UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re   )
)   Case No._____
)
)
)   OBJECTION TO CLAIM, **AND**
)   **ORDER AND NOTICE THEREON**
Debtor(s)   )

1. The undersigned objects to Claim No. _____, filed in the amount of $_____, by _____
_____
_____, whose current filed address is
_____.

2. The undersigned objects to such claim on the ground(s) it (check all applicable sections):
    Duplicates Claim No. _____ filed by _____.
    Does not include a copy of the writing upon which it is based [**NOTE:** Do NOT use this for claims based on
    a statute (e.g., taxes)].
    Does not include an itemized statement of the account.
    Does not include a copy of the underlying judgment.
    Does not include a copy of the security agreement and evidence of perfection.
    Fails to assert grounds for priority.
    Does not include a copy of the assignment(s) upon which it is based.
    Appears to include interest or charges accrued after the filing.
    Appears value of collateral exceeds debt.
    _____
    _____
    _____
    _____

3. The undersigned recommends said claim be: (check <u>ONE</u>!)
   Disallowed in full.
   [**NOTE**: You *MUST* fill in *EACH* blank even if it is "$0"!] Allowed as a SECURED claim for $_____;
   a PRIORITY UNSECURED claim for $_____; <u>AND</u> a NONPRIORITY UNSECURED claim for
   $_____.

4. **THE UNDERSIGNED CERTIFIES THAT** a copy of any Withdrawal of this Objection will be served on all parties that were served a copy of this Objection (i.e., the U.S. Trustee, any trustee, debtor(s), the creditor at the address shown above, and their respective attorneys; and, if the creditor is a federal agency, on the U.S. Attorney for the District of Oregon and the U.S. Attorney General).

DATE: _____   _____
                            Objecting Party Signature <u>AND</u> Relation to Case

                            _____
                            Objecting Party Name <u>AND</u> Service Address (Type or Print)

                            _____
                            Objecting Party Phone Number

                            _____
                            Any Case Trustee's Name <u>AND</u> Service Address (Type or Print)

                            _____
                            (If Debtor is Objecting Party) Debtor's Address & Taxpayer ID#(s) (last 4 digits)