.68	12,428.68	0.00	12,428.68	12,428.68	143,386.08
	<2100-00 Trustee Compensation>							
	Joseph D Olsen	Admin Ch. 7	2,226.00	2,226.00	0.00	2,226.00	2,226.00	141,160.08
	<3110-00 Attorney for Trustee Fees (Trustee Firm)>							
4	Ehrmann Gehlbach Badger Lee & Considine, LLC	Priority	1,231.10	1,231.10	0.00	1,231.10	1,231.10	139,928.98
1	Oak Trust Credit Union	Unsecured	507.33	507.33	0.00	507.33	507.33	139,421.65
3	WORLD'S FOREMOST BANK	Unsecured	12,892.13	12,892.13	0.00	12,892.13	12,892.13	126,529.52
5	Dynamic Hand Therapy & Rehab	Unsecured	23,978.00	23,978.00	0.00	23,978.00	23,978.00	102,551.52
11	Oak Trust Credit Union	Unsecured	1.64	1.64	0.00	1.64	1.64	102,549.88
31	WORLD'S FOREMOST BANK	Unsecured	41.78	41.78	0.00	41.78	41.78	102,508.10
41	Ehrmann Gehlbach Badger Lee & Considine, LLC	Unsecured	3.99	3.99	0.00	3.99	3.99	102,504.11
51	Dynamic Hand Therapy & Rehab	Unsecured	77.71	77.71	0.00	77.71	77.71	102,426.40
SURPLUS DULBERG, PAUL R		Unsecured	102,426.40	102,426.40	0.00	102,426.40	102,426.40	0.00
Total for Case 14-83578 :			\$155,898.09	\$155,898.09	\$0.00	\$155,898.09	\$155,898.09	

CASE SUMMARY

	Amount Filed	Amount Allowed	Paid to Date	Proposed Payment	% paid
Total Administrative Claims :	\$14,738.01	\$14,738.01	\$0.00	\$14,738.01	100.000000%
Total Priority Claims :	\$1,231.10	\$1,231.10	\$0.00	\$1,231.10	100.000000%
Total Unsecured Claims :	\$139,928.98	\$139,928.98	\$0.00	\$139,928.98	100.000000%

TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 14-83578

Case Name: DULBERG, PAUL R

Trustee Name: JOSEPH D. OLSEN

Balance on hand: \$ 155,898.09

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None					

Total to be paid to secured creditors: \$ 0.00

Remaining balance: \$ 155,898.09

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee, Fees - JOSEPH D. OLSEN	12,428.68	0.00	12,428.68
Trustee, Expenses - JOSEPH D. OLSEN	83.33	0.00	83.33
Attorney for Trustee, Fees - Joseph D Olsen	2,226.00	0.00	2,226.00

Total to be paid for chapter 7 administration expenses: \$ 14,738.01

Remaining balance: \$ 141,160.08

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
None			

Total to be paid for prior chapter administrative expenses: \$ 0.00

Remaining balance: \$ 141,160.08

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$1,231.10 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
4	Ehrmann Gehlbach Badger Lee & Considine LLC	1,231.10	0.00	1,231.10

Total to be paid for priority claims: \$ 1,231.10
Remaining balance: \$ 139,928.98

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 13,399.46 have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	Oak Trust Credit Union	507.33	0.00	507.33
3	WORLD'S FOREMOST BANK	12,892.13	0.00	12,892.13

Total to be paid for timely general unsecured claims: \$ 13,399.46
Remaining balance: \$ 126,529.52

Tardily filed claims of general (unsecured) creditors totaling \$ 23,978.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
5	Dynamic Hand Therapy & Rehab	23,978.00	0.00	23,978.00

Total to be paid for tardy general unsecured claims: \$ 23,978.00
Remaining balance: \$ 102,551.52

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid *pro rata* only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None				

Total to be paid for subordinated claims: \$ 0.00

Remaining balance: \$ 102,551.52

To the extent funds remain after payment in full of all allowed claims, interest will be paid at the legal rate of 0.1% pursuant to 11 U.S.C. § 726(a)(5). Funds available for interest are \$125.12. The amounts proposed for payment to each claimant, listed above, shall be increased to include the applicable interest.

The amount of surplus returned to the debtor after payment of all claims and interest is \$102,426.40.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

§

Debtor(s)

**NOTICE OF TRUSTEE'S FINAL REPORT AND
APPLICATIONS FOR COMPENSATION
AND DEADLINE TO OBJECT (NFR)**

Pursuant to Fed. R. Bankr. P.2002(a)(6) and 2002(f)(8), please take notice that JOSEPH D. OLSEN, trustee of the above styled estate, has filed a Final Report and the trustee and the trustee's professionals have filed final fee applications, which are summarized in the attached Summary of Trustee's Final Report and Applications for Compensation.

The complete Final Report and all applications for compensation are available for inspection at the Office of the Clerk, at the following address:

327 South Church Street, Room #1100
Rockford, IL 61101

Any person wishing to object to any fee application that has not already been approved or to the Final Report, must file a written objection within 21 days from the mailing of this notice, serve a copy of the objections upon the trustee, any party whose application is being challenged and the United States Trustee. A hearing on the fee applications and any objection to the Final Report will be held at 09:30 on 05/15/2017 in Courtroom 3100, United States Courthouse, 327 South Court Street, #3100 Rockford, IL 61101.

If no objections are filed, upon entry of an order on the fee applications, the trustee may pay dividends pursuant to FRBP 3009 without further order of the Court.

Dated : 04/19/2017

By: /s/JOSEPH D. OLSEN

Trustee

JOSEPH D. OLSEN
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228
(815) 965-8635
JOlsenlaw@comcast.net

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

§

Debtor(s) _____

**SUMMARY OF TRUSTEE'S FINAL REPORT
AND APPLICATIONS FOR COMPENSATION**

The Final Report shows receipts of \$ 301,000.00
and approved disbursements of \$ 145,101.91
leaving a balance on hand of ^L \$ 155,898.09

Balance on hand: \$ 155,898.09

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None					

Total to be paid to secured creditors: \$ 0.00

Remaining balance: \$ 155,898.09

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee, Fees - JOSEPH D. OLSEN	12,428.68	0.00	12,428.68
Trustee, Expenses - JOSEPH D. OLSEN	83.33	0.00	83.33
Attorney for Trustee, Fees - Joseph D Olsen	2,226.00	0.00	2,226.00

Total to be paid for chapter 7 administration expenses: \$ 14,738.01

Remaining balance: \$ 141,160.08

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. § 326(a) on account of the disbursement of the additional interest.

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
None			

Total to be paid for prior chapter administrative expenses: \$ 0.00
Remaining balance: \$ 141,160.08

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$1,231.10 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
4	Ehrmann Gehlbach Badger Lee & Considine, LLC	1,231.10	0.00	1,231.10

Total to be paid for priority claims: \$ 1,231.10
Remaining balance: \$ 139,928.98

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 13,399.46 have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	Oak Trust Credit Union	507.33	0.00	507.33
3	WORLD'S FOREMOST BANK	12,892.13	0.00	12,892.13

Total to be paid for timely general unsecured claims: \$ 13,399.46
Remaining balance: \$ 126,529.52

Tardily filed claims of general (unsecured) creditors totaling \$ 23,978.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
5	Dynamic Hand Therapy & Rehab	23,978.00	0.00	23,978.00

Total to be paid for tardy general unsecured claims: \$ 23,978.00

Remaining balance: \$ 102,551.52

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None				

Total to be paid for subordinated claims: \$ 0.00

Remaining balance: \$ 102,551.52

To the extent funds remain after payment in full of all allowed claims, interest will be paid at the legal rate of 0.1% pursuant to 11 U.S.C. § 726(a)(5). Funds available for interest are \$125.12. The amounts proposed for payment to each claimant, listed above, shall be increased to include the applicable interest.

