

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re

Case No. _____
Amended

Debtor(s)

CLAIM OBJECTION

1. The undersigned objects to proof of claim no. _____ (claim) in the amount of \$ _____ filed on behalf of _____ (creditor).
2. The undersigned objects to the claim for the following reasons (*check all applicable reasons*):

Claim duplicates proof of claim no. _____ filed on behalf of _____.

Claim fails to assert grounds for priority, or grounds asserted are not valid as described below in "Other."

Claim was not filed on behalf of the real party in interest.

Claim appears to include interest or charges accrued after the petition date.

Value of collateral exceeds debt.

Claim arrearage asserted is incorrect.

Claim is a secured claim, but creditor neither (a) specified that any portion of claim should be treated as unsecured nor (b) requested a hearing to determine value of collateral.

Claim includes taxes assessed against real or personal property, but the interest of the estate in the property against which taxes were assessed has no value because estate has no equity or interest in the property.

Claim does not include documentation required by Federal Rule of Bankruptcy Procedure 3001(c) and (d) (for example, a copy of the note or documents establishing secured status or an assignment of the claim to creditor), and another reason for disallowance is stated in this objection.

Claim does not require future distribution because (state reason, for example, creditor obtained relief from stay or has been paid in full from another source):

_____.

Other:

3. The undersigned moves that the claim be (*check applicable boxes*):

Disallowed in full.

Disallowed for any distribution.

Disallowed for future distribution greater than the amount already paid (\$_____).

Allowed as (*fill in each blank even if amount is \$0*):

a secured claim for \$ _____,

a priority unsecured claim for \$ _____, and

a nonpriority unsecured claim for \$ _____.

Allowed with an arrearage of \$ _____ (if amount of arrearage is contested).

Date: _____

Signature: _____

Name: _____

Relation to Case: _____

Service Address: _____

Phone #: _____

Email Address: _____

Last 4 digits of Taxpayer ID# (if objector is debtor): _____