

UNITED STATES BANKRUPTCY COURT Northern District of Alabama

Name of Debtor:
Jim Walter Resources, Inc.

Case Number:
15-02743

NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) 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):
Alexander, Wilma

Check this box if this claim amends a previously filed claim.

Name and address where notices should be sent:
**Alexander, Wilma
Maples, Tucker and Jacobs, LLC
2001 Park Place North
Suite 501
Birmingham, AL 35203**

Court Claim Number: _____
(If known)
Filed on: _____

Telephone number: **205-322-2333** email: **jack@mtandj.com**

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.

Name and address where payment should be sent (if different from above):

Telephone number: _____ email: _____

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.

1. Amount of Claim as of Date Case Filed: \$ See attached
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.
 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.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
 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).

2. Basis for Claim: See Attachment A and Claim (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a)

3b. Uniform Claim Identifier (optional): _____
(See instruction #3b)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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: Real Estate Motor Vehicle Other
Describe:
Value of Property: \$ _____ **Annual Interest Rate** _____ % Fixed 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:** \$ _____

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).
 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)(_____).

6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ (See instruction #6)

Amount entitled to priority:
\$ _____

7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

8. 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 #8, 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:

* 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.

9. Signature: (See instruction #9) 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. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: **John R. Jacobs** _____ /s/ **John R. Jacobs** _____ **10/09/2015**
Title: **Attorney** _____ (Signature) _____ (Date)
Company: **Maples, Tucker and Jacobs, LLC** _____ (Date)
Address and telephone number (if different from notice address above):

Telephone number: _____ Email: _____

Electronically Filed
09-Oct-2015
10:12:46 a.m.
Pacific Time
KCC
COURT USE ONLY



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0679 | International (310) 751-2679

Debtor: 15-02743 - Jim Walter Resources, Inc.		
District: Northern District of Alabama, Birmingham Division		
Creditor: Alexander, Wilma Maples, Tucker and Jacobs, LLC 2001 Park Place North Suite 501 Birmingham, AL, 35203 Phone: 205-322-2333 Phone 2: Fax: 205-322-4962 Email: jack@mtandj.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Statement:	
	Filing Party: Authorized agent	
May Be Scheduled As:	Amends Claim: No	
Basis of Claim: See Attachment A and Claim	Last 4 Digits:	Uniform Claim Identifier:
Total Amount of Claim: See Attachment A and Claim	Includes Interest or Charges: No	
Amount of Priority: No	Priority Under:	
Amount of Secured: No	Nature of Secured Amount:	
Amount of 503(b)(9):	Value of Property:	
	Annual Interest Rate:	
	Arrearage Amount:	
	Basis for Perfection:	
	Amount Unsecured:	
Submitted By: John R. Jacobs on 09-Oct-2015 10:12:46 a.m. Pacific Time		
Title: Attorney		
Company: Maples, Tucker and Jacobs, LLC		

Maples, Tucker & Jacobs, LLC

Samuel Maples*
William C. Tucker, Jr.
John R. Jacobs
J. Thomas Walker

Attorneys at Law
2001 Park Place North, Suite 501
Birmingham, Alabama 35203
Telephone 205-322-2333
Facsimile 205-322-4962

*Also licensed in the District of Columbia

ATTACHMENT A

BASIS FOR PROOF OF CLAIM

Name: Wilma Alexander
Address: 4113 Huntsville Ave
Brighton, AL 35020

Authorized Representative:

Name: John R. Jacobs
Address: 2001 Park Place North
Suite 501
Birmingham, AL 35203

Debtor: Jim Walter Resources, Inc.

Basis for Claim:

Wilma Alexander is currently seeking benefits through a claim in the Federal Black Lung Benefits Program¹ and (Claim No. XXX-XX-9691) is currently pending before the Department of Labor, Office of Workers Compensation Benefits, Division of Coal Mine Workers Compensation. If awarded, Wilma Alexander will receive black lung disability benefits at the rate between (\$638.10-\$1,276.20) per month for life (depending on the number of the creditor's financial dependents) as well as medical treatment coverage for life for his pulmonary disease which arose out exposure to coal mine dust. If awarded benefits, Claimant's counsel will be awarded attorney's fees to be paid by the debtor.

hjs

¹ See Exhibit 1, Miner's Claim for Benefits Under the Black Lung Act dated September 10, 2012.

Exhibit 1:
Miner's Claim for Benefits Under the Black
Lung Benefits Act dated September 10, 2012

Name: Wilma Alexander
Address: 4113 Huntsville Ave
Brighton, AL 35020

Authorized Representative:

Name: John R. Jacobs
Address: 2001 Park Place North
Suite 501
Birmingham, AL 35203

Debtor: Jim Walter Resources, Inc.