The amount of surplus returned to the debtor after payment of all claims and interest is \$ 102,426.40.

Prepared By: /s/JOSEPH D. OLSEN

Trustee

JOSEPH D. OLSEN
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228
(815) 965-8635
JOlsenlaw@comcast.net

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**UNITED STATES BANKRUPTCY COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

IN RE:

PAUL R. DULBERG

Debtor.

CHAPTER 7 -- Liquidation

CASE NO. 14-83578

HONORABLE THOMAS M. LYNCH

TRUSTEE'S APPLICATION FOR COMPENSATION AND EXPENSES

TO: THE HONORABLE THOMAS M. LYNCH, BANKRUPTCY JUDGE

NOW COMES JOSEPH D. OLSEN, Trustee herein, pursuant to 11 U.S.C. §330, and requests \$12,415.13 as compensation, \$0.00 of which has previously been paid, and \$83.33 for reimbursement of expenses, \$0.00 of which has previously been paid.

I. COMPUTATION OF COMPENSATION

Total Disbursements to parties in interest, excluding the Debtor, but including holders of secured claims are \$_. Pursuant to 11 U.S.C. §326, compensation should be computed as follows:

25% of first \$5,000.00	\$	<u>1,250.00</u>	(\$1,250.00 max.)
10% of next \$45,000.00	\$	<u>4,500.00</u>	(\$4,500.00 max.)
5% of next \$950,000.00	\$	<u>6,678.68</u>	(\$47,500.00 max.)
3% of balance	\$	<u>0.00</u>	
TOTAL COMPENSATION	\$	<u>12,428.68</u>	

II. TRUSTEE'S EXPENSES

Copies	\$	<u>35.10</u>
Postage	\$	<u>48.23</u>
Other Expenses	\$	<u>0.00</u>
 TOTAL EXPENSES	 \$	 <u>83.33</u>

The undersigned certifies under penalty of perjury that no agreement or understanding exists between the undersigned and any other person for sharing of compensation prohibited by the Bankruptcy Code. No payments have previously been made or promised in any capacity in connection with the above case.

Executed this 20th day of March, 2017

s/s Joseph D. Olsen
JOSEPH D. OLSEN
YALDEN, OLSEN & WILLETTE
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228

Printed: 03/20/17 11:56 AM

Trustee's Compensation

Debtor: DULBERG, PAUL R

Case: 14-83578

Computation of Compensation			
Total disbursements to other than the debtor are:			183,573.60
Pursuant to 11 U.S.C. 326, compensation is computed as follows:			
25% of First \$5,000	5,000.00	=	1,250.00
10% of Next \$45,000	45,000.00	=	4,500.00
5% of Next \$950,000	133,573.60	=	6,678.68
3% of Balance	0.00	=	0.00
Calculated Total Compensation:			\$12,428.68
Plus Adjustment:			0.00
Total Compensation:			\$12,428.68
Less Previously Paid:			0.00
Total Compensation Requested:			\$12,428.68
Trustee Expenses			
Premium on Trustee's Bond			0.00
Travel	0.0 miles at 0.0 cents per mile		0.00
Copies	234 copies at 15.0 cents per copy		35.10
Postage			48.23
Telephone Charges			0.00
Clerical / Secretarial	0.00 hours at 0.00 dollars per hour		0.00
Paralegal Assistance	0.00 hours at 0.00 dollars per hour		0.00
Supplies / Stationery			0.00
Distribution Expenses			0.00
Professional Expenses			0.00
Other Expenses			0.00
Other Expenses 2			0.00
Subtotal Expenses:			\$83.33
Plus Adjustment:			0.00
Total Expenses:			\$83.33
Less Previously Paid:			0.00
Total Expenses Requested:			\$83.33

The undersigned Trustee certifies under penalty of perjury that the foregoing is true and correct to the best of his/her knowledge and requests the United States Trustee to approve this report and accounts and requests the Court to provide for notice and opportunity for a hearing under 11 U.S.C. 330(a), 502(b), and 503(b) and to thereafter award final compensation or reimbursement of expenses and to make final allowance for the purposes of distribution to claims, administrative expenses, and other payments stated in this report and account.

WHEREFORE, the Trustee requests that this application be approved by this Court and that the Trustee be granted an allowance of \$12,428.68 as compensation and \$83.33 for reimbursement of expenses. The Trustee further states that no payments have been made or promised to him/her for services rendered or to be rendered in any capacity in this case. No agreement or understanding exists between applicant and any other person for sharing compensation received or to be received.

Dated: 03/20/17

Signed: /s/ JOSEPH D. OLSEN

JOSEPH D. OLSEN
1318 EAST STATE STREET

ROCKFORD, IL 61104-2228

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
Western Division

In Re:	)	BK No.: 14-83578
PAUL R. DULBERG)	
)	
	)	Chapter: 7
	)	Honorable Thomas M. Lynch
)	
Debtor(s)	)	SELECT IF OUTLYING AREA

ORDER AWARDING COMPENSATION AND EXPENSES

THIS MATTER BEING HEARD on the Trustee's final requests for the allowance of fees and expenses of administration, notice having been given and the Court being duly advised:

IT IS HEREBY ORDERED that the Trustee's compensation and expenses are allowed as follows:

1. Trustee's compensation \$12,428.68
2. Trustee's expenses \$83.33

TOTAL \$12,512.01

IT IS FURTHER ORDERED that the requests for compensation and expenses are allowed as follows:

1. Attorney for the Trustee
 - a. Compensation \$ 2,226.00
 - b. Expenses \$ 0.00
2. Accountant for the Trustee
 - a. Compensation \$ 0.00
 - b. Expenses \$ 0.00
3. Other professional

TOTAL \$ 2,226.00

IT IS FURTHER ORDERED that the Trustee is directed to pay the allowances listed above after the Trustee's Distribution Report is filed with the Clerk of the Bankruptcy Court.

Enter:

Dated:

United States Bankruptcy Judge

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

In re: DULBERG, PAUL R

§ Case No. 14-83578

§
§
§
§

Debtor(s)

**NOTICE OF TRUSTEE'S FINAL REPORT AND
APPLICATIONS FOR COMPENSATION
AND DEADLINE TO OBJECT (NFR)**

Pursuant to Fed. R. Bankr. P.2002(a)(6) and 2002(f)(8), please take notice that JOSEPH D. OLSEN, trustee of the above styled estate, has filed a Final Report and the trustee and the trustee's professionals have filed final fee applications, which are summarized in the attached Summary of Trustee's Final Report and Applications for Compensation.

The complete Final Report and all applications for compensation are available for inspection at the Office of the Clerk, at the following address:

327 South Church Street, Room #1100
Rockford, IL 61101

Any person wishing to object to any fee application that has not already been approved or to the Final Report, must file a written objection within 21 days from the mailing of this notice, serve a copy of the objections upon the trustee, any party whose application is being challenged and the United States Trustee. A hearing on the fee applications and any objection to the Final Report will be held at 09:30 on 05/15/2017 in Courtroom 3100, United States Courthouse, 327 South Court Street, #3100 Rockford, IL 61101.

If no objections are filed, upon entry of an order on the fee applications, the trustee may pay dividends pursuant to FRBP 3009 without further order of the Court.

