

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT      Northern District of Alabama		<b>PROOF OF CLAIM</b>
Name of Debtor: Adolph Davidson	Case Number: 15-02741	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">OCT 09 2015</div> <div style="font-size: 0.8em; font-weight: bold; border: 1px solid black; padding: 2px; display: inline-block;">KURTZMAN CARSON CONSULTANTS</div>
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): Walter Energy, Inc.		<b>COURT USE ONLY</b>
Name and address where notices should be sent: Adolph Davidson 2931 Norwood Blvd. Birmingham, AL 35234  Telephone number: (205) 322-8389      email:		<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.
<b>1. Amount of Claim as of Date Case Filed:</b> <u>\$1,461.36 per month for life.</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.		
<b>2. Basis for Claim:</b> <u>Claimants are vested in the Debtor's retirement plan.</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> 9 9 5 3	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> 9 9 5 3 (See instruction #3b)
<b>4. Secured Claim</b> (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 checked="" type="checkbox"/> Other Describe:      Salaried employee vested pension  Value of Property: <u>\$1,461.36 per month for life.</u>  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: <u>\$1,461.36 per month for life</u> Amount Unsecured:      \$ _____
<b>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.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<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).	<input checked="" type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<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).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: <u>\$1,461.36 per month for life</u>
*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.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose		



150274115100900000000050

**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:

**RECEIVED**

**OCT 09 2015**

**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.)

**KURTZMAN CARSON CONSULTANTS**

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: Adolph Davidson

Title: Retiree

Company: \_\_\_\_\_

Address and telephone number (if different from notice address above):  
2931 Norwood Blvd

Birmingham, AL 35324

Telephone number: (205) 322-8389 email: \_\_\_\_\_

Adolph Davidson  
(Signature)

10-6-2015  
(Date)

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.

# Sloss Industries Corporation Pension Plan for Hourly Employees

Election as to Method of Payment upon EARLY RETIREMENT WITH IMMEDIATE PENSION

Employing Unit: Sloss Industries Corporation

Name: DAVIDSON, A Soc. Sec. No. 419-56-4693 Effective 2/1/2005

## INSTRUCTIONS:

Part IV of this form must be completed if you are married and if:

- 1 the beneficiary you designate is not your spouse, or
- 2 you elect the Lifetime Only Option

Pursuant to the provisions of the Pension Plan, I hereby elect the Method of Payment to take effect on the date above and designate the beneficiary(ies) indicated below to receive benefits following my death. I also understand that I may revoke my election and make a new election any number of times during the ninety (90) day period prior to the date my pension payment commences. I also understand that my election cannot be revoked or changed once payment has commenced. However, my election will be revoked if my beneficiary is my spouse and a divorce occurs before my payment commences.

## Part I - METHODS OF PAYMENT

Check one box only

- A. **Automatic 50% Joint and Survivor Pension** - A reduced pension payable for life and, after my death, 1/2 of such reduced pension payable to my spouse for life. This pension applies to an employee married on pension commencement date. (If you elect this option, complete Part II and Part III) EMPLOYEE #N/A SPOUSE #N/A
- B. **Lifetime Only Pension** - A pension payable for life only; that is, no payments after my death. This pension is payable to an employee who does not have an eligible spouse. It can also be elected by an employee who has an eligible spouse, if the employee does not desire to provide for payments after his or her death. (If you elect this option, complete Part IV, Notarized and Sealed, and Part III) EMPLOYEE \$ 1,461.36
- C. **Joint and Survivor Option I** - A reduced pension payable for my life and, after my death, the same amount of such reduced pension payable to my designated beneficiary for life. (If you elect this option, complete Part II and Part III) EMPLOYEE #N/A SPOUSE #N/A
- D. **Joint & Survivor Option II** - A reduced pension payable for my life and, after my death, 1/2 of such reduced pension payable to my designated beneficiary for life. (If you elect this option, complete Part II and Part III) EMPLOYEE #N/A SPOUSE #N/A

**NOTE: PLEASE FILE THIS FORM 60 TO 90 DAYS BEFORE PAYMENT IS TO COMMENCE.**

For employees electing the Automatic 50% Joint and Survivor Pension or Options C, or D.  
I designate the following named beneficiary:

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relation to Member \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**PART III - I HEREBY ELECT THE METHOD OF PAYMENT INDICATED ON PART I.  
THIS ELECTION SHALL SUPERSEDE ALL PRIOR ELECTIONS I PREVIOUSLY MADE.**

Date 12-7-04 Signature of Member *Joseph Santos*

**PART IV**

I hereby **reject** the Automatic 50% Joint and Survivor Pension with the understanding that my spouse will not receive a pension should I die after my pension payments commences.

Date \_\_\_\_\_  
Signature of Employee \_\_\_\_\_

**SPOUSE CONSENT:** I attest that I am the spouse of the above-named employee and I realize that by consenting to the above rejection, I will not receive the surviving spouse pension to which I would otherwise be entitled upon my spouse's death. I also consent to the beneficiary designated on this form, if applicable, and to the optional method of payment elected by my spouse, the participant. With this knowledge, I hereby consent to the rejection of the spouse coverage.

Date \_\_\_\_\_  
Signature of Beneficiary \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Public \_\_\_\_\_ (month) (year)

My Commission Expires: \_\_\_\_\_

Received by Employing Unit: \_\_\_\_\_ Date: \_\_\_\_\_ By \_\_\_\_\_