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Miner's Claim for Benefits Under The Black Lung Benefits Act

U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs

ESA / OWCP / DCMWCG Mt. Sterling, KY



I hereby claim all benefits which may be payable to me under the Black Lung Benefits Act. I also hereby apply on behalf of my family for any benefits that may be payable under the Act.

OMB No.: 1215-008 Expires: 09/30/2011 (FOR DOL USE)

IMPORTANT: No benefits may be paid under the Black Lung Benefits Act, unless a completed application form has been received. However, disclosure of your Social Security Number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit, or privilege to which an individual may be entitled. Collection of the information on this form is authorized by law (30 U.S.C. 901, et. seq.). This information is required to obtain a benefit.

ALI

1. Miner's Full Name (First, Middle, Last) Helma L. Alexander 2. Miner's Social Security Number 304 389691

3. Miner's Date of birth (Month, day, year) 10/6/36 4. Highest grade miner completed in school 12th

5. Have you (or someone on your behalf) ever filed a claim for Federal Black Lung benefits before? [X] Yes [] No 6. Decision made (If more than one claim filed, identify and show disposition of each in Item 18, "Remarks.") [] Allowed [] Denied [] Withdrawn [] Pending

7. Are you still working in or around the coal mines? [] Yes If "yes," answer only a-c. [X] No If "no," answer a-c.

a. When did you stop working in or around coal mines or a coal preparation facility in the extraction, transportation or preparation of coal, or in coal mine construction or maintenance in or around a coal mine? 11/4/99 b. Why did you stop working in or around coal mines or in a coal preparation facility in the extraction, transportation or preparation of coal, or in coal mine construction or maintenance in or around a coal mine? Retired

c. Have you ever been transferred from your regular coal mine job to lighter duty? [] Yes [X] No If "Yes," provide the dates and reasons why you were transferred. Use space in item 18, "Remarks." 8. How many years have you worked in or around coal mines, or in a coal preparation facility, in the extraction or preparation of coal, or worked in coal mine construction or transportation in or around a coal mine? 19 1/2 yrs To the best of your knowledge, list your complete coal mine Employment History on form CM-911a.

NOTE: If available evidence is not sufficient to arrive at a determination, you may be requested to have an independent medical examination at no expense to you. Should the Department of Labor obtain information useful to your physician for treatment, such information may be furnished to the physician.

9. Describe briefly any disability you believe you have due to pneumoconiosis (Black Lung) or other respiratory or pulmonary disease resulting from coal mine employment. Specifically, what aspect(s) of your regular job in the coal mines are you physically unable to perform as a result of your disability?

Short of breath all the time. Can only walk a short distance, before having to stop to catch my breath. Yellow stuff comes up when coughing and I wheeze a lot!

DIRECTOR EXHIBIT

NO 4 CONSISTING OF 4 PAGES

NOTE: The amount of any state or Federal Workers' Compensation / Occupational Disease benefits you are receiving based on your disability due to coal workers' pneumoconiosis will be subtracted from your benefits under Part C of the Black Lung Benefits Act.

10. Have you filed a workers' compensation claim under any state or Federal law on account of your disability, due to coal workers' pneumoconiosis?

Yes No (If "Yes," complete items a through j.)

a. With what State or Federal agency was the claim filed? b. Approximate date of filing: c. Claim No. (If known)

d. Decision made: Allowed Denied Pending e. Employer against whom Workers' Compensation Claim was filed?

f. Amount of payment: Weekly: \$ _____ per week Other: \$ _____ per _____ g. Date payments began: _____ Date payments ended: _____

h. Did you pay any attorney fees or legal fees in securing your workers' compensation award? Yes No i. If you received a lump sum payment based on your compensation claim, please indicate the following: Period covered (fill in below): _____ Amount: \$ _____ From: _____ To: _____

j. Did you receive any medical benefits as part of your Workers' Compensation benefits? Yes No

NOTE: The amount of your earnings, either as an employee or from self-employment, will help us determine the correct payment of black lung benefits to which you may be entitled. This information is required by the 1981 Amendments to the Black Lung Benefits Act.

11a. Enter the names and addresses of all persons, companies, or government agencies for which you worked during the previous calendar year. If self-employed, so indicate.