Dated : 04/19/2017

By: /s/JOSEPH D. OLSEN

Trustee

JOSEPH D. OLSEN
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228
(815) 965-8635
JOlsenlaw@comcast.net

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

§

Debtor(s)

SUMMARY OF TRUSTEE'S FINAL REPORT
AND APPLICATIONS FOR COMPENSATION

The Final Report shows receipts of \$ 301,000.00
and approved disbursements of \$ 145,101.91
leaving a balance on hand of ¹ \$ 155,898.09

Balance on hand: \$ 155,898.09

Claims of secured creditors will be paid as follows:

Claim No.	Claimant	Claim Asserted	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None					

Total to be paid to secured creditors: \$ 0.00

Remaining balance: \$ 155,898.09

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee, Fees - JOSEPH D. OLSEN	12,428.68	0.00	12,428.68
Trustee, Expenses - JOSEPH D. OLSEN	83.33	0.00	83.33
Attorney for Trustee, Fees - Joseph D Olsen	2,226.00	0.00	2,226.00

Total to be paid for chapter 7 administration expenses: \$ 14,738.01

Remaining balance: \$ 141,160.08

¹ The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. § 326(a) on account of the disbursement of the additional interest.

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
None			

Total to be paid for prior chapter administrative expenses: \$ 0.00

Remaining balance: \$ 141,160.08

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$1,231.10 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
4	Ehrmann Gehlbach Badger Lee & Considine LLC	1,231.10	0.00	1,231.10

Total to be paid for priority claims: \$ 1,231.10

Remaining balance: \$ 139,928.98

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 13,399.46 have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	Oak Trust Credit Union	507.33	0.00	507.33
3	WORLD'S FOREMOST BANK	12,892.13	0.00	12,892.13

Total to be paid for timely general unsecured claims: \$ 13,399.46

Remaining balance: \$ 126,529.52

Tardily filed claims of general (unsecured) creditors totaling \$ 23,978.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 100.0 percent, plus interest (if applicable).

Tardily filed general (unsecured) claims are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
5	Dynamic Hand Therapy & Rehab	23,978.00	0.00	23,978.00

Total to be paid for tardy general unsecured claims: \$ 23,978.00

Remaining balance: \$ 102,551.52

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent, plus interest (if applicable).

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

Claim No	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
None				

Total to be paid for subordinated claims: \$ 0.00

Remaining balance: \$ 102,551.52

To the extent funds remain after payment in full of all allowed claims, interest will be paid at the legal rate of 0.1% pursuant to 11 U.S.C. § 726(a)(5). Funds available for interest are \$125.12. The amounts proposed for payment to each claimant, listed above, shall be increased to include the applicable interest.

The amount of surplus returned to the debtor after payment of all claims and interest is \$ 102,426.40.

Prepared By: /s/JOSEPH D. OLSEN

Trustee

JOSEPH D. OLSEN
1318 EAST STATE STREET
ROCKFORD, IL 61104-2228
(815) 965-8635
JOlsenlaw@comcast.net

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

IN RE:	}	CHAPTER 7 -- Liquidation
	}	
PAUL R. DULBERG	}	CASE NO. 14-83578
	}	
Debtor.	}	JUDGE THOMAS M. LYNCH

**APPLICATION OF TRUSTEE'S COUNSEL (OTHER PROFESSIONAL)
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES**

TO: THE HONORABLE THOMAS M. LYNCH, BANKRUPTCY JUDGE

Yalden, Olsen & Willette, counsel for the Trustee pursuant to 11 U.S.C. §330 and FRBP 2016 submits this application for compensation and reimbursement of expenses and represents to the Court as follows:

1. An order for relief under Chapter 7 was entered on 11/26/2014. This Court on 10/03/2016 authorized the employment of the Applicant to serve as counsel for the Trustee. Counsel has received \$0.00 in previously awarded compensation and reimbursement of expenses.

2. Applicant requests \$2,226.00 in compensation for 7.95 hours of service performed for the period 10/03/2016 through 03/20/2017.

3. Attached as Exhibit "A" is an itemized statement of the legal services rendered. The statement reflects the legal services rendered, the person who performed those services and a description of the work performed.

4. The time expended and services rendered by Applicant is summarized as follows:

<u>Attorney</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
Joseph D. Olsen	7.95	\$ 280.00	<u>\$2,226.00</u>
		GRAND TOTAL	<u>\$ 2,226.00</u>

- page 2 -

5. Based on the nature, extent and value of services performed by the Applicant, the results achieved, and the costs of comparable services, the compensation and reimbursement of expenses sought are fair and reasonable.

6. At all times during Applicant's representation of the Trustee, Applicant was a disinterested person and neither represented nor held an interest adverse to the estate with respect to matters on which Applicant was employed.

WHEREFORE, Applicant requests that it be awarded reasonable compensation of \$2,226.00 and reimbursement of actual and necessary expenses of \$0.00 for legal services rendered in this case.

RESPECTFULLY SUBMITTED,

s/s Joseph D. Olsen
Joseph D. Olsen

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104-2228
815-965-8635
jolsenlaw@comcast.net

PROFESSIONAL FEES AND EXPENSES

	Previously Allowed	Pending Compensation Applications	Fees & Expenses Total
Trustee's Attorneys Yalden, Olsen & Willette	\$0.00	\$2,226.00	\$2,226.00
Trustee's Accountants			
Trustee's Other Professionals Baudin Law Group	\$117,084.63		\$117,084.63
Debtor's Accountant			
All Other Professionals			
TOTALS	\$117,084.63	\$2,226.00	\$119,310.63

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Attorney for Trustee Timesheet Report Exhibit A

Trustee: JOSEPH D. OLSEN (330400)

Period: 01/01/00 - 03/20/17

Case Number: 14-83578	Case Name: DULBERG, PAUL R
Case Type: Assets	Judge: THOMAS M. LYNCH
Petition Date: 11/26/14	341a Meeting: 12/30/14

Date	Description	Hours/Unit	Rate	Total
09/14/16	Conference with Debtor's counsel regarding property of the bankruptcy estate, exemption, the Debtor's cooperation and valuation of PI case	0.25	\$280.000	\$70.00
09/21/16	Preparation of Notice, Motion and proposed Order and Rule 2014 statement to employ attorneys (Yalden Olsen & Willette)	0.40	\$280.000	\$112.00
09/21/16	Preparation of Notice, Motion and proposed Order and Rule 2014 statement to employ outside counsel (Baudin Group)	0.40	\$280.000	\$112.00
09/28/16	Preparation of Notice, Motion and proposed Order Rule 2014 Affidavit to employ special counsel	0.40	\$280.000	\$112.00
09/28/16	Preparation of Notice, Motion and proposed Order to enter into a Binding Mediation Agreement	0.35	\$280.000	\$98.00
10/03/16	Court appearance Re: motion to employ attorneys entry of order re same	0.90	\$280.000	\$252.00
10/04/16	Preparation of revised Motion to employ special counsel and revised motion to enter into a binding mediation agreement	0.25	\$280.000	\$70.00
10/31/16	Court appearance Re: motion to authorize entry into binding mediation agreement and to employ special counsel entry of order re same	1.00	\$280.000	\$280.00
12/13/16	Review of alleged medical lien of US Physical Therapy Inc Review of Healthcare Services Lien Act and extended conference with Attorney Pegg at US Physical Therapy Inc with regard to the validity of lien and resolution to same	0.45	\$280.000	\$126.00
12/19/16	Extended conference with both, Randy & Kelly Baudin, with regard to lien claimants (How handled through a bankruptcy, perfection issues and in rem issues)	0.25	\$280.000	\$70.00
12/20/16	Review of 20 page lien packet with regard to healthcare services providers liens whether compliance with the Healthcare Services Act etc	0.75	\$280.000	\$210.00
12/27/16	Preparation of Notice of Binding Mediation Award	0.40	\$280.000	\$112.00

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Page: 2

Attorney for Trustee Timesheet Report Exhibit A

Trustee: JOSEPH D. OLSEN (330400)

