

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY 03-30974

Christine J. Danielson,

**NOTICE AND OBJECTION
TO CLAIM(S)**

Debtor(s).

PLEASE TAKE NOTICE that the Court will hold a hearing on this objection on October 26, 2004, at 10:30 am. in Courtroom 228B, 228 Federal Bldg., 316 North Robert Street, St. Paul, Minnesota, or as soon thereafter as counsel can be heard. Responses to this objection shall be filed and delivered no later than October 15, 2004, at 10:30 a.m., which is (7) seven days before the hearing, or mailed no later than October 12, 2004, which is (10) ten days before the hearing. **IF NO RESPONSE TO THIS MOTION IS TIMELY FILED THE COURT MAY GRANT THE MOTION WITHOUT A HEARING.**

John A. Hedback, trustee, hereby objects to the claim(s) described below, and supports the objection(s) as follows:

1. John A. Hedback is the trustee in the above-referenced bankruptcy case. This case is pending before this Court.

2. This Court has jurisdiction over this matter under 28 U.S.C. Section 157 and 1334. This matter is a core proceeding. This objection is brought pursuant to 11 U.S.C. § 503, Bankruptcy Rule 3007 and Local Rule 505.

3. This objection relates to the following claims:

Claim No. 4, in the amount of \$14,204.08, filed by Ford Motor Credit on March 13, 2003, as an unsecured claim.

Claim No. 9, in the amount of 14,937.83, filed by Ford Motor Credit on April 14, 2004, as an unsecured claim

Claim No. 10, in the amount of \$2,000.00, filed by Christine J. Danielson on May 17, 2004, as an unsecured claim

4. Claims number 4 and 9 appear on their face to be duplicate claims. Trustee has requested claimants provide documentation concerning the claims but has received no response.

5. Claim number 10 was filed by Debtor on her own behalf and does not appear to be a valid claim against the bankruptcy estate.

WHEREFORE, the trustee requests an order as follows:

- (A) Disallowing the above claim in its entirety; and
- (B) Granting any other relief the Court deems just and proper.

Dated: September 17, 2004

_____/e/ John A. Hedback_____
John A. Hedback, #142438
2855 Anthony Lane South, Suite 201
St. Anthony, MN 55418
(612) 436-3280

VERIFICATION

The undersigned being the duly appointed and acting trustee hereby verifies under penalty of perjury that the foregoing information is true and correct to the best of his knowledge, information and belief.

Dated: September 17, 2004

_____/e/ John A. Hedback_____
John A. Hedback, Trustee

| | | | | | | | | |
|---|---|---|--|---|---|-----------------------|------------------------|-------------------------|
| UNITED STATES BANKRUPTCY COURT District of Minnesota | | PROOF OF CLAIM | |  | | | | |
| In Re: Christine Danielson | | Case No.03-30974-GFK | | | | | | |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503. | | | | | | | | |
| Name of Creditor (The person or entity to whom the debtor owes money or property) Ford Motor Credit Company | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | | | | | | |
| Name and addresses where notices should be sent: MESSERLI & KRAMER 3033 Campus Drive Suite 250 Plymouth, Minnesota 55441 | | <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. | | | | | | |
| | | <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the Court. | | | | | | |
| Account or other number by which creditor identified debtor: 02-04107-1 | | Check here if this claim ___ replaces a previously filed claim, dated: ___ amends | | | | | | |
| 1. Basis for Claim: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Described briefly) </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ </td> </tr> </table> | | | | <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Described briefly) | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ | | | |
| <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Described briefly) | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ | | | | | | | |
| 2. DATE DEBT WAS INCURRED: July 13, 2000 | | 3. IF COURT JUDGMENT, DATE OBTAINED: July 2, 2002 | | | | | | |
| 4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM. | | | | | | | | |
| <input type="checkbox"/> SECURED CLAIM \$ _____. Attach evidence of perfection of security interest; Brief Description of Collateral; <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe) Amount of arrearage and other charges included in secured claim above, if any \$ _____. | | <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) -- 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan--U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1950 of deposits toward purchase, lease or rental of property or services for personal, family, or household use--11 U.S.C. §507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units--11 U.S.C. §507(a)(8) <input type="checkbox"/> Other--11 U.S.C. §§507(a)(2), (a)(5)--(Describe briefly) | | | | | | |
| <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$14,937.83 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. | | | | | | | | |
| 5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">\$ 14,937.83 (Unsecured)</td> <td style="width: 25%; text-align: center;">\$ _____ (Secured)</td> <td style="width: 25%; text-align: center;">\$ _____ (Priority)</td> <td style="width: 25%; text-align: center;">\$ 14,937.83 (Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. | | | | | \$ 14,937.83 (Unsecured) | \$ _____ (Secured) | \$ _____ (Priority) | \$ 14,937.83 (Total) |
| | \$ 14,937.83 (Unsecured) | \$ _____ (Secured) | \$ _____ (Priority) | \$ 14,937.83 (Total) | | | | |
| 6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. | | | SEND CLAIM TO: U.S. Bankruptcy Court 200 U.S. Courthouse 316 N. Robert St. St. Paul, Minnesota 55101 | | | | | |
| Date 4/12/04 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) MESSERLI & KRAMER 3033 Campus Drive Suite 250 Plymouth, MN 55441 (763) 548-7902 | | | | | | | |