Name and Address of Employer	Work Began Month / Year	Work Ended Month / Year	Approximate Earnings

b. How much do you expect the earnings to be this year? (Count all of your earnings beginning with the first of the year and all expected earnings through the end of the year.) \$ _____

12. Are you married now? Yes No (If "Yes," complete items a-f) (If "No," go to item 13) a. Date of marriage: _____

b. Your spouse's first and maiden name (Print): _____ c. Spouse's birth date: _____ d. Do you and your spouse live together? Yes No (If "No," answer items e and f.)

e. Are you under a court order to make support payments to your spouse? Yes No (If "Yes," attach a copy of the order.) Do you make regular support payments to your spouse? Yes No (If "Yes," indicate amount.) \$ _____ per _____ (month, day, year)

13. Have you previously married? Yes No (If "Yes," answer a through f.)

a. Full name of your previous spouse: _____ b. Date married (month, day year) _____ c. Place married (City & State) _____

d. How marriage ended: (death, divorce) *deceased* e. Date marriage ended: _____ f. Place marriage ended (City, State) _____

If prior marriage ended by divorce and you were married for 10 years before the divorce action, answer questions 14 and 15.

14. Are you under a court order to make support payments to a divorced spouse? Yes No (If "Yes," attach a copy of the orders.) 15. Do you make substantial contributions to a divorced spouse? Yes No (If "Yes," indicate amount.) \$ _____ per _____ (month, day, year)

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Mt. Sterling, KY

16. Do you have any unmarried children who are:

Under age 18

Yes No

Age 18-23 and attending school

Yes No

Age 18 or older and disabled

Yes No

List All Such Children In Order Of Birth
Beginning With The Oldest

(Use "Remarks" space Item 18 if space below is insufficient)

	Check (X) sex of child		Date of Birth (Mo., day, yr.)	Check (X) if child 18 or older is student or disabled.		Check (X) if that shows child's relationship to you		
	Male	Female		Student	Disabled	Legitimate	Adopted	Stepchild
Full name of child:								
SSN:								
Full name of child:								
SSN:								
Full name of child:								
SSN:								
Full name of child:								
SSN:								

If Any Child Named Above Does Not Live With You, Enter The Name And Address Of The Person Or Organization With Whom The Child Lives In Item 18, "Remarks."

17. The events listed below may affect the amount of your Federal Black Lung benefits:

Your condition improves; or

You become entitled to receive workers' compensation or occupational disease payments due to disability on account of pneumoconiosis; or

The amount of any of the benefits described above to which you are entitled changes; or

You work in or around coal mines or any other employment, including self-employment.

The events listed below relating to your dependents may also affect the amount of your Federal Black Lung benefits:

A dependent marries, divorces, dies, or is adopted by someone else; or

A child age 18-23 stops attending school, or in the case of a disabled child 18 or older, the disabling condition improves.

It is **IMPORTANT** that you report **PROMPTLY** any of the above events that occur.

Do you agree to notify the Department of Labor if any of the above events occur? Yes No

18. Remarks. (You may use this space for explanations. If you need more space, attach a separate sheet.)

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Mt. Sterling, KY

19. Do you authorize any physician, hospital, agency, employer or other organization (including the Social Security Administration) to disclose to the Department of Labor any medical records, or information about your disability, or any other information pertinent to your claim?
 Yes No

20. Do you authorize the Department of Labor to give information about the decision in your Black Lung Benefits claim to the Workers' Compensation, Unemployment Compensation, or Disability Insurance agency of your State to use in connection with a claim you may have with the agency?
 Yes No

SIGNATURE OF MINER

I hereby certify that the information given by me on and in connection with this form is true and correct to the best of my knowledge and belief. I am fully aware that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this title shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not more than \$1,000.00, or by imprisonment for not more than one year, or both.

21. Signature of claimant (First, middle, last) <i>Melvin L. Alexander</i>		22. Date (Month, day, year) <i>9/23/12</i>
22. Mailing Address (Number, street, Apt. No., P.O. Box or Rural Route) <i>4113 Venterville Avenue</i>		24. City and State <i>Brighton, AL</i>
25. Zip Code <i>35020</i>	26. County Where You Now Live <i>Jefferson</i>	27. Telephone number (Include area code) <i>205 424-5069</i>

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full address

28. Signature of witness:	29. Signature of witness
30. Address (Number, street, city, state & zip code)	31. Address (Number, street, city, state & zip code)

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

PRIVACY-ACT NOTICE

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901 et seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits payable under the BLBA; (3) information may be given to coal mine operators potentially liable for payment of the claim or to the insurance carrier or other entity which secured the operator's compensation liability; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information, may delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

COMPUTER MATCHING PROGRAM. The Department of Labor conducts computer matches with the Department of Health and Human Services and the Department of Veterans Affairs. Any information provided by applicants or recipients of financial assistance or payments under Federal benefit programs may be subject to verification through computer matches which the Department of Labor conducts with these agencies.

Public Burden Statement

Public reporting for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Coal Mine Workers' Compensation, Room N-3464, 200 Constitution Avenue, NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

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