Period: 01/01/00 - 03/20/17

Case Number: 14-83578	Case Name: DULBERG, PAUL R
Case Type: Assets	Judge: THOMAS M. LYNCH
Petition Date: 11/26/14	341a Meeting: 12/30/14

	and Motion to Compensate Professionals and pay medical liens and other claims to the personal injury proceeds			
01/03/17	Receipt and revision to notice of medication award and motion to compensate attorneys and make other distributions along with proposed order	0.25	\$280.000	\$70.00
01/17/17	Review and revision to order approving payment on personal injury proceedxs Review of several emails back and forth with PI counsel regarding lien claims reductions etc	0.50	\$280.000	\$140.00
01/25/17	Court appearance Re: Motion to compensate the Estate's personal injury attorneys and resolve certain lien claimants and authorize distributions Entry of order re same	0.90	\$280.000	\$252.00
03/20/17	Estimated time to close, preparation of final report, court appearance re same	0.50	\$280.000	\$140.00
Total for case 14-83578:		7.95		\$2,226.00
Total for Trustee JOSEPH D. OLSEN:		7.95		\$2,226.00
Grand Total:		7.95		\$2,226.00

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION**

IN RE:	§	Chapter 7
PAUL R. DULBERG	§	
	§	Case Number: 14-83578
	§	
Debtor.	§	JUDGE THOMAS M. LYNCH

CERTIFICATE OF SERVICE

The undersigned certifies that on April 19, 2017, she served upon all persons to whom it is directed via electronic communication as indicated below and by United States Mail as indicated on the attached service list, a copy of the Notice of Trustee's Final Report.

Attorney David Stretch
5447 West Bull Valley Road
McHenry, IL 60050-7410

Patrick Layng
Office of the U.S. Trustee
780 Regent Street, Suite 304
Madison, WI 53715

/s/ Marti Maravich

Joseph D. Olsen, Trustee
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104-2228
815-965-8635
815-965-4573 (facsimile)
jolsenlaw@comcast.net

Alexian Brothers Medical Group
PO Box 5588
Belfast, ME 04915-5500

Associated Neurology SC
1900 Hollister Drive
Suite 250
Libertyville, IL 60048-5249

Bank of America
PO Box 851001
Dallas, TX 75285-1001

BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998-2238

Cabelas Visa Center
World's Foremost Bank
PO Box 82609
Lincoln, NE 68501-2609

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One Bank (USA), N.A.
PO Box 6492
Carol Stream, IL 60197-6492

Capital One Bank (USA), N.A.
PO Box 71083
Charlotte, NC 28272-1083

Dr. Frank W. Sek
4606 W. Elm Street
McHenry, IL 60050-4015

Dynamic Hand Therapy & Rehab
498 S. US Highway 12
Suite C
Fox Lake, IL 60020-1908

Hand Surgery Associates, SC
Dr. Sagerman / Dr. Biafora
515 W. Algonquin Road
Arlington Heights, IL 60005-4405

McHenry Radiologists & Imaging
PO Box 220
McHenry, IL 60051-0220

MidAmerica Hand to Shoulder Clinic
Dr. Talerico
75 Remittance Drive, Suite 6035
Chicago, IL 60675-6035

Moraine Emergency Physicians
PO Box 8759
Philadelphia, PA 19101-8759

Northern Illinois Medical Center
4201 Medical Center Drive
McHenry, IL 60050-8499

Northwest Community Hospital
25709 Network Place
Chicago, IL 60673-1257

Northwest Suburban Anesthesiologists
8163 Solutions Center
Chicago, IL 60677-8001

Oak Trust Credit Union
1 South 450 Summit Avenue
Oakbrook Terrace, IL 60181

OAK TRUST CREDIT UNION
12251 S ROUTE 59
PLAINFIELD, IL 60585-9189

Oak Trust Credit Union
444 N Eola Rd, Suite 101
Aurora, IL 60502-9620

Open Advanced MRI of Round Lake
Medchex
PO Box 502
Katonah, NY 10536-0502

WORLD'S FOREMOST BANK
CABELA'S CLUB VISA
PO BOX 82609
LINCOLN, NE 68501-2609

Walgreens
3925 W. Elm Street
McHenry, IL 60050-4361

Walmart Pharmacy
3801 Running Brook Farms Boulevard
Johnsburg, IL 60051-5425

Worlds Foremost Bank NA
4800 NW 1st Street
Suite 300
Lincoln, NE 68521-4463

Paul R Dulberg
4606 Hayden Court
McHenry, IL 60051-7918

UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF ILLINOIS

Western Division

In Re:

PAUL R. DULBERG

) BK No.: 14-83578

) Chapter: 7

) Honorable Thomas M. Lynch

) Debtor(s)

ORDER AWARDING COMPENSATION AND EXPENSES

THIS MATTER BEING HEARD on the Trustee's final requests for the allowance of fees and expenses of administration, notice having been given and the Court being duly advised:

IT IS HEREBY ORDERED that the Trustee's compensation and expenses are allowed as follows:

1. Trustee's compensation \$12,428.68
2. Trustee's expenses \$83.33

TOTAL \$12,512.01

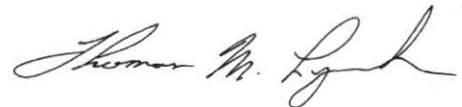
IT IS FURTHER ORDERED that the requests for compensation and expenses are allowed as follows:

1. Attorney for the Trustee
 - a. Compensation \$ 2,226.00
 - b. Expenses \$ 0.00
2. Accountant for the Trustee
 - a. Compensation \$ 0.00
 - b. Expenses \$ 0.00
3. Other professional

TOTAL \$ 2,226.00

IT IS FURTHER ORDERED that the Trustee is directed to pay the allowances listed above after the Trustee's Distribution Report is filed with the Clerk of the Bankruptcy Court.

Enter:



Honorable Thomas M. Lynch

United States Bankruptcy Judge

Dated: May 15, 2017

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

In re: DULBERG, PAUL R

§ Case No. 14-83578

§

§

Debtor(s)

§

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY ADMINISTERED
AND APPLICATION TO BE DISCHARGED (TDR)**

JOSEPH D. OLSEN, chapter 7 trustee, submits this Final Account,
Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned: \$141,680.00

Assets Exempt: \$16,680.00

(without deducting any secured claims)

Total Distribution to Claimants: \$38,733.68

Claims Discharged

Without Payment: \$0.00

Total Expenses of Administration: \$144,839.92

3) Total gross receipts of \$ 301,000.00 (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$ 117,426.40 (see **Exhibit 2**), yielded net receipts of \$183,573.60 from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from Exhibit 3)	\$0.00	\$0.00	\$0.00	\$0.00
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from Exhibit 4)	0.00	144,839.92	144,839.92	144,839.92
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from Exhibit 5)	0.00	0.00	0.00	0.00
PRIORITY UNSECURED CLAIMS (from Exhibit 6)	0.00	1,231.10	1,231.10	1,231.10
GENERAL UNSECURED CLAIMS (from Exhibit 7)	0.00	37,502.58	37,502.58	37,502.58
TOTAL DISBURSEMENTS	\$0.00	\$183,573.60	\$183,573.60	\$183,573.60

4) This case was originally filed under Chapter 7 on November 26, 2014.
The case was pending for 30 months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: 06/15/2017 By: /s/JOSEPH D. OLSEN
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO
FINAL ACCOUNT**

EXHIBIT 1 –GROSS RECEIPTS

DESCRIPTION	UNIFORM TRAN. CODE ¹	\$ AMOUNT RECEIVED
Personal Injury Case	1242-000	301,000.00
TOTAL GROSS RECEIPTS		\$301,000.00

¹The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

EXHIBIT 2 –FUNDS PAID TO DEBTOR & THIRD PARTIES

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
Paul R Dulberg	Disbursement per court order 01/25/2017	8100-002	15,000.00
DULBERG, PAUL R	Dividend paid 100.00% on \$102,426.40; Claim# SURPLUS; Filed: \$102,426.40; Reference:	8200-002	102,426.40
TOTAL FUNDS PAID TO DEBTOR AND THIRD PARTIES			\$117,426.40