State of Minnesota
County of Scott

05-041107

District Court
First Judicial District

Case No. 2002-13835

Title Writ of Execution

FORD MOTOR CREDIT COMPANY Plaintiff

- vs -

DANIELSON, CHRISTI Defendant

for Real or Personal Property
 for Recovery of Personal Property only
 for Recovery of Specific Personal Property (Copy of Judgment attached)

Date Judgment Entered 2002/07-02

Docketed: 2:32 P.M. 2002/07-02

Original amount of Judgment \$15,539.78

Partially Satisfied-Amount \$.00

The State of Minnesota To Sheriff of SCOTT COUNTY

Whereas Judgment was entered in favor of

FORD MOTOR CREDIT COMPANY

and against

DANIELSON, CHRISTI

Therefore, you are commanded to satisfy the Judgment, with interest out of the Personal Property of the Judgment Debtor(s) within your County. If sufficient Personal Property can not be found and if Judgment is docketed in the County where Real Property is located, the Judgment shall be satisfied out of such Real Property belonging to said Judgment Debtor(s) on the day when the Judgment was docketed, or at any time thereafter, not exceeding ten years from the date of entry. The Writ of Execution expires 180 days after its issuance.

Date Execution Issued

Balance of Judgment Due \$ 15,539.78

2002/07-02

Interest Due \$.00

Court Administrator

Execution Fee \$ 10.00

Gregory M. Ess

Service Charges \$

By Deputy

Additional Costs \$

Jean Barnes

Total to be Collected \$

Signature of Judgment Creditor or Attorney

Daily Interest Amount \$.85

Return of Service Service Returned by (Check one) Sheriff Attorney (M.S.550.041)

Services Returned (Check one)

Satisfied in Full

Partially Satisfied(Amount Collected) \$

(Less Sheriffs Fees) \$

(Amount Returned) \$

No Property found: (I hereby certify and return That I have made diligent Search and Inquiry in my County and have been unable to find any Personal or Real Property out of which to Satisfy The Judgment described in this Execution.)

Date: _____

Date Returned and Filed with Court Administrator

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)

PROOF OF CLAIM

Name of Debtor
 CHRISTINE J DANIELSON

Case Number
 03-30974 - GFK

WARNING: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.



Name of Creditor (The person or other entity to whom the debtor owes money or property):
 CHRISTINE J DANIELSON

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

Name and Address where notices should be sent:
 CHRISTINE J DANIELSON
 106 9TH STREET 410 Broadway ST. N.
 JORDAN, MN 55352

Telephone Number: 952 492 2781

Account or other number by which creditor identifies debtor:
 03 30974

Check here if replaces this claim amends a previously filed claim, dated _____

- 1. Basis for Claim**
- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
 Your SS #: 473 - 80 - 8231
 Unpaid compensation for services performed from _____ to _____ (date) (date)
took money out of my account (checkings)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 2,000
 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
 Check this box if your claim is secured by collateral (including a right of setoff).
 Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other _____
 Value of Collateral: \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
 Amount entitled to priority \$ _____
 Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,925),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
 Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

SEND CLAIM TO:
 U.S. BANKRUPTCY COURT
 200 U.S. COURTHOUSE
 316 NORTH ROBERT STREET
 ST. PAUL, MN 55101

Date
 5/12/04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

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.

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY 03-30974

Christine J. Danielson,

**UNSWORN DECLARATION FOR
PROOF OF SERVICE**

Debtor(s).

The undersigned, being an employee of Hedback, Arendt & Carlson, PLLC, attorneys licensed to practice law in this Court, with an office address of Suite 201 Anthony Place, 2855 Anthony Lane South, St. Anthony, MN 55113, declares that on the date below, I served the following:

1. Notice and Objection to Claim(s), together with a copy of the proofs of claims attached to the objection;
2. Proposed Order; and
3. Unsworn Declaration for Proof of Service (except as to the individual claimants, they received only a copy of their particular claim, and not a copy of all claims)

upon each of the entities named below by mailing to each of them a copy thereof by enclosing same in an envelope with first class mail postage prepaid and depositing same in the post office at St. Anthony, MN addressed to each of them as follows:

Messerli and Kramer
3405 Annapolis Lane North
Suite 300
Plymouth MN 55447-5344
Attorney for Ford Motor Credit

Christine J. Danielson
410 Broadway Street North
Jordan MN 55352

Office of United States Trustee
1015 US Courthouse
300 South Fourth Street
Minneapolis, MN 55415

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

Dated: September 17, 2004 _____/e/ John A. Hedback_____

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

BKY 03-30974

Christine J. Danielson,

**ORDER REGARDING
CLAIM(S)**

Debtor(s).

This case came before the Court on the Trustee's objection(s) to claim(s). Appearances were noted on the record. Based on the file, record and proceedings herein,

IT IS HEREBY ORDERED:

1. Ford M.C. shall only be allowed Claim No. 9, in the amount of \$14,937.83;
2. Claim No. 10, filed by Christine J. Danielson is disallowed in its entirety.

BY THE COURT

Dated: _____

U.S. Bankruptcy Judge