EXHIBIT 3 –SECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
			None			
TOTAL SECURED CLAIMS			\$0.00	\$0.00	\$0.00	\$0.00

EXHIBIT 4 –CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
Trustee Compensation - JOSEPH D. OLSEN	2100-000	N/A	12,428.68	12,428.68	12,428.68
Trustee Expenses - JOSEPH D. OLSEN	2200-000	N/A	83.33	83.33	83.33

Attorney for Trustee Fees (Trustee Firm) - Joseph D Olsen	3110-000	N/A	2,226.00	2,226.00	2,226.00
Other - Baudin Law Group Ltd	3220-610	N/A	117,084.63	117,084.63	117,084.63
Other - Hand Surgery Associates	3991-000	N/A	4,600.00	4,600.00	4,600.00
Other - ADR Systems	3991-000	N/A	1,938.00	1,938.00	1,938.00
Other - The Law Offices of Thomas J Popovich	3220-610	N/A	1,539.32	1,539.32	1,539.32
Other - Brad J. Balke P.C.	3220-610	N/A	1,539.32	1,539.32	1,539.32
Other - Dr. Karen Levin	3220-610	N/A	1,200.00	1,200.00	1,200.00
Other - Rabobank, N.A.	2600-000	N/A	280.60	280.60	280.60
Other - Rabobank, N.A.	2600-000	N/A	220.04	220.04	220.04
Other - MedChex	3991-000	N/A	1,700.00	1,700.00	1,700.00
TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES		N/A	\$144,839.92	\$144,839.92	\$144,839.92

EXHIBIT 5 –PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
None					
TOTAL PRIOR CHAPTER ADMIN. FEES AND CHARGES		N/A	\$0.00	\$0.00	\$0.00

EXHIBIT 6 –PRIORITY UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
4	Ehrmann Gehlbach Badger Lee & Considine, LLC	5800-000	N/A	1,231.10	1,231.10	1,231.10
TOTAL PRIORITY UNSECURED CLAIMS			\$0.00	\$1,231.10	\$1,231.10	\$1,231.10

EXHIBIT 7 –GENERAL UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
1	Oak Trust Credit Union	7100-000	N/A	507.33	507.33	507.33
1I	Oak Trust Credit Union	7990-000	N/A	1.64	1.64	1.64
3	WORLD'S FOREMOST BANK	7100-000	N/A	12,892.13	12,892.13	12,892.13
3I	WORLD'S FOREMOST BANK	7990-000	N/A	41.78	41.78	41.78

4I	Ehrmann Gehlbach Badger Lee 7990-000 & Considine, LLC	N/A	3.99	3.99	3.99
5	Dynamic Hand Therapy & Rehab 7200-000	N/A	23,978.00	23,978.00	23,978.00
5I	Dynamic Hand Therapy & Rehab 7990-000	N/A	77.71	77.71	77.71
TOTAL GENERAL UNSECURED CLAIMS		\$0.00	\$37,502.58	\$37,502.58	\$37,502.58

Form 1

Individual Estate Property Record and Report

Asset Cases

Case Number: 14-83578

Case Name: DULBERG, PAUL R

Period Ending: 06/15/17

Trustee: (330400) JOSEPH D. OLSEN

Filed (f) or Converted (c): 11/26/14 (f)

§341(a) Meeting Date: 12/30/14

Claims Bar Date: 08/26/15

1 Ref. #	Asset Description (Scheduled And Unscheduled (u) Property)	2 Petition/ Unscheduled Values	3 Estimated Net Value (Value Determined By Trustee, Less Liens, Exemptions, and Other Costs)	4 Property <u>Abandoned</u> OA=§554(a)	5 Sale/Funds Received by the Estate	6 Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1	RESIDENCE, BUILDING, LAND, OR OTHER REAL ESTATE	140,000.00	0.00		0.00	FA
2	CASH ON HAND	30.00	0.00		0.00	FA
3	McHenry Bank & Trust checking account xxxx-5528	300.00	0.00		0.00	FA
4	HOUSEHOLD GOODS AND FURNISHINGS	1,000.00	0.00		0.00	FA
5	WEARING APPAREL AND JEWELRY	350.00	0.00		0.00	FA
6	Personal Injury Case (u)	Unknown	50,000.00		301,000.00	FA
6	Assets Totals (Excluding unknown values)	\$141,680.00	\$50,000.00		\$301,000.00	\$0.00

Major Activities Affecting Case Closing:

The undersigned was appointed successor Trustee on August 31, 2016. During the reporting period the Trustee engaged outside counsel to pursue a personal injury action, entered into binding mediation and received a result of the mediation for approximately \$300,000.00. The Trustee still needs to notify the court of that decision, compensate the professionals and take care of the exemptions and medical liens on the file and will be done shortly. Hasn't been filed with the court but has been prepared. After those checks clear the Trustee will file his final report. That is anticipated to be done on or before March 31, 2017.

Initial Projected Date Of Final Report (TFR): March 31, 2017

Current Projected Date Of Final Report (TFR): April 18, 2017 (Actual)

Form 2

Cash Receipts And Disbursements Record

Case Number: 14-83578

Case Name: DULBERG, PAUL R

Taxpayer ID #: **-***0431

Period Ending: 06/15/17

Trustee: JOSEPH D. OLSEN (330400)

Bank Name: Rabobank, N.A.

Account: *****8666 - Checking Account

Blanket Bond: \$1,500,000.00 (per case limit)

Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	5 T-Code	6 Receipts \$	7 Disbursements \$	8 Checking Account Balance
01/09/17	{6}	Allstate Insurance	personal injury proceeds	1242-000	1,000.00		1,000.00
01/09/17	{6}	Allstate Insurance	personal injury proceeds	1242-000	300,000.00		301,000.00
01/25/17	101	Baudin Law Group Ltd	disbursement per court order 01/25/2017	3220-610		117,084.63	183,915.37
01/25/17	102	MedChex	disbursement per court order 01/25/2017 Stopped on 03/01/17	3991-005		1,700.00	182,215.37
01/25/17	103	Hand Surgery Associates	Disbursement per court order 01/25/2017	3991-000		4,600.00	177,615.37
01/25/17	104	ADR Systems	Disbursement per court order 01/25/2017	3991-000		1,938.00	175,677.37
01/25/17	105	Paul R Dulberg	Disbursement per court order 01/25/2017	8100-002		15,000.00	160,677.37
01/30/17	106	The Law Offices of Thomas J Popovich	Disbursement per court order 01/25/2017	3220-610		1,539.32	159,138.05
01/30/17	107	Brad J. Balke P.C.	Disbursement per court order 01/25/2017	3220-610		1,539.32	157,598.73
01/30/17	108	Dr. Karen Levin	Disbursement per court order 01/25/2017	3220-610		1,200.00	156,398.73
01/31/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		280.60	156,118.13
02/28/17		Rabobank, N.A.	Bank and Technology Services Fee	2600-000		220.04	155,898.09
03/01/17	102	MedChex	disbursement per court order 01/25/2017 Stopped: check issued on 01/25/17	3991-005		-1,700.00	157,598.09
03/06/17	109	MedChex	distribution per court order 01/25/2017	3991-000		1,700.00	155,898.09
05/15/17	110	JOSEPH D. OLSEN	Dividend paid 100.00% on \$83.33, Trustee Expenses; Reference:	2200-000		83.33	155,814.76
05/15/17	111	JOSEPH D. OLSEN	Dividend paid 100.00% on \$12,428.68, Trustee Compensation; Reference:	2100-000		12,428.68	143,386.08
05/15/17	112	Joseph D Olsen	Dividend paid 100.00% on \$2,226.00, Attorney for Trustee Fees (Trustee Firm); Reference:	3110-000		2,226.00	141,160.08
05/15/17	113	DULBERG, PAUL R	Dividend paid 100.00% on \$102,426.40; Claim# SURPLUS; Filed: \$102,426.40; Reference:	8200-002		102,426.40	38,733.68
05/15/17	114	Dynamic Hand Therapy & Rehab	Combined Check for Claims#5,5I			24,055.71	14,677.97
			Dividend paid 100.00% on \$23,978.00; Claim# 5; Filed: \$23,978.00	7200-000			14,677.97
			Dividend paid 100.00% on \$77.71; Claim# 5I; Filed: \$77.71	7990-000			14,677.97
05/15/17	115	Ehrmann Gehlbach Badger Lee & Considine, LLC	Combined Check for Claims#4,4I			1,235.09	13,442.88
			Dividend paid 100.00% on \$1,231.10; Claim# 4; Filed: \$1,231.10	5800-000			13,442.88

Subtotals : \$301,000.00 \$287,557.12

Form 2

Cash Receipts And Disbursements Record

Case Number: 14-83578
Case Name: DULBERG, PAUL R

Trustee: JOSEPH D. OLSEN (330400)
Bank Name: Rabobank, N.A.
Account: *****8666 - Checking Account
Blanket Bond: \$1,500,000.00 (per case limit)
Separate Bond: N/A

Taxpayer ID #: **-***0431
Period Ending: 06/15/17

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	T-Code	5 Receipts \$	6 Disbursements \$	7 Checking Account Balance
			Dividend paid 100.00% on \$3.99; Claim# 4l; Filed: \$3.99	3.99 7990-000			13,442.88
05/15/17	116	Oak Trust Credit Union	Combined Check for Claims#1,1l			508.97	12,933.91
			Dividend paid 100.00% on \$507.33; Claim# 1; Filed: \$507.33	507.33 7100-000			12,933.91
			Dividend paid 100.00% on \$1.64; Claim# 1l; Filed: \$1.64	1.64 7990-000			12,933.91
05/15/17	117	WORLD'S FOREMOST BANK	Combined Check for Claims#3,3l			12,933.91	0.00
			Dividend paid 100.00% on \$12,892.13; Claim# 3; Filed: \$12,892.13	12,892.13 7100-000			0.00
			Dividend paid 100.00% on \$41.78; Claim# 3l; Filed: \$41.78	41.78 7990-000			0.00

ACCOUNT TOTALS	301,000.00	301,000.00	\$0.00
Less: Bank Transfers	0.00	0.00	
Subtotal	301,000.00	301,000.00	
Less: Payments to Debtors		117,426.40	
NET Receipts / Disbursements	\$301,000.00	\$183,573.60	

Net Receipts :	301,000.00
Less Payments to Debtor :	117,426.40
Net Estate :	\$183,573.60

TOTAL - ALL ACCOUNTS	Net Receipts	Net Disbursements	Account Balances
Checking # *****8666	301,000.00	183,573.60	0.00
	\$301,000.00	\$183,573.60	\$0.00

In Re:
PAUL R. DULBERG

Debtor(s)

)
)
)
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)
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)
BK No.: 14-83578

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)
Chapter: 7
Honorable Thomas M. Lynch

ORDER AWARDING COMPENSATION AND EXPENSES

THIS MATTER BEING HEARD on the Trustee's final requests for the allowance of fees and expenses of administration, notice having been given and the Court being duly advised:

IT IS HEREBY ORDERED that the Trustee's compensation and expenses are allowed as follows:

1. Trustee's compensation \$12,428.68
2. Trustee's expenses \$83.33

TOTAL \$12,512.01

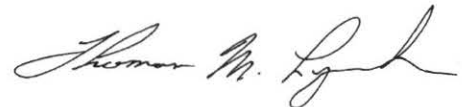
IT IS FURTHER ORDERED that the requests for compensation and expenses are allowed as follows:

1. Attorney for the Trustee
 - a. Compensation \$ 2,226.00
 - b. Expenses \$ 0.00
2. Accountant for the Trustee
 - a. Compensation \$ 0.00
 - b. Expenses \$ 0.00
3. Other professional

TOTAL \$ 2,226.00

IT IS FURTHER ORDERED that the Trustee is directed to pay the allowances listed above after the Trustee's Distribution Report is filed with the Clerk of the Bankruptcy Court.

Enter:



Honorable Thomas M. Lynch
United States Bankruptcy Judge

Dated: May 15, 2017

Prepared by:

Joseph D. Olsen
Yalden, Olsen & Willette
1318 East State Street
Rockford, IL 61104
815-965-8635 (phone)
815-965-4573 (fax)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois		PROOF OF CLAIM
Name of Debtor: Paul R Dulberg	Case Number: 14-83578	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): OAK TRUST CREDIT UNION		
Name and address where notices should be sent: OAK TRUST CREDIT UNION 444 N Eola Road, Suite 101 Aurora, IL 60502 Telephone number: (630) 792-2924 email: jdean@oaktrust.com		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>507.33</u> 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. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Credit Card loan</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 4 0 0 1	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier -- 11 U.S.C. § 507 (a)(4). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507 (a)(5). </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> Amount entitled to priority: \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507 (a)(7). </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507 (a)(8). </div> <div style="width: 30%;"> <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </div> </div>		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT 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.

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Tanya Reyes

Title: Product Support Specialist

Company: OAK TRUST CREDIT UNION

Address and telephone number (if different from notice address above):

(Signature)

05/28/2015

(Date)

Telephone number: (630) 792-2958 email: treyes@oaktrust.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Master Printers Credit Union Visa® Application

Information About Yourself

Member Name (please print) PAUL DOLBERG	Account #
Address 4606 HAYDEN CT	
City McHENRY	State IL
Home Phone (847) 497-4250	Years at Current Address 27
Previous Address NONE	Years at Previous Address
City	State
Social Security Number	Date of Birth
Driver's License Number and State	

Joint Applicant's Information

Member Name (please print)	Account #
Address	
City	State
Home Phone	Years at Current Address
Previous Address	Years at Previous Address
City	State
Social Security Number	Date of Birth
Driver's License Number and State	

Employment Information

Business Name or Employer Behm PRINTING	Position PRESSMAN
Business Address 810 EABLE DR	
City Behnsville	State IL
Business Phone (630) 766-6666	Years at Job 1 1/2
Previous Employer (if less than 2 years)	Position
Previous Business Address U.S. Screw Prod.	Years at Job 2 1/2
Previous Business Address 2418 Highview Grove	Phone (815) 815

Joint Applicant's Employment Information

Business Name or Employer	Position
Business Address	
City	State
Business Phone	Ext.
Previous Employer (if less than 2 years)	Position
Previous Business Address	Phone

Financial Information

Yearly Income \$22,000	Monthly Rent or Mortgage \$0	Est. Home Value \$0
You need not include expenses for: alimony, child support, or maintenance payments paid to you if you are not relying on them to establish credit worthiness.		
Additional Income \$0	Source(s) of additional income	

Joint Applicant's Financial Information

Yearly Income \$	Monthly Rent or Mortgage \$	Est. Home Value \$
You need not include expenses for: alimony, child support, or maintenance payments paid to you if you are not relying on them to establish credit worthiness.		
Additional Income \$	Source(s) of additional income	

I/We hereby apply for a Master Printers Credit Union VISA account. I/We give the above information for the purpose of obtaining credit and authorize the obtaining of information concerning any statement made herein. I/We agree to be bound by the terms and conditions set forth in the cardholder agreement that will be mailed to me upon approval.

If approved, by signing below I/We hereby grant a security interest in any deposit accounts (checking, savings, or share accounts) or other funds/collateral held by issuer to secure my/our obligations under this credit card plan. Such accounts and/or funds are additional security for my/our obligations to issuer arise.

X *Paul Dolberg* Applicant's Signature **X** *Y463061046* Joint Applicant's Sig **2115870** Date

Credit Card Payoff

X YES I/We would like to pay off existing credit card balances. Please contact me at the following number: **(847) 497-4250**

	Annual Percentage Rate	Variable Rate Information	Grace Period for Payments	Method of Computing Balance for Repayment	Annual Fee
VISA® GOLD	11.25%	Your annual percentage rate may vary quarterly. The rate is determined by adding a margin of 3% (Gold) or 6% (Classic) to the Prime Rate.	25 DAYS	Average Daily Balance (including current transactions)	NONE
VISA® CLASSIC	14.25%				

RELATED FEES: Late Payment: \$15.00, Over-Limit: \$15.00. There are NO transaction fees, NO minimum finance charges and NO ANNUAL FEES.

The annual percentage rate applies for both purchases and cash advances. The Visa Gold has a maximum cap of 16.9% APR (18.9% APR for Classic). The advertised rates above are based on the Prime Rate as of 04/20/00. To inquire about changes in the information in the application, write us at: Master Printers Credit Union, 18450 Summit Ave., P.O. Box 5051, Oakbrook Terrace, IL 60181-3974. Residents of Illinois may contact the Illinois Commissioner of Banks and Trust Companies for comparative information on interest rates, charges, fees and grace periods. State of Illinois - CUI, P.O. Box 10161, Springfield, IL 62701, 800/634-5452 toll free.

Year off performance, fed in center, and age closed before mailing.

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Phone: (800) 232-6728
12251 S Route 59 • Plainfield IL 60585-9189

PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number *******5514**
CONS W/O LOAN
Statement Date **4/30/2015**
Payoff Amount **\$507.33**
Minimum Payment \$100.00
Payment Due Date 5/28/2015
Amount Enclosed

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OAK TRUST CREDIT UNION

Summary of Account

Previous Balance		\$487.33
Payments, Credits, Benefits	(-)	\$.00
Purchases, Cash Adv., Bal Transfers	(+)	\$.00
Finance Charges and Other Fees	(+)	\$.00
Misc Adjustments		\$.00
New Balance		\$487.33

Available Credit

Credit Limit	\$2,200.00
New Balance	\$487.33
Credit Available	\$.00

Account Information

Member Number *******5514**
CONS W/O LOAN
Statement Date **4/30/2015**
Payoff Amount **\$507.33**
Minimum Payment \$100.00
Payment Due Date 5/28/2015

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	3 Years	\$632

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
		No activity this period		
		Total Fees Charged in 2015	Total Fees For This Period	\$89.74
		Total Interest Charged in 2015		\$.00
				\$.00

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.04630%	.04630%	.04630%
Annual Percentage Rate	16.900%	16.900%	16.900%
Average Daily Balance	\$.00	\$.00	\$.00
Finance Charges			
Interest Charges	\$.00	\$.00	\$.00
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$.00

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PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number	*****5514										
CONS W/O LOAN											
Statement Date	3/31/2015										
Payoff Amount	\$507.33										
Minimum Payment	\$100.00										
Payment Due Date	4/28/2015										
Amount Enclosed	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

OAK TRUST CREDIT UNION

Summary of Account

Previous Balance		\$688.62
Payments, Credits, Benefits	(-)	\$281.29
Purchases, Cash Adv., Bal Transfers	(+)	\$80.00
Finance Charges and Other Fees	(+)	\$0.00
Misc Adjustments		\$0.00
New Balance		\$487.33

Available Credit

Credit Limit	\$2,200.00
New Balance	\$487.33
Credit Available	\$0.00

Account Information

Member Number	*****5514
CONS W/O LOAN	
Statement Date	3/31/2015
Payoff Amount	\$507.33
Minimum Payment	\$100.00
Payment Due Date	4/28/2015

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	3 Years	\$632

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
Mar 04	Mar 04	PHONE TRANSFER	Transfer Acct: 49138-000	\$281.29 CR
Fees and Charges				
Mar 04	Mar 04	DELINQUENCY FINE		\$80.00
Total Fees Charged in 2015				\$89.74
Total Interest Charged in 2015				\$0.00
Total Fees For This Period				\$80.00

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.04630%	.04630%	.04630%
Annual Percentage Rate	16.900%	16.900%	16.900%
Average Daily Balance	\$.00	\$.00	\$522.85
Finance Charges			
Interest Charges	\$.00	\$.00	\$.00
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$.00

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PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number *****5514
VISA PLATINUM
Statement Date 2/28/2015
Payoff Amount \$768.62
Minimum Payment \$100.00
Payment Due Date 3/28/2015

Amount Enclosed

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OAK TRUST CREDIT UNION

REWARDS EARNINGS SUMMARY AS OF 00/00/0000
BEG BAL EARNED ADJ/EXP REDEEMED END BAL
0 0 0 0 0
#800.232.6728

Summary of Account

Previous Balance		\$678.88
Payments, Credits, Benefits	(-)	\$0.00
Purchases, Cash Adv., Bal Transfers	(+)	\$0.00
Finance Charges and Other Fees	(+)	\$9.74
Misc Adjustments		\$0.00
New Balance		\$688.62

Available Credit

Credit Limit	\$2,200.00
New Balance	\$688.62
Credit Available	\$0.00

Account Information

Member Number *****5514
VISA PLATINUM
Statement Date 2/28/2015
Payoff Amount \$768.62
Minimum Payment \$100.00
Payment Due Date 3/28/2015

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	5 Years	\$1,108
\$27	3 Years	\$961 (Savings=\$147)

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
Feb 09	Feb 09	JAN 15 FINANCE CHARG		\$9.74

Total Fees Charged in 2015	\$9.74
Total Interest Charged in 2015	\$0.00

Total Fees For This Period \$0.00

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.04630%	.04630%	.04630%
Annual Percentage Rate	16.900%	16.900%	16.900%
Average Daily Balance	\$.00	\$.00	\$678.88
Finance Charges			
Interest Charges	\$.00	\$.00	\$.00
Transaction Fees	\$.00	\$.00	\$9.74
Total Finance Charges	\$.00	\$.00	\$9.74

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PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number *******5514**
VISA PLATINUM
Statement Date **1/31/2015**
Payoff Amount **\$738.88**
Minimum Payment **\$100.00**
Payment Due Date **2/28/2015**

Amount Enclosed

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OAK TRUST CREDIT UNION

REWARDS EARNINGS SUMMARY AS OF 01/24/2015
BEG BAL EARNED ADJ/EXP REDEEMED END BAL
1,471 0 0 0 1,471
#800.232.6728

Summary of Account

Previous Balance		\$678.88
Payments, Credits, Benefits	(-)	\$0.00
Purchases, Cash Adv., Bal Transfers	(+)	\$0.00
Finance Charges and Other Fees	(+)	\$0.00
Misc Adjustments		\$0.00
New Balance		\$678.88

Available Credit

Credit Limit	\$2,200.00
New Balance	\$678.88
Credit Available	\$0.00

Account Information

Member Number *******5514**
VISA PLATINUM
Statement Date **1/31/2015**
Payoff Amount **\$738.88**
Minimum Payment **\$100.00**
Payment Due Date **2/28/2015**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 Years	\$1,047
\$26	3 Years	\$929 (Savings=\$118)

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
		No activity this period		
		Total Fees Charged in 2015	Total Fees For This Period	\$0.00
		Total Interest Charged in 2015		\$0.00

Rates and Fees**Periodic Rates**

	Balance Transfr	Cash Advance	Purchase
Daily Rate	.04630%	.04630%	.04630%
Annual Percentage Rate	16.900%	16.900%	16.900%
Average Daily Balance	\$.00	\$.00	\$678.88

Finance Charges

Interest Charges	\$.00	\$.00	\$.00
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$.00

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PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number **18760000000000000000**
VISA PLATINUM *****5514
Statement Date 12/31/2014
Payoff Amount \$718.88
Minimum Payment \$80.00
Payment Due Date 1/28/2015
Amount Enclosed

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OAK TRUST CREDIT UNION

REWARDS EARNINGS SUMMARY AS OF 12/24/2014
BEG BAL EARNED ADJ/EXP REDEEMED END BAL
1,471 0 0 0 1,471
#800.232.6728

Summary of Account

Previous Balance		\$678.88
Payments, Credits, Benefits	(-)	\$0.00
Purchases, Cash Adv., Bal Transfers	(+)	\$0.00
Finance Charges and Other Fees	(+)	\$0.00
Misc Adjustments		\$0.00
New Balance		\$678.88

Available Credit

Credit Limit	\$2,200.00
New Balance	\$678.88
Credit Available	\$0.00

Account Information

Member Number **18760000000000000000**
VISA PLATINUM *****5514
Statement Date 12/31/2014
Payoff Amount \$718.88
Minimum Payment \$80.00
Payment Due Date 1/28/2015

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 Years	\$1,007
\$25	3 Years	\$909 (Savings=\$98)

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
		No activity this period		
		Total Fees Charged in 2014	Total Fees For This Period	\$40.00
		Total Interest Charged in 2014		\$68.79

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.04630%	.04630%	.04630%
Annual Percentage Rate	16.900%	16.900%	16.900%
Average Daily Balance	\$.00	\$.00	\$678.88
Finance Charges			
Interest Charges	\$.00	\$.00	\$.00
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$.00

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PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number ~~XXXXXXXXXX~~ *****5514
VISA PLATINUM
Statement Date 11/30/2014
Payoff Amount \$698.88
Minimum Payment \$60.00
Payment Due Date 12/28/2014
Amount Enclosed

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OAK TRUST CREDIT UNION

REWARDS EARNINGS SUMMARY AS OF 11/24/2014
BEG BAL EARNED ADJ/EXP REDEEMED END BAL
1,471 0 0 0 1,471
#800.232.6728

Summary of Account

Previous Balance		\$671.29
Payments, Credits, Benefits	(-)	\$0.00
Purchases, Cash Adv., Bal Transfers	(+)	\$0.00
Finance Charges and Other Fees	(+)	\$7.59
Misc Adjustments		\$0.00
New Balance		\$678.88

Available Credit

Credit Limit	\$2,200.00
New Balance	\$678.88
Credit Available	\$1,521.12

Account Information

Member Number ~~XXXXXXXXXX~~ *****5514
VISA PLATINUM
Statement Date 11/30/2014
Payoff Amount \$698.88
Minimum Payment \$60.00
Payment Due Date 12/28/2014

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 Years	\$898
\$24	3 Years	\$852 (Savings=\$46)

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
Nov 30	Nov 30	FIN CHG PURCHASE		\$7.59
Total Fees Charged in 2014		\$40.00	Total Fees For This Period	\$0.00
Total Interest Charged in 2014		\$68.79		

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.03767%	.03767%	.03767%
Annual Percentage Rate	13.750%	13.750%	13.750%
Average Daily Balance	\$.00	\$.00	\$671.29
Finance Charges			
Interest Charges	\$.00	\$.00	\$7.59
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$7.59

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PAUL R DULBERG
4606 HAYDEN CT
MCHENRY, IL 60051-7918

Credit Card Statement

Member Number *****5514
VISA PLATINUM
Statement Date 10/31/2014
Payoff Amount \$671.29
Minimum Payment \$40.00
Payment Due Date 11/28/2014
Amount Enclosed

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OAK TRUST CREDIT UNION

REWARDS EARNINGS SUMMARY AS OF 10/24/2014
BEG BAL EARNED ADJ/EXP REDEEMED END BAL
1,471 0 0 0 1,471
#800.232.6728

Summary of Account

Previous Balance		\$663.54
Payments, Credits, Benefits	(-)	\$0.00
Purchases, Cash Adv., Bal Transfers	(+)	\$0.00
Finance Charges and Other Fees	(+)	\$7.75
Misc Adjustments		\$0.00
New Balance		\$671.29

Available Credit

Credit Limit	\$2,200.00
New Balance	\$671.29
Credit Available	\$1,528.71

Account Information

Member Number *****5514
VISA PLATINUM
Statement Date 10/31/2014
Payoff Amount \$671.29
Minimum Payment \$40.00
Payment Due Date 11/28/2014

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 Years	\$852
\$23	3 Years	\$823 (Savings=\$29)

For information about credit counseling services, call 866-871-2227

Transactions

POST	TRANS	TRANSACTION DESCRIPTION	LOCATION OF ACTIVITY	AMOUNT
Oct 31	Oct 31	FIN CHG PURCHASE		\$7.75
Total Fees Charged in 2014		\$40.00	Total Fees For This Period	\$0.00
Total Interest Charged in 2014		\$61.20		

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.03767%	.03767%	.03767%
Annual Percentage Rate	13.750%	13.750%	13.750%
Average Daily Balance	\$.00	\$.00	\$663.54
Finance Charges			
Interest Charges	\$.00	\$.00	\$7.75
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$7.75

OAK TRUST
CREDIT UNION

Credit Card Statement

Member Number	██████████9
VISA PLATINUM	*****5514
Statement Date	9/30/2014
Payoff Amount	\$663.54
Minimum Payment	\$20.00
Payment Due Date	10/28/2014
Amount Enclosed	██████████

OAK TRUST CREDIT UNION

Account Information

Member Number	00000000000000000000
VISA PLATINUM	*****5514
Statement Date	9/30/2014
Payoff Amount	\$663.54
Minimum Payment	\$20.00
Payment Due Date	10/28/2014

Summary of Account

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$20 and your APRs may increase up to the penalty APR of 16.900%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

Available Credit

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 Years	\$840
\$23	3 Years	\$814 (Savings=\$26)

For information about credit counseling services, call 866-871-2227

Transactions

Fees and Charges			
Sep 26	Sep 26	DELINQUENCY FINE	\$20.00

Total Fees Charged in 2014	\$40.00	Total Fees For This Period	\$20.00
Total Interest Charged in 2014	\$53.45		

Rates and Fees

Periodic Rates	Balance Transfr	Cash Advance	Purchase
Daily Rate	.03767%	.03767%	.03767%
Annual Percentage Rate	13.750%	13.750%	13.750%
Average Daily Balance	\$.00	\$.00	\$705.57
Finance Charges			
Interest Charges	\$.00	\$.00	\$7.97
Transaction Fees	\$.00	\$.00	\$.00
Total Finance Charges	\$.00	\$.00	\$7.97

Fill in this information to identify the case:

Debtor 1 PAUL R. DULBERG

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 14-83578

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>Ehrmann Gehlbach Badger Lee & Considine, LLC</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>Ehrmann Gehlbach Badger Lee & Considine</u> Name <u>215 E. First Street, Suite 100, Box 447</u> Number Street <u>Dixon</u> <u>IL</u> <u>61021</u> City State ZIP Code Contact phone <u>8152884949</u> Contact email <u>kennedy@egblc.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 _____ 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? \$ 1,231.10. 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.
Attorney fees and costs for the Bankruptcy Estate

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)(2) that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ 1,231.10

* 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 10/25/2016
MM / DD / YYYY


Signature

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

Name Megan G. Heeg
First name Middle name Last name

Title Trustee

Company Ehrmann Gehlbach Badger Lee & Considine, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 215 E. First Street, Suite 100, P.O. Box 447
Number Street
Dixon IL 61021
City State ZIP Code

Contact phone 8152884949 Email kennedy@egblc.com